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DEPARTMENT OF ANTHROPOLOGY

THE LIVED EXPERIENCES OF INDUCED ABORTION AMONG THE WOMEN OF WOLAITA SODO TOWN, SOUTH ETHIOPIA REGIONAL STATE

MA THESIS

BY:

DIANA WADILO WANA

JUNE, 2024

HAWASSA, ETHIOPIA

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MA THESIS SUBMITTED TO THE DEPARTMENT OF ANTHROPOLOGY, COLLEGE OF SOCIAL SCIENCES AND HUMANITIES, SCHOOL OF GRADUATE STUDIES HAWASSA UNIVERSITY
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ADVISORS' APPROVAL SHEET

This is to certify that the thesis entitled *"The lived experiences of induced abortion among the women of Wolaita Sodo town, South Ethiopia Regional State"* submitted in partial fulfillment of the requirements for the degree of Master of Art (MA) with specialization in Social Anthropology the Graduate program of the department of Anthropology, and has been carried out by DIANA WADILO WANA under my/our supervision. Therefore, I/we recommend that the student has fulfilled the requirements and hence hereby can submit the thesis to the department.

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We, the under signed, members of the board of examiners of the final open defense by Diana Wadilo have read and evaluated her thesis entitled **"***The lived experiences of induced abortion among the women of Wolaita Sodo town, South Ethiopia Regional State"* and examined the candidate. This is, therefore, to certify that the thesis has been accepted in the partial fulfillment of the requirements for the degree of masters in Anthropology.

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Declaration

I confirm that this thesis, entitled "*The lived experiences of induced abortion among the women of Wolaita Sodo town, South Ethiopia Regional State*" for the Master of Arts degree, is my own original work and has not been submitted for any other academic qualification. I have properly credited all sources of materials used in this work.

Declared by: Diana Wadilo Wana

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Diana Wadilo Wana

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Abbreviations

CCE	Criminal Code of Ethiopia
CSA	Central Statistical Agency
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
FGD	Focus Group Discussion
ICCPR	International Covenant on Civil and Political Rights
KII	Key Informant Interview
KM	Kilo Meter
SERS	South Ethiopia Regional State
SNNPR	Southern Nation Nationalities and People Region
WHO	World Health Organization
WSU	Wolaita Sodo University
WZHD	Wolaita Zone Health Department

Abstract

The social and psychological experiences of women after induced abortion are challenging. However, there is a lack of information about the experience of women who encountered induced abortion in southern Ethiopia, specifically in Wolaita Sodo town. This study was conducted with the objective of investigating the lived experiences of women who engaged in induced abortion among the women of Wolaita Sodo town. To this end, a qualitative study was employed. Women with the experience of induced abortion were included in the study until information saturation was reached. A purposive sampling technique was used to select the participants. Data were collected through interviews using focus group discussions (FGDs), key informant interviews (KIIs), in-depth interviews, observation, and case studies. Regarding data analysis, the study followed the steps of social phenomenology. The findings of the study show the interplay of religious beliefs, societal values, community perceptions, and attitudes towards abortion practice, revealing a spectrum of responses influenced by cultural and generational divides. Many of the women undergo induced abortion without being emotionally prepared, driven by the fear of societal stigma and the pressure to meet societal expectations. They often do this in secrecy, hurriedly, in constrained environments, and, worst of all, under unprofessional guidance. The women prefer death over being mocked by society. The societal moral rule of not killing the baby is effectively taking a grown woman's life, exacerbating risks, some of which are life-threatening and others irreversible. Additionally, the blame and expectations fall solely on the women, making them bear the guilt. Health workers, women of childbearing age, and young unmarried women need to work together to discuss how to control unplanned pregnancies, avoid judgment, and listen to one another. Guidance and counseling services in hospitals are recommended.

Keywords: women, induced abortion, social value, lived experience, Wolaita Sodo

Chapter One

1. Introduction

1.1. Background of the study

The term “abortion” entails both induced and spontaneous abortions (Owoo *et al*., 2019). Induced abortion is a universal phenomenon occurring at all levels of societies where the products of conception are expelled before 28 weeks of gestation (Norad, 2012). Induced refers to the process of stimulating or bringing about a particular action or condition deliberately or intentionally. In the context of medical procedures, "induced" typically refers to interventions or treatments that are deliberately initiated to achieve a desired outcome (Cook & Dickens 2017).

According to Cook and Dickens (2017), Induced abortion specifically refers to the deliberate termination of a pregnancy through medical or surgical means. This procedure is initiated intentionally and may be performed for various reasons, including maternal health considerations, fetal abnormalities, or personal choice. Safe termination of pregnancy is performed by skilled persons using appropriate tools in a sanitary environment, whereas unsafe induced abortion is a performed by persons without the necessary skills (Alemayehu *et al.*, 2017).

WHO estimates about 46 million abortions are carried out each year, 20 million of which occur in countries where abortion is punishable by law (Loi *et al*., 2015). Induced abortion, as a subject of anthropological inquiry, encompasses a rich tapestry of global, regional, and local nuances, deeply entwined with cultural, social, and political landscapes (Morgan, 2019).

Globally, the discourse surrounding induced abortion is multifaceted, reflecting diverse attitudes, legal frameworks, and healthcare systems. In many societies, induced abortion remains a contested issue, intersecting with broader debates on reproductive rights, gender equality, and healthcare access (Izugbara *et al*., 2018). The same source indicated that induced abortion has been practiced in various forms across cultures and civilizations, with attitudes and practices evolving over time throughout history. While some societies have historically embraced abortion as a reproductive choice, others have condemned it as morally reprehensible, reflecting deeply

ingrained cultural and religious beliefs (Izugbara *et al*., 2018). In the contemporary global context, induced abortion is subjected to a complex web of legal regulations, ranging from highly restrictive to relatively permissive ones (Reardon, 2018).

Countries such as the United States have seen protracted legal battles over abortion rights, with ongoing debates surrounding the balance between reproductive autonomy and fetal rights (Ginsburg, 2020). Conversely, others like Canada have adopted more liberal abortion laws, providing greater access to abortion services (Bhattacharya *et al*., 2021). The global discourse on induced abortion is further complicated by broader socio-political factors, including gender inequality, poverty, and cultural norms surrounding sexuality and reproduction (Langer *et al*., 2016). Women's reproductive choices are often shaped by social expectations, familial pressures, and economic constraints, highlighting the intersectional nature of reproductive justice (Ross & Solinger, 2017).

Induced abortion within the African context is deeply intertwined with a complex array of socio-cultural, religious, and political factors, shaping women's reproductive experiences in unique ways (Izugbara *et al*., 2018). Across the continent, attitudes towards abortion vary widely, influenced by diverse cultural traditions, colonial legacies, and religious teachings (Lloyd & Correa-Velez, 2019). In many African societies, abortion is stigmatized and often considered taboo, reflecting deeply ingrained cultural norms surrounding sexuality and reproduction (Coast *et al*., 2019). Traditional beliefs and societal expectations regarding women's roles as mothers and caregivers further contribute to the stigma surrounding abortion, leading many women to seek secret and unsafe abortion services (Geleto *et al*., 2013).

In Ethiopia context, abortion is influenced by a complex interplay of socio-cultural and economic factors, encompassing religious, legal, and healthcare dimensions (Geleto *et al*., 2013). While certain circumstances allow for legal abortion, such services remain scarce, especially in rural areas with inadequate healthcare infrastructure (Bhattacharya *et al*., 2021). The legal parameters governing abortion are described in The Criminal Code of the Federal Democratic Republic of Ethiopia 2004, permitting abortion in cases of rape, incest, fetal impairment, and to safeguard the woman's physical or mental well-being (CCE, 2004).

Despite the relatively permissive legal stance, numerous obstacles hinder women's access to safe abortion, including social stigma, limited awareness of the law, and difficulties navigating the healthcare system (Geleto *et al*., 2013).Ethiopian women's reproductive decisions are significantly influenced by cultural norms and societal expectations. There is shame and secrecy around abortion because traditional views about pregnancy and delivery frequently place a higher priority on motherhood and family cohesion. Women's reproductive decisions in Wolaita Sodo, Southern Ethiopia are heavily influenced by cultural norms and societal expectations (Negash, 2010).

In places like Wolaita Sodo Town cultural norms and societal expectations heavily influence reproductive health decisions, understanding the lived experiences of women who undergo induced abortion are of paramount importance. Anthropological research offers a holistic lens by exploring the multifaceted dimensions of induced abortion, considering not only its biomedical aspects, but also its cultural, social, and psychological implications (Negash, 2010).

In my study area, there are many untold hidden stories that have made women's lives miserable after abortion, due to the social structure and social imagination that the country lives in. As Carolyn (2014) says, 'Things are not always as they seem.' She emphasizes the importance of digging deep into people's experiences to understand their reality and social imagination by looking at people's actions and attitudes in the context of the social forces that shape them. In this context, the aim of this study is to investigate the lived experience of induced abortion among women in Wolaita Sodo Town, Southern Ethiopia.

1.2.Statement of the problem

A national study conducted in Ethiopia in 2014 indicated that the number of induced abortions was 620,300; 45% of induced abortions were unsafe. Maternal mortality rate was 412 per 100,000 live births in the country and unsafe abortion was the second most common cause of maternal mortality, accounting for 19.7% of maternal deaths (Meskele *et al*., 2021).

Dealing with the matter of unintended pregnancy was one of the most critical problems in the public health system, imposing substantial financial and social costs on society in Ethiopia (Meskele *et al*., 2021). Such pregnancy led to a reduction in the quality of life and workforce efficiency, indicating that it bears adverse effect on fertility of the population (Merighi *et al*.,

2013). While this data sheds light on the prevalence of induced abortion in the country, it fails to capture the deep experiences of the women who undergo the procedure, particularly in Wolaita Sodo Town, Southern Ethiopia.

Existing research has primarily focused on quantitative metrics such as maternal mortality rates and health risks associated with induced abortion, overlooking the lived experiences of women post-abortion For instance, studies by Gebreselassie et al. (2010) and the Guttmacher Institute (2016) have highlighted the high rates of maternal mortality and morbidity linked to unsafe abortions, underscoring the critical public health challenge posed by limited access to safe abortion services. A study by Mekbib and Gebrehiwot (2020) emphasizes the prevalence of unsafe abortions and its contribution to maternal mortality. However, these studies often overlook the lived experiences of women post-abortion. This gap in the literature is concerning as it disregards the personal, emotional, and societal dimensions of women's experiences, which are critical for understanding the full impact of induced abortion on women's lives.

Furthermore, while some studies have explored specific aspects of induced abortion experiences, such as reasons for repeated abortions or societal attitudes towards abortion, they often provide only superficial insights into the multifaceted impacts on women's lives. For instance, a health science research in Wolaita Sodo town examined the reasons behind repeated induced abortions and the predisposing conditions of women to seek induced abortion services repeatedly where she focused on reasons for repeatedly where different maternal, partner and family, institutional, community and policy related reasons were explored in the path of women who seek repeated induced abortion(Kibrework, 2021). She examined maternal reasons include contraceptive usage related, future plans, life challenges and maternal risky sexual behaviors. More specifically, the above study focused on the reasons rather than in-depth experiences of the women. Another study by Adissu (2018), examined how premarital and extramarital pregnancy and abortion were condemned and stigmatized in the community regardless of age. Similarly, Kidist (2015) conducted research titled "Exploring Women’s Socio-Emotional Experiences of Induced Abortion in Marie Stopes Ethiopia," which examined the emotional distress, reasons, and management techniques.

The research by Kibrework (2021) in Wolaita Sodo Town focused on identifying factors contributing to repeated induced abortions, but did not delve into the broader lived experiences

of women who undergo the procedure. Likewise, studies by Adissu (2018) and Kidist (2015) examined societal attitudes and emotional experiences related to induce abortion, but lacked depth in understanding the broader socio-cultural context and its influence on women's lives.

Overall, the limited scope of existing research fails to capture the diverse experiences and challenges faced by women who undergo induced abortions. This is particularly concerning given the unique cultural and societal dynamics of the area, where traditional beliefs, societal expectations, and healthcare infrastructure may significantly influence women's experiences. Therefore, there is a pressing need for research that goes beyond quantitative metrics and examines the lived experiences of women in the study area regarding induced abortion.

By providing a comprehensive understanding of women's experiences, including their decision-making processes, cultural perceptions, and social challenges, we can appreciate the specific cultural and societal contexts of town. This anthropological inquiry explored and analyzed the unique cultural perspectives and community attitudes towards induced abortions within the Wolaita Sodo context, elucidating how these factors intricately shape women's experiences in this specific locale.

This highlighted a critical gap in the existing literature, as it failed to provide a holistic understanding of the lived experiences of women regarding induced abortion, particularly in the context of a deeper understanding of their unique circumstances. Despite the evident significance of induced abortion within the local context, limited anthropological research has been conducted. By addressing these gaps in the existing research, this study aspires to contribute to a deep understanding of the lived experiences and various impacts of induced abortion. In light of the above, this study aims to address the following research questions:

- What are the prevailing attitudes and beliefs of the residents of Wolaita Sodo Town regarding induced abortion?
- What are the primary reasons and circumstances that influence women in Wolaita Sodo Town to decide to undergo an abortion?
- How does undergoing an abortion affect the social, emotional, and economic lives of women in Wolaita Sodo Town?

1.3.Objectives of the study

General objective

The over-all objective of this research is to assess the lived experiences of induced abortion among the women of Wolaita Sodo town, South Ethiopia Regional State

Specific objectives

- To explore the community perception towards induced abortion in Wolaita Sodo Town
- To investigate the Motives influencing abortion decision making in Wolaita Sodo Town
- To reveal the impact of abortion on the lives of women who practiced in Wolaita Sodo Town

1.4.Significance of the study

This study will have several benefits. First, it addresses the significant gap in existing research regarding the cultural and social dynamics surrounding induced abortion in Wolaita Sodo Town, South Ethiopia Regional State. By exploring community perceptions, it aims to understand local cultural norms and beliefs that shape the lived experiences of women who undergo abortions. This exploration will shed light on the influence of community, family, and support networks, thereby empowering women's voices and challenging entrenched social norms.

Second, the study investigates the motives influencing abortion decision-making in Wolaita Sodo Town. By identifying these motives, the study will provide valuable insights into the personal, social, and economic factors that lead women to seek abortions. This understanding is crucial for developing culturally sensitive and effective reproductive health interventions.

Third, the study reveals the impact of abortion on the lives of women in Wolaita Sodo Town. By documenting these impacts, it offers a comprehensive view of the physical, emotional, and social consequences faced by women post-abortion. This information could be used to improve support services and health care for women who have undergone abortions, ensuring their needs are met more effectively.

Overall, the study will be a valuable contribution to the fields of anthropology, reproductive health, and women's studies. It will provide insights into the challenges women face regarding

induced abortion, identify effective support mechanisms, and document the experiences of women in Wolaita Sodo Town. These findings can inform broader discussions on reproductive rights and women's experiences in diverse cultural contexts, potentially influencing local policy, practice in similar settings and library use.

1.5. Scope and limitations of the study

The study conducted in Wolaita Sodo town on the lived experience of induced abortion in study area. The intention is to explore problems of women having the experience of abortion in the community. This research is delimited to the indicated problem of women; the experiences of induced abortion among the women

The research on the lived experience of induced abortion among women in Wolaita Sodo town, South Ethiopia Regional State, faced limitations that influenced the depth and scope of the study. These limitations include the risk of maintaining a shallow perspective due to time constraints and the sensitive nature of the subject matter, which led to challenges in eliciting candid responses from participants. Additionally, concerns regarding the perceived identity of the researcher and confidentiality issues further complicated data collection. Despite these limitations, the study aims to provide valuable insights into the experiences of women undergoing induced abortion in Wolaita Sodo, contributing to a deeper understanding of this complex issue within the local context.

1.6.Field experiences

I arrived in Wolaita Sodo Town on a hot, sunny day on December 14, 2023, and began seeking out women who were hiding from the community's gaze but had stories to share about their experiences with abortion. Despite the challenges, some women were attempting to integrate into the community and religious institutions.

I knew some health workers who worked at Marie Stopes Ethiopia through various connections, including my sister, who is a doctor and worked part-time there, and another anonymous woman who works with rape survivors. Before connecting with the women I'd heard about through rumors, I decided to speak with healthcare workers about the services they provide when a woman seeks an abortion. I headed to the Marie Stopes Ethiopia branch in Wolaita Sodo, where

most induced abortions are legally conducted under specific circumstances. There, I found a midwife who informed me that they provided abortion services under the following conditions:

- If the woman's life is at risk.
- In cases of rape or incest: Ethiopian law permits abortion if the pregnancy results from rape or incest, irrespective of whether a police report has been filed. This provision aims to eliminate bureaucratic barriers and provide safe abortion care to victims.
- In cases of fetal abnormalities: Midwives may perform abortions if prenatal screening reveals severe fetal anomalies incompatible with life or causing significant suffering.

Armed with this information, I began my search for women who had undergone induced abortions. My starting point was a woman I knew from Arbaminch, whom I had met during my undergraduate studies. This connection was crucial, as it allowed me to build rapport more easily. She had experienced an abortion, and the stigma from her classmates had led her to attempt suicide. She became miserable due to the stigma, regret, and trauma of abortion and felt isolated and unheard.

Seeking support, she found a kind-hearted woman who provided shelter to women who had undergone abortions or been raped. This woman assisted them and helped them rebuild their lives. I reached out to her, explaining my research and seeking her help to connect with other women. Despite initial reluctance due to societal stigma, the woman agreed to assist me. We discussed the research openly, and her support helped me gain the trust of other women. The emotional toll of their stories became evident during my first field experience. Listening to their experiences brought tears to my eyes when I reflected at home.

One midwife suggested investigating cases of rape where affluent perpetrators exploited their status to evade accountability. Despite the lack of oversight for women, the Women's Affairs Office in Wolaita Sodo proposed projects for rape victims. However, their bureaucratic approach contrasted with the urgency needed for effective support.

My fieldwork, which took place from December 14 to April 14, provided firsthand insight into the aftermath of induced abortions for women. I interviewed women from different walks of life, including survivors of rape and those who had undergone abortions. This experience underscored

the necessity of addressing social structures at their core and advocating for comprehensive support projects.

Listening to these women's stories did not mean condoning abortion but rather empathizing with their experiences and understanding their struggles. I am grateful for the insights provided by healthcare professionals and women who have experienced this complex social interplay. I believe my discussions with the Women's Affairs Bureau will catalyze change. My field experience taught me the importance of community understanding of this issue and the need for solidarity in addressing post-abortion challenges.

1.7.Organization of the thesis

This research study is structured across five chapters. Chapter one encompasses the study's context, problem statement, overarching and specific objectives, study scope, significance, limitations, and field experience. Chapter two delves into a comprehensive review of relevant literature, incorporating theoretical frameworks. Chapter three outlines the study's methodology and descriptive aspects. Analysis, findings, discussions, conclusions and recommendations are encapsulated in chapters four and five.

Chapter Two

2. Literature Review: Conceptual Clarification and Theoretical Frame Work

2.1.Introduction

This chapter delves into the multifaceted topic of abortion, exploring its definitions, societal views, reasons, legal frameworks, and theoretical underpinnings. Abortion, the termination of a pregnancy before fetal viability, sparks debates across moral, religious, legal, and medical spheres, drawing attention from various disciplines and scholars.

2.2.Conceptual clarification

2.2.1. Abortion

Abortion is defined as congruent with the above one except the duration where the termination of human fetus should be during the first 12 weeks of gestation (WHO 2020). The very nature of abortion remains controversial since it concerns with moral, religious, legal and medical and even human right issues. This, in turn, attracts the attention of many disciplines and scholars to study the issue from diverse dimensions (Birhanu, 2017).

In this regard, abortion as a broader concept can have various types depending on its nature, characteristics and practice in relation to medical procedures. Thus, it can be classified into two major types: namely, spontaneous which is happening naturally in which a mother has no control over it and induced, that is, intentionally performed. Abortion is one of the highly effective birth control mechanisms though the issue is contested (Gelaye *et al*., 2014). In Ethiopia, abortion is legally defined as the termination of a pregnancy before fetal viability, which is conventionally considered to be less than 28 weeks from the less normal menstrual period (Guttmacher Institute, 2020).

2.2.2. Induced abortion

Induced abortion, a contentious and multifaceted issue, is the deliberate termination of a pregnancy. From medical, ethical, legal, and anthropological perspectives, it embodies complex social, cultural, and individual dynamics. From a medical standpoint, induced abortion can be classified into various methods such as medication abortion (using pharmaceutical drugs to induce abortion) or surgical abortion (invasive procedures like vacuum aspiration or dilation and evacuation). Each method carries its own set of risks, benefits, and ethical considerations,

depending on factors such as gestational age and individual health circumstances (Guttmacher Institute, 2020).

Ethically and morally, induced abortion provokes deep-seated debates revolving around concepts of personhood, bodily autonomy, and the sanctity of life. Proponents argue for the rights of pregnant individuals to make decisions about their own bodies, emphasizing reproductive freedom and the importance of safe and accessible abortion services (Kimport *et al*., 2018). Conversely, opponents often cite religious, cultural, or philosophical beliefs regarding the inherent value of fetal life and advocate for its protection (Jones *et al*., 2019).

Legally, the status of induced abortion varies widely across different jurisdictions, with laws ranging from highly restrictive to permissive. Legal frameworks often reflect the prevailing societal attitudes, religious influences, and political ideologies within a given community (WHO, 2020).

Anthropologically, induced abortion can be examined through the lens of cultural norms, beliefs, and practices within specific communities. These norms are shaped by historical, social, and economic factors and may influence individual decision-making regarding pregnancy termination. For example, anthropological studies have explored how attitudes towards abortion are influenced by gender dynamics, socioeconomic status, and access to healthcare services within different cultural contexts (Hessini, 2007).

2.2.3. Motives for abortion

Abortions have probably as many justifications as there are women who choose to have them. Certain pregnancies arise from incest or rape, and women who are subjected to these violent acts frequently pursue abortions. However, the majority of women seek for an abortion because they feel that the pregnancy is causing them problems in their lives; they are too young or don't have a stable partner with whom to raise a kid, some women feel emotionally unprepared to become parents and raise a child (Hern, 2015).

Many young women in their high school or college years become pregnant and are forced to decide between dropping out to have a child and finishing their education to support their family. In order to give their future children better care, young couples who are just starting out in life

and wish to have children may choose to prioritize building financial stability first (Sahile and Beyene, 2020). Even when a sexual connection is more than casual, women may choose to get an abortion because they believe the male's social standing is unacceptable. In some cases, a woman must have an abortion to survive a pregnancy. This is the case when people get into casual relationships that result in pregnancy without any plans to marry (Hern, 2015).

There are various types of determinants such as woman's characteristics, husband's characteristics, household characteristics and contextual variables that influence a woman to decide and perform abortion. Having this in mind, there are various contextual factors and reasons such as societal attitudes, religious beliefs, cultural interpretations and socio economic reasons and failure of traditional and modern contraceptives; they might be enforced to terminate their pregnancy through abortion (Sahile and Beyene, 2020).

Cultural surrounding abortion plays a significant role in shaping the experiences and attitudes of women who have undergone the procedure. In many cultures, societal values, religious beliefs, and community norms heavily influence perceptions of abortion (Izugbara *et al*., 2018).

Religion usually has a significant influence on how people feel about abortion. Different religious doctrines and teachings may expressly denounce abortion, characterizing it as immoral or even sinful (Goshu & Yitayew, 2021). Consequently, individuals who adhere to such religious beliefs may internalize feelings of guilt, shame, or moral conflict after having an abortion. This internalized stigma can have profound emotional and psychological effects on women, impacting their sense of self-worth, identity, and spiritual well-being (Merighi *et al*., 2013).

Moreover, cultural norms and values surrounding reproduction and family dynamics can also contribute to the stigma associated with abortion. In some societies, there may be strong expectations placed on women to fulfill traditional gender roles as mothers and caretakers. Deviating from these expectations by seeking an abortion can lead to ostracism or social exclusion, further amplifying feelings of shame and isolation (Goshu & Yitayew, 2021).

Additionally, lack of knowledge about the legal status of abortion and prevailing societal attitudes can exacerbate stigma. Misconceptions or misinformation about abortion laws may contribute to a sense of fear or uncertainty among women seeking abortion services.

Furthermore, societal taboos surrounding discussions of sexuality and reproductive health may hinder open dialogue about abortion, perpetuating silence and stigma (Regrni, 2001).

Overall, cultural discourses on abortion, shaped by religion, societal norms, and legal frameworks, contribute to the complex web of stigma experienced by women who have undergone the procedure. Addressing cultural barriers and promoting open, non-judgmental conversations about abortion is crucial for reducing stigma and ensuring access to safe and supportive reproductive healthcare services. Moreover, most women , for example reported that due to personal and social situations, social stigma, diseases conditions, for instance HIV positive and the willingness of health providers influences their decision making process in terminating safe abortions in health care centers. Moreover, more often than not, in choosing to end pregnancy, women are constrained by structural factors such as poverty and socio cultural influences of stigma, and shame in view of familial, religious, and cultural sanctions against pregnancy and abortion (Regrni, 2001).

As many empirical findings showed that deciding to have an abortion is rarely an easy process as it is a non-reversible decision that affects many areas of a woman's life and many contradictory feelings may come into play. In the decision- making process about whether one wants or is able to have a child at that particular point in time, a woman may question her relationship with her partner, her family values and her future on the one hand and societal reactions and responses on the other (Somega, 2013).

Women’s decision of abortion experience is also influenced by opposing and contradictory views of feminists. Hence, anti-abortion and pro-abortion feminists overwhelmingly influence the understanding of the abortion decision-making process including reasons, relationships and emotions that are mostly felt by women. As a result, the prevailing arguments create dilemma on women who want to terminate their pregnancy (Warriner & Shah, 2000).

In addition, women experiencing unwanted pregnancy experience dilemma within conflicting beliefs, desires, uncertainties, and fears on one hand and the existing cultural, legal and religious and medical stands on the other. Even if abortion decision is complex, nevertheless still there are some women who easily decide to terminate their pregnancy. However, in reality it does not

eliminate the pervasive effects of abortion on the future women's social, cultural, emotional, spiritual and even physical and economic life (Takiso *et al*., 2020).

Generally, women as rationale actors try to resolve the complexity of decision making process to end pregnancy through various strategies and resilience mechanisms including cognitive, social and symbolic despite the fact that the ways they handle the situation greatly varied from women to women; some find it easy while others have to struggle to find ways to express and deal with the situation they faced. In doing so, there are common strategies such as detaching, meaning making, world view and social strategies-sharing the experience with others to gain acceptance (Wodajo *et al*., 2017).

2.2.3. Religious teachings on abortion

Religious view on abortion is deeply entrenched in beliefs regarding the sanctity of life and the moral implications of terminating a pregnancy. Across major religions such as Christianity, Islam, abortion is often equated with murder and viewed as morally impermissible (Margaret &Kizito, 2021). This perception stems from the belief that life begins at conception and that the fetus possesses inherent value and rights. However, many religions acknowledge exceptions where abortion may be deemed permissible, such as when the life of the mother is at risk or in cases of severe fetal abnormalities (Merighi *et al*., 2013).

Religious beliefs significantly influence individuals' decision-making processes regarding reproductive health services, including contraception and abortion. Religiosity, or the degree of religious devotion, can shape behavior related to sexual activity before marriage, contraceptive use, and the decision to undergo abortion in response to unintended pregnancy (Meskele *et al*., 2021). Consequently, religion plays a pivotal role in shaping attitudes and debates surrounding abortion.

The impact of religious and spiritual beliefs extends beyond theoretical discussions and directly affects individuals' lived experiences following abortion. For those who adhere to religious teachings condemning abortion, the decision to undergo the procedure may evoke feelings of guilt, shame, and moral conflict. Moreover, societal pressures and stigmatization from religious communities can exacerbate these negative emotions, leading to psychological distress and emotional turmoil (Margaret & Kizito, 2021).

Conversely, individuals from religious traditions that are more accepting of abortion may still face challenges reconciling their beliefs with their decision to terminate a pregnancy. Despite supportive religious views, societal attitudes and legal restrictions may contribute to feelings of isolation and judgment, particularly in regions where abortion is highly stigmatized and legally restricted (Merighi *et al*., 2013).

The intersection of religious beliefs, personal experiences, and societal norms underscores the complex nature of abortion discourse. While religious perspectives shape individuals' attitudes and decision-making processes, lived experiences following abortion are influenced by a multitude of factors, including social, cultural, and legal contexts (Merighi *et al*., 2013).

Christian teachings

The bible is absolutely clear about the dignity of human life including unborn life. According to the 5th commandment from 10 commandments "you shall not kill", but also many scripture passages will speak about those who are in the womb as having the dignity and values in the eyes of God, Psalm 139:13-16 states that: For you formed my intermost parts; you knit me together in my mother's womb. I will give thanks and praise to you, for I am fearfully and wonderfully made; wonderful are your works, and my soul knows it very well."

"If men strive, and hurt a woman with child, so that her fruit depart from her, and yet no mischief follow: he shall be surely punished, according as the woman's husband will lay upon him; and he shall pay as the judges determine. And if any mischief follows, then thou shalt give life for, eye for eye, tooth, hand for hand, foot for foot, burning for burning, wound for wound, stripe for stripe." The Holy Bible never specifically addresses the issue of abortion. However, there are numerous teachings in scripture that make it abundantly clear what God's view of abortion is." (Exodus 21:22-25).

Jeremiah 1:4-5 tells us that God knows us before he forms us in the womb.

Psalms 139:13-16 speaks of God's active role in our creation and formation in the womb.

The bible says do not kill innocent human being; murder is the act of sin which also included in Ten Commandments,

The Holy Bible considers the unborn child to be a full, image-bearing person.

So God is teaching us through his word, the preciousness, the unspeakable value of human life even before it seen, when still in the womb. we also the call of prophet Jeremiah to who the lord says, before you were formed in the womb I knew you, God knows every single before they were born, he loves every person unconditionally.

Islamic teachings

Ibrahim's (2019) study clarifies that while the holy Qur'an does not specifically reference abortion, it does, in general, forbid the killing of people (except from in self-defense or as the application of the death penalty). This prompts Islamic theologians to adopt varying perspectives: many countries today interpret these rules safeguarding unborn infants more conservatively than the bulk of early Islamic theologians, who allowed abortion up to day 40 of pregnancy or even up to day 120. While abortion is not officially approved in the Islamic world, it is also not strictly forbidden. Islam has not provided clear guidelines on the subject of abortion. Therefore, it is not a topic that the Shari'ah (Islamic Law) has expressly declared; rather, it is a matter of applying what we know about the Shari'ah. Such an application could have different conclusions depending on how one's essential premises for their arguments differ (Ibrahim, 2019).

And he also said that “The holy Qur'an clearly disapproves of killing other humans: “Take not life which Allah has made sacred” (6:151; see also 4:29 “If a man kills a believer intentionally, his recompense is Hell, to abide therein (for ever)” (4:93). Allah went even further, making unlawful killing of a single individual human being equal to mass murder of the whole of mankind: "Because of that, we ordained for the children of Israel that if anyone killed a person not in retaliation for murder or for spreading mischief on earth, it would be as if he killed all mankind. And who saved a life; it would be as if he saved all mankind." (Al-Maidah, 5:32)”

As he concluded that as to whether abortion is a form of killing a human, the Qur'an does not make any explicit statements. Only Surah 17:31 warns believers in general: “Kill not your children for fear of want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin.”

2.2.4. Abortion laws across different countries

Abortion laws vary widely across the globe, reflecting a complex interplay of cultural, religious, legal, and socio-economic factors. This literature review explores the diverse legal frameworks governing abortion worldwide, examining historical trends, current legislation, and debates surrounding reproductive rights and healthcare access.

The regulation of abortion has a long history shaped by cultural norms, religious doctrines, and evolving medical practices. (Cook & Dickens, 2017) Historically, many societies allowed abortion under certain circumstances, such as threat to maternal health or fetal abnormalities. However, the rise of organized religion and patriarchal systems led to the criminalization of abortion in many parts of the world, particularly in Europe during the middle ages. (Reagan, 1997)

Today, abortion laws vary significantly between countries, ranging from outright prohibition to liberal access. (World Health Organization, 2019) Some nations, such as Canada and the United States, have legalized abortion with varying degrees of regulation, allowing women to access the procedure within certain gestational limits and under specific conditions. (Ginsburg & Norris, 2018) In contrast, countries like El Salvador and Malta maintain strict bans on abortion with limited or no exceptions, resulting in significant barriers to reproductive healthcare. (Center for Reproductive Rights, 2020)

Regional patterns in abortion laws reflect diverse cultural, religious, and political contexts. (Cook & Dickens, 2017) In Europe, for example, there is a trend towards liberalization, with many countries adopting more permissive abortion laws over time. (Sheldon, 2018) Conversely, in Latin America and parts of Africa, restrictive abortion laws persist due to conservative social attitudes and religious influences. (Klugman &Hanmer, 2018)

The regulation of abortion continues to be a contentious issue globally, with debates centered on women's rights, fetal personhood, and public health. (Cook & Dickens, 2017) Restrictive abortion laws contribute to unsafe clandestine abortions, leading to preventable maternal deaths and serious health complications. (Ganatra et al., 2017) Additionally, legal barriers often disproportionately affect marginalized and vulnerable populations, including low-income women, adolescents, and refugees. (Bearak et al., 2019)

International human rights treaties and agreements provide a framework for understanding and advocating for abortion rights globally. (Cook & Dickens, 2017) Instruments such as the International Covenant on Civil and Political Rights (ICCPR) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) recognize women's right to access safe and legal abortion services and emphasize the importance of reproductive autonomy and healthcare access.

The legal landscape of abortion worldwide is characterized by diversity, complexity, and ongoing debate. While some countries have made progress towards ensuring reproductive rights and healthcare access, significant challenges remain in addressing the barriers to safe and legal abortion for women globally. Continued advocacy, research, and policy reform efforts are essential for advancing reproductive justice and reducing maternal mortality worldwide.

Abortion laws in Africa vary significantly across countries, influenced by cultural, religious, and socio-economic factors. This literature review aims to explore the legal landscape of abortion in Africa, examining the historical context, current legislation, and debates surrounding reproductive rights and healthcare access.

African societies have diverse historical perspectives on abortion, shaped by indigenous beliefs, colonial influences, and post-independence developments. (Baker, 2018) Pre-colonial African cultures often had nuanced views on reproductive health and abortion, with practices influenced by local customs and traditions. However, colonial-era legal systems introduced restrictive abortion laws in many African countries, reflecting European moral values and Christian teachings. (Mhloyi, 2016)

The legal status of abortion in Africa varies widely, ranging from complete prohibition to limited access under specific circumstances (Cook & Dickens, 2017). Countries such as Nigeria, Kenya, and South Africa have relatively liberal abortion laws, permitting the procedure under certain conditions such as risk to maternal health or fetal abnormalities. (Maree, 2019) In contrast, nations like Mauritania and Madagascar maintain strict prohibitions on abortion, often with severe penalties for both patients and providers (Center for Reproductive Rights, 2020).

African abortion laws face numerous challenges, including inadequate healthcare infrastructure, stigma surrounding reproductive rights, and political resistance to progressive reforms. (Sedgh et

al., 2019) Limited access to safe abortion services contributes to high rates of maternal mortality and unsafe clandestine abortions across the continent. (Ganatra et al., 2017) Additionally, cultural taboos and religious conservatism hinder efforts to promote comprehensive sexual education and family planning services, further complicating the debate on abortion rights. (Puri et al., 2016)

Despite these challenges, there have been notable efforts to reform abortion laws in several African countries. Advocacy organizations and human rights activists have campaigned for the decriminalization of abortion, emphasizing the importance of reproductive autonomy and healthcare access for women. (Gerdts et al., 2018) Legal victories, such as the Constitutional Court ruling in South Africa's "Choice on Termination of Pregnancy Act," have paved the way for more progressive policies and increased awareness of reproductive rights. (Kriel et al., 2015)

The legal landscape of abortion in Africa reflects a complex interplay of cultural, legal, and socio-economic factors. While some countries have made significant strides towards ensuring reproductive rights and healthcare access, many challenges remain in addressing the barriers to safe and legal abortion across the continent. Continued advocacy, research, and policy reform efforts are essential for advancing reproductive justice and reducing maternal mortality in Africa (Cook & Dickens, 2017).

2.2.5. Abortion law in Ethiopia

The Criminal Code of the Federal Democratic Republic of Ethiopia 2004, Proclamation No. 414/2004 (9 May 2005), Section II, Articles 545 – 552

Article 551; Cases where terminating pregnancy is allowed by law are under this circumstances

a) Termination of pregnancy by a recognized medical institution within the period permitted by the profession is not punishable where: a) the pregnancy is the result of rape or incest; or
b) the continuance of the pregnancy endangers the life of the mother or the child or the health of the mother or where the birth of the child is a risk to the life or health of the mother, or
c) where the child has an incurable and serious deformity; or

d) Where the pregnant woman, owing to a physical or mental deficiency she suffers from or her minority, is physically as well as mentally unfits to bring up the child.

e) In the case of grave and imminent danger which can be averted only by an immediate intervention, an act of terminating pregnancy in accordance with the provision of Article 75 of this Code is not punishable.

Induced abortion or the deliberate termination of pregnancy is one of the most controversial issues in legal discourse. Depending on circumstances, however, abortion can also be discussed from the standpoint of constitutional law. In the former case, the issue usually takes the form of criminalizing or decriminalizing the act, while in the latter, the issue becomes whether a pregnant woman has a constitutional right to terminate her pregnancy. The issue thus usually involves the competing arguments in favor of the "right" of the fetus to be brought onto life vis-à-vis the right of the mother to abortion based on her interests and choice (Tsehay, 2008).

According to Tsehay (2008) although many factors have contributed to the debate, it appears that religious outlooks permeate the controversy pertaining to criminalizing and decriminalizing abortion. Major religions still hold that abortion is the deliberate taking away of life and, therefore, not condoned under any circumstance. On the other side of the spectrum, advocates of women's rights, argue that when the interests of the fetus comes into conflict with the rights of the pregnant woman, the latter should take precedence and it is the woman's decision that should count in the end. The issue whether a fetus has a life of its own that is worthy of protection under the law, is found to be another issue of contention. Some argue that a fetus has no life of its own for some weeks while others contend that life starts from the very moment of the union of the sperm and the egg, which according to this view is a scientific truth. One of the major aspects of the debate on abortion is the mindset of these perspectives of thought influenced by different values (Cook & Dickens, 2017).

Ethiopia's legal regime pertaining to abortion has been changing through time. In 2004, Ethiopia has enacted a new Criminal Code that has radically reversed the highly restrictive position of previous laws on abortion. The process had involved a lively and heated public debate on the pros and cons of criminalizing abortion. In addition to changes in the law, the debate has enhanced public awareness and concern over the issue. Thus, the new law and the setting of public discourse which accompanied its enactment will definitely influence the conduct of many

individuals including pregnant women, physicians, illegal abortionists, etc. for the years and decades to come. This article, therefore, attempts to show the nature of the debate and critically examines whether the new law has appropriately and adequately addressed the issue (Tsehay, 2008).

2.3.Empirical literature review

2.3.1. Induced abortion experiences

Sedgh *et al*. (2016) conducted research exploring the global prevalence of induced abortion and its determinants. They emphasized the influence of cultural norms, socioeconomic factors, and legal restrictions on individuals' decisions regarding induced abortion. Understanding these factors is crucial for contextualizing induced abortion experiences, including those in Southern Ethiopia.

Ganatra *et al*. (2017) conducted a systematic review on the incidence of unsafe abortion globally. They underscored the importance of access to safe abortion services in reducing maternal morbidity and mortality. Disparities in access to safe abortion services, particularly in regions with restrictive laws and limited healthcare infrastructure, were highlighted.

According to Domingos *et al*., (2013) induced abortion is a significant issue in Africa, with a notable increase in prevalence observed between 2003 and 2008. Studies indicate that during this period, the annual number of induced abortions rose from 5.6 million to 6.4 million across the continent. The highest incidence and prevalence of abortions occurred in 2008 within various African regions, with Eastern Africa contributing 2.5 million cases, followed by Western Africa with 1.8 million, Northern and Middle Africa with 0.9 million, and Southern Africa with 0.2 million cases, predominantly among women of reproductive age.

However, despite the significant number of induced abortions, only a mere 3% were conducted under safe conditions due to the restrictive nature of abortion laws in many African countries (Domingos *et al*., 2013).

Induced abortion within the African context is deeply intertwined with a complex array of socio-cultural, religious, and political factors, shaping women's reproductive experiences in unique ways (Izugbara *et al*., 2018). Across the African continent, attitudes towards abortion vary

widely, influenced by diverse cultural traditions, colonial legacies, and religious teachings (Lloyd & Correa-Velez, 2019).

In many African societies, abortion is stigmatized and often considered taboo, reflecting deeply ingrained cultural norms surrounding sexuality and reproduction (Coast *et al*., 2019). Traditional beliefs and societal expectations regarding women's roles as mothers and caregivers further contribute to the stigma surrounding abortion, leading many women to seek clandestine and unsafe abortion services (Geleto *et al*., 2013).

Moreover, legal restrictions on abortion in many African countries contribute to high rates of unsafe abortion and maternal mortality (Benson *et al*., 2018). In countries where abortion is legally permitted, access to safe abortion services remains limited, particularly in rural areas where healthcare infrastructure is often inadequate (Ganatra *et al*., 2017).

Experts emphasize the dire consequences of unsafe abortions, with approximately one-third of women experiencing serious complications, yet fewer than half of these individuals receiving adequate hospital treatment (Domingos *et al*., 2013). Notably, countries that have liberalized their abortion laws have witnessed a dramatic reduction in maternal death and illness related to abortions, highlighting the importance of legal reform in safeguarding women's health (Goshu & Yitayew, 2021).

2.3.2. Induced abortion Ethiopian experiences

Ethiopia, like many other African nations, grapples with the challenges posed by unsafe abortions. Despite ranking fifth globally in terms of maternal deaths, with approximately one in 27 women succumbing to complications of pregnancy or childbirth annually, Ethiopia continues to struggle with high rates of unsafe abortions (Goshu &Yitayew, 2021). Hailemichael *et al* (2020) noted that out of every ten abortions in Ethiopia, six are conducted in unsafe conditions, underscoring the urgent need for improved access to safe abortion services and comprehensive reproductive healthcare.

Alemayehu *et al*. (2019) examined the legal context and abortion practices in Ethiopia. Their study emphasized the liberalization of abortion laws in Ethiopia in 2005, allowing abortion under certain conditions. They explored the impact of these legal changes on abortion practices and women's reproductive health outcomes.

Yigzaw *et al*. (2019) investigated barriers to accessing safe abortion services in Ethiopia. Findings revealed obstacles such as lack of awareness about legal abortion services, stigma, financial constraints, and geographic distance to healthcare facilities. Addressing these barriers is essential for improving access to safe abortion services in Southern Ethiopia.

Ethiopian studies also shed light on induced abortion experiences and cultural beliefs. For example, work by Tesfaye *et al*. (2017) explored community perspectives and cultural beliefs surrounding reproductive health issues in Ethiopia. While specific research on induced abortion experiences in Wolaita Sodo, Southern Ethiopia is limited, qualitative studies like these provide valuable insights into the broader socio-cultural context.

A significant gap in the literature is the lack of research addressing the mental health challenges and stigma faced by women who undergo induced abortion. Studies have shown that some women resort to extreme measures, including suicide, to escape community stigma related to abortion (Dibaba *et al*., 2010). This highlights the urgent need for comprehensive support services and interventions to address the mental health needs of women in communities where abortion is stigmatized.

In addition a study done by Adisu (2018), states that: norms are standards used for evaluating or making judgments about behavior or outcome. Normative processes, evaluative and judgmental standards, are social processes of weighing and designating actions and outcomes of individuals and groups as good, desirable and permissible or as bad, undesirable and impermissible. In this research, normative process is a phenomena in which women‘s behavior and decision about their fertility, premarital and extramarital sex, contraceptive uptake and abortion are evaluated against the socially accepted standards such as the desirability of women‘s virginity until marriage, the reproductive role of women, loyalty to one‘s own marriage and the value of children. As such the normative processes ascribe premarital sex, contraceptive uptakes, pregnancy outside marriage and abortion as undesirable and prohibited making women struggle to make decisions(Dibaba *et al*., 2010).

2.4.Theoretical framework

Bronson and Sufrin (2019) as a medical anthropologist, they have delved into the experiences of incarcerated individuals, including women, and their reproductive health care. In their study on pregnant women in prison and jail, highlight significant data gaps concerning maternal health and incarceration.

Bronson and Sufrin (2019) have observed that incarcerated women share similarities with women seeking to terminate pregnancies. Women who have experience of abortion gets stigmatized and shamed by the society at large. Interestingly, when treated with respect and dignity by physicians, they express surprise. Their research, explores the punitive entanglements of abortion and forced pregnancy within jail environments. These environments are marked by racial oppression and intentionally limited autonomy. Their work emphasizes the need for advocacy and a deeper understanding of the reproductive experiences of incarcerated populations. By examining the intersection of anthropology, medicine, and reproductive justice, sheds light on the complexities of abortion within this context research contributes valuable insights to the anthropology of abortion, particularly in the unique setting of incarceration. Their work underscores the importance of compassionate care and advocacy for all individuals, regardless of their circumstances (Cook & Dickens, 2017).

A research done by Burtscher *et al*., (2020) Perceptions and attitudes towards unwanted pregnancy and abortion are greatly influenced by normative and social values. Women are expected to become mothers, with motherhood strongly tied to female identity. Abortion is perceived as a rejection of this identity. Performing an abortion is viewed as morally wrong, and abortion has profound social consequences for women. People who have had abortions – particularly younger women are rejected, often branded "killers" and "prostitutes", and are perceived as a bad influence on other women in the community. Women are further stigmatized if the man responsible for the pregnancy does not consent to the abortion, and abortion also has a negative impact on future marriage prospects. The anticipation of social stigma creates a culture of secrecy around abortion; women do not inform family members of their pregnancy, and are forced to self-induce an abortion or rely on services provided by unqualified individuals (Burtscher *et al*., 2020).

Despite legal restrictions, there is a huge need for safe abortion care, as restrictive laws often push women and girls to resort to unsafe methods. Women and girls regularly approach MSF for medical help to end their pregnancies safely. While the safety of abortion is important, it is not the only concern; decision-making is also influenced by structural, economic, financial and cultural matters (Burtscher *et al*., 2020).

According to Rohlinger & Klein, 2013, there are three views in community where they view abortion as:

- Pro-life: abortion is morally wrong because it kills a life
- Pro-choice: abortion is ok whenever the mother chooses it
- Moderate: morally willing to allow abortions in certain cases, legally OK

Pro- choice says: - Fetuses are neither persons nor members of the moral community. Women are undeniable persons and members of the moral community, Laws that deny women the right to obtain abortion, or that make safe abortion difficult to obtain are unjustifiable violation of the basic moral and constitutional rights (Rohlinger & Klein, 2013),

Pro-life says:-

- A woman's right to control her body extends to birth control and sterilization but not abortion
- A fetus is a human life and has value
- Permissive abortion laws do not advance the feminist cause- male support and responsibility in child rearing is (Rohlinger & Klein, 2013).

To study the experiences of these women, feminist theory and social constructivist theory were used to explore their stigma and lack of representation in both public and private life based on their reproductive choices and social expectations. These theories best fit my research because they help to understand how women who undergo abortions are socially excluded and neglected due to their gender and the pressure from their community. Additionally, social constructivist theory explains how language is used to construct a narrative around abortion by studying societal representations of women's experiences and local discourse surrounding abortion. Through this framework, the study explores how societal norms and pressures shape a women's

lived experience around abortion in Wolaita Sodo town. Thus, by using a local language to construct a full meaning about the challenges of abortion, I will use this theoretical framework (Mohajan, 2022).

2.4.1. Feminism

Throughout the world, women, constituting nearly half of the global population, consistently encounter disparities, subjugation, and a systemic positioning of inferiority. They frequently endure oppression, marginalization, and exploitation within patriarchal societies, facing persistent challenges and unequal treatment (Mohajan, 2022).Feminism is an ideology that demands an equal right of men and women in terms of politics, decision making, career, and having children. It consists of a number of social, cultural and political movements that take attempts for equal rights of men and women. It is considered as a struggle to achieve same rights, opportunities and dignity as men have in the society (Raj & Davidson, 2014). As there are many types of feminism the most common are Liberal, Marxist, Socialist and Radical. Form those Radical feminism provide insights into challenging patriarchal structures influencing societal attitudes.

Radical feminism

Radical feminism is the radical evolution and extreme development of liberal feminists inside the 20th Century. It stands against the dominance of patriarchy, aiming to combat mistreatment and oppression of women while striving to dismantle male-dominated structures within society. Its focus lies in addressing the power dynamics inherent in patriarchy, highlighting the privileges afforded to men within the social system. Additionally, it advocates for the advancement of women's organizations as distinct social entities (Tong, 2009).

It is based on two principles:

- Women are of absolute positive value, and
- They are oppressed violently everywhere due to the system of patriarchy.

It acknowledges patriarchy and sexism as core elements in the oppression of women, valuing women as a political entity due to their biological roles. It doesn't advocate for marriage and family since both contribute to reinforcing patriarchal structures within society, It stresses that

women who give birth, are different from men, and therefore they should have their own rights rather than only equal rights to those of men have. Radical feminists perceive society as patriarchal, with men holding dominance and control while women are subjugated. They also argue that women, rather than just being equal, possess moral superiority to men and suggest the potential for replacing patriarchy with matriarchy. Their aim is to enact significant changes in women's lives and societal structures through radical means (Tong, 2009).

This theory is crucial for understanding the gender dynamics, power structures, and societal inequalities that influence women's experiences with induced abortion. Wolaita Sodo's cultural context likely includes patriarchal norms and gendered expectations that shape women's access to reproductive healthcare, their decision-making autonomy, and their experiences of stigma and marginalization. Feminist theory helps illuminate these issues by providing a framework to analyze the systemic oppression faced by women within patriarchal societies. It highlights the need for gender equality, reproductive rights, and social reforms to address the challenges women encounter in exercising control over their bodies and reproductive choices.

- Feminist theory is particularly useful for understanding the gendered dynamics inherent in abortion decision-making processes.
- It sheds light on power relations within relationships, families, and communities that influence women's autonomy and agency in deciding whether to undergo abortion.

2.4.2. Social constructivist theory

The social constructivist theory posits that reality, including perceptions, norms, and knowledge, is constructed and shaped by social interactions, cultural contexts, and shared beliefs within a society. According to this theory, individuals and groups actively create and interpret the world around them through social processes rather than through inherent or objective means. It emphasizes the role of language, culture, and social interactions in shaping people's understanding of reality and their identities (Mohajan, 2022). In essence, applying social constructivist theory in the study will allows for a deeper understanding of how societal perceptions, norms, and interactions construct the experiences and decisions of women regarding induced abortion within the specific cultural and social context of Wolaita Sodo. It provides a lens through which to explore the socially constructed nature of this sensitive topic, capturing the nuanced, context-dependent aspects of women's experiences (Mohajan, 2022).

This theory complements Feminist Theory by focusing on the social construction of reality, including perceptions, norms, and knowledge within a specific cultural context. In the case of induced abortion in Wolaita Sodo, societal perceptions, cultural beliefs, and community attitudes play a significant role in shaping women's experiences and decisions surrounding abortion. Social Constructivist Theory allows for an in-depth exploration of how language, cultural practices, and social interactions construct the meaning of abortion within the community, influencing women's access to healthcare, their experiences of stigma, and their ability to seek support.

- Social constructionist theory would help in analyzing the community's perceptions and attitudes towards induced abortion.
- It would allow for an examination of how cultural beliefs, religious ideologies, and societal norms shape these perceptions and contribute to the stigma surrounding abortion.
- Social constructionism could also facilitate an exploration of how language and discourse construct meanings and identities related to abortion within the community.

In general, even though one theory alone cannot fully explain a society and how it functions, I believe that social constructionist and feminist theories are a good fit for my study because they help me understand women's experiences, trauma, and stories. These theories can also help identify the challenges that still need to be addressed for women to be understood by the community before being judged.

Based on the detailed explanation I provided, both theories are highly relevant to my study on the lived experiences of induced abortion among women in the study area. By integrating these theories, I provided a comprehensive analysis of the complex factors influencing women's experiences with induced abortion. Feminist theory sheds light on the structural inequalities and power dynamics that impact women's reproductive autonomy, while social constructivist theory deepens our understanding of the cultural context and societal norms that shape women's perceptions and experiences of abortion. Together, these theories offer a holistic framework for examining the lived realities of women in the context of induced abortion, highlighting the need for gender-sensitive approaches to reproductive healthcare and social support systems.

Chapter Three

3. Research Methods

3.1. Introduction

This section provides an explanation of the research approach, study design, study area, and data collection and analysis procedures. Additionally provided is the implementation strategy for the data quality assurance. The final section contains a presentation of the ethical guidelines that direct our inquiry.

3.2. Description of the study area and its people

The research site is located in Wolaita zone, one of the 11 zones of the recently established regional state; South Ethiopia Regional State (SERS).The SERS, located in southern Ethiopia, emerged on August 19, 2023, following a referendum that resulted in the separation of the southern portion of the Southern Nations, Nationalities, and Peoples' Region (SNNPR).The zone is located b/n 6.29-7.100 N & 37.13-38.08oE. The boundary areas are Kambata Tambaro and Hadiya Zone in the north, Sidama Regional State in the east, Gamo and Gofa zone in south, Dawro Zone in the west and Oromia Region in North East. The total area of the zone is 451,170 hectare or 4511.7km2. It is composed of 16 Woredas and 6 town administrations with atotal of 362 kebeles (the smallest administrative unit) (289 rural and 73 urban (CSA, 2023).

There are 3 agro - ecological zones, out of which 'Dega' accounts 9%, 'Woyna Dega' accounts 56 % and 'Kola' 35 %. According to the land usage reported by zone Agriculture department of 2013 E. C total cultivated land is 292,487 hectare (64.8%) and among this 221,223.3 hectare is held by annual crops, 71,265.17 hectare by perennial crops, 40,409 hectare is grassland, 83,803 hectare is forest, 10,685.7 hectare is covered by water, 62474.5 is arable land, 12,936 hectare is unreadable and the rest is used for other purposes. According to data obtained from department of Agriculture and natural resource there are 433,545 agricultural households and 1,300,635 farmers benefited from Extension programs by 2,090 extension workers. The number of Agricultural extension beneficiaries exceeded household size because there are beneficiaries who are not registered as a household. Concerning social services, there are 8 governmental and 2 private hospitals in the zone, 67 health centers, 357 health posts. In Education sector, there are 517 Primary schools (grade 1-8), and 78 secondary schools (9-

12).Concerning the student's number, 430,975 primary students were enrolled in government schools and 92,716 students were enrolled in secondary government schools in the year of 2013 E.C. As of 2013 E.C the total permanent a number of public servants in Wolaita Zone were, 51,763 out of which 33,822 or 65.34% were male. 17,941 or 34.66% were female.

The population growth of Wolaita zone is rapidly growing; by 1999 E.C census the population of Wolaita was 1,501,112, an average growth per annum is 2.9%. In 2010 E.C it has grown to 2,096,492, in 2011 reached to 2,273,992, in 2012 reached to 2,326,306 and in 2013 E.C it becomes 2,490,318. So knowing Information on population characteristics is very vital for development programmer. The problem of population growth is not simply a problem of number, but it is the problem of human welfare and development. Population & development are directly related to planning and implementation of any development programs requires information on the size of population, structure, distribution, and dependency ratio and population dynamics in general. The total projected population of the zone in 2013 E.C was 2,490,318 of which 1,221,081 were male 1,269,237 were females. Population distribution of the zone accounts 1,667,551 (67%) rural, 821,886 (33%) urban (rural and urban respectively). According to the census, the population growth rate in rural is about 2.8% and urban is 4.8%. The zone population is characterized by young age structure and rapid population growth. The population of children under age 15 is 1,043,338 (42%), the proportion of the working age population at the age group of 15-64 years is 1,294,292(58%) and the proportion of populations 65 and above is 47,112 (1.9%).

According to Wolaita Zone Health Department information of 2020, the estimated populations of Wolaita Zone is about 2,114,383 from this about 1,078,335 are males and 1,036,047 are females. In the zone there are currently 9 governmental and 4 nongovernmental hospitals, 71 health centers and 408 health posts, 10 private clinics and 67 health centers (CSA, 2022).

The Sodo town covers about 82.1km2. The agro-ecology of the Woreda is dominated by midland that covers about 87% of the total area, and the remaining 13% is highland with rugged mountains and slopes. The altitude of the woreda falls in the range of 1500 to 3200m.a.s.l. The climatic condition of the woreda is similar to most of the southern parts of the country. The maximum (summer) rain fall comes between June-August and the minimum

(spring) rainfall is very important for agricultural activities in the woreda comes between March to May. According to the woreda agriculture office, the maximum rainfall ranges between 1200mm and 1300mm per annum. Maximum temperature also ranges between 20-250C with average minimum temperature of 10-150C.

The soils throughout the area are of volcanic origin, and over a sedimentary base. Though inherently well-drained and fertile, the soils are also acidic and highly erosion-prone and as a result the agricultural areas are often highly degraded. Based on 1994 & 2007 census population size data of the city, the growth rate is computed using exponential growth rate method by using the excel sheet and resulted the population growth rate of the town to be 5.86%. This rate is greater than urban population growth rate of the region, which is 4.8%. Agriculture is the major economic activity of the Sodo and its peripheries. Potato, sweet potato, cassava, yam, banana, Enset, maize, haricot bean, Teff, Sorghum, Pumpkin, broad Bean, Peas, Kidney Bean and Chick-pea are main food crops growing in the area. According to the ever existing mutual inter relation, there is a strong economic linkage between Sodo city & it's surrounding rural Woreds. In this context Sodo is strongly interconnected with neighboring zones by the seven inlets and outlets (CSA, 2010).

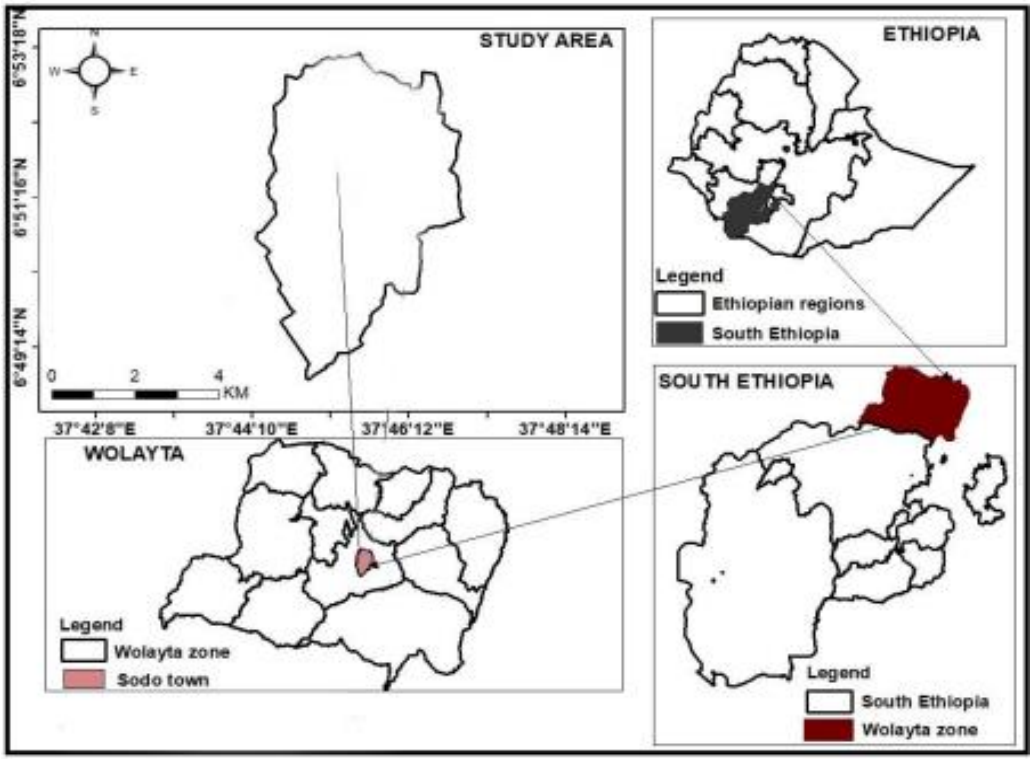

Figure 1: Map of the study area

Source: Wolaita Town Mayor's Office (2024).

Wolaita Sodo, one of the oldest towns in the SNNPRS is formed as town 113 years ago as military center of Emperor Menilik II to the south. Currently it is one of the reform cities in SERS; it is the administrative capital of the Wolaita zone. In addition the city functions as a center for the surrounding agricultural land. It is also a major transportation road, being the center of six national and regional transport routers. Trade is the most important lively hood of the resident of the town (CSA, 2010).

Wolaita Sodo town is located 390 KM of south 167 KM of south west of Addis Ababa and Hawassa respectively. Astronomically the city is located 6049" N latitude and 37045'' E longitude. The total area of the city is about 3,200 hectares. The city is divided in to three sub city, 11 Kebeles and 99 villages (mender). The town is established at the foot of mount Damot& from these mountains; its altitude descends to south directions, It's the highest & lowest altitude of the town range from 2,222 1,600 meters above sea level. The mean annual temperature of the town is 20c0 & the mean annual rainfall is 1,200mm.

According to the data from city finance, Economic and Development office recently, the total number of the city's residents exceeds 120,000. However, the office saysthat the number of population is increasing in high level due to continue rural-urban migration. To this end, the annual growth rate of the city's population is 5.4% (CSA, 2010).

The city is located in the strategic place for the southern Ethiopia at the center and it has 6 outlets which connects the north south east and west areas. Via Hosanna Addis Abeba, Soddo Arbaminch Jinka, Soddo-Jima via Waka SoddoGofa/Sawula, Soddo-Hawassa via BedessaMorochSoddo-Addis Abeba via BoditiShashemane. Humbo –Dimtu-Dilla Thus, outlets make the city one of the commercial and recreation centers for the surrounding zones and also for the region. Furthermore it serves as an education center for the surrounding areas. The majority of the people in the town are leading their livelihood by undertaking small & medium trade, such as Hotel services, cereal marketing stores, flour mills, pastries, cloth making (Weaving &sewing) livestock products etc. Regarding industrial activities, there are no large scale industries in Wolaita Soddo town. Some flour industries have been constructed since the last two or three years. The existing small -scale industries such as grain mill, wood & metal workshop, block & hallow concrete production are few in number, which don't clearly satisfy the present economic dynamism of the town. (CSA, 2010).

3.3. Research Paradigm

The choice of research paradigm or philosophical assumption for a study on "the lived experiences of induced abortion among the women of Wolaita Sodo town, SERS" depends on the specific research questions, objectives, and the researcher's epistemological and ontological stance. Accordingly the paradigm or philosophical assumptions that were suitable for my study out of the four various worldviews, the social phenomenology is the one that was used in this study. I preferred this philosophical assumption because it enables me to understand and make sense of what the communities in my study areas really understand their situation (Creswell 2009:26). It emphasizes the social construction of reality and acknowledges multiple realities. For a study on lived experiences, Interpretivist or constructivism would be appropriate as it allowed me to explore the nuanced perspectives and meanings surrounding induced abortion within the cultural and social context of the study area.

3.4. Research approach and design

There are various research methodologies available, and I choose the best approach to accomplish the study's goal. Since the study titled ' The Lived Experience of Induced Abortion among Women in Wolaita Sodo, SERS,' adopts a descriptive approach to make a clear description of the women's experience I used the qualitative research approach.

To address the fundamental research objectives of this study, a qualitative research approach is employed. The use of a qualitative research approach was required due to the nature of the investigation, which requires more interpretive answers. Investigating and comprehending the significance that individuals or groups assign to social or human issues is possible through qualitative research methods. The research process includes developing questions and methods, gathering data usually in the participant's environment, analyzing the data inductively by generating themes from specifics, and providing an interpretation of the data's significance by the researcher.

This qualitative study grounded on the research design of the social phenomenology. Design enables the understanding of human phenomena that occur in the world of life, also called the social world, assumptions of the world of life, body of knowledge, biographical situation, inter-subjectivity, and social action, guides the discussion of the study. With this in mind, using a social phenomenological study design help to assess the lived experience, of the women's as well as the existing situations they are living in. Also helps to look at the perception of the community that makes challenging for the lives of the women by pointing out different cases.

3.5. Sampling technique

Among the different types of sampling, the non-probability sampling approach is used in the investigation. The non-probability sampling approach is one of the sampling techniques employed in the study. It is impossible to predict the likelihood that each component would be included in the samples when using non-probability sampling, also known as non-random sampling. When choosing the units for this sample, the researcher exercised judgment (Abate, 2018). For this study, certain non-probability sampling methods such as purposive sampling and snowball sampling were employed to identify informants.

The first in-depth interview participants were selected by purposive sampling and continued through snowball sampling technique. The same way, purposive sampling was employed for selecting members for FGD. Most of the study groups were selected from Mari stopes Ethiopia, Wolaita Sodo branch. In addition, community members who identify themselves as active participants in religious services were included for the FGD. Further, the study included health professionals who work on fertility control and safe abortion, religious leaders.

As this is qualitative study, the sample population/study subject/ has been determined by the maturity of the information. Yet, the study used about 6 case studies with the experience of abortion and has been incorporated through its finding. The subjects were selected first by purposive sampling technique then it continued with Snow-Ball Technique as a sampling procedure. That is as the concern is not socially open and those women with the experience of abortion get openly unknown in the community. Thus the study selected the first subject using the possible assessment technique which was purposive sampling and the next subject indicated by the first subject to include in the study. This was possible because women with the same experience have better chance of knowing another woman with similar or comparable experience.

3.6. Method of data collection

Primary sources

In order to achieve the general and specific objectives of the study, I employed primary source of data. The primary data, on which the study employed was, qualitative research approach by using techniques such as in-depth-interview, FGDs, Key informant and case studies

In-depth interview

In-depth interviews are a crucial part of qualitative data collection. Data were collected through recorded interviews based on the semi-structured tool that was prepared. In-depth interview is a qualitative data collection instrument, which allows the study collect rich information in much more depth (Kothari,2004). I used semi-structured interview. Semi-structured interview according to Dawson (2002) allows the researcher to be flexible and to probe into more important information to arise. Interviews were scheduled in advance with each participant on the days, times and places will be chosen by them. The in-depth interviews were to understand,

to describe the women's experience clearly by observing the expressions. The women received careful clarification regarding ethical issues before providing any testimonies and those who consented signed free and informed consent forms in accordance with Resolution of National Council of Health. To ensure confidentiality, the testimonies identified by the letters followed by a number in crescent order according to the sequence of the interviews.

Accordingly, a total of 10 participants were interviewed. Three of these participants were selected from the Marie Stopes Ethiopia Wolaita Sodo branch, and another three were selected using the snowball sampling technique, these three women had experience with abortion. The remaining four participants were chosen from relevant bodies related to women's affairs and health, including elders, to provide their perceptions and attitudes towards this practice.

By drafting an interview guideline, in-depth and semi-structured interview formats were used in this study to find out what the major factor to have an induced abortion was and what challenges they faced and still facing, the multi-dimensional challenges towards their action. Most of the interviews were recorded on audio after getting the participants' consent. The interview takes 50 to 60 minutes. This technique is an effective tool for displaying greater information on people's opinions and attitudes toward their way of life and behavior.

Focused group discussion

A focus group discussion is crucial to understanding the reasons behind people's feelings and outlining the steps in Community and Perception towards Induced Abortion. Short-term focus group discussions are useful for quickly identifying several facets of a given problem. To enable the data to surface, the facilitator-led FGDs facilitate increased contact among participants, who ideally should be strangers (Cohen *et al*. 2000). Bhatacherjee (2012) Better investigation of complicated issues is possible with FGD than with survey methods

This study used FGD in addition to other qualitative methods because FGDs allow for the quick exploration of complex issues from a variety of participants. Two FGDs were held. The first group consisted of six youths attending weekend program at WSU. This FGD aimed to answer the first objective, which understands youth perceptions of induced abortion, especially since

many university students experience pregnancy. The discussion took place at the university café, providing insights into how the town's youth perceive the practice.

The second FGD consisted of six elders recognized as religious leaders in the town. This group also aimed to answer the first objective of the study, focusing on the community's attitude towards induced abortion. Participants for both FGDs were selected through purposive sampling to ensure a diverse range of perspectives.

Since the moderator's role is to extract information from participants regarding subjects relevant to a particular research investigation (Berg, 2001), I was in charge of facilitating the one-hour discussion and ensuring that the atmosphere of the discussion was supportive and encouraged freedom of speech. So, before the conversation began, I sought the pupils' permission and the elders assured them that their privacy would not be jeopardized by the information they provided.

Key informant

The choice of the key informant interview, which I used due to its advantage in helping the study understand the issue explained by very knowledgeable individuals on the subject matter by using purposive sampling, resulted in a total of 11 interviewees being selected for the key informant interview (KII). The selection was based on their professional experiences or their prolonged services in relation to the issue under study and by including elders who are mothers youths. Therefore, the key informants were selected from Mari stops, who were midwives, nurses, gynecologists, and women who work at women’s and child affairs offices, using purposive sampling techniques.

Case study

In my study on the 'Lived Experience of Induced Abortion among women, in Wolaita Sodo town South Ethiopia, regional state' I employed the case study method as a means of in-depth exploration. This method involved selecting individuals who have undergone induced abortion in the study area, as the focus of my investigation. Through various data collection techniques above delved deeply into their experiences within the specific life style and personality to hear individual view and story. By conducting an in-depth exploration, I aimed to understand the

complexities of induced abortion experiences, including factors such as the decision-making process, social attitude, and coping strategies. Through rich description and contextual understanding, the case study method allowed me to capture the lived reality of induced abortion in Wolaita Sodo and provide valuable insights for social structure like institutions support or how they push peoples around. Accordingly I studied their case and narrated the 6 women's who undergone through induced abortion

Secondary sources

To support and enrich the arguments developed using primary data, this study also incorporated secondary sources. These sources encompass written or visual materials that describe a specific phenomenon. Although these documents are typically created for purposes other than social research, they serve as valuable resources for achieving cognitive goals (Corbetta, 2003).

In this study, secondary sources were used to interpret and complement the primary data. These sources include archival materials: historical documents and records that provide context and background information relevant to the study; unpublished and published research papers, including thesis, that offer insights into related topics; article journals: peer-reviewed journal articles that present empirical findings and theoretical discussions pertinent to the research questions; and freely accessible resources. These freely accessible resources encompass a broad range of publicly available materials, such as government reports detailing legal laws that explain the legal framework of the countries under study including proclamations, the Holy Bible, the Holy Qur'an, and online databases. By integrating these secondary sources, the study aimed to provide a more comprehensive understanding of the research topic.

3.7. Data analysis

In order to do this, data gathered using language is first translated into English, transcribed and coded, categorized and thematically placed. Analysis was made vis-a-via theoretical and conceptual framework developed in the course of literature review. Data analysis followed the steps adopted by researchers in the tradition of the social phenomenology of Alfred Schütz (2021): reading; detailed re-reading of each testimony to grasp the experience's global meaning; identification and later grouping of the significant aspects of testimonies to compose concrete categories. Objective syntheses of different meanings of actions that emerge from experiences;

analysis of these categories; and discussion of results based on the social phenomenology of related studies.

As part of the theme analysis, I transcribed and translated into English every recorded voice that I had collected from my informants. After that, I went over all of the translated data and tagged it so that I could determine the main topics of the study. I then analyzed theoretical challenges in light of practical evidence using a variety of quotes from informants, and I matched my findings with existing research. Furthermore, how I understand the data is dependent on how my informants see the world. Lastly, I described and present the major findings following the necessary steps, like data reduction (filtering credible data), data display (arranging coherent information), data analysis and interpretation or organizing data in meaningful manner. Thus, this study was intended to analyze the data through describing major findings, conclusions and suggestions.

3.8. Ethical considerations

This study was conducted with great respect for the ethical code of the field of anthropology. Ethical clearance was obtained from the ethical review committee of the College of Social Sciences and Humanities at HU, which provided background information on the researcher and the intent of the fieldwork. Subsequently, a letter of permission was obtained from WZHD to collect data from individuals in Wolaita Sodo. At the outset of data collection, rapport was established to facilitate communication. I provided information about the study's aims and sought participants' readiness to be involved. Data collection proceeded only with the respondents' agreement. Specifically selected subjects were interviewed using a semi-structured approach, and the informants' confidentiality was strictly maintained.

Chapter Four

4. The Lived Experiences of Induced Abortion among Women in Wolaita Sodo Town

4.1. Introduction

This chapter analysis the decision to undergo induced abortion is a deeply personal and complex choice that intersects with various social, cultural, and individual factors. Through a multi-dimensional lens, the chapter explores the factors influencing abortion decision-making, by dissecting the community's perceptions towards induced abortion, and assessed the intricate interplay of cultural perceptions and societal norms, and focuses towards unraveling the post-abortion experiences of women in Wolaita Sodo Town. Specially the critical aspect that shapes women's experiences of stigma, judgment, or acceptance and how societal attitudes towards abortion influence women's social integration, and emotional well-being in the aftermath of the procedure.

4.2. Understanding induced abortion

Induced abortion, the deliberate termination of a pregnancy, remains a complex and highly debated topic globally. Beyond its medical aspects, it intersects with various cultural, social, emotional, and psychological dimensions, significantly impacting the experiences of the women involved. To comprehensively address the repercussions of induced abortion, it is imperative to delve into these multifaceted aspects. As Burtscher et al., 2020 quoted “Better dead than being mocked” shows that women and girls prefer to risk dying through unsafe abortion, rather than staying pregnant and facing stigma for an unwanted pregnancy. Most women prefer anything over the stigma for unwanted pregnancies. As the proverb says the cultural and social pressure after the gossip of induced abortion, the stigma will kill the women while they are alive. As one key informant said, *“Many women come to us with reasons related to rape. Most of them are young and abandoned by their boyfriends. In such situations, they often choose to have an abortion rather than being talked about.”(In-depth Interview with T15, Mari stops, January 1, 2024).*

In some Ethiopian societies, induced abortion is deeply intertwined with cultural and social dynamics that shape women's reproductive choices. Traditional beliefs and societal expectations

often exert significant pressure on women, influencing their decisions regarding pregnancy and abortion.

As the proverb "*Better dead than being mocked*"(Burtscher et al., 2020) encapsulates the pervasive fear of stigma surrounding unwanted pregnancies in Ethiopian communities. The specter of social rejection and condemnation looms large, compelling women to resort to have unsafe abortion also rather than face the shame and judgment of their peers.

Moreover, Wolaita patriarchal society imposes rigid gender roles and expectations, exacerbating the stigma associated with abortion, particularly for unmarried women and adolescents; the fear of being labeled as morally flawed or promiscuous drives many women to extreme measures to conceal their pregnancies and terminate them clandestinely. As a result, unsafe abortion practices prevail, leading to severe health complications and even death.

A key informant stated that

> *"while fearing the stigma and judgment most women are trying unsafe methods and they have severe complication of a life time and the main factor for that are communities perception; as the community tries to plan women's reproductive choices like waiting for marriage that's not happening in the reality"(Interview with T18, Women's affair office, January 4, 2024).*

This fear is rooted in deeply ingrained cultural values that prioritize women's purity and chastity, particularly outside the confines of marriage. The patriarchal social structure imposes strict gender roles and expectations, exacerbating the stigma associated with abortion, especially for unmarried women and adolescents. The pressure to conform to traditional ideals of womanhood and motherhood often compels women to resort to extreme measures to conceal their pregnancies and terminate them covertly. This perpetuates a cycle of secrecy and silence surrounding induced abortion, hindering efforts to address the underlying socio-cultural factors driving unsafe practices.

4.3. Community perception towards abortion

The community is acknowledged in anthropological discourse as a crucial setting where women's lived experiences are deeply entwined with social institutions and cultural norms. Communities provide as testing grounds for cultural norms, beliefs, and customs that are passed

down through the generations. These social environments frequently serve as miniature representations of broader societal dynamics, mirroring and reiterating gender norms and expectations.

One of my elderly key informant remarks upon the socio-cultural values as follows:

"The stringent values and norms of the society prohibit abortion practice. If someone practices abortion, the community negatively reacts since s/he violates such desirable values such as marriage is the respected practice, giving birth out of wedlock is forbidden and abortion violates the law of God and so on. Besides, religious teachings, for instance one who experience abortion has no place in Heaven and one who abort the given child will not have another child again and the like have frustrations and psychological impact on people (Interview with T21, church, January 6)".

The practice of induced abortion is not just a medical treatment; it is ingrained in cultures' cultural norms. Women's lived experiences within these communities are heavily influenced by cultural norms and gender roles assigned by the society. Reactions to induced abortion were largely unfavorable in every FGD. Many people in the community justified their opposition to induced abortion by pointing out that they believed it to be illegal. As a result, several people thought that women who performed induced abortions ought to be prosecuted.

> *"Abortion as a practice and to be accepted not even in my religion I'll not consider her as a human being because she killed a person it doesn't make her less different from terrorist first she ruined her celibacy and now she is killing a God willing baby if I can I will send her to prison" (Discussion with FGD1, Arogearada, January 18, 2024).*

Numerous respondents characterized induced abortion as unethical, immoral, or going against social standards. Accordingly Participants in FGD clarified that, having an abortion was against cultural norms and behavior expectations for women, as well as undermining the value placed on mothers and caregivers among their fellow women. In the excerpt provided, participants in the focus group discussion (FGD) expressed strong religious views regarding abortion and cultural view as she is going to be named as a "Bad" example for her peers and women's younger than her. They framed abortion as a grave sin, equating it with murder and considering it unacceptable even in cases of rape. These views were predominantly influenced by Christian and Islamic beliefs. The following excerpt gives details of how the community believes about abortion and how they response if they knew anyone with induced background in the first FGD group who

where elderly people who gets to be considered us strong in their religion participation in that community where their specific area were Arada kfeketema and it was purposively selected:
As in this FGD their ideas were the same they would not accept her as a person if she will not repent in public setting "erasuwanawarda" about what she did. They supported their idea as one orthodox elderly participant in the FGD continued

> *"I wish the ancient time saying should have been applied where a woman who has an induced abortion will get killed herself I wish that kind of religious rule should have been applied because they are trying to normalize abortion practice"(Discussion with FGD1, Aroge arada, January 18, 2024).*

I couldn't find a written rule like this on my literatures but he seemed sure of it and the rest of the participant didn't much agreed on killing her but punishing her would be agreeable. The participants described abortion as a practice that goes against their religious teachings, with one likening it to terrorism and suggesting that a woman who undergoes an abortion should not be considered a human being. Some participants expressed a desire for stricter punishment, citing a perceived ancient religious rule that advocated for the death penalty for women who had abortions. Although there was not explicit agreement on this severe punishment, there was consensus among the participants that some form of punishment or public repentance should be applied.

Opponents of abortion frame the abortion decision as one of life and murder Often their arguments for restricting abortion access rest on religious assumptions about the primacy of the family and conception as the beginning of meaningful human life.

Another idea where in the FGD participants gave bible and Qur'an verse: *"And come not near unto adultery (totally abstain from its preliminaries and everything that is likely to lead unto it). Lo! It is an abomination and an evil way. (The Qur'an 17:32) draw not nigh to things, whether open or concealed (6:152)."(Discussion with FGD1, Arogearada, January 18, 2024).*

He also mentioned that Islam strongly condemns indecent display of women', which orders the women to be covered by hijab. *Ye have heard that it was said by them of old time, thou shall not commit adultery: but I say unto you that whosoever lookethon a women to lust after he hath committed adultery with her already in his heart."(Mathew 5:27, 28) (Discussion with FGD1, Arogearada, January 18, 2024).*

As they continued their views whether her reasons are acceptable by law or not, they will not accept the practice even the reason was rape. As they narrated, "*What is the fault of the baby and what if this happened in Gods/Allah's will why would we interfere with his will?"*

The participants supported their views with references to religious texts, both from the Qur'an and the Bible, which condemn adultery and emphasize the sanctity of life. They interpreted these passages as prohibiting abortion and justifying their stance against it. Additionally, they cited Islamic teachings regarding the modesty of women and Christian teachings about adultery and lust to support their arguments.

Despite acknowledging that there may be legal justifications for abortion in cases of rape, the participants rejected such reasoning, emphasizing the belief that interfering with God's will by terminating a pregnancy is unacceptable. They argued that the unborn child should not be punished for the circumstances of its conception and that it is the responsibility of the mother to carry the pregnancy to term, regardless of the circumstances.

The key informant testimonies illuminate the multifaceted nature of the socio-cultural discourses surrounding abortion. Religious teachings and moral values, deeply ingrained in the community fabric, contribute to the stigmatization of abortion as a sinful and immoral act. Moreover, societal norms dictate that bearing a child outside of marriage or seeking abortion is met with social exclusion and condemnation, perpetuating harmful stereotypes and labels.

Additionally the participants where supporting the norm where she should be pushed away and gets neglected in the society setting "*She should not sit in our church until she repent and learn again (ye nsehatmrt)."(Discussion with FGD1, Arogearada, January 18, 2024).*

Overall, the participants' views reflect a strong religious conviction against abortion, grounded in interpretations of sacred texts and a belief in the sanctity of human life. Their rejection of abortion extends even to cases of rape, emphasizing their commitment to religious principles and their belief in the inherent value of every human life.

On the hand the other FGD which was held by youth were a little bit different they supported at some point and explained they will not push her away a Male participant said: "*She is a human*

she can make a mistake still not supporting but if she did why I would hurt her by pushing her away specially rape is a must" *(Discussion with FGD2, WSU, January 24, 2024*).

He highlighted the humanity of the woman involved, recognizing that she is capable of making mistakes and expressing reluctance to ostracize or push her away. This perspective reflects a degree of empathy and recognition of the complexities surrounding abortion decisions, especially in cases of sexual violence. However, another participant took a stricter stance, viewing abortion as equivalent to murder and emphasizing the severity of the act. This viewpoint represents a more traditional and uncompromising position on abortion, echoing the sentiments expressed by older community members in the previous FGD. "*I will judge her willingly she killed a person she is a killer after all she doesn't have to kill a grown man to be a murderer and she is prostitute why would she sleep with a guy without knowing the consequence*."In addition to this the participants from youths also put their views as follows:

> *"Abortion is the common practice in our community including the married ones. We youths mostly support the legalization of abortion but the elders are against abortion practice. There are negative reactions such as „sew yemiferaw sewn new" [you are labeled as a deviant if you are practicing abortion] even talking about it despite some changes in abortion sigma and reaction" (Discussion with FGD2, WSU, January 24, 2024).*

Overall, the youth participants in this FGD expressed a greater degree of acceptance towards abortion compared to their elders. They acknowledged that abortion is a common practice in their community, even among married individuals, and expressed support for its legalization. Despite societal pressure and stigma surrounding abortion, particularly from older generations, the youth participants advocated for more open discussions and a reduction in the negative reactions associated with abortion.

The phrase "*sew yemiferaw sewn new*" (you are labeled as a deviant if you are practicing abortion) illustrates the societal stigma and labeling faced by individuals who undergo abortion, highlighting the challenges and judgment they may encounter within their community. Despite some progress in changing attitudes towards abortion, particularly among younger generations, the stigma associated with the practice persists, making it difficult for individuals to openly discuss or seek support for their decisions regarding abortion.

In addition, participants were asked whether they were willing to give social support if a woman asked them after experiencing induced abortion for various reasons. Accordingly, an informal institution created by Ethiopians and an association established among neighbors or workers to raise funds that will be used during emergencies, such as death within these groups and their families responded that they would be not be voluntary while. Thus, majority of the respondents will not be voluntary in helping a woman having an induced abortion.

On the other hand it indicate that helping and supporting each other is a human nature and also believed that everybody will face unwanted pregnancy in one's life time. The puzzle of why all this happens was addressed by one of my key informants working in women and children office:

> "*Though there were stringent cultural values and beliefs that stigmatized women practicing abortion especially induced abortion, currently there are changes/improvements where people do not totally stigmatize and discriminate women having induced abortion without reasons; rather various considerations were taken into account such as rape, incest, poverty, and related factors. They try to understand the living situations of women/adolescents. However, there is still gossips and rumor in various situations" (Interview with T16, Women's affair office, January 4, 2024).*

From this quote, it can be understood that despite scandals and gossips are evident, the society understands internal and external factors forcing women to abortion. They try to understand the living situations of women/adolescents. As the result indicates, most people terminated unwanted pregnancy through medical procedures as compared to the past. She supported her idea by giving a reason out why people use safe abortion practice as follows:

> *"Now a day we are aware of family planning and safe abortion practices. Health extension workers always told us about the advantage of „betesebmitane" [family planning] and unwanted pregnancy. Health workers taught us how to terminate unwanted pregnancy through medical procedure accordingly. And also we have been discussing about the advantage of family planning and how to handle unwanted pregnancy" (Interview with T18, Women's affair office, January 4, 2024).*

A straightforward question arose whether they would share the problem of unwanted pregnancy and abortion experience with someone else. As a result, would share if they experienced the case and some did not want to share the case they faced. Moreover, the respondents were asked to

whom they would share the problem they would face. Accordingly, the respondents would share to their family members, to their peers/closest friends, to their religious leaders and the remaining, some were uncertain as to whom they would share. Hence, majority of the respondents would share to their family members followed by their closest friends. One of the participants reflected the experience of community why they would share to family members and closest friends as follows:

> *"Abortion by nature is secret; it would be difficult if you share the story to someone else. If you do not share the case to family members, you will experience burdens, stress and difficulties. If you share to some else [not closest ones], the societal reaction is very high. Therefore, you have to keep secret or tell to your bests such as your family members". (Interview with T17, Mari stops, January 1, 2024).*

In this regard, subjects responded that due to fear of societal stigma/reaction/, fear of expose to others, and fear family reaction. Thus, societal stigma and reaction was the leading factor identified by respondents. In this regard, in-depth interview results confirm the above finding.

The concept of culture is central to this analysis, and for good reason. Anthropology has shown that it is culture which provides the framework through which people make sense of the world, assign meaning, and act with intent. Recent free abortion on demand can be seen as such an act in many countries, much to the consternation of those who hold varying cultural definitions of the fetus as a full human being. While culture can change, it is generally reproductive age women who bear the brunt of cultural innovation or ambiguity in the reproductive sphere, for women have always been the reproducers and sustainers of life and lineage. Abortion is always a reflection of extant cultural attitudes to gender, parenthood, and the value of children, and it is these attitudes which are played out in myriad ways in the abortion experience. Abortion inevitably has material and symbolic effects on individual and collective wellbeing, and the meanings and experiences of its effects are mediated by culture and social structure.

Within these community contexts, women's experiences are deeply influenced by prevailing cultural norms and gendered expectations. Anthropological studies highlight how women navigate and negotiate their roles and identities within these social frameworks, which are often shaped by patriarchal structures and power dynamics. Moreover, community rituals, ceremonies, and everyday interactions play crucial roles in shaping women's sense of belonging, agency, and

well-being. Abortion practice is predominantly influenced by various factors such as moral, religious, legal and medical values discourses. These contextual variables that shape the attitude of people towards abortion practice and on one hand and women's choice and autonomy on pregnancy termination and lived experience, which is being implicated within the larger social structure on the other. The evidences indicate that the socio cultural discourses such as religion, moral, legal and medical and societal stigma had a profound effect upon the women's abortion practice and community attitudes towards abortion.

One of the key informants working for women and children office explained the impacts of socio-cultural structures and discourses upon the lives of women and the community attitude towards abortion as follows:

> *"Pregnancy may occur in one way or another; the same is true for pregnancy termination. This is due to the fact that the existing socio-cultural structures and community values, discourses and expressions have their own impact on women's reproductive rights and community attitude towards abortion and pregnancy. Among other things, in religion, abortion is intolerable, immoral and a sinful act or against the law of God and condemnation of spiritual fathers on their followers. In fact, gender norms (male dominancy), societal stigma, social exclusion and bad words and the like determined people's attitude towards abortion practice. Besides, the willingness and lack of confidentiality of doctors are also great problems in practicing abortion" (Interview with T18, Women's affair office, January 4, 2024).*

One of the key informant remarks upon the socio-cultural values as follows:

> *"The stringent values and norms of the society prohibit abortion practice. If someone practices abortion, the community negatively reacts since s/he violates such desirable values such as marriage is the respected practice, giving birth out of wedlock is forbidden and abortion violates the law of God and so on. Besides, religious teachings, for instance one who experience abortion has no place in Heaven and one who abort the given child will not have another child again and the like have frustrations and psychological impact on people".(Interview with T16, Mari stops, January 1, 2024).* Based on our culture and religion bearing a child before marriage and abortion is strictly forbidden:

> *"If you violate such norms and societal values you are labeled as „gagna, meren yelekekech" in local language [one who violates the cherished values of the society]. Many years ago, when someone practicing abortion, people called*

them" embededi" in local language [socially excluded, neglected, separated]. But, now a day there is no discrimination from various social services like Idir3 and religious programs but gossips and reactions".(Interview with T17, Mari stops, January 3, 2024).

During an in-depth interview, a 34 year-old woman having induced abortion also strengthened the negative reaction of the community as follows: *"I have faced negative reactions from my neighbors. They labeled me as "shermuta" [a promiscuous and immoral woman] and they do not respect me as the previous one and now I got divorced/have been divorced" (Case with T3, Qera, Feb 24, 2024).*

Furthermore, among the in-depth interview majorities had negative attitude towards induced abortion while some of them had positive outlook. Here, from the above results, one can understand that most women who experienced induced abortion had negative attitude towards abortion due to the health risks and the associated social stigma. A quote from one of key informant interview showed his negative attitude towards abortion practice as follows:

"I condemn abortion practice as it is strictly forbidden in our religion and culture. God ordered us to be multiplied on earth. So, it violates the rule of God. Even, in our culture bearing a child without marriage without formal procedure [wulna masrejayelelew gabcha] and abortion are culturally and socially undesirable". (Discussion with FGD1, Arogearada, January 18, 2024).

As it can be understood from the above quotes, abortion decision is positively influenced by personal factors or women's right to decide on matters of their future life despite external factors such as religion, societal reactions and the like. This clearly indicates the role of agents as active decision. The above quotes into the complex interplay between socio-cultural structures, individual agency, and community attitudes towards abortion within a specific cultural context. Anthropologically, this narrative underscores the importance of understanding how cultural norms, religious beliefs, and societal expectations shape women's reproductive choices and experiences. It also highlights the influence of patriarchal structures and power dynamics in perpetuating restrictive gender norms and stigmatizing women who seek abortion services.

The narratives also reveal the significant role of community attitudes and reactions in shaping women's experiences of abortion. Negative reactions from neighbors and community members, such as labeling women as promiscuous or immoral, not only exacerbate the social stigma

surrounding abortion but also impact women's social standing and relationships. This reflects the broader societal emphasis on maintaining traditional gender roles and preserving cultural values related to marriage and procreation.

The focus group discussions (FGDs) with elders and youth provide a comprehensive understanding of the diverse perspectives on abortion within the community. Elders tend to hold traditional views, strongly influenced by religious teachings and cultural norms, perceiving abortion as immoral and against societal values. They emphasize the importance of marriage and view abortion as a violation of divine laws and cultural practices. The stigma associated with abortion is significant, often leading to social exclusion and harsh judgment of women who undergo the procedure.

In contrast, youth show a more nuanced and empathetic approach, recognizing the complexity of circumstances such as rape and the importance of personal autonomy in reproductive decisions. While still acknowledging the cultural and religious teachings against abortion, younger participants advocate for more open discussions and support systems, reflecting a shift towards understanding and potentially reducing the stigma associated with abortion.

Both groups highlight the influence of patriarchal structures and gender expectations, which place a disproportionate burden on women regarding reproductive choices. The elders' perspective underscores the community's resistance to changing long-held beliefs, whereas the youth's views suggest a gradual shift towards acceptance and support for women's reproductive rights.

4.4. Motives to terminate pregnancy

The decision-making process regarding abortion is complex and multifaceted, involving considerations that extend beyond mere medical or reproductive concerns. It encompasses a range of factors that impact women's lives at various levels, including social, cultural, emotional, spiritual, physical, and economic dimensions (Norris *et al*., 2011).

There are various types of determinants such as woman's characteristics, husband's characteristics, household characteristics and contextual variables that influence a woman to decide and perform abortion. Having this in mind, there are various contextual factors and

reasons such as societal attitudes, religious beliefs, cultural interpretations and socio economic reasons (Sahile and Beyene, 2020).

Social and cultural norms, values, and expectations play a significant role in shaping women's decisions regarding abortion (Purcell *et al*., 2014). Societal attitudes towards reproductive rights, gender roles, and family dynamics can influence women's perceptions of abortion as a viable option and their ability to access abortion services.

As the study marked, the decision-making process regarding terminating a pregnancy can be complex and influenced by various factors, including societal norms, familial expectations, and personal circumstances. This analysis delves into the case study of a young woman, referred to as the protagonist, who faced significant barriers and pressures in navigating her pregnancy and subsequent termination.

Besides, the experience of women during abortion change of decision due to pre-abortion counseling, legal procedures/requirements and the type of abortion procedure-medical or surgical determined the level of stress of women during abortion. A key informant explained to me that *"we give pre-abortion counseling before everything I know most of the women's come here by saying they got raped but we all know that is not the case but mostly we change their decision to not terminate*" (*Interview with T13, Mari stops, January 1, 2024*)

However, all of them did not change their decision due to pre-abortion counseling services provided by health workers. Only 30% will not get abortion.

The experience of women before abortion during the interviews, most women experience positive feelings before they performed abortion. However, results of pregnancy test, fear of dying and health threat, fear of being seen by others (gossips and stigma, shame), source of information, service availability, cost and quality, preference of health institution, social networking (to whom shall I share or being secret), feeling of depression and legality issue were the factors that makes women in trouble and dilemma to decision and perform abortion. She added that lack of information about contraceptives and said: "*I don't know anything about contraceptives even how to use it. Adolescents fear to ask someone or nurse anything that treats us harshly because use of contraceptives at our young age is not acceptable in our community.*" *(Interview, Anonymous center, Feb 4, 2024).*

Keeping Pregnancy as Secret Due to Fear of Unacceptability and Stigma Participants seek induced abortion to keep their pregnancy as secret from families and peoples around them because it is perceived that premarital pregnancy is not acceptable by community and they fear stigma.

An 18 years old participant stated *"I didn't talked to other girls because they might go and spread the news out there or they don't even believe all your words, then I may face stigma."* She was regretted due to not informing to someone better that she had history of unsafe abortion and suffered a lot. She mentioned this by saying; "*I wish I told to someone better than us [Me and my friend] who can give me information and find place where I would be safe, where even if I bleed a lot, they know how to help me. At that time I was in trouble and suffered a lot for many days and I took many medicines for the illness after the abortion.*" *(Interview with T2, Anonymous center, Feb 4, 2024).*

Moreover, the findings from the study underscore the complexity of the decision-making process through the lens of a young woman, referred to as the protagonist, who faced formidable barriers and pressures in navigating her pregnancy and subsequent termination. The testimonies gathered from key informants shed light on the pivotal role of pre-abortion counseling services in influencing women's decisions. One informant revealed that counseling often led to a reconsideration of the decision to terminate a pregnancy, particularly when women cited reasons such as rape to justify their choice. However, it is noteworthy that not all women altered their decisions despite receiving counseling, indicating the multifaceted nature of their considerations.

Furthermore, the experiences shared by women during the abortion process revealed a myriad of emotions and challenges. Positive feelings before the procedure were juxtaposed with fears of health risks, social stigma, and legal implications. The lack of information about contraceptives emerged as a significant barrier, particularly among adolescents who faced societal taboos surrounding contraceptive use at a young age. Additionally, the fear of stigma and societal unacceptability compelled some participants to seek induced abortion as a means of keeping their pregnancies secret from their families and communities. This fear of judgment and rejection highlights the deeply ingrained social norms surrounding premarital pregnancy and the consequent reluctance of women to seek support or information from their social circles.

In sum, the decision-making process regarding abortion is a complex interplay of individual circumstances, societal expectations, and healthcare access. Understanding these complexities is essential for developing holistic interventions and support systems that address the diverse needs and challenges faced by women navigating reproductive choices in their communities.

4.4.1. Pregnancy through rape

Basically, abortion decision is not an easy process and requires several steps to reach a decision as the decision that affects women's social, cultural, emotional, and spiritual and even physical and economic life. Another 28 years old traumatic event of rape by her boyfriend; her account sheds light on the profound impact of personal beliefs and societal pressures on abortion decision-making.

> *"I was raped by my own boyfriend of two years. I live alone; I moved out of my parents' house because my dad was an abusive man with a drinking problem. I started living on my own for my own safety. My boyfriend lives in Canada, and when he came to visit me, we went to Arbaminch with his friends and two of mine. I had previously told him that I was waiting until marriage, which made him unhappy. We argued a lot about it. During our trip, I thought he had reserved two bedrooms in the hotel, but he made me drink a lot, and I lost consciousness. When I woke up, I found myself alone in the room, and he had blocked my number. I couldn't find him or even his friends after that."(Case with T12, Anonymous, center, Feb 9, 2024).*

The woman recounted her harrowing experience, stating, 'I never imagined I would find myself in this situation. I trusted my boyfriend, and I believed that we shared the same values. But when he raped me, everything changed. I felt betrayed, violated, and utterly alone.'

In her narrative, she highlighted the conflicting emotions she experienced as a result of her religious beliefs. "As *a member of the Orthodox faith,*' she explained, *'I was deeply troubled by the teachings of my religion regarding the sanctity of life and the sinfulness of abortion. Despite the circumstances of my pregnancy, I felt immense guilt and shame at the prospect of terminating it."(Interview with T12, Anonymous center, Feb 9, 2024).*

Moreover, societal attitudes towards abortion further compounded her distress, they didn't understand her that she was raped they thought she did it willingly and she made up a story to have an abortion 'The stigma surrounding both abortion and sexual assault made me reluctant to

seek support or disclose my situation to others,' she revealed. *'I feared judgment, exclusion, and social isolation, particularly in light of the circumstances surrounding my pregnancy. Even my friends didn't believed me as a told them that I was raped"*(*Interview with T12, Anonymous center, Feb 9, 2024).*

The woman's story underscores the profound impact of trauma and societal attitudes on abortion decision-making in cases of rape by intimate partners. Despite the betrayal and violation she experienced, she faced significant barriers to accessing the care she needed, including internalized guilt, shame, and fear of societal backlash.

The woman who experienced partner rape exemplifies the intersection of personal beliefs, trauma, and societal attitudes in abortion decision-making. Despite facing a traumatic assault, the woman grapples with feelings of guilt and shame stemming from societal expectations and religious teaching. The stigma surrounding both abortion and sexual assault further compounds her distress, leading her to fear judgment and social isolation (Garcia, 2020).

As I reflect on her narrative, it becomes clear that addressing the needs of individuals in situations of partner rape-induced pregnancies requires a comprehensive approach that prioritizes empathy, support, and access to compassionate healthcare services. Survivors of sexual assault need to be provided with the resources and support they need to make informed and autonomous decisions about their reproductive health, she emphasized, free from judgment or stigma.

4.4.2. Unbearable economic status

According to Sheehy-Skeffington (2020), low-income individuals often face decisions that impact their long-term life outcomes. These patterns of decision-making are the result of adaptive reactions to the low socioeconomic status environment. Cognitive processes change in response to socio-ecological cues relating to low perceived social status, environmental instability, and resource constraint. Therefore, choices made in these situations might seem sense in the short term, but they might not be beneficial for the long run.

A 35-year-old woman, married with two children, shared her experience and the barriers she faced in deciding to terminate her pregnancy. During the interview, she described how her financial situation and familial responsibilities influenced her decision-making process:

> "*I never thought I would be in this situation. My husband and I have been struggling financially for years. We already have two children to take care of, and we can barely make ends meet. When I found out I was pregnant again, I was devastated. We simply couldn't afford another child. I knew that bringing another baby into our already strained circumstances would only add more stress and hardship to our lives. But the decision to terminate the pregnancy wasn't easy. I come from a cultural background where having children is highly valued, and there is a stigma attached to abortion. I felt guilty and ashamed for even considering it. I worried about what my family and community would think if they found out but at last they did. The fear of judgment and rejection weighed heavily on me. Despite all these barriers; I ultimately made the decision to terminate the pregnancy because I knew it was the best choice for my family. It wasn't an easy decision, and I still grapple with feelings of guilt and shame, but I know it was the right thing to do given our circumstances.*"*(Interview with T4, Dilbetglkebele, Feb 20, 2024).*

From a socioeconomic perspective, relationships within the social, familial, or economic sphere frequently influence the decision to have an abortion (Niţă and Goga 2020). This interview highlights how financial constraints, cultural norms, act as significant barriers to abortion decision-making, illustrating the complex interplay of factors that individuals navigate when faced with an unplanned pregnancy.

The above quotes and of the study, religion and morality followed by societal reactions played a decisive role in abortion decision process unlike other socio-economic factors; religious, moral, legal and medical discourses and structural factors mainly sway abortion decision, abortion practice and people's attitude towards abortion. Induced abortion practice can be influenced by the structure and agency (personal factors).

The narrative of the 35-year-old married woman illustrates how financial constraints and cultural norms can act as significant barriers to abortion decision-making. Despite grappling with feelings of guilt and shame, she ultimately made the decision to terminate her pregnancy based on her family's financial circumstances. This narrative underscores the importance of recognizing and addressing the socio-economic factors that shape individuals' reproductive choices, ensuring access to comprehensive reproductive healthcare services for all individuals regardless of their socio-economic status.

In analyzing these narratives through a feminist lens, we can discern how patriarchal structures and societal expectations impact women's agency and autonomy in reproductive decision-making. The narratives exemplify the ways in which gendered power dynamics intersect with religious, cultural, and economic factors to shape individuals' experiences and choices regarding abortion. Feminist theory emphasizes the importance of challenging and dismantling these power structures to promote gender equality and reproductive justice, advocating for the recognition of women's rights to bodily autonomy and self-determination.

Furthermore, the narratives resonate with social construction theory, which posits that societal Values and beliefs are constructed through social interactions and processes. The stigmatization of abortion and sexual assault reflects broader social constructions of morality and gender roles, which shape individuals' perceptions and behaviors. By understanding abortion decision-making as socially constructed, we can recognize the need for societal change to challenge and deconstruct harmful norms and biases, fostering environments that support individuals in making informed and autonomous choices about their reproductive health.

4.4.3. Fear of societal values

Values are evaluative and judgmental standards, are social processes of weighing and designating actions and outcomes of individuals and groups as good, desirable and permissible or as bad, undesirable and impermissible (Tsegaye, 2018).A phenomenon known as the "Value" involves women's behavior and decisions regarding their fertility, extramarital and premarital sex, use of contraceptives, and abortions being assessed in relation to socially accepted norms such as the importance of children, the value of having children, the desirability of women remaining virgins until marriage, and the reproductive role of women. Because premarital sex, using contraceptives, getting pregnant outside of marriage, and having an abortion are all viewed by normative processes as undesirable and illegal, women find it difficult to make these choices.

During an in-depth interview, a 27-year-old woman shared her experience of deciding to terminate her pregnancy that she in fear of the societal expectation and outcome of being celibacy.

> *"I got pregnant from my fiancé, I knew well the consequences of my actions the shame, the* rejection, *the whispered gossip that would follow me if I keep the pregnancy, it is going to follow me not only me my family too. I could almost hear*

the disapproving murmurs of my mom; I could feel the weight of their disappointment pressing down upon her fragile shoulders. Because me and my fiancé, had been eagerly preparing for their upcoming wedding. We had enrolled in the church course given to couples about to be married a journey of spiritual growth and preparation that was meant to strengthen their bond and deepen their commitment to one another which is given for six months and if we stay silent and continue with the preparation my belly is going to be big and we decided to terminate the pregnancy"(Interview with T9, Selam kebele, Feb 6, 2024).

The narratives provided within the excerpt offer a profound insight into the complexities of abortion decision-making processes within the context of Ethiopian society. These narratives illustrate how individual choices are shaped by a myriad of factors including societal expectations, personal beliefs, trauma, and socio-economic circumstances. Through the lens of anthropology, we can discern the multifaceted nature of these decision-making processes and their implications for individuals' lives.

The experiences shared by the 26-year-old woman highlight the pervasive influence of societal expectations regarding premarital celibacy and the sanctity of marriage on reproductive decisions. In Ethiopian society, as in many others, premarital sexual activity is often stigmatized, placing immense pressure on individuals to adhere to traditional norms of chastity and purity. The fear of societal judgment and rejection, as expressed by the woman, underscores the internalization of these norms and the impact they have on individuals' perceptions of themselves and their actions.

In the case of the woman's decision to terminate her pregnancy, societal expectations regarding premarital celibacy and the sanctity of marriage played a significant role; In Ethiopian society, like in many other cultures, premarital sexual activity is often stigmatized, and there is considerable pressure for individuals to uphold traditional norms of chastity and purity before marriage. This societal expectation is constructed and reinforced through various social institutions, including family, religion, and community.

The woman's fear of societal judgment and rejection, as expressed in the interview, reflects the internalization of these societal norms and values. She perceives the potential consequences of her actions shame, gossip, and rejection not only for herself but also for her family. The

disapproving murmurs of her mother and the weight of their disappointment symbolize the social pressures and expectations placed upon her to conform to traditional norms of behavior.

In the context of the woman's experience shared during the in-depth interview, a social constructionist view in anthropology can shed light on how societal expectations and norms influenced her decision to terminate her pregnancy. Social constructionist posits that reality is not inherent or objective but rather constructed through social interactions, language, and cultural practices (Mohajan, 2022). From this perspective, societal norms, values, and expectations shape individuals' perceptions of reality and influence their behaviors and decisions.Another woman told she had no choice but to terminate not to be caught, a 21-year-old Protestant woman,

> *"I found myself in a challenging situation when I discovered I was pregnant. I was in a long-term relationship with my boyfriend, and I knew that when he told me he does not want the relationship because of my ethnicity his family didn't accepted me However, the revelation of my pregnancy will ruin deeper issues surrounding societal stigma and familial expectations, particularly within my church community." (Interview with T5, Anonymous center, Feb 9, 2024).*

Her primary concern was the fear of stigma from her community, particularly from her church peers and leaders. As a devout member of her church and actively involved in music ministry, she was acutely aware of the expectations placed upon her as a "church girl." The prospect of facing judgment and condemnation for her pregnancy drove her decision-making process and added immense pressure to an already difficult situation.

This woman's experience showcases the intersection of love, betrayal, and religious stigma. Despite being in a committed relationship and facing the prospect of starting a life together, societal norms and familial expectations lead to the abandonment of her partner when faced with an unplanned pregnancy. The stigma associated with being pregnant out of wedlock, compounded by the judgment of Religious leaders and community members, results in her exclusion and profound psychological distress. Religious beliefs significantly influence individuals' decision-making processes regarding reproductive health services, including contraception and abortion. Religiosity, or the degree of religious devotion, can shape behavior related to sexual activity before marriage, contraceptive use, and the decision to undergo abortion in response to unintended pregnancy (Meskele*et al*., 2021).

4.5. Impact of abortion on the lives women who practiced it

In studies like this, a deep exploration into women's experiences reveals a complex and often harrowing journey intricately woven with social, psychological, and economic threads that profoundly influence their lives (Smith, 2020). Anthropological research serves as a vital lens through which to understand the multifaceted challenges encountered by women undergoing induced abortion. These challenges are deeply entrenched within cultural, social, and structural contexts.

As I delved into the intricate tapestry of women's experiences, I encountered a profound unimaginable journey shaped by the interplay of social, psychological, and economic threads profoundly shaping the lives of women. Anthropological research offers valuable insights into the cultural, social, and structural factors underlying these challenges. Women who undergo induced abortion often confront significant social stigma and rejection within their communities, as cultural norms and religious beliefs shape societal attitudes towards abortion, leading to marginalization and shaming. This stigma manifests through gossip, judgment, and exclusion, intensifying feelings of guilt, shame, and isolation. Psychologically, women may grapple with a spectrum of emotional responses, including grief, sadness, and regret, compounded by societal expectations and internalized stigma. The secrecy surrounding abortion can further hinder their ability to seek support and cope, exacerbating psychological distress. Economically, induced abortion can have profound repercussions, particularly for marginalized women, as financial constraints and limited access to healthcare services may drive them towards unsafe abortion methods, risking their health. Moreover, the economic burden of childcare may exacerbate vulnerability for women lacking adequate support or resources.

4.5.1. Socio-cultural impact

Socio-cultural views surrounding abortion plays a significant role in shaping the experiences and attitudes of women who have undergone the procedure. In many cultures, societal values, religious beliefs, and community norms heavily influence perceptions of abortion (Izugbara*et al*., 2018).

Cultural norms and values surrounding reproduction and family dynamics can also contribute to the stigma associated with abortion. In some societies, there may be strong expectations placed on women to fulfill traditional gender roles as mothers and caretakers. Deviating from these

expectations by seeking an abortion can lead to ostracism or social exclusion, further amplifying feelings of shame and isolation (Izugbara *et al*., 2018).

The findings of the study indicates; before, during and after regret, fear of dying and health threat, relief, fear of punishment from God, psychological and emotional impacts and fear of being blamed by others were the common problems repeatedly narrated for most of the women during the in-depth interview. *A* 35 year- old woman during the in-depth interview narrated her challenge and her feeling about abortion as follows:

> *"In my opinion, abortion is not a good practice and I will not support it, of course. But what can you do when faced with unwanted pregnancy and a cheating husband? I know abortion is strictly forbidden in my religion and poses threats to health and life. However, for people like me living in severe stress, I wish people could have seen what I was going through. A year ago, I had two abortions and it became a public secret. My husband and I don't live in the same house, but of course, we share one big house. He even built another house there. We have six kids, and as a housewife, he does not let me go out of the house. He earns more than enough, and I didn't care that much until my children grew up and heard that he was cheating with a lot of women, and even had twins with another woman. But before I heard that, I was pregnant with our first child, so I decided to have an abortion. My children supported that decision because even if I wanted to have a divorce, I couldn't. Everything he owns is not under his name, and what would I do with six kids and another problem to deal with? Then I got an abortion, but the doctor I asked did not keep it a secret. Even the people at church, including my husband, found out and he beat me up, but kept it silent. If I had continued the pregnancy, my life would have gotten worse and worse"(Case with T10, Selamkebele, Feb 10, 2024).*

The above quotes showed that abortion practice would result emotional impact upon women" lived experience and lives. Consequently, for some, abortion makes women's life vulnerable to mental, physical, psychological, spiritual and moral crisis while for others make them plan their life in a proper manner. Some women experience relief following abortion in which, abortion is a window of relief. As a result, the meaning each individual gives is different.

As she continued she started shading light on how the community response was. As she continued, she started shedding light on how the community response was a significant factor in exacerbating the emotional turmoil she experienced. The revelation of her abortions brought

condemnation and violence from her husband, demonstrating the pervasive stigma and judgment surrounding abortion in her community. This reflects broader societal attitudes that often blame and punish women for their reproductive choices, further isolating and marginalizing them.

> "*I felt like I had no other choice,' she confided, 'I couldn't bear the thought of bringing another child into this situation, but I also couldn't bear the judgment and violence that came with my decision to have an abortion. What amazes me is that the community that I live in didn't say anything about him cheating but they knew but on me they even asked for me to start "ye nisehatmrt" they pushed me away they even said how can a women cheat she should have known better if she didn't cheat she would have gotten a divorce but she cheated and got pregnant now she is living begging him"(Case with T10, Selamkebele, Feb 10, 2024).*

As she continued, she described the hurtful words and accusations that circulated within her community.

> "*He works a lot and she became 'shele,' I think she cheated in her house,'"* she recounted, quoting the gossip that tarnished her reputation. "*The people who gossiped about me were from my Bible study group, where they said they seek God, they supported their gossiped by saying 'if she didn't cheat on him why would she have an abortion they are wealthy they can feed 10 children if they wanted too"(Case with T10, Selamkebele, Feb 10, 2024).*

She added with a bitter tone, how the relentless gossip took a toll on her and her children. Despite never venturing outside the confines of her home, her kids faced bullying at school, especially her youngest, who, at just 11 years old, was burdened with the weight of societal judgment. They began to internalize the false narratives, believing their mother to be a murderer while portraying their father as an angel. The social challenge she is facing did not stop only on her the children got it too

In her final words, she expressed the profound impact of the social challenges on her mental health and well-being. "I am just living for my kids. If it were not for them, I would have killed myself long ago,"she confessed. The relentless barrage of insults and derogatory labels, such as 'balege' and 'shermuta,' (a promiscuous)inflicted unbearable pain and eroded her sense of self-worth.

The social challenges she faced not only threatened her reputation but also endangered her very existence. The relentless stigma and ostracism pushed her to the brink of despair, highlighting the devastating consequences of societal judgment on individuals' mental health and resilience.

The narrative provided vividly illustrates the profound impact of social challenges on the lived experience of induced abortion, particularly from the lens of radical feminist theory, which emphasizes the patriarchal structures that oppress and marginalize women. In this narrative, the woman is subjected to blame; stigma, and violence, highlighting how societal structures perpetuate gender inequality and reinforce women's subordinate status

The woman in the narrative bears the brunt of societal judgment and condemnation for her reproductive choices, while her husband's infidelity is overlooked and excused. This unequal distribution of blame reflects the patriarchal norms that uphold male privilege; the woman faces societal judgment and condemnation for her reproductive choices, while her husband's infidelity is overlooked, reflecting patriarchal norms that prioritize male privilege and control.

Women are systematically oppressed by patriarchal regimes, according to radical feminist philosophy. Women are denied agency over their reproductive choices and are instead assigned subservient positions in these systems, which place a premium on male domination. Women's reproductive choices are frequently dictated by men in patriarchal cultures, and when they make choices that are seen as going against social standards, women are shamed and criticized (Kreft’s 2020).

Radical feminist theory argues that women are systematically oppressed by patriarchal systems that prioritize male dominance and control, relegating women to subordinate roles and denying them autonomy over their reproductive decisions. The woman is blamed and stigmatized for her decision to have an abortion, while her husband's actions, including infidelity, are disregarded or excused. This unequal treatment reflects societal norms that prioritize male authority and control over women's bodies. Patriarchal structures uphold the belief that men have the right to dictate women's reproductive choices, while women are judged and shamed for decisions perceived as deviating from societal expectations. This dynamic perpetuates gender inequality, reinforcing the notion that women are responsible for managing the consequences of sexual relationships, while men face fewer consequences for their actions. Thus, the woman's experience highlights the

systemic bias within society that places disproportionate blame and stigma on women in matters of reproductive autonomy.

Women are systematically oppressed by patriarchal regimes, according to radical feminist philosophy. Women are denied agency over their reproductive choices and are instead assigned subservient positions in these systems, which place a premium on male domination. Women's reproductive choices are frequently dictated by men in patriarchal cultures, and when they make choices that are seen as going against social standards, women are shamed and criticized (Swaine, 2019).

The woman faces not only verbal abuse and derogatory labels but also physical violence from her husband, underscoring the pervasive nature of gender-based violence within patriarchal societies. In this scenario, the woman not only experiences verbal abuse and derogatory labels from her community but also faces physical violence from her husband. This highlights the prevalence of gender-based violence within patriarchal societies, where power dynamics are heavily skewed in favor of men. The physical violence she endures underscores the control and dominance exerted by her husband, further emphasizing the unequal power dynamics inherent in patriarchal structures. Additionally, the fact that her experiences of violence are exacerbated by her reproductive choices reflects how patriarchal norms intersect with women's autonomy over their bodies, often resulting in severe consequences for those who defy traditional gender roles. Overall, this situation illustrates the broader societal issues of gender inequality and violence against women, perpetuated by patriarchal systems.

When people adopt and replicate cultural standards and beliefs even when they are detrimental to themselves or others it is known as internalized oppression. Children internalize the biases and expectations that exist in their surroundings when it comes to gender roles, which shapes how they see blame and shame (Pyke, K. D. 2010).

The woman's children also internalize societal narratives that vilify their mother and exonerate their father, illustrating how patriarchal values are internalized and reproduced within families. In this context, the children internalize societal narratives that portray their mother in a negative light while exonerating their father, reflecting the patriarchal values ingrained within the family unit. This phenomenon of internalized oppression occurs when individuals internalize and

reproduce societal norms and beliefs, even if they are harmful to themselves or others. In this case, the children absorb the gendered expectations and biases present in their environment, leading them to view their mother as the source of blame and stigma while absolving their father of responsibility.

The children's internalization of patriarchal values perpetuates the cycle of gender inequality within the family, reinforcing traditional gender roles and power dynamics. By accepting and replicating societal narratives that vilify their mother, the children contribute to the marginalization and oppression of women within patriarchal structures. This illustrates how patriarchal values are not only perpetuated by external societal influences but also internalized and reproduced within familial relationships, shaping individuals' perceptions and behaviors.

Overall, the children's internalization of patriarchal values highlights the pervasive nature of gender inequality and the ways in which it is perpetuated through socialization processes within families. This phenomenon underscores the importance of challenging and disrupting patriarchal norms to create more equitable and just societies.

As another women experienced Social Stigma and Victim blaming where one of the social challenge she faced she says; "*I got pregnant from a guy I work for*"

> *"I am working as a house maid; I slept with the man who is letting me work by someone I thought he liked me but he was just lying and I got pregnant and he said I was lying and wanted to be his wife and he pushed me away and told me he never want to see me again."(Case with T8, church, Feb 21, 2024).*

The woman's experience highlights the pervasive stigma and victim-blaming that women often face in situations of unplanned pregnancy. Despite being deceived and abandoned by the man responsible for her pregnancy, she is rejected and labeled as a liar and a prostitute by her community. This reflects broader societal attitudes that blame and shame women for their reproductive choices, rather than holding men accountable for their actions.

4.5.2. Economic impact

Economic dependency and deprivation significantly exacerbate vulnerabilities to exploitation and abuse, particularly among women in precarious socioeconomic positions. The narratives

presented here illustrate the profound intersection of economic hardship with social, cultural, and gender-based inequalities. By analyzing these cases through feminist theory and social constructionism, we can uncover the broader structural forces shaping these women's lived experiences.

Feminist theory critiques patriarchal systems that perpetuate gender inequalities and power imbalances, highlighting how these structures dictate women's reproductive roles and constrain their autonomy (Hooks, 2000). The narratives of the women discussed here reveal the pervasive influence of these patriarchal norms and the severe repercussions they face within their communities. Social constructionism, on the other hand, emphasizes the role of societal norms and beliefs in shaping individuals' perceptions and experiences. The stigmatization and gossip these women endure reflect socially constructed notions of female purity and morality, further entrenching their marginalization.

Case

> *"I am working as a house maid; I slept with the man who is letting me work by someone I thought he liked me but he was just lying and I got pregnant and he said I was lying and wanted to be his wife and he pushed me away and told me he never want to see me again. I did not have any information how and where to terminate. I do not want to tell the case someone else. [How did you do finally?] I went to my parents, then, my mother told the case to someone else to get money. Then, we went to clinic [private] but people heard everything because my mom had to ask for the money and started that I go to houses and get paid if I sleep with them as a prostitute I am not working because nobody will hire me after this gossip I went to "delala" where workers gets picked there and even the boss pushed me away he even asked me 'if you sleep with me I will find you a place to work isn't that what you do it should be easy for you"(Case with T8, church, Feb 21, 2024).*

This women is currently working at church where she was found while she tried to commit suicide "I decided to kill myself because I got nothing left"

Participants have expressed responsibilities puts their life in difficult situations of giving birth and raising additional baby. It is assumed by the community that women are responsible to face unwanted pregnancy alone.

Furthermore, the woman's socioeconomic status exacerbates her vulnerability to exploitation and mistreatment. As a housemaid, she lacks financial independence and is reliant on others for support. When she seeks help to terminate her pregnancy, she is further victimized and exploited, with her mother resorting to desperate measures to gather funds for the procedure. The woman's inability to access safe and confidential abortion services due to financial constraints highlights the intersecting inequalities that perpetuate cycles of poverty and exploitation.

The woman's experience also underscores the prevalence of gender-based violence and coercion in intimate relationships. She is manipulated and abandoned by the man who impregnates her, and her subsequent attempts to seek help are met with further exploitation and harassment. The coercive offers from her boss at the "delala" just because she had an abortion and the insinuations that she should exchange sexual favors for employment reveal the pervasive power imbalances and exploitation faced by women in precarious work environments.

The accumulation of social challenges takes a profound psychological toll on the woman, leading her to contemplate suicide as a means of escape. The relentless stigma, isolation, and economic insecurity she faces erode her sense of self-worth and hope for the future. Her experience highlights the urgent need for comprehensive support services and systemic changes to address the intersecting social inequalities that perpetuate cycles of violence and exploitation against women.

To dig more with feminist theory, which critiques patriarchal systems that perpetuate gender inequalities and power imbalances. The woman's experience reflects how patriarchal norms dictate women's reproductive roles and constrain their autonomy. Despite her agency in making decisions about her own body, she faces severe repercussions from both her husband and community, illustrating the control exerted over women's reproductive choices within patriarchal structures.

The societal response to her abortions exemplifies the double standards and gender biases prevalent in patriarchal societies. While her husband's infidelity is tolerated or even condoned, she faces harsh judgment and ostracism for seeking an abortion. This unequal treatment reflects broader societal attitudes that prioritize male dominance and control over women's bodies, perpetuating a culture of victim-blaming and oppression. From a social constructionist

perspective, this narrative highlights how societal norms and beliefs shape individuals' perceptions and experiences. The woman's story reveals how social constructions of gender roles and morality influence attitudes towards abortion and shape community responses.

The gossip and condemnation she faces stem from socially constructed notions of female purity and morality. Her decision to have an abortion challenges traditional gender norms and is met with backlash and condemnation from her community. This illustrates how social constructions of femininity dictate women's behavior and subject them to scrutiny and judgment when they deviate from prescribed roles.

Moreover, the labeling and stigmatization she experiences reflect the power of social constructions to shape perceptions of identity and worth. Derogatory labels such as 'balege' and 'shermuta' serve to reinforce hierarchies of power and control, further marginalizing and dehumanizing the woman. For the second women as feminist theory underscores the pervasive influence of patriarchal structures and gender norms that shape women's experiences in society. In this narrative, the woman's vulnerability to exploitation and mistreatment is exacerbated by her gendered position as a housemaid. Her lack of financial independence and reliance on others for support reflect broader patterns of economic inequality that disproportionately affect women. Moreover, the stigma and victim-blaming she faces following her unplanned pregnancy exemplify the ways in which patriarchal norms perpetuate cycles of shame and marginalization, reinforcing traditional gender roles and expectations.

Furthermore, social constructionist highlights the fluid and context-dependent nature of social identities and categories. The woman's labeling as a "prostitute" by her community reflects socially constructed perceptions of morality and respectability, which are often applied unequally along gendered lines. This labeling not only stigmatizes the woman but also serves to reinforce existing power dynamics and hierarchies within the community. Additionally, social constructionist emphasizes the role of language and discourse in shaping social reality. The gossip and rumors surrounding the woman's pregnancy contribute to her ostracism and further perpetuate negative stereotypes about women's reproductive choices. These discursive practices not only reflect societal attitudes towards women but also actively construct and reproduce social norms and expectations.

Anthropologically, this narrative underscores the importance of examining the ways in which gender, power, and social norms intersect to shape individuals' experiences and identities within specific cultural contexts. By analyzing the woman's story through the lenses of feminist theory and social constructionist, we gain insights into the broader structural inequalities and discursive practices that perpetuate cycles of violence, exploitation, and marginalization against women.

Another woman add that she is experiencing societal stigma

> *"I faced a devastating revelation that altered the course of my life. Discovering my husband's unfaithfulnesswas distressing enough, but his HIV-positive status plunged me into a nightmare of fear and uncertainty. Despite suspicions of his unfaithfulness, I never imagined the depth of his betrayal until that fateful night when he returned home intoxicated and forced him upon me. Shocked and violated, I realized the gravity of the situation, fearing not only for my own health but also the potential stigma and discrimination that could follow if my HIV status became public knowledge. Driven by panic and desperation, I sought to conceal the truth by fabricating a narrative of rape to justify my decision to terminate the pregnancy. However, unbeknownst to me, the midwife who performed the procedure was familiar with my circumstances, leading to unintended repercussions as word of my abortion spread throughout the community. Misunderstandings and false assumptions quickly arose, with rumors circulating that I had engaged in extramarital affairs. The ensuing backlash and rejection were swift and merciless, stripping me of my social standing and isolating me from group activities within the community."(Case with T11, Anonymous center, Feb 16, 2024).*

In this narrative, the woman grapples with the devastating consequences of infidelity, HIV transmission, and social stigma. Despite facing betrayal and health risks, she is forced to navigate the complexities of reproductive decision-making within a context of secrecy and fear. The stigma surrounding HIV/AIDS further compounds her challenges, leading to ostracism and isolation within her community. Her story underscores the need for greater awareness and support for women facing reproductive health crises and the intersecting injustices of gender-based violence and HIV/AIDS stigma.

The narratives of these women illuminate the profound economic impacts that intersect with social, cultural, and gender-based inequalities. Their experiences underscore the critical need for an analysis of how economic dependency and deprivation exacerbate vulnerabilities to

exploitation and abuse. By examining these cases through the lenses of feminist theory and social constructionism, we can better understand the broader structural forces that shape their lived realities.

In the first case, the woman's economic dependency as a housemaid renders her susceptible to sexual exploitation and coercion. Her lack of financial independence limits her options and forces her to navigate a precarious existence. The man's betrayal and subsequent abandonment leave her financially and emotionally destitute, exacerbating her vulnerability. When she seeks to terminate the pregnancy, her financial constraints compel her mother to resort to desperate measures, highlighting the severe lack of access to safe and confidential reproductive healthcare. The resultant gossip and stigma further isolate her, making it nearly impossible to secure employment. Her socioeconomic status thus traps her in a cycle of poverty and exploitation, perpetuating her marginalization.

In the second narrative, the economic implications are similarly stark. The woman's husband's infidelity not only shatters her emotional stability but also threatens her health and social standing. The economic dependency on her husband compounds her plight, as his HIV-positive status introduces a grave health risk that she is ill-equipped to manage financially. Her attempt to conceal the truth and fabricate a narrative to justify the abortion highlights her desperation and lack of resources. The subsequent community backlash and social ostracism further erode her economic security, illustrating how intertwined economic and social vulnerabilities can devastate an individual's life.

These stories demonstrate how economic hardship can amplify the effects of gender-based violence, social stigma, and reproductive coercion. The lack of financial independence and access to resources forces these women into compromising and often dangerous situations. This analysis underscores the urgent need for systemic changes to provide comprehensive support services, economic opportunities, and protections for vulnerable women. Addressing the economic dimensions of their struggles is crucial to breaking the cycles of poverty and exploitation that they endure.

4.5.3. Psychological impact

When it comes to the Induced abortion, women face a true "moral dilemma" or "moral conflict." When making this decision, they frequently consider their responsibilities to others, human relationships, and the potential of not hurting anybody else they them self gets hurt psychologically (Niţă and Goga 2020).

Case

> **"***I was pursuing my undergraduate degree at Wolaita University, and I frequently socialized, especially on Saturdays. I had friend's off-campus whom I met at clubs, but I always took precautions to avoid risky situations. However, one day, a guy I had previously rejected persisted and eventually got me intoxicated to the point where I lost control. I woke up next to him, naked, realizing that I had been violated. Despite recognizing it as rape, I hesitated to report to the police due to being at the club and my own perceived mistakes. Fearful of involving my family, I asked him to provide medication, but he callously refused and left. Born and raised in the area, he had the community's support. Believing I was safe based on my menstrual cycle and misguided internet research, I didn't seek immediate help. His claim of using a condom further reassured me. However, when my period was late again, I discovered I was pregnant. Seeking medical advice, I opted for a medical abortion, administered without physical presence. Unfortunately, I experienced severe complications, fainting in my dorm room and covered in blood. My roommates rushed me to the hospital, and news spread to my family and others, leading to my withdrawal from school.*
>
> *Facing societal stigma and derogatory labels like 'shermuta' (prostitute) and 'killer,' compounded with the trauma of terminating a pregnancy, I spiraled into despair. The relentless torment directed at me and my single mother pushed me to contemplate suicide. Though my attempt failed, I still grapple with the desire for death. Presently, a church counseling team supports me through this tumultuous journey. After enduring the torment of my suffering I find support in the compassionate care provided by a church counseling team. Their support is a lifeline amidst the darkness that envelopes me.*
>
> *Though the scars of my past may never fully heal, I am resilient. I am a survivor, and I refuse to let my pain define me. As I continue on my path of healing and self-discovery, I hold onto the glimmer of hope for a brighter tomorrow, where every woman's right to autonomy and dignity is respected and upheld." (Case study T6, Annonymous, Feb 23, 2024).*

The psychological challenges faced by the young woman in this narrative are profound and arise from a combination of traumatic experiences, societal stigma, and personal struggles. Here's a closer look at some of the psychological challenges she encountered:

The most immediate psychological challenge stems from the trauma of experiencing sexual assault. Being violated by someone she knew and trusted, and then waking up to the realization of what happened, likely caused intense feelings of fear, shame, and betrayal. This trauma can manifest in various ways, including flashbacks, nightmares and a sense of powerlessness or loss of control over one's own body.

The societal stigma attached to abortion compounds the psychological distress. The derogatory labels she faced ('shermuta' and 'killer') contribute to feelings of worthlessness, guilt, and self-blame. This stigma may lead to a reluctance to seek help or disclose the assault to others, further isolating the victim and exacerbating feelings of shame and despair.

"As a police officer, I see many cases come to us involving individuals facing the harsh realities of abortion. The fear of society's judgment weighs heavily on them, often driving them to the brink of despair. It's heartbreaking to witness how this fear can lead some to consider suicide as their only escape from the stigma and condemnation they feel." (KII with T26, Police Station, January 6, 2024).

The decision to terminate the pregnancy adds another layer of complexity to the psychological challenges. Despite being a survivor of sexual assault, the victim still experience grief and loss associated with the pregnancy, especially if she had conflicting feelings about the decision or if she desired to keep the child under different circumstances. This grief compounded by the complications she experienced during the abortion and the subsequent withdrawal from school, which represent further losses in her life.

The culmination of these challenges leads to profound feelings of despair and hopelessness, culminating in suicidal ideation. The victim's contemplation of suicide reflects the depth of her psychological pain and the belief that death may offer relief from her suffering. This existential crisis is a common response to trauma and prolonged distress, especially when individuals feel trapped or see no way out of their circumstances.

Amidst these challenges, the victim grapples with questions of identity and agency. She faces pressure to conform to societal expectations and wrestles with feelings of powerlessness and inadequacy. Reclaiming her voice and advocating for change represents a crucial step towards healing and regaining a sense of agency over her own life.

In this case, the woman experiences sexual violence and subsequent stigma surrounding her decision to terminate the pregnancy. Despite being a victim of rape, she faces blame and derogatory labels from her community, exacerbating her trauma and leading to isolation. Her story underscores the prevalence of victim-blaming attitudes and the challenges faced by survivors of sexual assault in accessing support and justice. Additionally, her experience highlights the risks associated with unsafe abortion practices and the importance of comprehensive reproductive health services.

Another woman that was a victim of rape added:

> **"***In my neighborhood, there was a persistent man who repeatedly harassed me, despite my firm rejections. I even resorted to physical force, slapping him when his advances became too aggressive. One fateful day, as I returned home from work, he forcibly abducted and raped me. After the assault, he callously dumped me in front of my house, leaving me shattered and traumatized. Confiding in my family, who were not my biological parents, I hoped for support and justice. However, their fear of societal judgment and gossip overshadowed their responsibility to me. Instead of seeking medical care, they prioritized their own reputation, choosing to extort money from the perpetrator's family in exchange for silence. Feeling powerless and abandoned, I remained silent, concealing my anguish even from my closest friends.*
>
> *The nightmare worsened when I discovered I was pregnant. Lacking knowledge of contraception and reeling from the trauma of rape, I felt lost. Desperate to erase the painful reminder of the assault, my family's greed led them to accept hush money from the perpetrator's family, who financed my abortion. Despite the procedure, word of my termination spread like wildfire, triggering a barrage of derogatory labels and accusations. Shamed and branded as a 'prostitute,' 'killer,' and worse, I spiraled into depression. The weight of society's condemnation became unbearable, culminating in a moment of despair where I collapsed upon being called a 'killer' by a passerby. Fortunately, a compassionate woman who aids survivors of sexual violence intervened, offering me refuge and understanding. Now, I reside with her, unable to work due to the crippling effects*

of depression. My journey reflects the harrowing reality faced by many women in Wolaita Sodo, Southern Ethiopia, whose lived experiences of induced abortion are fraught with trauma, stigma, and societal neglect."(Case with T7, Mari stops, Feb 6, 2024).

This case illustrates the intersection of gender-based violence, familial betrayal, and societal stigma. Despite being a victim of rape, the woman's family prioritizes their reputation over her well-being, leading to further trauma and isolation. The lack of support and justice perpetuates her sense of powerlessness and reinforces societal norms that blame and shame survivors of sexual violence. Her story highlights the urgent need for comprehensive support services and systemic changes to address gender-based violence and victim-blaming attitudes.

The woman's story vividly illustrates the profound psychological challenges faced by women who undergo induced abortion, especially in the aftermath of traumatic experiences such as rape. Induced abortion can evoke a range of complex emotions, including guilt, shame, sadness, and regret. In cases where the decision to abort is influenced by external pressures or traumatic events like rape, these emotions may be intensified, leading to significant psychological distress.

For the woman in the narrative, the decision to terminate her pregnancy was deeply intertwined with her experiences of sexual violence and familial betrayal. The trauma of rape, compounded by the lack of support from her family and the judgmental attitudes of her community, contributed to feelings of powerlessness, isolation, and despair. The psychological impact of abortion, in this context, extends far beyond the physical act itself, permeating every aspect of the woman's life and well-being.

Another women on in depth interview stated that "*they made me to read a letter of forgivness to ask in whole church crowd after that I can't even look at the people around me" (Case with T5, Anonymous center, Feb 9, 2024).*

Moreover, societal stigma and derogatory labels further exacerbate the woman's psychological distress, reinforcing feelings of worthlessness and self-blame. The relentless judgment and condemnation from her community weighs heavily on her consciousness, eroding her sense of self-worth and exacerbating feelings of depression and hopelessness.

Chapter Five

5. Conclusion and Recommendation

5.1. Conclusion

The finding of this study show that women are judged, blamed, and shamed, facing social, economic, and psychological challenges. As the saying goes, 'better be dead than be mocked,' indicating their fear of not meeting society's values and community expectations, this can lead them to harm themselves. This fear drives their decision to undergo abortions to avoid shame and blame. However, the community still places all the blame on women, completely ignoring the man's role and solely stigmatizing women, which severely affects their lives. .

From a social constructivist perspective, the findings highlight the constructed nature of societal norms and expectations surrounding abortion, which shape women's perceptions and decisions. Social norms, stigma, and gender roles emerge as influential factors that mediate women's reproductive choices and experiences. By examining how these social constructions intersect with individual agency and autonomy, this study underscores the importance of understanding abortion decision-making as a socially situated phenomenon.

A feminist lens reveals the ways in which patriarchal structures and power dynamics impact women's reproductive autonomy and well-being. The narratives of the women in Wolaita Sodo reflect the struggles faced by individuals in navigating societal expectations, religious teachings, and trauma in their reproductive decision-making processes.

In sum, this study contributes to the understanding of induced abortion by illuminating the social, economic, and psychological challenges faced by women in Wolaita Sodo. By examining these challenges through the lenses of social constructivism, feminism, through social phenomenology lens, the research offers valuable insights that can inform interventions and policies aimed at promoting reproductive health and rights in the region.

5.2. Recommendations

The practice of induced abortion in Wolaita Sodo Town is deeply affected by cultural perceptions and societal norms. These factors create a challenging environment where women

face significant stigma and emotional distress. To effectively address these issues, it is crucial to focus on the most vulnerable members of the community, including women, youth, and unmarried individuals who are particularly impacted by societal pressures and norms.

Educational campaigns and community engagement initiatives should be implemented to raise awareness and foster a more supportive environment. It is essential to involve local opinion leaders and vulnerable social groups in these efforts to ensure that all voices are heard and respected. Local reconciliation methods and peace-building strategies should be leveraged to promote a more inclusive and empathetic approach to abortion.

The motives influencing abortion decision-making are multifaceted and often tied to economic constraints, lack of support, and fear of social disgrace. Enhancing access to comprehensive sexual education and contraceptive methods can help address these underlying issues. Providing accurate information and resources can empower women to make informed decisions about their reproductive health and reduce the incidence of unplanned pregnancies.

To support women who have undergone abortions, it is crucial to strengthen healthcare services, ensuring that safe and legal abortion services are available and accessible. Training healthcare providers to offer non-judgmental and empathetic care, including psychological support and post-abortion services, is essential. Guidance and counseling services in hospitals should be established to provide continuous support and care for women, addressing both their physical and emotional needs.

External actors, such as non-governmental organizations and international bodies, can assist in these efforts by providing resources and expertise. The involvement of the local populace in recovery programs is crucial for ensuring both capacity building and ownership of the suggested measures. Collaborating with local players, the federal government, and other concerned organizations can help rebuild fundamental social, political, and economic structures, creating a more supportive environment for women.

Improving the challenges faced by the community in Wolaita Sodo requires a multifaceted approach that includes providing humanitarian assistance, rendering psychological support, promoting social cohesion, and supporting traditional coping mechanisms. Community-based

organizations play a vital role in these efforts, as they can promote regional solutions and foster a sense of solidarity and resilience.

Health workers and women of childbearing age need to work together to discuss how to control unplanned pregnancies, avoid judgment, and listen to one another. Guidance and counseling services in hospitals are recommended to support these discussions and provide comprehensive care. Mothers should be given prenatal counseling, and school-going children should be educated about contraception to manage expectations and prevent unplanned pregnancies.

Future research should explore the long-term emotional impacts of abortion and assess the effectiveness of emotion regulation strategies for women experiencing emotional crises after abortion procedures. This research can provide valuable insights into the ongoing support needs of women and inform the development of targeted interventions to address their emotional well-being.

The community that still totally blames women by blindly avoiding the man's role and only expects women to be stigmatized is something that needs to be addressed through new research and community dialogues.

It is evident that women experience a range of socio-emotional responses following abortion procedures, including guilt, shame, embarrassment, remorse, fatigue, and distress. Addressing societal stigma, providing adequate support services, and empowering women to make informed decisions about their reproductive health are crucial steps in promoting the well-being of women who have undergone abortions. Guidance and counseling services are essential components of these support services, helping women navigate their emotional and psychological challenges.

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Appendices

Appendix—1: General profile of informants

The table below shows the informant's profile, which includes age, gender, place of interview, date of interview and occupation.

Table 1: Profile of the informants of three selected from Maristops Ethiopia and private counseling service at Kalehiwot Church

Code	Sex	Age	Place of interview	Date of interview
T1	F	35	Aradakfleketema	February, 2024
T2	F	18	Anonymous center	February, 2024
T3	F	25	Qera	February, 2024
T4	F	35	Dlbetgl kebele	February, 2024
T5	F	21	Church	February, 2024
T6	F	27	Anonymous center	February, 2024
T7	F	26	Mari stopes	February, 2024
T8	F	38	Church	February, 2024
T9	F	27	Selam kebele	February, 2024
T10	F	35	Selam kebele	February, 2024
T11	F	29	Anonymous center	February, 2024
T12	F	28	Anonymous center	February, 2024

T13	F	45	Mari stopes Ethiopia	January, 2024
T14	F	41	Mari stopes Ethiopia	January, 2024
T15	F	38	Mari stopes Ethiopia	January, 2024
T16	F	31	Mari stopes Ethiopia	January, 2024
T17	F	39	Mari stopes Ethiopia	January, 2024
T18	F	34	Women's affair office	January, 2024
T19	F	31	Women's Affair office	January, 2024
T20	F	28	Gola	January, 2024
T21	F	24	Anonymous center	January, 2024
T22	F	36	Qera	January, 2024
T23	F	42	Church	January, 2024
T24	F	46	Church	January, 2024
T25	F	40	Qera	January, 2024
T26	M	32	Police Station	January, 2024
T27	M	49	Church	January, 2024

List of FGD Discussants from community Elders, Which are accepted as religious in their life time

No	Code	Sex	Age	Social states	Place of FGD	Date of FGD
	Group-A					

1	R1F1	M	54	Priest	Arogearadakeble	January,2024
2	R1F2	M	53	Sheikh	Aroge>>	January,2024
3	R1F3	M	58	Priest	Aroge>>	January,2024
4	R1F4	M	49	Priest	Aroge>>	January,2024
5	R1F5	M	47	Choir	Aroge>>	January,2024
6	R1F6	M	51	Leader of a prayer group	Aroge>>	January,2024

Group-2 Youth from Wolaitasodo university

No	Code	Sex	Age	Social states	Place of FGD	Date of FGD
1	R2F1	M	25	student	WSU	January,2024
2	R2F2	M	23	student	WSU	January,2024
3	R2F3	M	22	student	WSU	January,2024
4	R2D4	M	24	student	WSU	January,2024
5	R2F5	M	22	student	WSU	January,2024
6	R2F6	M	23	student	WSU	January,2024

Appendix—2: Consent form

Dear respondent! My name is Diana Wadilo. I am carrying out a study entitled as **"***The lived experiences of induced abortion among the women of Wolaita Sodo town, South Ethiopia Regional State"***.** The study is the part of the requirements for MA Degree in Social Anthropology in Hawassa University. The main aim of this study is to examine the lived experience of women experienced abortion and community attitudes within the existing moral, religious, legal and medical discourses in Wolaita Sodo Town.

Trust that the information you will provide is strictly confidential and serve only for academic purpose. The information you provide is indispensable about the practice of abortion and community response in the study area. To this end, your participation and genuine response to the questions is invaluable to the success of the study. No need of writing your name or any personal identification. Thus, I kindly ask your cooperation in filling this question truthfully.

Participant's signature: _____
Signature of researcher: _____
Date: __ __ _____

Thank you for your cooperation!!

FGD, KII and in-depth interview guides

Section 1: Identification and Certification

Section 1: General Information

Interviewer's Name: _____ Signature: _____

Date (western, DD/MM/YYYY): _____ _____ _____

Supervisor's Name _____Signature _____

Date (western DD/MM/YYYY): _____ _____ _____

Respondent's ***Kebele***Name: _____

The interviewee ID Number: _____

Semi-Structured Interview

FGD Guide for elders

- ✓ What are your general thoughts on abortion?
- ✓ How is abortion perceived in our community?
- ✓ How do cultural norms and values influence the community's perception of abortion?
- ✓ What are the religious teachings on abortion in our community?
- ✓ How does the community react to women who have had an abortion?
- ✓ Can you share any examples of how women who have had abortions are treated by the community?
- ✓ How do gender roles and expectations influence perceptions of abortion?
- ✓ In what ways are women judged differently from men when it comes to reproductive choices?
- ✓ What is your understanding of the legal status of abortion in our country?
- ✓ Do you think the law aligns with our community's cultural and religious values? Why or why not?

FGD Guide for youth

- ✓ What are your general thoughts on abortion?

- ✓ How is abortion perceived among your peers and in the broader community?
- ✓ How do cultural norms and values influence your views on abortion?
- ✓ What are the religious teachings on abortion that you are aware of?
- ✓ How do gender roles and expectations influence perceptions of abortion among young people?
- ✓ In what ways are young women judged differently from young men when it comes to reproductive choices?
- ✓ Have you or someone you know been directly affected by abortion? How did your peers respond?
- ✓ How do you feel about the societal stigma associated with abortion?

1.1. In-depth Interview Guide for women having abortion experience

- ✓ What factors mostly influence your decision making on termination of pregnancy?
- ✓ How does your religion matter in practicing and decision making? Does it have an influence on your decision? What about the morality of the fetus?
- ✓ How do you resolve conflicting ideas? With whom you have attempted to resolve (if any)?
- ✓ What unique strategies you have used to decide practicing abortion?
- ✓ Who was /were/helping you (if any)?
- ✓ Did you share your case to others?
- ✓ What was their response when you told them?
- ✓ Can you share your story of how and why you decided to have an induced abortion?
- ✓ What were the circumstances leading up to your decision to terminate the pregnancy?
- ✓ How did you feel emotionally and psychologically before, during, and after the abortion procedure?
- ✓ What were some of the challenges or obstacles you faced in accessing abortion services?
- ✓ Can you describe any support or assistance you received from healthcare providers, family members, or friends throughout the process?
- ✓ Did you experience any stigma or judgment from your community or social circle regarding your decision to have an abortion?
- ✓ How did your religious beliefs, cultural background, or personal values influence your decision-making process?
- ✓ Can you discuss any legal or logistical considerations that impacted your experience of obtaining an abortion?

- ✓ How did the abortion procedure affect your relationships, whether with your partner, family members, or friends?
- ✓ Have you faced any long-term consequences or repercussions as a result of having an abortion?
- ✓ How did your experience of having an abortion shape your views on reproductive rights and access to healthcare?
- ✓ How do you think attitudes towards abortion could be improved or changed within your community or society at large?
- ✓ In hindsight, is there anything you would have done differently or wish you had known before having an abortion?
- ✓ How do you envision the future of reproductive healthcare and abortion rights in your community or country?
- ✓ Have you been able to find closure or peace regarding your decision to have an abortion?
- ✓ How do you cope with any lingering emotional or psychological effects of the abortion experience?

1.2. Key Informant: open ended

- ✓ What are your perceptions of induced abortion in our community?
- ✓ How do you think societal attitudes towards abortion have evolved over time?
- ✓ What are the main factors influencing community attitudes towards abortion?
- ✓ How do religious beliefs shape perceptions of abortion in our community?
- ✓ Can you describe any cultural norms or values that impact how abortion is viewed?
- ✓ Have you observed any changes in how abortion is discussed or perceived among different age groups?
- ✓ What are some common reactions or responses from the community when someone is known to have had an induced abortion?
- ✓ How do you think societal stigma affects women who have undergone induced abortion?
- ✓ Are there any support systems or resources available in our community for women who have had abortions?
- ✓ What do you think can be done to reduce stigma and improve support for women who have had abortions?

- ✓ How do you think access to reproductive healthcare services, including abortion, can be improved in our community?
- ✓ Have you personally encountered situations where someone has had an induced abortion? If so, how was it perceived or discussed within the community?
- ✓ Can you share any personal experiences or stories related to abortion in our community?
- ✓ What role do you think education and awareness play in shaping attitudes towards abortion?
- ✓ How can community leaders and institutions contribute to fostering a more understanding and supportive environment for women who have had abortions?
- ✓ Are there support systems or services available to assist women who have undergone a In your view, how do cultural perceptions and societal norms influence decisions related to abortion within Wolaita Sodo Town?
- ✓ Could you share instances where cultural beliefs or norms significantly affected women's choices or access to abortion services and what gaps exist in these support structures?