EXPLORING MEDIA FRAMING OF ABORTION CONTENT ON KENYAN TELEVISION: A FOCUS ON ADOLESCENTS

By

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DECLARATION

I declare that this thesis is my original unaided work, and it has not been previously submitted for a degree or diploma at any other university. Where other people's works have been used, this has been fully acknowledged. This thesis is submitted in fulfilment of the requirements of the award of the Degree of Doctor of Philosophy in the Faculty of Humanities at the University of the Witwatersrand, South Africa.

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DEDICATION

This work is dedicated to girls, women and/or families affected by unsafe abortion. May you never shy from using your voices to advocate for development and implementation of policies that heighten the realization of women's optimal sexual reproductive health and rights outcomes.

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LIST OF ABBREVIATIONS

Abbreviation	Definition
ACK	Anglican Church of Kenya
AIC	African Inland Church
APHRC	African Population and Health Research Centre
ASRHR	Adolescents Sexual and Reproductive Health and Rights
CRE	Christian Religion Education
CSE	Comprehensive Sexuality Education
D&C	Dilation and Curettage
FIDA-Kenya	Federation of Women Lawyers in Kenya
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
HREC-Non-Medical	Human Research Ethics Committee Non-Medical
ICPD	International Conference on Population and Development
ICPD PoA	International Conference on Population and Development Program of Action
ICPD25	25th International Conference on Population and Development
ICU	Intensive Care Unit
IRB	Institutional Review Board
KANU	Kenya African National Union
KDPB	Kenyan Drugs and Poisons Board
KELIN	Kenya Legal & Ethical Issues Network on HIV and AIDS
KMA	Kenya Medical Association
KMPD	Kenya Medical and Pharmacies Board
KMPDB	Kenya Medical Practitioners and Dentists Board
KNH	Kenyatta National Hospital
KOGS	Kenya Obstetrical and Gynecological Society
LNC	Local Native Council
MoE	Ministry of Education
MoH	Ministry of Health

MTRH	Moi Teaching and Referral Hospital
MTRH/MU-IREC	Moi Teaching and Referral Hospital/Moi University-Institutional Research and Ethics Committee
MYWO	Maendeleo Ya Wanawake Organization
NACOSTI	National Commission for Science Technology and Innovation
NCCK	National Council of Churches of Kenya
NGO	Non-Governmental Organization
PCEA	Presbyterian Church of East Africa
QCA	Qualitative Content Analysis
RHNK	Reproductive Health Network Kenya
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infections
SUPKEM	Supreme Council of Kenya Muslims
VOs	Voice-Overs
VO/SOTs	Voice-Overs/Sound On Tape
WHO	World Health Organization
USA	United States of America

ABSTRACT

Media framing of abortion messages is a rapidly emerging field of research. However, studies are limited in number and scope. Previous studies are predominantly quantitative and have majorly been conducted in the USA. Notably lacking in this area of study is literature from Sub-Saharan Africa and especially studies that include adolescents. This study, therefore, sought to investigate the framing of abortion in Kenyan televised news media, and to examine adolescents' perceptions and experiences with abortion coverage on Kenyan televised news media. This qualitative study was conducted in Nairobi and Uasin Gishu counties of Kenya. Purposive sampling was used to select 55 news items from three leading media outlets aired between January 2016 to December 2019, for content analysis. Additionally, convenience sampling was used to select 37 university-going adolescents for four Focus Group Discussions. The data was transcribed, translated (where necessary) and analyzed thematically. The analysis established that Kenyan televised news media predominately frames abortions negatively. First, it's depicted as dangerous to women's physical, mental, and social outcomes. Secondly, Kenyan women are portrayed as victims of an abortion law that compromises their bodily autonomy and access to abortion. Lastly, men are shown as perpetrators of reproductive coercion and abuse against women. There were various recommendations to end unsafe abortion. One, the institutionalization of an enabling legal and policy framework. Two, acknowledgement of abortion as a public health issue. Three, recognition of the socio-cultural influence on abortion. Finally, inclusion of young people in policy development and implementation. Furthermore, televised news media's framing of abortion was perceived as having an impact on the public's understanding, attitudes, and behaviors around abortion. In conclusion, beyond laying groundwork for future studies in media framing of abortion in Sub-Sharan Africa, the findings from this study have the potential to facilitate more critical reflection and discussions on (un)safe abortion with a probable effect on health and social policies around abortion. The findings are informative for those who wish to develop media aimed at promoting Sexual Reproductive Health and Rights, especially safe abortion among adolescents.

CHAPTER ONE

BACKGROUND AND LITERATURE REVIEW

Introduction

One of the prerequisites to achieving sustainable development goals is recognizing adolescents' health as a priority. Adolescence is the phase of life between childhood and adulthood, and its definition has long posed a conundrum (Sawyer et al., 2018). Historically, adolescence was defined as 10-19 years of age which corresponds to the time of pubertal onset to the legal definition of adulthood in many countries (Jaworska & Macqueen, 2015). However, recent works have expanded the definition and timeframe of adolescence to align with the contemporary patterns of adolescent growth (Jaworska & Macqueen, 2015; Sawyer et al., 2018). The definition of adolescence has been extended from 10–19 years to 10–24 years to better fit with the biological growth and major social role transitions in many societies in the past century (Kinghorn et al., 2018; Sawyer et al., 2018). Delayed timing of role transitions, including completion of education, finding gainful employment, marriage, and parenthood continue to shift popular perceptions of when adulthood begins (Sawyer et al., 2018). Our study adopts this expanded definition of adolescence as 10-24 years based on the realities of adolescence in resource-limited contexts.

In 2024, the worldwide population of individuals aged between 10 and 24 years was approximately 1.9 billion, representing nearly a quarter (24%) of the population (UNFPA, 2024). Approximately 90% of people in this age group live in low-income and middle-income countries, with majority residing in Sub-Saharan Africa (SSA) (Gore et al., 2011; Karim, 2015; Sawyer et al., 2012). The size of this population makes their health status of interest, largely because it is a determinant of their future health as well as the social and economic development

(Gore et al., 2011; Sawyer et al., 2012). Investing in adolescent health ensures triple dividends in terms of health during adolescence, health during later adulthood as well as health of the future generation ((WHO), 2022).

Biological and social transitions that define adolescence have important links to health (Sawyer et al., 2012). This age group establishes patterns of behavior that can either protect their health and the health of others around them, or put their health at risk in the present and in the future (WHO, 2022b). Generally, this age group has been associated with poor health outcomes (Karim, 2015). In 2020, an estimated 1.5 million adolescents aged 10–24 years died, with the mortality rates being almost twice as high in Africa as in any other Region (WHO, 2022a). This high mortality due to preventable causes (such as maternal deaths; pregnancy complications and unsafe abortions) are the leading causes of death among 15-19-year-old girls (WHO, 2022b). Some behaviors that start or are consolidated during adolescence lead to the future burden of adult mortality and morbidity including risky sexual behavior, substance abuse, unhealthy diet, etc. (Ross et al., 2021). Adolescents' poor health outcomes are a result of their health, especially their sexual and reproductive health and rights (SRHR), remaining a challenge and being poorly addressed (Renzaho et al., 2017).

Adolescents face considerable challenges in meeting their sexual and reproductive health needs ((WHO), 2018a; World Bank Group, 2014). They have limited and, in some places, no access to Adolescents Sexual and Reproductive Health and Rights (ASRHR) information and health care services, especially for contraception ((WHO), 2018a). This predisposes adolescent girls to early and unintended pregnancies (Salam, Faqqah, et al., 2016). When faced with unintended pregnancies, "adolescents in many LMICs turn to illegal abortion oblivious of the dangers" (Chandra-Mouli et al., 2013). An estimated 24.3 million (97%) of the 25.1 million

women who had unsafe abortions annually between 2010-2014 live in developing countries (Ganatra et al., 2017; Glasier et al., 2017). An estimated 5 million of them were adolescents living in Sub-Saharan Africa (SSA). West and East Africa were documented as the most affected in terms of high prevalence rates of induced abortions among adolescents as elaborated elsewhere in this chapter (Olufunke et al., 2014).

Abortion can occur as part of the natural history of a pregnancy (also called miscarriage, in lay terms) or it can be induced for health-related reasons as a therapeutic intervention or on request by the pregnant woman. Miscarriage is a clinical entity that reproductive health practitioners struggle to remedy for women whose goal is to have the babies that they are losing due to reproductive pathology. However, induced abortion remains an important and divisive topic in the public discourse. In Kenya, when abortion is induced under circumstances explicitly stated in Chapter 26(4) of the 2010 Constitution and is in conformity with any other written law, it is considered legal. Legal or not, induced abortion that is performed by suitably qualified professionals in settings that provide the infrastructure and support for a safe procedure, it is considered a safe induced abortion. On the other hand, any abortion procedure performed by an unqualified individual or qualified person in settings that do not adequately support the procedure, it is considered unsafe abortion. Unsafe abortion often leads to adverse consequences on the health and lives of girls and women.

Unsafe abortion among adolescents has far-reaching consequences on the health, social, and economic aspects. In terms of health, it is a significant cause of maternal mortality and morbidity. Annually, an estimated 62 % of all unsafe abortion-related deaths occur in Africa with a further 5 million women suffering from abortion-related medical complications (Morris & Rushwan, 2015a; Olukoya et al., 2001). Adolescents disproportionately bear this health burden

of unsafe abortion (Sully et al., 2018). Economically, women and their families incur the costs of providing medical care for abortion-related complications (Singh et al., 2012). Besides, post-abortion care services place a substantial financial burden on national health systems (Singh, 2010a). Socially, abortion carries the risk of stigma and being denounced to authorities(Singh et al., 2012).

Adolescents' sexual and reproductive health and rights (ASRHR) provides an opportunity for this population to remain healthy and become productive adults (World Bank Group, 2014). To grow and develop in good health, adolescents need knowledge and skills to realize their health, well-being and dignity; to realize the effect of their choices on their own well-being as well as that of others; and to understand and ensure the protection of their rights throughout their life ((WHO), 2018b).

Mass media and specifically prime-time television news has a great potential of supporting adolescents realize optimal Sexual and Reproductive Health and Rights (SRHR). Television as a primary source of shared stories creates awareness and motivates discussions about ASRHR issues especially around taboo topics like abortion (Sisson, 2017; Svanemyr et al., 2015). This builds an enabling environment where adolescents have access to information and services, as well as the capacity to make decisions on their own within the context of informed and supportive communities (Salam, Faqqah, et al., 2016; Svanemyr et al., 2015). Given these potentialities, television remains a critical ground for inquiry on the subject of ASRHR issues (Sisson, 2017).

Media, specifically television, has been shown to be an important source of information regarding safe abortion practices (Whaley & Brandt, 2017). Accurate information on the difference between safe and unsafe abortion and depending on the context, where safe legal

services can be accessed (Chandra-Mouli et al., 2013; Salam, Das, et al., 2016) is likely to mitigate the prevalence of unsafe abortions. The success of mass media interventions largely depends on the framing of the messages. Therefore to understand media's role in the promotion or erosion of ASRHR, one needs to study how these issues are framed in the media and the implications of framing on the audiences (Jaworski, 2009). This chapter offers an understanding of media framing of abortion. It presents previous scholarly work in this field of study and the gaps therein. The chapter begins by expounding on the key tenets of framing using the framing theory. This multilevel model explains how frames are constructed, manifested in texts, and influence on the minds of the audiences. With abortion's never-ending controversy that attracts continued media interest, the chapter reveals the multifaceted portrayal of abortion in mainstream news media worldwide and the gaps therein. Based on these gaps, we lay out the objectives of this study, the significance of this study and the rationale for conducting this study. Finally, we explain the extent to which this study was explored and the parameters which it operated.

The framing theory: media framing as a multilevel model

The framing theory is a multilevel model that explains how frames are constructed, how they are manifested in texts and how they influence the minds of the audiences.

Framing

Framing is one of the most robust areas of research in media studies that is commonly used to analyze media content and media effects (Bruggemann, 2014; Cacciatore et al., 2016). Given its popularity, different scholars have defined framing differently. It was first posited by Gregory Bateson in 1972 who defined frames as a "spatial and temporary bounding of set of interactive messages" (Bateson, 1972, p. 197). In 1974, Goffman, a social psychologist defined a

frame as the way information is presented and organized in the media and interpreted by the individual (Goffman, 1974). Gamson and Modigliani defined framing as the “central organizing idea or story line that provides meaning to an unfolding strip of events.” (Gamson & Modigliani, 1987, p. 143). Also, Gitlin described frames as "principles of selection, emphasis, and presentation composed of little tacit theories about what exists, what happens and what matters." (Gitlin, 2003, p. 6). These definitions, while useful, only describe the term ‘frame’ leaving the explicit operational understanding of the frame concept open.

This study is inspired by Entman’s (1993) definition which states that framing is the “selection of some aspects of a perceived reality and making them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described” (Entman, 1993, p. 52). For this study, framing is conceptualized as a way of imposing a particular meaning on an issue by focusing on a few select aspects of the issue to convey the desired meaning, agenda or intent of the journalist, media organization and/or the source as shown in Chapter 4 of this dissertation. This in turn could inform people about how to articulate their opinions about this issues and influence the actions that they take (Jaworski, 2009) as illustrated in Chapters 4, 5 and 6 of this dissertation.

Frame building

Frame building is an integral part of the framing theory that is rarely studied despite being pertinent for a comprehensive understanding of this theory (Borah, 2011; De Vreese, 2012). Frame building refers to the processes that influence the creation and adaption of frames by journalists (Bartholomé et al., 2015; Cacciatore, 2016). Frame building alludes that journalistic framing practices lie on a continuum between passively passing on interpretations

provided by other actors (frame sending) and providing the audience with the journalist's individual interpretations of a situation (frame setting) (Boesman et al., 2017; Bruggemann, 2014; Cacciatore et al., 2016). Pure frame sending is unlikely to happen. Journalists do not solely report about given topics but they also define what is at issue (Bartholomé et al., 2015). Thus, what is probable to occur is a combination of frame sending and frame setting.

Framing building is not an isolated incident. Various factors contribute to this dynamic process of framing. These factors can be broadly categorized as individual level, organizational and professional level, as well as societal level factors. Individual level factors include gender, personal interest in adolescent sexual reproductive health issues, education, interventionist role conceptions and professional experience (Bartholomé et al., 2015; Boesman et al., 2017; Bruggemann, 2014; Ogunyemi, 2011). Examples of organizational and professional level factors include editorial policies, news making routines, time and space limitations, editorial line/high autonomy and beat bias (Aduy, 2006; Bruggemann, 2014). Societal level factors include press freedom, consonant national elite consensus, polarized pluralist issue culture and feedback from the audience (Bruggemann, 2014; Laar, 2010). During frame building there will be overlaps and mutual influences between the different levels of influence. Frame building is an integral area of framing research; however, the focus of this study is not on journalistic framing, but on its effects on audiences as explored in the next section as well as demonstrated in the findings presented in Chapter 6 of this dissertation.

Framing effects

Journalistic framing of a given topic in the news media is likely to have cognitive, affective, and/or behavioral effects on the audience (Perse, 2001; Randolph & Viswanath, 2004). Audience's interpretation of news messages is influenced by various factors that can be broadly

categorized as intra-personal, interpersonal and community factors. At an intra-personal level, adoption of frames is influenced by an individual's personality, prior experiences, preexisting attitudes, age, gender, social class and gratifications sought from the media (Otieno et al., 2013; Perse, 2001). At an interpersonal level, interactions with parents and peers tends to have a great influence on audience's interpretation of media content. At a community level, culture, religion and the law play a central role in the processes of framing as it sets limits on what is socially and legally acceptable or not.

Framing research

Framing research is a central focus of media studies with dozens of framing studies being produced annually (Cacciatore et al., 2016). Majority of these studies are quantitative in nature with focus on the impact of health message framing on various health issues including nutrition (Bergmann et al., 2010; De Backer & Hudders, 2016), safe sex (Wang & Singhal, 2016), smoking (Wakefield et al., 2010), Sexually Transmitted Infections (STI) screening (Dowshen et al., 2015) and physical activity (Bergmann et al., 2010). The main focus of these studies has been the prominence of these health messages in the mass media (Laar, 2010) without challenging how the media actually engages the public. Furthermore, little focus has been paid on how sensitive topics like abortion are framed in the mass media, and especially in relation to vulnerable populations like adolescents. This is particularly true for contexts outside of the USA.

Framing of abortion messages in the news media

Abortion is a topic that is so controversial and fraught. It not only invokes existential issues of life and death but also taps into the deepest level of cultural and social beliefs of a society. (Ferree et al., 2004; C. Macleod et al., 2018). Abortion's never-ending controversy attracts continued media interest and is continually contested in the worldwide media (Izugbara

et al., 2015; Mitchell et al., 2006; Park et al., 2013; Purcell, Hilton, & McDaid, 2014; Sisson et al., 2017). Abortion garners vast media attention during critical discourse moments which influence and are influenced by critical political events such as legislative actions, court decisions and presidential elections (Ferree et al., 2004).

Key examples of critical discourse moments include the 1973 landmark *Roe v. Wade* Supreme Court decision that legalized abortion giving the United States the most liberal abortion policy among Western democracies (Patterson & Hall, 1998; Rohlinger & Klein, 2012; Yanda et al., 2003). Similarly, the June 2022 Supreme Court overturning of the *Roe v. Wade* ruling attracted media attention worldwide. The ruling stated that there is no longer a federal constitutional right to abortion, giving individual states the power to set their own abortion laws (Mangan & Breuninger, 2022). Examples of critical discourse moments in Kenya include the

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[1] On June 12, 2019, the High Court of Kenya, Constitutional and Human Rights Division, ruled that women and girls have a right to access lawful abortion in cases of pregnancy resulting from sexual violence as provided for by the Kenya Constitution 2010. The Court further ruled that the Ministry of Health's 2014 withdrawal of the "Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya" (S&Gs) and the "National Training Curriculum for the Management of Unintended, Risky and Unplanned Pregnancies" (Training Curriculum) was arbitrary and unlawful. The S&Gs and training curriculum were originally published in 2012 by the MoH but withdrawn by the Director of Medical Services in 2013 and 2014 respectively. In 2015, two civil society organizations (Center for Reproductive Rights-CRR & Ipas Africa Alliance), Federation of Women Lawyers (FIDA) Kenya, and two community human rights advocates, filed a case against the Attorney General, Director of Medical Services, and the Ministry of Health. At the center of the petition was the withdrawal of S&Gs and the Training Curriculum. Full petition available on Petition 266 of 2015 - Kenya Law

[2]The Nairobi Summit on ICPD+25 took place in Nairobi, Kenya to mark the 25th anniversary of the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994 that recognized sexual and reproductive rights as human rights for the first time. During the ICPD in Cairo, 179 countries adopted a landmark Programme of Action. The ICPD Programme of Action (PoA) set forth a vision to achieve gender equality, promote, respect and fulfil human rights and reproductive freedom for all. From 12-15, November 2019, governments, civil society, academia, the private sector, faith-based organizations, international financial institutions, grass roots organizations and other partners, interested in the pursuit of sexual and reproductive health and rights convened at the Nairobi Summit on ICPD+25 to discuss and agree on innovative actions aimed at accelerating the implementation of the ICPD Programme of Action. Participants made commitments as part of an international effort to ensure that the promise of the ICPD Programme of Action (PoA) and the 2030 Agenda are achieved, and women and girls have autonomy over their bodies and their lives. A summary report of the ICPD+25 Nairobi report available on Summary ICPD+25 IPPF Report.pdf

June 2019 reinstatement of safe abortion guidelines by the Kenyan high court[1], and the 25th International Conference on Population and Development (ICPD+25) summit[2] held in Nairobi November 2019 (Muchangi, 2019; Muigai, 2019; Muki, 2019; Ogila, 2019; Oginde, 2019). Therein after these four critical discourse moments in USA and Kenya, the abortion debate became entrenched in the incommensurable pro-life (with specific frames around themes of morality) and pro-choice (with specific frames around themes of rights) positions (Jaworski, 2009).

Content analysis of news items in mainstream media worldwide suggests that abortion coverage is often muddled with falsehoods and misconceptions as demonstrated in the subsequent section below. For most part, abortion is subject to consistent negative framing in news media (Laar, 2010; Larsson, Eliasson, Klingberg Allvin, et al., 2015; Purcell, Hilton, & McDaid, 2014). The tones used are often judgmental, prurient, and shaming, with scant regard for medical facts (Hallgarten, 2018). Abortion is predominantly framed as culturally problematic, immoral, dangerous, undesirable and selfish. Sporadically, abortion is framed as a human right.

Abortion as culturally problematic

Women's experiences with unwanted pregnancy and abortion are conditioned by the socio-cultural constructions of motherhood and abortion (Hessini, 2005). In most societies, abortion remains ingrained in the cultural fabric of reproduction which is intertwined in patriarchal ideologies (Braam et al., 2018; C. I. Macleod & Hansjee, 2013). Cultures have certain repertoires of expressions of femininity that women are expected to learn to use in order to be perceived as, and to also experience themselves as 'real' women (Alex & Hammarström, 2004).

In most cultures, motherhood is often regarded as an essential component of being a woman and becoming a mother is perceived as a gender role that "completes" a woman (Chrisler et al., 2014). Women's bodies are viewed as the personification of society reproducing itself (Braam & Hessini, 2004). Women are therefore expected to become mothers within tightly proscribed limits: namely bearing children when neither too young nor too old, whilst in a stable relationship and financially secure position (C. I. Macleod & Hansjee, 2013). Not living up to these normative expressions implies a threat to this idealized womanhood (Alex & Hammarström, 2004). Abortion is therefore portrayed as culturally problematic; as a perversion that goes against family values and therefore society as a whole (Braam et al., 2018; Gianella, 2017; C. I. Macleod & Hansjee, 2013). This portrayal of abortion as culturally problematic perpetuates reproductive norms.

Women who choose to terminate a pregnancy transgress a boundary. Consequently, they are often met with hostility and negative evaluations (Huang et al., 2016; C. I. Macleod & Hansjee, 2013; Osborne & Davies, 2012). Studies conducted in Kenya in 2011 and 2013 revealed that men do not condone abortion because they perceive it as women's strategy to conceal their deviation from culturally acceptable gender and motherhood standards. They also viewed abortion as a challenge to their stature as men because women would make decisions to have an abortions without consulting them (C. I. Macleod & Hansjee, 2013; Moore et al., 2011). In Uganda, a country strongly grounded in a pronatalist culture, abortion is widely condemned especially by men. Moore et al., in their 2011 study found that men used an almost uniform language to describe their opposition to abortion. This bespeaks the effectiveness of cultural messages that condemn abortion in Uganda (Moore et al., 2011). This language is reproduced in the news media, which is a site for the expression and reconstruction of societal discourses.

Against this backdrop, it is not surprising that the news media marginalizes women who procure abortion, and when covered, they are portrayed as different and distinct (Purcell, Hilton, & McDaid, 2014). The British media portrays such women as having failed to manage their sexuality within the socially constructed tight limits (Purcell, Hilton, & McDaid, 2014). In America, more often than not, they are portrayed as selfish, irresponsible, immoral, young, and childless (Hallgarten, 2018; Wayne, 2017). This depicts abortion as being incompatible with notions of the family, femininity and motherhood (Purcell, Hilton, & McDaid, 2014). This is suggestive of the broader effacement of women from the reproductive process by patriarchal institutions (Armstrong & Boyle, 2011; Purcell, Hilton, & McDaid, 2014). Discrediting women who behave in a manner that does not fit the normative femininity falsely distances them from the rest of the society. This often promotes abortion-related stigma with lived consequences for women who experience abortion. Since news media plays a role in (re)producing social norms, it becomes necessary to investigate the influence of the Kenyan socio-cultural context, as presented in Chapter 2, on abortion coverage. It is also useful to assess the impact of such coverage in the context of normative constructions of women and reproductive agency in Kenya and especially from the perspectives of adolescent boys and girls.

Abortion: An immoral Act

Central to the abortion debate is the "morals" frame that is framed within broader societal aims by different actors. It reflects the disputes on the understanding of society and societal values (Gianella, 2017). Thus, the media presents complex and sometimes contradictory views about the morality of abortion.

Largely, the morals frame leans towards the sanctity of human life discourse (Blackburn, 2005; Boyle, 2004). This discourse posits that human life is the most important value and, as

such, abortion is a sin against God and man. (Rohlinger, 2002). A central assumption in this discourse is that life begins at conception and no circumstances can justify abortion (Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015). Even though it is essentially a religious concept, it is used in non-religious circles to indicate the utmost respect with which human life should be treated (Baranzke, 2012). This discourse prevails in countries where religion holds a strong position in society. Uganda for instance, is a country strongly grounded in a religious culture as aforementioned. A 2015 discourse analysis of Uganda's two main local newspapers revealed that the religious discourse of the sanctity of the life of the fetus was salient (Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015). Similar findings have been reported in Latin America countries (Chile, El Salvador, Nicaragua, Honduras and República Dominicana) where the Catholic church is strong (Zúñiga-fajuri, 2013).

Conversely, other scholars argue that morality of abortion has relatively little to do with the moral status of the fetus, and much to do with judgments about women's appropriate behavior and their proper role in society (Borgmann, 2014). Similar to the socio-cultural discourse, this religious discourse prescribes the limits within which women should become sexually active and consequently pregnant (Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015; C. I. Macleod & Hansjee, 2013). Abortion is portrayed as a consequence of unintended pregnancies resulting from unmarried girls and women being sexually active (Chia, 2012). The problem is majorly framed as girls' sexuality. These sparks conversations embedded in both the religious and cultural frameworks. The core tenet of these conversations is the need for girls to control their sexuality. Men who are co-conceivers of these pregnancies are barely urged to restrain from sexual activity (Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015; Purcell, Hilton, & McDaid, 2014; Ziegler, 2013). This places the full responsibility of

unwanted pregnancies on women (Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015) (Ziegler, 2013). In this context, the religious discourse is likely to be viewed as a means of controlling women's sexual autonomy (Chia, 2012; Ziegler, 2013) as claimed by some news sources in Chapter 4 of this dissertation.

Beyond the religious framework, sanctity of life is portrayed as a societal responsibility. It is viewed as society's responsibility to protect the most vulnerable from murder (Gianella, 2017). Religious and societal stance on abortion tends to have a strong impact on public discourse ultimately influencing how abortion messages are presented in the media (Kangwa, 2017; Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015).

Abortion media coverage is not all inclusive

A major criticism against media coverage of abortion is the rare coverage of people who are directly affected by it. The absence of the perspectives of women who have experienced abortion leads to narrow and reductive representations of abortion, particularly the reasons for seeking abortion. Women's reasons for seeking abortion are either over-simplified or disregarded. Studies in USA and Uganda revealed that the most cited reasons for abortion in the mass media are immaturity, avoiding career and educational goals disruptions and a desire not to ever parent (Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015; Sisson & Kimport, 2016). This depicts women seeking abortion as selfish and ultimately rejecting to take personal responsibility of their actions. This portrayal has been argued to be counterfactual, as abortion decision-making does not happen in a vacuum. It takes place in the context of an individual woman's life circumstances. Normally it is a combination of various factors that coalesce into a situation in which the woman determines that abortion is her best option (Alex & Hammarström, 2004; Frederico et al., 2018; Hessini, 2005; Jackson, 2000; Peters, 2014). Studies investigating

factors associated with abortion have shown that abortion decision-making is influenced by a variety of factors at various levels; individual, interpersonal, societal, and national.

At an individual level it could be shaped by a woman's health (physical and mental), marital status, childhood experiences, desired number of children, economic independence, educational level and women's plans for their future which entail delaying childbearing in order to obtain more education, better jobs prospects and relationships (Alex & Hammarström, 2004; Mathewes-green, 2013; Nixon et al., 2017; Sedgh et al., 2016). At an interpersonal level, it could include factors such as expected support (financial, emotional, physical, medical, etc.) from partner, family and friends. At a societal level, it includes factors such social norms, religion, perceptions around pre-marital and extra-marital sex, attitudes towards motherhood at a young age, to non-nuclear families and autonomy within society. At a national level it includes the existence of sex education, the health care system structuring and current abortion laws (Agadjanian, 2002; Frederico et al., 2018; The Lancet, 2007).

Interpersonal level factors, and specifically male involvement has a significant influence on women's abortion decision making and the subsequent trajectories for both safe and unsafe abortions (E. Freeman et al., 2018; Olivari et al., 2015). The quality of the relationship and the potential support that a woman anticipates to receive from the man involved have been found to largely inform women's abortion decision-making (Chibber et al., 2014; E. Freeman et al., 2018). Additionally, other men (male family members and friends) also act as shared decision makers and facilitators to abortion care by paying for it, arranging for it or accompanying women to obtain it (E. Freeman et al., 2018). Studies in Burkina Faso, Zimbabwe, Uganda, and South Africa found that men do not want women to have abortions. They exert their influence by withholding support, denying paternity, threatening or committing violence, or abandoning the

woman (E. Freeman et al., 2018; Moore et al., 2011). Conversely, Zambian adolescent girls reported adverse consequences following their fathers finding out about their pregnancy. These adverse consequences included physical violence, being forced to terminate the pregnancy and being forced to leave home (E. Freeman et al., 2018). As a consequence, women keep their pregnancies secret and discretely seek abortions (mostly unsafe abortions) so as to minimize difficulties that could accompany telling the man about the abortion (E. Freeman et al., 2018; Moore et al., 2011).

Abortion decision making is particularly difficult for adolescents. This because they are not only dealing with a stressful life event of unwanted pregnancy, they are simultaneously dealing with psychosocial challenges presented by both the pregnancy and adolescence (Olivari et al., 2015). This is further complicated by laws that require parental notification and consent before a minor obtains abortion or restrict abortion (Zabin & Sedivy, 1992).

The circumstances around abortion decision making are not typically part of the media discourse (Nixon et al., 2017). Notably absent or marginalized is abortion as a positive or legitimate choice and the role played by men in women's abortion trajectories and especially men who are co-conceivers of pregnancies being aborted (Hallgarten, 2018; Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015; Purcell, Hilton, & McDaid, 2014; Sisson & Kimport, 2016). Furthermore, there is an underrepresentation of women's financial and social circumstances as factors informing abortion-decision-making (Larsson, Eliasson, Allvin, Faxelid, Atuyambe, & Fritzell, 2015; Sisson & Kimport, 2016). Moreover, there is barely any portrayals of women's mental and physical health and how these affect the responsibility of raising a child (Larsson, Eliasson, Klingberg Allvin, et al., 2015).

Women do not have similar experiences with abortion decision-making. The absence of the perspectives of women who have experienced abortion is likely to contribute to feelings of internalized stigma and/or isolation among women who obtain abortion. It further limits the discursive options available to women who would otherwise not dare ask about abortion elsewhere. Showing the mix of reasons behind abortion-decision making is likely to assist other women in articulating the choice for themselves. It can further reduce the feeling of isolation. Having these multifaceted stories is an opportunity to educate women on their rights as well as how to get legal or illegal safe abortions. It is also likely to increase society's understanding of abortion (Wayne, 2017).

Abortion is dangerous and thus appropriately restricted.

The World Health Organization (WHO) has identified unsafe abortion as a serious public health problem since 1967. Estimating the incidence of induced abortion is difficult due to under reporting, misclassification and lack of centralized registries (Shah et al., 2014a). Nonetheless, an estimated 25.1 million women had unsafe abortions annually between 2010-2014 with 24.3 million (97%) of these living in developing countries (Ganatra et al., 2017; Glasier et al., 2017). Of this unsafe abortions, 6.2 million occurred in Africa (Ganatra et al., 2017).

Majority of those affected by unsafe abortion are the economically disadvantaged and the young (especially adolescents) (Glasier et al., 2017; The Lancet, 2007). An estimated 2-5 million adolescents in SSA undergo unsafe abortion each year (The Lancet, 2007). West and East Africa are documented as the most affected in terms of high prevalence rates of induced abortions among adolescents (Olufunke et al., 2014). A 2014 Nigerian study revealed that 60.7 % of the participants aged 13-20 had ever had an abortion (Olufunke et al., 2014). In Uganda, an estimated 57,000 abortions took place among adolescents in 2013 (Sully et al., 2018).

Unsafe abortions carry health, social and economic consequences as mentioned elsewhere in this chapter. These consequences vary depending on the context and the environment. They are usually a reflection of existing conditions of abortion provision, safety and legality (Singh, 2010a). Studies have found that the mass media in countries with liberal abortion laws often exaggerates the risks associated with abortion (Sisson & Kimport, 2014). Pro-life advocates call for abortion restrictions on the basis of the physical and psychological harms supposedly caused by the procedure (Seale, 2002; Ziegler, 2013). Studies by Hallgarten (2018), Conti & Cahill (2017), the International Campaign for Women's Right to Safe Abortion (2017) and Sisson & Kimport (2014) reveal that the depictions of the long-term adverse physical and psychological health consequences attributed to abortions, including death are higher in the American media than in real life. Furthermore, they found an exaggeration in the rates of women who obtain abortion as portrayed in the media (Conti & Cahill, 2017; Hallgarten, 2018; Sisson & Rowland, 2017a).

Portraying abortion as riskier than it in fact is contributes to the pervasive and false rhetoric that abortion is dangerous thus upholding conservative, hegemonic structures. Such portrayals have led to the introduction of new restrictions that act as barriers to women's access to legal abortion services in countries such as Hungary, Russia, US, Slovak Republic, and Canada. These barriers include mandatory and biased counseling requirements, third-party consent and notification requirements, waiting periods, limitations on the range of abortion options, unregulated conscientious objection by health care providers and limitations on abortion funding (Adler et al., 2003; Finer & Fine, 2013). Unfortunately, punitive laws single out poor women and other disadvantaged groups such as adolescents and women in rural areas (Cornwall et al., 2008; Singh, 2010a). For instance, in Cuba, Denmark, Italy, Norway, Turkey

and in some states in the United States, access to abortion services is more limited for adolescents than for adults. The most common restriction is the requirement for parental involvement or written parental consent (Adler et al., 2003).

In contexts with restrictive abortion laws, such as in most African countries, the media has been criticized for framing abortion through political and social lenses deemphasizing its public health significance (Conti & Cahill, 2017). Abortion is framed as undesirable and appropriately restricted (Sisson, 2017). Coverage of abortion legislation in Kenya, Uganda, United States of America (USA), and Britain focuses on individual judiciary cases. These cases describe how women, health care providers and other accomplices have been arrested, sentenced or jailed for undergoing or procuring an abortion (Larsson, Eliasson, Klingberg Allvin, et al., 2015). Mostly, the media is used to shame women for choosing abortion and healthcare providers for providing abortion care services.

Despite these negative media depictions of abortion in contexts with legal restrictions, media has been used to argue for liberalization of abortion laws. The media, as one of the sites of societal legal mobilization that operates independently of legal mobilization in the legislature and the courts has been used to advocate liberal abortion laws. Estimates of the incidence of unsafe abortion and the associated morbidity and mortality have been used to advocate for the liberalization of abortion legislation (C. Macleod et al., 2018; Seale, 2002) as shown by our data in Chapter 5 of this dissertation. Furthermore, evidence of significant decrease in abortion-related complications and deaths following the legalization of abortion in countries such as USA, Canada and Romania has been used to support the case for need of abortion law liberalization (Gebreselassie et al., 2005; Sisson et al., 2017). Thus in recent years there have been legislative advances in various countries reflecting the recognition of the dire public health implications of

criminalizing abortion (Cornwall et al., 2008; Finer & Fine, 2013). Kenya is no exception as demonstrated in the "expansion of women's rights to safe and legal abortion in Kenya" section in chapter 2 and the findings presented in chapter 5 of this dissertation.

These trends towards liberalization of abortion in developing countries as well as introduction of restrictive abortion laws in modern developed countries have made the issues of adolescents' access to official abortion services become more salient (Adler et al., 2003). It has further brought to light the health consequences of unsafe abortion among adolescents, making it necessary to assess the way the media presents abortion. This is because media framing has been found to influence personal attitudes and subsequently personal decisions regarding the issues being presented (Altshuler, Gerns, et al., 2015). Examining media content will reveal the media's role in promoting or undermining adolescents' sexual and reproductive health and rights.

Abortion right discourse

The rights discourse in the media was initially framed as the woman's right to choose. This frame which aims at addressing concerns about the status of women in society is still a prevailing media frame (Tsetsura, 2013). It attracts attention to women's problems and aims at improving the current situation of women in society. Previous studies reveal that the rights to choose framework focuses on women's right to privacy, self-determination (women's right to decide whether, when, and how to have children) and bodily integrity (Eisenman, 2010; Sutton & Borland, 2013). This frame is salient when there are calls for change in the legality of abortion in a country.

Over time the 'rights' discourse took two positions; a woman's right to choose and the right to life of the fetus (Jones & Chaloner, 2013). Literature reveals some consensus over the rights that women possess as stated above but the same cannot be said about the rights of the

fetus. Fetal rights discourse can be broadly categorized into three; the conservative perspective where the fetus has a right to life from the moment of conception, the moderate perspective where the fetus comes into possession of the right to life at some point during pregnancy and the liberal perspective where the fetus does not have a right to life (Gibson, 2004). The human rights of the fetus discourse is prominent in developed modern societies where abortion is legalized and women reproductive rights are upheld. This discourse is popular among pro-life supporters who use it to oppose permissive laws with the hope of recriminalizing abortion (Boyle, 2004). In Peru, the Philippines, Canada, Mexico and the United States, human rights arguments are being used to invoke the concept of fetal rights (Hessini, 2005; Mugyenyi, 2013; Singer, 2016). In these contexts, the abortion debate is characterized as the rights of women being pitted against those of the fetus (C. I. Macleod & Hansjee, 2013).

The abortion debate has further shifted from the question of whose rights will prevail, the woman's or the fetus, to who will decide, women or the government (Rohlinger, 2002; Shaw, 1990, 2010). The argument over who should legitimately control abortion, the circumstances under which it should be permitted (if at all), and how and where it should be practiced, takes place on various platforms, an influential one being the news media (Feltham-King & Macleod, 2016). Pro-choice advocates argue that it is a woman's life and body, and therefore she has a moral right to choose what happens to her (and her family or potential family's) well-being without the oversight and control of any external factors (the state, physician, religious leaders, etc.) that are largely patriarchal. They argue that women's autonomy should be respected in situations where women are deemed competent enough to make informed decisions (Jones & Chaloner, 2013; Peters, 2014). Pro-choice advocates essentially disregard patriarchal protection, a concept outlined in chapter two of this dissertation.

However, there have been contested arguments over the ability of adolescents to make informed abortion decisions. This has led to legislation mandating parent/adult involvement in most countries where abortion is permissible to teenagers (Adler et al., 2003).

Abortion coverage and the audience

Television has been found to be a particularly powerful and prominent source of sexual behavior and reproductive health information (Damme & Biltereyst, 2013; Kinsler et al., 2019). This is especially true among adolescents because this information is not readily available in their immediate environment and also because they spend a considerable amount of time on TV (Livingstone & Lunt, 2001; Manganello et al., 2010). The impact of media framing of abortion is multi-level as above-mentioned. It is dependent on a complex combination of potential long-term and short-term processes that are actively negotiated by audiences, the contexts in which television is consumed and the audience's broader lifeworld's (Scott & Dietz, 2016).

A key component to how the audiences relate to the media they consume is gender. Men and women have been found to consume media differently both in terms of the amount as well as the content (Bunker & Bryson, 2016). Studies investigating effects of sexual and reproductive health content often focus on adolescent girls because they are labelled potential victims of sexualized media content (Damme & Biltereyst, 2013). Previous studies have not investigated adolescent boys' engagement with sexual and reproductive health coverage and specifically abortion coverage. It is therefore not clear what effect these gender differences have on audience construction of program meaning, especially in the case of abortion coverage.

Examining media's constructs of abortion is crucial to understanding how it might be interpreted and experienced in everyday life (Conti & Cahill, 2017; Purcell, Hilton, & McDaid, 2014; Sisson & Kimport, 2016). This is particularly imperative among the adolescent population

to whom media is a leading source of sex education at a period in life when they are negotiating and constructing norms and values (Damme & Biltereyst, 2013). With barely any documented literature on abortion coverage in the Kenyan news media, it becomes necessary to not only understand how sexual reproductive health and specifically abortion is portrayed in the news media but to also how adolescents experience these media content in context-specific ways. This study aims at contributing to this body of literature with a focus on the broadcast media.

Traditional mass media, especially television, continues to play a significant role in the lives of young people despite the disruptions in the media landscape occasioned by the transition of the news industry away from traditional television broadcasting into digital spaces (Dhiman, 2023; Liedke & Wang, 2023; Poyntz & Pedri, 2018). Digitalization has facilitated the integration of television with the broader internet aiding in the multiplicity of television content (Godwin, 2023). Mainstream television broadcasters are making their news available to their viewers through their websites and social media platforms with television now being consumed across multiple platforms (Fotopoulos, 2023; Godwin, 2023). Amidst the proliferation of digital media, most news consumers choose to access the news from local TV stations through the digital pathways including smartphones, tablets, smart TVs, and computers (Fotopoulos, 2023; Poyntz & Pedri, 2018; Shearer et al., 2024). The ever-expanding digitalization process has redefined what it means to "watch television" as the consuming content now exists simultaneously across many platforms (Poyntz & Pedri, 2018). Nonetheless, mainstream television continues to hold a place among young people's media choices, continues to make up a significant portion of adolescents overall media usage worldwide, and still holds its place in shaping young people's experiences and learning (Fotopoulos, 2023; Poyntz & Pedri, 2018; Shearer et al., 2024).

Research Gap

Media, and TV specifically, offers an important lens through which abortion messages can be framed to encourage adolescents to adopt informed and healthy behaviors (Allen & Solomon, 2016; Bergmann et al., 2010; Mocarski & Bissell, 2016; Perlman et al., 2013; Vorpahl & Yang, 2018; Wang & Singhal, 2016). This is due to TV's popularity and its influence on adolescents (Altshuler, Gerns Storey, et al., 2015; Baba et al., 2005; Sisson, 2017). However, we know little about how the news media frame abortion messages aimed at influencing young people's reproductive health choices. This requires attention because media framing of abortion messages could have a significant impact on public attitudes to abortion (Conti & Cahill, 2017), thus ultimately strengthening or undermining adolescents reproductive health and rights (Sisson & Rowland, 2017a).

Previous studies predominately conducted in the USA have offered insights on abortion content in the media. They reveal that abortion coverage is; limited on TV (Laar, 2010), largely negative (Nixon et al., 2017), deemphasizes its public health and reproductive rights aspects (Sisson et al., 2017), dominated by people and interest groups who lack personal experience with abortion (Chandra-Mouli et al., 2013) and homogenized in nature due to the limited coverage of people who are directly affected by abortion as well as the oversimplification or disregard of women's reasons for seeking abortion (Aduy, 2006; Bartholomé et al., 2015; Laar, 2010; Ogunyemi, 2011). What is lacking from literature is the impact of such portrayals on women and especially adolescents who are most affected by unsafe abortion, on public opinion generally as well as the political actions around abortion.

Additionally, less is known about abortion messages aimed at younger demographics such as adolescents (Patel & Johns, 2009) as well as the gendered differences of the effects of

abortion coverage (Olufunke et al., 2014). Studies segregated along gender lines could be important given the likelihood of males and females of different ages responding differently to behavioral intentions (Ekstrand et al., 2005; E. Freeman et al., 2018; Salam, Das, et al., 2016; Salam, Faqqah, et al., 2016) . Previous studies reveal that men have been largely ignored as agents in the reproductive health sphere (Moore et al., 2011). It is important to understand the perceptions and experiences of men and particularly adolescent boys regarding abortion coverage. This is because as co-conceivers of pregnancies being aborted (Wang & Singhal, 2016), they play a key role (in)directly on women's abortion trajectories (E. Freeman et al., 2018; Moore et al., 2011).

In Kenya, limited attention has been paid to abortion messages in the news media despite the high prevalence of unsafe abortion and numerous critical discourse moments surrounding abortion. To the best of my knowledge, no previous studies have investigated media framing of abortion messages aimed at adolescents in Kenya (Kafu et al., 2021). This is despite a growing interest in ASRHR among scholars, health care professionals and policy makers (FHI360 & Ministry of Health, 2011; Mitchell et al., 2006; Wachira et al., 2016). Interest in ASRHR is cultivated by the magnitude of pregnancies as well as the prevalence of maternal morbidity and mortality among this population. Also lacking in literature are insights into abortion frame building and consequently how the portrayal of abortion in the Kenyan news media potentially influences adolescents' perceptions of abortion (Kafu et al., 2021).

Objectives

This study therefore seeks to:

Objective 1: Investigate the framing of abortion in TV news items on three leading Kenyan TV outlets over a period of 3 years.

Objective 2: Examine adolescents' (18-24yrs) perceptions of media's framing of abortion on Kenyan televised news media.

Significance of the study

Mass media and specifically television presents a great avenue for mitigating unsafe abortions, especially among the younger demographics. Television is a powerful and prominent source of sexual reproductive health information for adolescents (Jaworski, 2009). Besides the adolescence period provides considerable opportunity for behavior to be shaped in positive ways (Pringle et al., 2018). During adolescence the socio environment plays a significant role in identity formation, development of value systems and internalization of modes of conduct (Sedlander et al., 2019).

Information on the types of abortion messages being broadcast by the local media, the perspective these messages are framed from, the sources of these frames, the persons/institutions these messages are aimed at and the impact of these messages on the audience, is crucial. This is because such information is likely to promote the understanding of real causes of unsafe abortion, consequently enhancing the process of developing and implementing practical solutions to this problem. Thus, by examining the media framing of abortion, findings from this study have potential to facilitate more critical reflection and discussions on (un)safe abortion especially among adolescents, with a probable effect on journalistic framing of abortion as well as on health and social policies around abortion.

Additionally, examining adolescents' experiences and perceptions of abortion coverage in the Kenyan broadcast media will be crucial to understanding how adolescents interpret and experience these abortion discourses in their everyday life (Purcell, Hilton, & McDaid, 2014). This will inform the development of effective interventions tailored towards addressing

unintended pregnancies, preventing unsafe abortion, and promoting adolescents' maternal health while factoring in the current legal and social-cultural contexts. For news media to be an effective avenue for mitigating unsafe abortion among adolescents, the abortion content must be developed with an adolescent audience in mind (Dowshen et al., 2015). Unsafe abortion as a public health problem is likely to be effectively alleviated if it connects more rigorously with the everyday lives and existential realities of individuals, groups, communities and societies (Lang & Rayner, 2012).

Overall, the study findings will be informative to those who wish to develop media that could be used to promote safe abortion as well as advocate for sexual reproductive health rights, especially among adolescents.

Justification of the study

Although the portrayal of abortion in news media is an emerging field of research, previous studies have been limited in number and scope. Previous studies predominantly quantitative and majorly conducted in the USA assert a lack of theoretical and methodological diversity. This has led to limited comprehensive understanding of media framing of abortion messages (Borah, 2011).

Methodologically, scholars have called for less descriptive strategies and more qualitative approaches to framing analysis research in order to advance the theory of framing as a major concept within the field of communication (Matthes, 2009; Mellado, 2015). Studies have urged future researchers to take up the use of intersectional frameworks of analysis such as integrating content analysis with interviews (In-Depth Interviews, Focus Group Discussions, etc.) to further explore framing research (Mastin et al., 2007).

Theoretically, scholars have observed that framing is a process that has most of its analytical power when studied as an integrated model (De Vreese, 2012). This entails mapping the media and audience framing process (framing, frame building and framing effects) in an integrative approach. This study sought to lay groundwork for future studies in news media framing of abortion messages by moving beyond the traditional approach of only interrogating media items to further exploring framing from the perspectives of media consumers. This was achieved by triangulating content analysis and focus group discussions. This is a unique contribution to literature as the study empirically assessed the framing and framing effects subsets of the framing model. This study moved beyond examining media content independent of content effect on audience.

Additionally, this study has laid groundwork for future studies in framing of abortion messages in news media in Sub-Saharan Africa (SSA), a study area that is generally lacking in literature. It is important to note that it was beyond the scope of this study to assess the frame-building aspect of the framing process.

Scope of the study

This study aimed at exploring framing of abortion messages on televised news items in Kenya as a partial model of framing. This entailed examining the framing and framing effects subsets of the framing process.

The first objective was grounded in the framing aspect of the framing process, which focused on the media content. We sought to investigate framing of abortion messages in TV news items from three leading Kenyan TV outlets over a period of 3 years. The main domains of interest were the constructs of the framing theory. We examined what was being said, by who, why and who the message was directed to. We further explored the type of stories told and the

emotions appealed to. Additionally, we developed a checklist, and the variables of interest included content, frequency of abortion messaging, type of news item, placement of abortion coverage and the trends (what informs the timing of the coverage).

This phase of the study was conducted in Nairobi, the capital city of Kenya and home to most local news media organizations. Specifically, we targeted three leading local media outlets namely Citizen TV, NTV and KTN. These television stations were selected based on their popularity among Kenyan audiences (Ken, 2016). We purposively sampled 55 abortion news items aired between January 2016 and December 2019 across these three media outlets. Content analysis was used to analyze these news items as demonstrated in Chapter 3 of this dissertation. Our content analysis revealed that abortion is politicized and largely framed negatively in the Kenyan televised news media as shown in Chapter 4. Moreover, we found that unsafe abortion is framed as a public health problem that largely and adversely affects adolescents. This public health angle was used to advocate for measures to mitigate unsafe abortion, especially among the young population as presented and discussed in Chapter 5.

The second objective was based in the frame effects aspect of the framing process, which focuses on effects of media content on the audience. We sought to examine adolescents' perceptions and experiences with media's framing of abortion on Kenyan televised news media. Our main domains of interests were adolescents' experiences with and perception of abortion coverage, and recommendations on improving abortion coverage aimed at adolescents in Kenya as outlined in Chapter 3 of this dissertation.

This phase of the study was carried out at Moi University which is a public university located in Kesses location of Uasin Gishu County. Specifically, we targeted male and female university students aged between 18 and 24 years. We conducted four virtual Focus Group

Discussions (FGDs) among 37 university-going adolescents for the period November – December 2020. The groups were homogenous in nature (2 female FGDs, 2 male FGDs) with each group comprising of 8-12 participants. Thematic analysis of this data presented in Chapter 6 revealed media audiences perceive abortion coverage as largely negative and predominantly depicting unsafe abortion as largely and adversely affecting adolescents. This mirrors the content analysis findings presented in Chapter 4.

Chapter 7 provides summary of the key findings from our study and offers suggestions on the way forward. We conclude that there is need for comprehensive abortion coverage in the Kenyan televised news media. This is likely to positively influence abortion-decision making and care seeking processes, reduce abortion-related stigma as the public better understands women's abortion realities, and enhance advocacy for implementation of the abortion law based on the understanding of abortion as a public health problem.

Conclusion

While unsafe abortion has been identified as a serious public health problem that disproportionally affects adolescents, television presents a great avenue for mitigating unsafe abortions, especially among this younger demographic. Television can be used to frame abortion messages in a manner that creates awareness and motivates discussions around abortion. Consequently, this builds an enabling environment for adolescents to access information and services, as well as exercise their autonomy within the context of informed and supportive communities. Such potentialities make television a critical ground for inquiry. However, not much attention has been paid to abortion messages in the news media with Kenya not being an exception despite the high prevalence of unsafe abortion among adolescents in Kenya. Documented literature, predominantly from USA, suggests that for most part abortion coverage

in the news media is subject to consistent negative framing, is not all inclusive and barely presents medical facts. The prevailing frames on television include abortion as a perversion that goes against family values, abortion as murder and society's responsibility to protect the most vulnerable from murder, and abortion as dangerous to women's health. Sporadically, abortion is framed as a woman's right to privacy, self-determination and bodily integrity. With media as a site for the expression and reconstruction of societal discourses, it becomes necessary to examine Kenyan news media's construct of abortion and to further explore how this might be interpreted and experienced in everyday life especially among the adolescent population to whom media is a leading source of sex education at a period in life when they are negotiating and constructing norms and values. The next chapter provides some background on women's sexual reproductive health and rights, with a focus on abortion within the Kenyan context.

CHAPTER TWO

THE KENYAN SOCIO-CULTURAL SCENE

Introduction

Adolescents' sexual and reproductive health and rights (ASRHR) cannot be ignored given the significant number of adolescents around the globe that are sexually active. This is especially because of the subsequent consequences of early sexual debut including unwanted pregnancies, exposure to STIs, unsafe abortions often with negative sequelae, etc. The negative consequences of adolescents' sexual behavior, especially unsafe abortion, has been associated to the limited and, in some places, no access to SRH information and services. As previously mentioned in chapter one, mass media and specifically the news media has a great potential of supporting adolescents to realize optimal SRH.

The success of mass media interventions largely depends on the framing of the messages, which is influenced by the existing socio-cultural setting and political histories of a given society. This includes the legal status of abortion; social and cultural understandings of women and the fetus, the role of women, the right to privacy; and definitions of what responsible sexual and reproductive behavior entails. Therefore, to understand media's role in the promotion or erosion of ASRHR within the Kenyan context, it becomes necessary to demonstrate how religion, culture, patriarchy, and law interact with women's place in society and especially their sexual reproductive health. This chapter therefore brings to the fore the intersectional dynamics between forces such as religion, colonialism, patriarchy, and law, and how these control and order female sexuality and fertility. It links the history of the African female figure to the social structures that arose due to religion and colonialism. It illustrates how the hierarchical gender roles introduced by the colonial state in politics, economics, religion and culture, and retained at

independence continue to influence women's sexual and reproductive health and rights, especially abortion.

The Kenyan Socio-Cultural Scene

Kenya is a land rich in cultural and ethnic diversity where people and cultures from Africa, Europe, the Middle East, and East Asia have been meeting for hundreds of years (Sobania, 2003). With a population of approximately 52 million people drawn from at least forty two ethnic groups (Kenya National Bureau of Statistics [KNBS], 2024), Kenya boasts an incredibly vibrant tapestry of cultures and practices (Oppong & Oppong, 2004). The Kenyan population typically identifies primarily with its ethnic group. Despite this, it is impractical to detail the culture and customs of each ethnic group in Kenya given the cultural and ethnic diversity as well as the ever-changing cultures and customs as they have been since time immemorial (Sobania, 2003). There are elements of continuity and change in culture and customs among the various ethnic groups (Sobania, 2003). Cultures adapt and evolve as they encounter rapidly changing societies (Thiong'o, 1993).

In this chapter, I present a general understanding of cultural traits common to Kenyans without dwelling on the comprehensiveness of individual ethnic groups' culture and customs. Hence, my reference to the term 'Kenyan(s)/locals/indigenous people' highlights the widely shared aspects of cultural ideology among most people in Kenya. This does not indicate a lack of awareness of the cultural and customs diversities among these groups. I touch briefly on some important aspects such as religion, family, gender, and social customs while highlighting some of the social, economic, and political forces that have shaped this culture.

Culture defined as a 'reserve of meaning' (Lull, 2001, p. 18) is a product of a peoples' history (Thiong'o, 1993). It reflects a peoples' history and embodies a whole set of values by

which a people view themselves and their place in time and space (Thiong'o, 1993). It is a repository of all the values that have evolved by the different social strata in that society over time. It develops within the process of a people wrestling with their natural and social environment. Distinct from the economy and political life of society which change relatively more rapidly, culture is more conservative. It thus tends to appear unchanging, hence the talk of 'our values ' by different societies. Kenyans, just like other Africans (Sobania, 2003), regard culture as essential to their lives and future development. It embodies their philosophy, worldview, behavior patterns, and institutions.

Just like other cultures, the Kenyan society and its peoples' cultures have undergone continual change as far back as history and prehistory can tell (Middleton, 1995). These changes have not just been instigated by the country's internal social dynamic but also by her relations with other countries on the continent and beyond (Sobania, 2003; Thiong'o, 1993). Literature reveals that Kenya's external contact with other societies at various levels- economic, political, social and cultural – has predominantly not been on the basis of equality but of dominance and domination (Thiong'o, 1993). Due to this external domination, the cultural changes that Kenya has experienced have not risen from the working out of the conflicts and tensions within or from the organic development of the Kenyan society, but have been forced upon Kenya externally (Thiong'o, 1993). Centuries of overwhelming economic, political, social and cultural power of religious and colonial overrule has resulted in the deformation, crippling and dying out of some traditional Kenyan cultural values especially in regards to gender and sexuality (Middleton, 1995; Thiong'o, 1993).

Religion and women's sexuality in Kenya

Religion plays a role in shaping beliefs and attitudes towards certain cultural practices (Tsanga, 2011). In precolonial times, it permeated every aspect of an individual's life in the indigenous African society. It was and is a system of thought and action shared by the community, which also caters for the individual by giving out a frame of orientation and an object of devotion (Theuri, 2013). As a pillar of culture, religion made African societies productive by restraining its adherents from destructive tendencies and actions (Theuri, 2013).

As Africa interacted with other continents, foreign religions were introduced to the continent. In Kenya, Islam was introduced in the seventh century by Arabic traders who came by ship to coastal ports, conducting trade with people living along the shores of the Indian Ocean (Oppong & Oppong, 2004; Tamale, 2020). It gradually became incorporated into Kenyans ways of life (Tamale, 2020). Christianity was popularized much later, in the eighteenth century and re-introduced in the East African Coast in 1844 by the Rev. Dr Ludwig Krapf and others who served with Church Missionary Society, an Anglican society from England (Tamale, 2020).

The propagators of foreign religions totally disregarded the existing religious consciousness of the locals (Gathogo, 2008). Pioneer missionaries, for instance, believed that Africans were backwards and without any knowledge of religious beliefs (Nyanzi, 2011b). Ignoring Africans worldview, they condemned African worship of ancestors or spirits, dismissing African religious discourses as fetish, infidel, pagan, witchcraft and lacking in substance (Gathogo, 2008; Nyanzi et al., 2011). To subdue, uproot indigenous religions and societies, and entrench a new faith, they taught that the African religion was satanic and should be discarded altogether (Munyao & Tanui, 2021). This culminated in the decline of traditional religious institutions and practices.

Furthermore, pioneer missionaries disregarded the traditional African gender differences between men and women; differences that were based on rank and/or age. Through their religious ideals, missionaries entrenched patriarchal domination that has served to perpetuate women's inequality in both the public and the private sphere (Njagi, 2013; Oboler, 1985). They enforced a new moral order wherein men were positioned to occupy the public sphere by tying up social, cultural, political and economic power to maleness (Oyewumi, 1997). Women on the other hand women were oriented towards the family environment where they would perform their "natural" duties of nurturing and caring in private (Tamale, 2020). Domesticity and reproduction were promoted as the defining characteristics of femaleness (Kanogo, 1993b). This gender order has resulted in women's dependence on men as well as their subordination in the social, economic, and political spheres of life. This foreign construction of gender relations is presented today as the authentic traditional African culture.

Christian missionaries' interests in controlling women's sexuality.

Of much concern to pioneer missionaries was the relationship of some African traditional practices to sexuality. Key among these practices was the female circumcision, which they perceived as publicly licensing sexuality thus needing to be contained. To the missionaries, the public ceremonies conducted during the circumcision ceremonies were far more damaging than the removal of the clitoris (Kanogo, 2005). This is because they imparted sexual knowledge to newly circumcised girls through the songs, dances and in some communities, the witnessing of a demonstration of sexual intercourse by an elder couple (Thomas, 2003). These ceremonies also allowed the circumcised girls, mostly adolescents, to become sexually active as some customs allowed men and women to engage in some form of limited sexual activity after circumcision and before marriage (Njagi, 2013).

Principally, circumcision ceremonies undermined the moral ideals of Christianity, which are quite conservative. Christianity has proscribed limits on sexuality including sexual knowledge, beliefs, values, attitudes and behaviors (Izugbara, 2011; Nyanzi, 2011a). It restricts sexual relations and activities to married heterosexual couples, passing restrictive moral judgment on involvement in any sexual activities before marriage (Gyimah et al., 2013; Ogland & Hinojosa, 2012). Missionaries' opposition to female circumcision was implicitly motivated by their broader concerns regarding women's sexual morality.

To eradicate female circumcision they began by condemning it as barbaric, pagan and unacceptable to a proper Christian lifestyle (L. M. Thomas, 1998). Later they chose to appropriate and Christianize the circumcision ceremonies by perpetuating the narrative that circumcision posed maternal health risks to women including prolonged/impeded childbirth, stillbirths, infections, vesicovaginal fistulas, and maternal mortality (Kanogo, 2005). Hidden behind the publicly more acceptable discourse of protection of women's health was the perception that Africans were immoral thus the need to reorder African women's sexuality (Njagi, 2013; Thomas, 2003). Furthermore, these medical arguments carried more weight than accusations of 'barbarity' in colonial circles (L. M. Thomas, 1998). This interest in controlling women's sexuality using religion continues to date in Kenya as illustrated in abortion debates on televised news media as presented in Chapter 4 of this dissertation.

Female circumcision was not the only sexual and reproductive health issue that missionaries were concerned about in precolonial and colonial Kenya. They were largely concerned with the practice of abortion, which although not encouraged, was conducted in cases where taboos were broken. This included incidents such as adultery, incest, unsanctioned pregnancy during the lactation period, girls getting pregnant before initiation, etc. (Thomas,

2003). Explicitly missionaries condemned abortion on grounds of its adverse effects on women's health. Implicitly, they condemned abortion because it contravened their newly introduced gender order that promoted reproduction as a defining characteristic of femaleness (Kanogo, 1993b). They advocated for the ban of abortion amongst African women in the hope of enforcing what they perceived to be women's roles (Njagi, 2013; Thomas, 2003).

Religion's intervention in women's sexual reproductive health and rights

As the missionary associations penetrated local communities, they made the indigenous people uncomfortable with their own cultural values thus feeling that they should be replaced with the 'ideal' culture, the Christian culture. A culture that is Eurocentric (Munyao & Tanui, 2021). This disconnected the local people from their crucial identity markers and value orientations (Tamale, 2020), without which the subjugation of various local communities in the colonial enterprise could not have been possible (Munyao & Tanui, 2021). Colonialism on the other hand provided a political environment that facilitated missionary activity (Munyao & Tanui, 2021). The colonial government's reluctance to invest in state welfare programs for Africans exacerbated the importance of religious missionaries (Njagi, 2013). Pioneer missionaries set up dispensaries in which the sick were treated following a series of natural disasters that befell the nation in the latter part of the 19th and the early part of the 20th century (Gathogo, 2008). They are also credited for introducing formal education in the country (Kanogo, 2005; Theuri, 2013). The lure of literacy, modern medicine and "enlightenment" promised by the introduction of these outreach programs converted many (Tamale, 2020).

The success of missionary evangelization is evident because as of 2019, 85 per cent of Kenyans considered themselves Christians (Kenya National Bureau of Statistics [KNBS], 2019; Oppong & Oppong, 2004; Sobania, 2003). With such a powerful presence, the church in Kenya

has been an important player in influencing state interventions in the fields of reproductive health and abortion. Pioneer missionaries vast involvement in the provision of education and healthcare in Kenya not only earned them a good name, but also enabled them to determine to a large extent, the contours and the policy of these public services (Njagi, 2013).

A policy area that religious organizations are keen on intervening in is women's sexual reproductive health and rights. Religious organizations have particularly been keen on influencing state interventions on family policy and abortion regimes (Njagi, 2013; Thomas, 2003). This has been facilitated by various factors key among them the fact that the men who emerged as leaders at independence had strong Christian roots. These religious political leaders were unlikely to support policies that could go against their religious beliefs. Thus, their anti-abortion stances were public knowledge with significant effects on the abortion debate. An example is Charles Njonjo, a lay member of the Anglican Church and the Attorney-General at the time of independence (Thomas, 2003). Furthermore, in a community where to win elections, leaders require the support and endorsement of religious groups, a controversial issue such as abortion is unlikely to muster support from political leaders who mostly align themselves with religious groups (Njagi, 2013). Kenyan Presidents have aligned themselves with religious groupings that do not approve legalization of abortion; President Jomo Kenyatta[3] aligned himself with Protestants, President Daniel Arap Moi[4] with the African Inland Church (AIC), Presidents

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[3,4] President Kenyatta and President Moi called their churches the consciences and watchdogs of the society.

Mwai Kibaki[5] and Uhuru Kenyatta[6] both Catholics with the former having publicly expressed his opposition to abortion on various occasions, while the current President Dr. William Ruto[7] is an active member of AIC.

Religious organization's control of the education sector in the country has enabled them to influence the formal academic curriculum. They have not only tilted the curriculum towards the Christian religion with scripture taking a central position but have also successfully resisted the introduction of sex education in schools (Wambui, 2018). By having Christian Religion Education (CRE) taught academically as a subject in the Kenyan school curriculum, Christian religious leaders have been able to influence the religious beliefs of majority of young Kenyans. Grounded in the sexual conservatism of Christianity, CRE plays a role in promoting a restrictive moral ethos toward sexual and relationship behavior (Adaji et al., 2010). This shapes ways that sex is sought, practiced, perceived, deployed and desired and/or rejected by society, further shaping perceptions, deployments and constructions of other spheres of sexual reproductive health and rights, and especially abortion (Izugbara, 2011).

Besides, religion continues to play a key role in influencing state decisions on abortion laws in the country. The majority of anti-abortion actors base their opposition on religious and moral tenets (Griffith, 2014). A greater number of these actors are affiliates of religious groups,

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[5] As a practicing Catholic, Mwai Kibaki maintained close relationship with church officials throughout his political journey and is noted to have stated that the church and the state are inseparable. Throughout his reign as a president, the church was on his side.

[6] Although vocal on matters women's reproductive health and rights, especially ending FGM and GBV, Kenya's fourth president, Uhuru Kenyatta while speaking ahead of the ICPD25+ conference emphasized to reproductive health activists pushing for legal abortion and homosexual rights, that Kenya will firmly reject any agenda that do not conform with the Kenyan traditional cultural and religious practices.

[7] The current Kenyan President, Dr. William Samoei Ruto is an evangelical Christian President known for his conservative views on abortion, having opposed the current constitutional provision for abortion during the constitutional development phase.

mainly the Catholic Church, the Anglican Church of Kenya (ACK), the Presbyterian Church of East Africa (PCEA), the Deliverance Church of Kenya, the National Council of Churches of Kenya(NCCK), and the Supreme Council of Kenya Muslims (SUPKEM) (Anna, 2023). The key strategies employed by these religious groups to establish and institutionalize their opposition for abortion have been to keep the issue from public purview and to consistently bar the entrenchment of abortion in public policy (Mothata, 2020; Njagi, 2013). Beyond curbing the introduction of sex education in schools as mentioned above, these anti-abortion actors present abortion as being unacceptable during critical discourse moments where abortion is brought into the public domain. They base this on four main reasons; abortion is murder of unborn children, detrimental to women's health, immoral, and unAfrican (Njagi, 2013). The predominant discourse being that of abortion is murder of an unborn child. The popularity of this discourse lies in its resonance with the majority of Kenya's population who identify as Christians and as such, this discourse receives general acceptance (Njagi, 2013). Framing abortion in terms of protection of human life expresses support for an anti-abortion policy.

Recent examples of anti-abortion actors using the above two strategies to influence state decisions on abortion law include the 2004 religious leaders successful resistance of attempts by pro-abortion activists to have the draft Constitution provide for reproductive health rights and specifically abortion (Njagi, 2013). Subsequently, in 2009, during negotiations on a new Constitution following rejection of the 2004 draft in a referendum, religious leaders pushed for the inclusion of a clause that specifies when life begins and when it ends (Murray, 2010). Moreover, in 2014 religious leaders led to the withdrawal of the proposed Reproductive Healthcare bill as it sought to have abortion legalized under specific circumstances. This bill was reintroduced in senate in 2019, but just like the original bill, it was withdrawn following pressure

from anti-abortion actors, key among them, the Catholic Church. The same year, religious groups, predominantly Christian groups, objected Kenya hosting the 25th International Conference on Population and Development (ICPD25) summit in Nairobi. They raised concerns over the promotion of voluntary abortion, early sexual debut among teenagers and same sex unions during this global summit (Egbedi, 2019; Nyawira, 2019).

It is important to note that not all political leaders and/or policymakers oppose abortion and its legality. However, these leaders are unlikely to publicly voice their support for decriminalization of abortion in Kenya out of fear of religious leaders' fury. These state leaders and policymakers are aware of religious leaders' ability to command respect and obedience from the general population as illustrated by religious leaders' capacity to mobilize large sections of the population without recourse to government control (Njagi, 2013). Owing to these political leaders and policymakers intent on being voted in or appointed to powerful positions, they also articulate the anti-abortion discourse out of fear that taking a pro-abortion stance could result in religious leaders influencing their supporters into voting them out of their elected/appointed positions. These leaders are cognizant that support from religious leaders, and by extension their adherents, contributes largely to their retaining or gaining power (Njagi, 2013).

Overall, religious groups' fixation on sections about abortion in Sexual Reproductive Health and Rights bills has negatively influenced the promotion of women's rights and by extension the ability to save women's lives due to preventable maternal deaths. The church's role in preventing major policy changes has had a detrimental impact on women's rights, especially abortion rights.

Colonialism, cultural subjugation and the control of women sexuality in Kenya

Colonists realized that the route to effective control lay through cultural and hence mental and spiritual subjugation (Thiong'o, 1993). They realized that without cultural dominance, the economic exploitation and the political domination of a people could never be complete (Thiong'o, 1993). Therefore, just like in other African countries, the colonialists accompanied the economic and political conquest of Kenya with cultural subjugation and imposition of an imperialist cultural tradition whose dire effects are still being felt today (Oyewumi, 1997). To capture the minds of the colonized, they created a discourse of difference between Europeans and Africans, depicting the European race and culture as superior to that of the Africans (Munyao & Tanui, 2021; Tamale, 2020).

Colonialists began transforming Africans into Europeans (Gathogo, 2008; Tamale, 2020). They believed that Africa had to adopt to the ways of Europe if it were to attain Europe's occidental development (Kanogo, 2005; Tamale, 2020). They refused to acknowledge the natives as the creators of original cultures that has evolved as result of the internal working out of the contradictions within the society over time and survived over the centuries (Tamale, 2020; Thiong'o, 1993). Just like their predecessors, the missionaries, they embarked on a mission to erase and/or devalue the natives' culture by restructuring the knowledge systems of these people (Oyewumi, 1997). Of particular interest was reproduction, which was perceived as being fundamental to the construction of political and moral order, as well as proper gender and generational relations (Oyewumi, 1997; Thomas, 2003).

Colonialist interest in sexuality and reproductive lives of the colonized

Europeans interest in and anxiety over African reproduction dates back to the sixteenth century (Thomas, 2003). During this period, Africa made its initial contact with the Western

world. The tales of travelers and explorers from Western countries of their experience in Africa portrayed it as a place out of time in modernity and historically abandoned in prehistory (Njagi, 2013). Africans were assigned the earliest human beings on the evolutionary scale with the evolutionary narratives of the day characterizing them as occupying the bottom rungs of the civilization ladder (Tamale, 2011). Perceived as lacking history, reason and proper domestic arrangements, Africans were collectively figured as primitive and savage thus inferior (Oyewumi, 1997). They supposedly practiced a "primitive" sexuality and were seen as the embodiments of prehistoric promiscuity and excess (Kanogo, 2005).

Pre-colonial Europeans narrative of Africa presented the continent as libidinously erotic (Njagi, 2013). The African woman much more than the man was perceived as the epitome of sexual aberration and excess, thus stereotyped as oversexed (Thomas, 2003). She was perceived to possess a primordial sexual lust, with the external signs of this temperament evidenced by her primitive genitalia (Kanogo, 2005). She was cast as the antithesis of European sexual mores and beauty (Njagi, 2013).

With the onset of formal colonialism in the late nineteenth century, these negative depictions of Africans, especially the sexualized stereotypes, shaped European strategies for ruling and reforming African societies (Thomas, 2003). The images cast of an instinctual, natural African sexuality proved useful to the colonial government justification of its intervention in African societies in order to help them progress (Levine, 2004). British officials repeated prior generalizations by early explorers and pioneer missionaries of associating Indigenous women with sexual excess and promiscuity, pointing to the practice of abortion as evidence (Stettner et al., 2017). The characterization of African sexuality supposedly lack of deviance and degeneracy was viewed as evidence of their failure to progress into higher levels of civilization (Oyewumi,

1997). Europeans had supposedly experienced this stage of primitive sexual innocence while progressing towards their current state of advanced civilization. They therefore had superior understandings of sexual conformity, gender relations and civil progress (Njagi, 2013). This Europeans superior evolutionary status justified their colonization and intervention in the local practices of less evolved peoples (Kanogo, 2005).

British officials heightened interest in reproduction and regulation of the sexual behavior of Africans became apparent following the declaration of the East African Protectorate in 1895, later renamed Kenya Colony and Protectorate in 1920 (Thomas, 2003). British reproductive concerns focused on population decline and degeneration (Kanogo, 2005). This was largely due to early British officials understanding of population increase as a sign of imperial peace and prosperity (Kanogo, 1993a).They argued that the African population would increase by putting an end to the slave trade, "inter-tribal" warfare, and "barbaric" practices (Thomas, 2003). To civilize the "barbaric", colonial officials undertook moralizing projects with a focus on the reproductive and sexual practices of the local communities (Kanogo, 2005). By mid-1920, the colonial government was putting in effort to intervene and transform the reproductive and sexual practices of the local communities. This was aimed at hastening the output of healthy and abundant laborers for the settler economy (Thomas, 2003).

Initially, the British officials in Nairobi and London were reluctant to intervene in the reproductive and sexual practices of the local communities as they perceived the interventions as time consuming and costly (L. M. Thomas, 1998). However, pioneer missionaries arguments about female circumcision complicating childbirth captured the officials attention (Kanogo, 2005). Missionaries opposition to female circumcision grounded in arguments about infant and maternal mortality resonated with colonial officials' concern with low population growth rates in

East Africa (Kanogo, 2005; L. M. Thomas, 1998). Colonialists perceived the decline in African population as a threat to Britain's labor-intensive economic schemes (L. M. Thomas, 1998). Given their interests in colonial labor control and economic development, they staged campaigns against "repugnant" tribal customs and practices, specifically, female circumcision and abortion. This was in order to foster population growth and improve the health of the locals (Thomas, 2003).

Colonial officers were wary of the harm caused to their labor source by female circumcision. This practice accounted for low birthrates and high infant and maternal mortality rates, leading to lost population and ensuing low levels of production and consumption of imperial wares (Njagi, 2013). Moreover, newly circumcised youths would be out of work for months following the procedure (Boulanger, 2008). To protect its economic interests, the colonial government derived means of intervening in the female circumcision practices under the premise of improving "native" welfare and specifically women's welfare (Kanogo, 2005). To protect African women from this barbaric rite of passage, they required all the 'circumcision operators' to be registered with a Local Native Council (LNC), restricted legal female circumcision to the removal of the glans clitoris rather than the entire clitoris, and later adopted a policy of discouraging the practice through education and propaganda (Kanogo, 2005; L. M. Thomas, 1998).

Continued concerns over population decline convinced colonial officials in Nairobi and London that 'tribal customs and practices' beyond female circumcision were responsible for the progressive sterility of the female population in Kenya (Thomas, 2003; L. M. Thomas, 1998). Abortion, rather than female circumcision , was specifically perceived as a greater moral and demographic threat to Kenya's colonial future (Thomas, 2003). Abortion as a marker of

society's distance from civilization dovetailed with the colonial government's assimilation agenda (Stettner et al., 2017). Colonial administrators' first step to combating the demographic and moral dilemmas posed by abortion was to try to understand factors leading to the seemingly high prevalence of abortion.

Having understood factors leading to abortion, colonial administrators adopted a policy of discouraging the practice through education and propaganda (Kanogo, 2005). Taking advantage of the relationship that they had crafted between themselves and the local native councils (Oyewumi, 1997), they convinced council members that abortion was a moral and demographic threat. In consequence, council members sought to combat abortion directly by having influential elders persuade community members of the desirability of giving up of abortion entirely, instituting of a 'curse' against persons deliberately causing girls to abort, and compelling all 'abortion experts' to renounce their vocation in 'traditional' oaths (L. M. Thomas, 1998). Unfortunately, these efforts by local native councils had negligible effects on abortion rates in colonial Kenya.

European officers and African officials enforced further measures to combat abortion. Female circumcision being directly associated with abortion, they focused their efforts on regulating female circumcision. They began by lowering the age of female circumcision (L. M. Thomas, 1998). Colonial officers believed that by requiring girls to be excised before puberty, they could eradicate unwanted pregnancies and abortions. This is because it would eliminate the period when sexually mature (but uncircumcised) girls were 'customarily' prohibited from conceiving and giving birth A resolution was passed in 1934 requiring girls to be excised before puberty (L. M. Thomas, 1998). Through the LNCs, colonial officials criminalized abortion. Mothers of pregnant uncircumcised girls were held responsible for the continued practice of

abortion. Parents or guardians who failed to comply would be found guilty of a criminal offense (L. M. Thomas, 1998).

Implications of the politicization of female reproductive issues

Codification of laws affecting female circumcision and subsequently abortion initiated the process of politicization of female reproduction. This politicization contributed to the reworking of the political and moral order in colonial Kenya (Thomas, 2003). Reproductive interventions and debates shifted relations and ideologies of gender and governance (Kanogo, 1993a, 2005). In indigenous African societies, the gender system was relatively flexible. Women were weighted equally with men as human beings, and they deferred to each other in various respects (Oyewumi, 1997). Roles were not rigidly masculinized or feminized and there was no stigma attached to breaking gender rules (Tamale, 2020). Women enjoyed legal and economic status equal to that of men in most ancient African societies (Diop, 1989). They were involved in many institutions in which they exercised authority and political power (Obbo, 1981; Oduol, 1993; Oyewumi, 1997). They wielded considerable power in various traditional and spiritual rituals related to birth, rites of passage, marriage, last funeral rites, succession and religious duties (Oduol, 1993; Tamale, 2020). This gender system was disrupted by the colonial state interventions in female circumcision aimed at preventing abortions (Kanogo, 2005; L. M. Thomas, 1998). Local male administrators actions of criminalizing female circumcision and abortion was an unprecedented interference by African men in "woman's prerogative" (Stettner et al., 2017), partially subverting the authority of women's councils (L. M. Thomas, 1998).

Local male intervention in "women's affairs" was a consequence of the working relationship developed between the British and African men during state formation (Thomas, 2003). The process of state formation occasioned the reworking of various hierarchies to meet

the demands for low-cost colonial rule. The logical solution to governing the colonies less expensively lay in strengthening traditional African male authority (Oyewumi, 1997). The British introduced a system of indirect rule where local rulers - all male - confirmed by the colonial administrators could exercise power. They reconstituted indigenous male African rulers and where none existed, they freshly imposed leaders occasioning the development of a collaboration between patriarchal and state interests. African males were accorded patriarchal power in exchange for serving state interests (Njagi, 2013). This disrupted the otherwise relatively flexible gender systems in indigenous Africa as aforementioned.

The colonial state in conjunction with African male rulers engineered the establishment of a myriad of legislation that shaped the private lives of women in the domestic sphere (Kanogo, 2005; Oyewumi, 1997). Commonly known as customary law, the institution of these laws instigated a process in which gender reforms were motivated by a desire to strengthen elite, patriarchal political power (Njagi, 2013). Informed by the Victoria era patriarchy, colonialists reinvented notions of "men" and "women" in Africa and the way that they related to each other (Tamale, 2020). This patriarchy, borne out of the Western hegemonic worldview, constructs the generic human subject as male (Oyewumi, 1997). Tethered to the social, political, and economic systems, this form of patriarchy has responsibilities inside and outside the home divided according to gender (Sobania, 2003). Men and women performed ascribed functions that secure women's subordination, placing men in position of power (Sanya & Lutomia, 2016). Men purportedly engaged in chores externally perceived as the domains of men. They held primary power and predominated in roles of political leadership, moral authority, social privilege, and control of property (Kanogo, 1993a; Obbo, 1981; Oyewumi, 1997). Customary law entrenched patriarchy through the reconstitution of tribal leadership.

Customary law further regulated non-market relations in personal/family affairs, community affairs and land amongst the locals. Men were considered the head of the household and their power was expressed by their authority over their family (Barnett et al., 2016). Within the family, men controlled productive resources, labor force, and reproductive capacities (Obbo, 1981). Furthermore, as a spousal norm, the husband bore the financial responsibility of the family (Barnett et al., 2016). This was largely promoted by the colonial government's introduction of monetary economy, which forced or drew men into the wage-earning economy (Middleton, 1995). Coupled with the institution of hut tax and the attraction of trade goods that could only be obtained with cash, it became common for husbands and, later, eldest sons to leave their rural communities and move to urban areas or large white-owned farms in search of paying jobs (Middleton, 1995; Stanford, 2001).

The customary law reinforced the capture of female labor for the benefit of male patriarchs, capitalism and the state (Njagi, 2013). Women were assigned both productive and reproductive roles (Sanya & Lutomia, 2016; Sobania, 2003) and were conceptualized as enablers for male prosperity in terms of providing labor (Macharia, 2021). In rural areas, women were and continue to be dominant in the agricultural management systems and practices (Obbo, 1981; Sanya & Lutomia, 2016). They are actively involved in food production (they grow the food, prepare it, and store it), providing the largest measure of labor (Barnett et al., 2016). Besides they were responsible for domestic tasks related to household maintenance (Stanford, 2001), child rearing (Middleton, 1995) as well as tending to all the needs of the husband (Barnett et al., 2016).

Labor migration resulted in women contributing a larger share than their husbands towards meeting the family's needs (Middleton, 1995; Sobania, 2003). With the absence of adult male figures in the household as well as limited financial support from urban-based

husbands/sons, women were forced to take on more familial responsibilities (Obbo, 1981). Women began playing decisive roles with the sustenance of family and of social transition (Sanya & Lutomia, 2016). Furthermore, some colonial interventions such as the call for girls to come of age through schooling, not female circumcision , as well as urbanization provided women with alternative mechanisms of moving from their natal to marital homes, accruing material prosperity and moral authority (Thomas, 2003). This resulted in African men's anxiety over their loss of control over women's mobility, income, and sexuality (Obbo, 1981). African Chiefs and male elders charged with adjudicating according to customary law, invented customs that expanded their powers vis-a-vis women. The codified customary law affected laws touching on gender relations in the context of marriage, property rights within marriage, divorce, child custody, and inheritance (Obbo, 1981). These laws weakened women's claims to productive resources, especially land and the labor market (Njagi, 2013).

Furthermore, the colonial government perceived African women as a serious threat to the system of indirect rule given their authority in various traditional and spiritual rituals as aforementioned (Obbo, 1981). In the interests of economic development and the financial wellbeing of the colony, officials supported African men in exercising their control over women (Oyewumi, 1997). The customary law emphasized the rights and authority of males and elders, diminishing or erasing women from important areas of social and public life (Tamale, 2020). This resulted to the widely held conceptualization of an African woman as inherently passive, meek, malleable and domestic in nature (Macharia, 2021). These typical assumptions have resulted in men and society in general being taught to approach women in a protective manner (Macharia, 2021). Such chivalrous treatment perpetuates a state of public consciousness which holds that women are less able than men and are thus in need of special protection (Macharia,

2021). This patriarchal ‘protection’ offered to women upholds their dependence on, and subordination to, man in all spheres of life (Macharia, 2021; Sultana, 2012). It perpetuates the notion that all the power and authority within the family, the society and the state remain entirely in the hands of men (Sultana, 2012). This demeans women’s value and place in society as they are brought under the (in)direct control of men (Sanya & Lutomia, 2016). At the household level, it places women under the direct control fathers, husbands, grandfathers, and brothers who make choices for the females (Kanogo, 2005). All spheres of women’s life including their mothering and sexuality are perceived as requiring protection by their father, brother and husband (Sanya & Lutomia, 2016).

Patriarchal protection serves only to appropriate women’s rights, oppress their aspirations, and inhibit their confidence (Macharia, 2021). It curtails their access to economic, social, and political opportunities primarily by limiting their access to education, income, occupation and property. Additionally it rejects their freedom over themselves by controlling their earning, their sexuality and their mobility (Sanya & Lutomia, 2016; Sultana, 2012). This disregards women’s autonomy as equal holders of rights (Macharia, 2021) enhancing discrimination in public service, consequently limiting women’s opportunities to exploit their maximum potential (Sanya & Lutomia, 2016). Lower educational opportunities, lack of autonomy and early marriages maintains women’s lower status sustaining existing gender norms in society (Sanya & Lutomia, 2016).

Overall, the legal changes following the codified customary law deeply compromised women’s status in the courts and society, leading to the continued subordination of women economically, socially, and politically (Obbo, 1981). This led to the establishment of a state that

was openly patriarchal, sexist, and capitalist, in an attempt to gain maximum economic benefits (Njagi, 2013).

Post-Independence Kenya, Patriarchy and Abortion

The structures and hegemonies that facilitated and reinforced colonialism did not disappear with flag independence (Tamale, 2020). Independence was a mere change of form from colonial economic and political arrangement and practices to a more vicious neo-colonial arrangement (Thiong'o, 1993). The political, economic and legal structures existing in Kenya today are still entrenched in the colonial past (Tamale, 2020). For instance, the Kenyan abortion law, just like in other British Commonwealth countries worldwide, was inherited from the English Common Law during colonialism (Cook & Dickens, 1981). The colonial abortion laws were shaped by the crime and punishment model (Ngwena, 2012). The colonial state equated abortion with uncivilization and mortal sin; all of which reflected in the severities of abortion law. Abortion was rendered a serious crime. The common law of English on which the Kenyan abortion law was based has since been amended in recognition of the public health implications of unsafe abortions and women's reproductive rights (Brookman-Amissah & Moyo, 2004). Yet, Kenyan women continue to be colonized by these outdated laws that were made to prevent the deaths of women in the 19th century but ironically have become instruments of death for African women in the 20th and 21st century (Brookman-Amissah & Moyo, 2004).

Attempts to amend the colonial abortion policy in Kenya have not gained much traction. This has been attributed to the political obstacles emanating from the patriarchal and neo-patrimonial state structure with the resultant marginalization of women from the socio-economic and political arena. Subsequently, this has led to gender issues and especially women's reproductive health being given low priority (Njagi, 2013). Constitutional amendments began in

1964 when Parliament made Kenya a Republic established an all-powerful executive, giving the president control of parliament and judiciary (M. Mutua, 2001). Power concentration in the Presidency and by extension the political elite, has had a significant effect on women's issues in Kenya, especially abortion (Njagi, 2013). To begin with, power centralization resulted in a paternalized patriarchal post-independence government structure (Kamau, 2010). Politics and the state were and continue to be dominated by a predominantly male ruling political class imbued with deeply masculine values and norms (Njagi, 2013). These political elites seek to re-domesticate women through the construction of the real African woman as the embodiment of tradition and a symbol of African nationalism (Kamau, 2010). This construction is normally accompanied by morality discourses that center on women's sexuality, particularly the proper woman and her reproductive potential. Aspects of women's autonomy such as sexual rights and access to abortion, are frequently labelled as foreign, unAfrican and immoral (Njagi, 2013). Motherhood is idealized to the exclusion of the other social and economic roles of women (Njagi, 2013). This makes it very unlikely that decriminalization of abortion can be supported in this context.

Secondly, the patriarchal nature of the state limits the potential for women's leadership. Women remain largely unrepresented in governance and public policy making (Manya, 2023). This exclusion has had very detrimental effects on women as their experiences and issues continue to be neglected. Legislative initiatives intended to address women's issues have consistently been blocked largely due to the insignificant number of female MPs (Anyango et al., 2018). Women's issues are barely brought to the fore of the parliamentary agenda, and when they do, they are more likely to be trivialized, opposed, or defeated, as has happened with the Equality, Domestic Violence and Affirmative Action Bills, which were rejected by Parliament

because a majority of male legislators failed to support their enactment (Nzomo et al., 2003). Male parliamentarians use their numbers to pass legislation that discriminates against women while protecting male interests. (Korir & Amunga, 2021). Having more women in governance could bring us an inch closer to solving issues that largely affect women. This is because women are more likely to press for laws that benefit families, women, children, and marginalized groups as demonstrated in the USA (Epstein et al., 2005). It was only after women joining Congress that issues affecting women were given priority. Key among these issues are health care, child care and support, sexual harassment, domestic violence and gender-based wage differentials (Njagi, 2013).

Thirdly, power concentration at the administrative level provides an avenue for political interference in the public service as well as civil society. The president and political executives' power to appoint senior civil servants results in the appointees functioning to please their appointing authorities. Political appointees heading government ministries often prefer to concentrate on initiatives that can deliver greater political impact for the appointing master. They are therefore likely to focus more on curative services, which are mostly more visible than preventive ones. They hardly prioritize highly contested issues with a limited likelihood of increasing political popularity such as reproductive health and especially abortion. Furthermore, power centralization facilitates the political elites' quest for control over autonomous bodies, among them women's organizations. The effects of power centralization on women's organization has been visible in the operations of Maendeleo Ya Wanawake Organization (MYWO), the oldest and largest national non- governmental organization for women. At the height of his power, President Daniel Moi ordered the affiliation of the MYWO to Kenya African National Union (KANU), the then ruling party (Kamau, 2010). This transitioned the

organization into being apolitical, allowing the state to have control of the organizational agenda. MYWO[8] narrowed down its focus from advocating for women's rights and gender equity, to a set of development issues such as nutrition, health, women's morality, childcare and homemaking skills (Muteshi, 2006). Political interference has hindered not only MYWO but also other women's organizations capacity to develop a strong pro-abortion movement, as has been the case in other countries such as the USA (Njagi, 2013).

Beyond power concentration, another probable reason for Kenyan leaders' unwillingness to ensure access to safe abortion is their failure to identify with this problem. Persons largely affected by unsafe abortion are the poor and young women. Women from the higher socio-economic stratum can afford to either illegally secure a safe abortion from trained physicians or travel to countries where it is legal. Female political leaders who normally are in one way or another associated with the ruling elite, may be too far removed from the problem to identify with it. Female political leaders tend to embody interest that are irrelevant to those of many Kenyan women since they cushioned from some of the life experiences of majority of Kenyan women. By class and by marriage to elite men, the women leaders' interests are those of the ruling classes. They tend to support programs that directly benefit the elite and are less likely to champion for women's agenda such as support decriminalization of abortion (Njagi, 2013). Placing women into positions of authority does not automatically translates into a move towards

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[8]Maendeleo Ya Wanawake Organization (MYWO) [EndNote: Maendeleo Ya Wanawake Organization (MYWO) is a national grassroot NGO with elaborate networks expanding to all geographical regions in Kenya. Launched in 1952, it is the oldest and largest registered women's organization in Kenya and Africa. The name, *Maendeleo ya Wanawake*, directly translates to 'women's progress' in English. Its mission is "to nurture and empower women through various capacity building interventions that promote women's rights and sustainable livelihoods in society". However, MYWO has not been on the forefront of introducing, advocating and/or defending major reforms around women's rights as compared to organizations that were founder later in Kenya such as FIDA and Reproductive Health Network Kenya (RHNK). Details of MYWO history and works, read MYWO- Maendeleo Ya Wanawake (mywokenya.org) (Lutomia et al., 2016)]

gender equality.

Finally, with power concentration, the office of the president is in a position to manipulate and influence the functions of the only two branches of the government (Parliament and the Judiciary) that pro- abortion activists can appeal to in order to have the decriminalize abortion (Njagi, 2013).

Expansion of women's rights to safe and legal abortion in Kenya

Public debate and discourse regarding contraception and sexual reproductive health in Kenya began in Kenya in 1999 following President Moi's support for provision of condoms amidst the HIV epidemic in the country. Kenya was silent on women's sexual reproductive health and particularly abortion. This was despite the country having been among the 179 countries that signed on the 1994 International Conference on Population and Development Program of Action (ICPD PoA) (Shah et al., 2014b). The ICPD PoA viewed access to safe abortion as imperative for public health even though it did not explicitly suggest liberalization of abortion restrictions (Shah et al., 2014b). Years following ICPD 1994, Kenya has made remarkable progress in reaffirming its commitment to the ongoing ICPD PoA agenda. In aligning with the reproductive health agenda deliberated at the ICPD 1994 the Kenyan government has formulated policies and legal frameworks, strengthened adoption of regional and other global instruments, increased allocation of resources and entrenched citizens' rights to quality health care, including reproductive health in the Constitution (Njagi, 2013; Shah et al., 2014b).

Besides ICPD PoA, other significant moments in Kenya's history that serve as benchmarks for the move towards expansion of women's rights to safe and legal abortion include the ratification of international treaties that specify abortion as a human right such as the Maputo protocol. The Maputo protocol, published by the African Union in 2003 as the Protocol to the

African Charter on Human and Peoples' Rights on the Rights of Women in Africa is a legally binding document. This protocol is noted for its groundbreaking approach to reproductive rights as it applies a reproductive and public health paradigm to African abortion law, rather than the traditional crime and punishment model (International Commission of Jurists, 2012). It calls for the involvement of countries to protect the lives of women who are vulnerable to the fatal consequences of unsafe abortion (Brookman-Amissah & Moyo, 2004). It lays out a number of scenarios under which abortion should be legalized including in cases of sexual assault, rape, incest and where continuing the pregnancy would endanger the mental or physical health of the woman (International Commission of Jurists, 2012). (Brookman-Amissah & Moyo, 2004). It is through the Maputo Protocol that for the first time in an international human rights agreement abortion was specified as a human right and an enforceable obligation (International Commission of Jurists, 2012).

Kenya's effort to honor its commitment to international treaties has occasioned public debate on abortion and on proposals to liberalize the abortion law. The public debate intensified in May 2004 following the discovery of 15 dead fetuses in a small stream in Nairobi along with medical waste and a register of patients of a private clinic (Brookman-Amissah & Moyo, 2004). This raging debate has been led by members of parliament, national associations of professionals, religious organizations and civil society organizations with the parties being split over the issue of liberalizing the abortion law.

Some members of parliament, officials at the Kenya Medical Association (KMA) and majority of civil society organizations such as the Center for Reproductive Rights, Reproductive Health Network Kenya (RHNK), Federation of Women Lawyers in Kenya (FIDA-Kenya), and Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) have advocated for the

liberalization of the abortion law (Brookman-Amissah & Moyo, 2004). Other members of parliament have advocated for alternative strategies of reducing illegal abortions such as re-introducing the Affiliation Act that made it mandatory for men to take responsibility for the children they fathered. Other members of parliament, some religious organizations and public officials support criminalization of abortion and even resort to condemning and intimidating women and health care providers instead of addressing the underlying causes of unsafe abortion (Brookman-Amissah & Moyo, 2004).

Beyond the debates, Kenya has witnessed an expansion of programs and policies that aim at promoting gender equality and human rights (Sanya & Lutomia, 2016). Most notable among this was the promulgation of a new constitutional dispensation in 2010 (Sanya & Lutomia, 2016). The enactment of this new constitution in 2013 was a major milestone in women's empowerment, gender equality and human rights in the history of Kenya (Sanya & Lutomia, 2016). Through this constitution, Sexual Reproductive Health and Rights obtained a constitutional foundation. The new constitution presented women with a stake in regard to their sexual reproductive health. Regardless of their socio-economic status, women have a voice in decisions such as when to have children, number of children, choice of services, etc. (Sanya & Lutomia, 2016). Expansion of the abortion law was major step towards advancing the sexual and reproductive health and rights of women and girls.

Abortion and the Kenyan law; lack of a coherent position

Until 2010, abortion was highly restricted in Kenya and was only permitted to save the life of a woman (Penal Code: Chapter 63, 2018). In 2010, Kenya revised its constitution to permit abortion if 'in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the [pregnant woman] is in danger, or if permitted by any other

written law' article 26 (4) (Constitution of Kenya, 2010, 2010). The expansion of the law to permit abortions under a broader 'health' exception was intended to expand access to safe and legal abortion in the public setting (Jayaweera et al., 2018). However, the law does not further explain the circumstances under which lawful abortions might be provided (Wambui, 2018). The judiciary has failed to seek a constitutional interpretation on the legality of abortion in Kenya thus implementing laws are yet to be introduced. Furthermore, the judiciary has not attempted to consolidate the multiple, unclear and conflicting laws that govern abortion (Njagi, 2013). This includes the 1963 Penal Code which has been construed as the chief statute governing the prohibition of abortion; Sections 158, 159 and 160 criminalizes the woman and the person who provides the abortion, with the two liable for prison sentences of up to 14 years if found guilty (Wambui, 2018). Thus, the 1963 Penal Code criminalizes all abortion care including those allowed under the Constitution 2010.

Even as the Constitution of Kenya guarantees the right of women and girls to access abortion services when, in the opinion of a health care professional, the pregnancy threatens the life and health of the pregnant person, very few health care providers in Kenya are trained on the full provisions of the law (Opondo, 2020). The legal perspective of abortion care is generally absent in the doctor and clinical officers training occasioning most of them remain ignorant as to the circumstances in which abortion could be legally offered. The Nursing Council's Code of Ethics and the Professional Conduct lists performing or assisting in illegal procedures such as procuring abortions as a malpractice for the nurses (Njagi, 2013). This is quite significant given that some areas of Kenya, the doctor-patient ratio is 1:129,999 and therefore nurses may often be the only health care providers available for the public (Mwaniki & Dulo, 2008).

To implement constitutional provisions guarantying the right of women and girls to access abortion services, the Kenyan Ministry of Health developed Standards and Guidelines on reduction of maternal morbidity and mortality due to unsafe abortion (Opondo, 2020). These guidelines, which were published in September 2012, included up-to-date guidance from the WHO Safe Abortion Guidance. They were aimed at ensuring that abortion providers are trained and work within the law (Ziraba et al., 2015). These guidelines further set the standards for the audit, monitoring, and evaluation of comprehensive abortion care in Kenya. The Ministry of Health (MoH) also issued a curriculum for the training of mid-level providers, including nurses and midwives (Finden, 2017).

However, 15 months later, in December 2013 the Ministry of Health abruptly withdrew these Standards and Guidelines arguing that there was a need for wider stakeholder consultation on some of the contents within the document (Jayaweera et al., 2018). In 2014, the Ministry of Health further banned government healthcare providers from attending any training on safe abortion or using Medabon (Mifepristone + Misoprostol) for medical abortion (Penfold et al., 2018). These Standards and Guidelines are yet to be replaced to date (Jayaweera et al., 2018). Furthermore, the Kenyan penal code has not to be updated to reflect changes in the constitution twelve years after the promulgation in 2010 (Penfold et al., 2018). The Kenyan Constitution and Kenyan Penal Code are in conflict over the legality of abortion. The Penal Code and Sexual Offences Act create a blanket ban on abortion as abovementioned while the Constitution makes an exception for abortion in cases where the health or life of the woman is threatened. All these factors have created confusion among the general public with consequences on health care providers and women seeking abortion care (Ziraba et al., 2015).

Women and health care providers are not sure whether they are protected by the new constitution if they sought or provided abortion care services respectively (Mohamed et al., 2015). This legal ambiguity provides a basis for the continued harassment, arrests and penalization of providers and women suspected of offering and seeking abortion services respectively, by both the public and government agencies (Izugbara et al., 2015, 2017). These arrests, trials and prosecutions often attract media attention such as the 2014 sentencing to death of Nursing Officer Namunya Tali after a woman seeking post-abortion care died in his car (Maina, 2014). As a result, qualified health care providers are reluctant to offer safe abortion care, even on an emergency basis (Rights, 2022b). Others opt to operate clandestinely and charge exorbitantly as revealed by our data in chapters 4 and 5. These charges are normally out of reach for majority of Kenyan women who then resort to cheap and often unsafe abortion methods (Izugbara et al., 2009). This is especially true for adolescents and women living in rural settings due to their limited economic power (Håkansson et al., 2018). Additionally, this lack of clarity has led to multiple interpretations of the legality of abortion with a majority holding the belief that abortion is illegal under any circumstances (Njagi, 2013). Consequently, women qualifying for therapeutic abortions are rarely able to access them in public health facilities (Njagi, 2013).

The civil society organizations, in their quest to advocate for the expansion of women's rights to safe and legal abortion, have sought judicial interpretations that provide guidelines as to when abortion could be legally provided. They have engaged the High court to have it decide whether abortion is legal or illegal through filing petitions on behalf of girls affected by abortion laws. In the first case, FIDA-Kenya and three others filed a Constitutional Petition against the Attorney General, the Director of Medical Services, and the Ministry of Health challenging abortion restrictions in Kenya (Rights, 2019). This 2015 petition before the High Court was on

behalf of JMM, a 15-year-old girl who became pregnant after rape, was denied adequate post abortion care, and subsequently died from complications suffered during the botched "back street" abortion. The premise was that under the Constitution, JMM should have had access to safe abortion services.

Based on this petition, the Kenyan High Court issued a landmark ruling on abortion in June 2019, attracting large media attention as mentioned in chapter 1. Significant precedents were established in the ruling. First, the court determined that victims of sexual violence were legally entitled to a safe abortion (Rights, 2019). Secondly, the court declared that women and girls have the right to the highest attainable standard of health with the right to health including complete physical, mental, and social wellbeing (Rights, 2019). Thirdly, the court found that the Director of Medical Services and the Ministry of Health violated the rights of Kenyan women and girls by arbitrarily withdrawing the guidelines. It declared that the memo withdrawing the guidelines violated and threatened the rights of health workers, therefore, the memo and letter were found unlawful, illegal and now void (Rights, 2019). The court ruled that the Standards and Guidelines were to be re-implemented, and medical providers could once again be trained in safe abortion care. Finally, the Court made clear that the Constitution, not the Penal Code, was the legal precedent to follow in cases of abortion.

This case was remarkable because it was the first case in Africa to address abortion as a constitutional right (Rights, 2019). Additionally, the court ruling marked a critically important step towards improving reproductive health outcomes for Kenyan women (Rights, 2019). The ruling overturned the country's blanket ban on abortion in addition to decriminalizing the sharing of safe abortion information. Significantly, the Court affirmed that the government of Kenya has the obligation to ensure the availability of trained health care providers, essential medicines, and

equipment for the provision of abortion and post-abortion care in all public health facilities across the country.

In the second case, the Center for Reproductive Rights and the Reproductive Health Network Kenya (RHNK) filed a case against government officials in the town of Malindi and the county of Kilifi (Rights, 2022b). This November 2020, *PAK and Salim Mohammed v. Attorney General et al*., court case involved PAK, a minor aged 16 who sought medical attention following pregnancy complications. She was attended to by a trained clinical officer who upon examining her determined that she had lost a pregnancy and proceeded to provide her with the needed care (Rights, 2022a). Police officers stormed the health facility while still receiving treatment. They confiscated PAK's treatment records and arrested her along with the clinical officer (Rights, 2022a). The two were taken to a police station; PAK could not access further medical care for two days. She was further forced to undergo another medical examination at a public health facility to obtain evidence for the alleged abortion offence (Rights, 2022a). The clinical officer was detained for one week while PAK was remanded to a juvenile remand for more than a month (Rights, 2022a).

Based on this case, the High Court of Malindi in March 2022 ruled that safe abortion care is a fundamental right under the Constitution of Kenya and protecting access to abortion impacts vital Constitutional values, including dignity, autonomy, equality, and bodily integrity ([IPPF], 2022). It further ruled that arbitrary arrests and prosecution of patients and healthcare providers, for seeking or offering such services, is completely illegal ([IPPF], 2022). Additionally, it ruled that criminalizing abortion under Penal Code without Constitutional statutory framework is an impairment to the enjoyment of women's reproductive right ([IPPF], 2022). The court directed parliament to enact an abortion law and public policy framework that aligns with the

Constitution (Rights, 2022a). This landmark ruling affirms the right to abortion care under the constitution (Rights, 2022b). It further protects women, girls and healthcare providers from arbitrary abortion-related arrests and prosecutions ([RHN], 2022).

The value of children in the context of a family in Kenya

Historically, Kenyans place great importance on the family and its associated traditional values and responsibilities (Oppong & Oppong, 2004). Marriage is believed to be the final step in the transition to maturity thus almost everyone expects to marry and become a parent (Oppong & Oppong, 2004). The expectation to become parents in the marriage context is an illustration of the high value placed on childbearing with children of legitimate marital unions being almost universally wanted (Cherlin & Riley, 1986; LeVine et al., 1994). The desire to have children is deep-rooted in the hearts of both man and woman as it has its roots in the economic, social, and spiritual goals of parents (LeVine et al., 1994; Prazak, 2000). On entering into a matrimonial union, a man and woman regard the procreation of children to be their first and most sacred duty (Prazak, 2000). This value system has been argued to be resistant to change (Cherlin & Riley, 1986).

The high value placed on children relates to their contribution within the family and their role in continuity of the lineage (Cherlin & Riley, 1986). Children participate in the domestic labor force from their early years. Most parents depend on their children to help with household tasks (LeVine et al., 1994). Besides, children are perceived as a pathway to continuity of the family, lineage, and clan (Prazak, 2000). Families feel a sense of pride that their progeny will continue to expand after they have died (LeVine et al., 1994). What's more, a child is perceived as a connection between ancestors of the past and mysteries of the life that lies ahead (Wariboko & Falola, 2020). It is believed that the spirit of a past ancestor is carried in each newborn child

(Sobania, 2003). Some communities presuppose that an ancestor not reborn can cause considerable trouble for the living (Sobania, 2003). There is also an expectation that children will provide their aging parents with a level of security and protection that cannot be expected from others (LeVine et al., 1994).

It takes a village; communal parenting

Childrearing takes different patterns among the diverse Kenyan communities (Wariboko & Falola, 2020). Nonetheless, the goal of childrearing entails nurturing, indoctrinating and socializing the child based on the traditions and values in that community (Wariboko & Falola, 2020). In the traditional Kenyan society, childrearing from infancy to adolescence was communal. This was characterized by enormous support from the nuclear family, extended family, and other members of the community.

Within the family, communal childrearing was made possible by the domestic organization. The traditional basic compound was made up of multi-households, often extended [polygamous] families. The married women would normally have a cooperative relation that enabled them to call on each other for infant care (LeVine et al., 1994). Additionally, the relatives from the woman's side, especially the grandmother, would come around when a child is born. They would stay in the house for some months to assist and nurture the child (Wariboko & Falola, 2020). What is more, when a child loses his or her parents, family members as well as other members of the community would take care of this child until they are of age. It was the cultural duty of the extended family to show love and care towards children (Wariboko & Falola, 2020).

Childrearing during adolescence entailed people beyond the bon-fide parents. This period that denotes transition from childhood to adulthood calls for proper induction into the norms and

regulations of society. One of the key areas that most communities fervently observe (in)directly during adolescence is sexual behavior. Traditionally, most Kenyan communities had premised this concern on the understanding that if not checked, sexual behavior of adolescents could not only jeopardize the social order but also the overall functioning of the society. In view of this, societies designed and configured codes of conduct in relation to when, where and with whom sexual relations could take place. Majority of traditional Kenyan communities are documented to have applied elaborate mechanisms of socializing, controlling and regulating sexual behavior of the adolescents until they became of age (Kioli et al., 2012).

Traditional mechanisms of socializing and controlling adolescent sexual behavior

Communities had institutionalized (in)formal systems of imparting the basic tenets of their sexuality into its young people (Kioli et al., 2012). To communicate these principles, sex education occurred during a child's lifetime. Communities had well-organized informal institutions of disseminating sex education knowledge to the young people. Learning society's accepted moral values was either imparted within the home environment mostly by bona-fide parents, or children would go to live or visit their grandparents, uncles and aunts who provided this knowledge. Through these informal institutions, girls were inducted into sexuality matters. Virginity as a physical condition that a girl preserves before marriage was highly encouraged (Kioli et al., 2012). Boys were socialized on virtues pertaining to relationships, responsibilities and sexual behavior (Kioli et al., 2012).

Formal sex education was provided in seclusion by experienced and trusted older men and women. This form of sex education occurred during the rites of passage associated with the transition from childhood (Njagi, 2013). These rites of passage, mostly taking the form of physical initiation, were often held separately for girls and boys of relatively the same age.

Intensive training mostly done in seclusion from the community subsequently followed the physical initiation (Kioli et al., 2012). During these initiation ceremonies, the boys and girls who were now socially recognized as age-sets were exposed to responsibilities relating to family life (including sex education), a common code of ethics, values, and beliefs from which they would derive self-control in their experiences from members of the community. Training on sexual morality was a key factor including virtues of self- respect and respect for others (Kioli et al., 2012; Njagi, 2013).

Beyond the sex education, communities also instituted strict physical control measures for the sexual behavior of adolescents. These control mechanisms varied cross culturally but each society endeavored to produce a well-adapted young person with standard morals (Kioli et al., 2012). In most communities, once female circumcision had been performed, the girl was secluded until the day of marriage. In other communities, unmarried girls' movements were highly restricted, they were neither allowed to go to places alone nor to interact with men. In a few communities, the girls' vaginas were stitched following female circumcision with the belief of reducing sexual desires (Kioli et al., 2012). These control measures were instituted as an acknowledgement of premarital sexual needs and desires (Njagi, 2013). They were believed to safeguard adolescents' sexual behavior until they entered into marriage (Kioli et al., 2012).

Similarly, boys were also secluded after circumcision, though not for long. They were in seclusion during the healing process and soon after, they joined the community. While in seclusion, they would undergo training on social expectations. These included warrior hood and mechanisms of protecting their communities, future social responsibilities as husbands, respect for girls and how to control their sexuality until marriage (Kioli et al., 2012). On rejoining the community, they were further inducted into physical, social duties and roles (Kioli et al., 2012).

Beyond the physical control measures, communities had institutionalized systems of reward and punishment for sexual offenders. Girls were socialized to perceive virginity as their greatest honor and pride before marrying. Virginity at marriage for women was rewarded with high status in society. Girls who kept their virginity until marriage were highly respected and their parents were praised. Girls were warned about a curse that would befall them if they lost their virginity before marriage. It was therefore in the best interest of girls to keep themselves pure until the day of marriage, as they had to protect their own and their family's honor and integrity (Kioli et al., 2012).

Generally, pre-marital sexual intercourse was deemed improper and could result into corporal punishment (Kioli et al., 2012). Losing virginity before marriage was a matter of great shame that produced anger towards the girl and her parents. Girls who did not uphold the moral value of chastity before marriage were severely chastised verbally and corporally. Among the Swahili people, girls would be examined for their virginity, often on the day they got married. Girls found to have lost their virginity could have their marriage annulled. Any girl becoming pregnant before marriage endured disrepute. However, in some communities, pre-initiation sexual intercourse as opposed to pre-marital sexual intercourse was socially unacceptable. In communities such as Meru, Nandi, Maasai and Kipsigis, virginity at female circumcision was valued. Pre-circumcision pregnancies were perceived as a violation of local precepts of personhood. There were harsh punishments for engaging in pre-circumcision sexual intercourse. The Nandi people would spear to death girls found to have lost their virginity before initiation while the Meru people would spread-eagle them in a public place, pin them to the ground with pegs at hand and feet, and leave them for death (Njagi, 2013). Furthermore, other women would not assist in the childrearing of children conceived of pre-excised girls. Additionally, such girls

found it difficult to get a man to marry them because young men never married a girl with a pre-marital child. They could only get married to an old man as a subsequent wife or to male social outcasts and no bride-wealth would be paid (Kioli et al., 2012; L. M. Thomas, 1998).

To mitigate aberrant reproduction, men who engaged in pre-marital sex were also punished. In most communities a man who made a girl pregnant was forced to marry her and/or was liable to a fine that is was paid in the form of livestock and/or money to the girl's father in compensation for the daughter's damaged purity (Kioli et al., 2012; L. M. Thomas, 1998). Pregnancy compensation elaborated the local principle that premarital pregnancy was an offense against a girl's guardian and other senior men (Njagi, 2013). Still, other communities had unique strategies of controlling boys' sexual behavior. For instance, among the Kalenjin people of Kenya, a man who had carnal knowledge of a girl before either of them or both were married was considered as a moral weakling who could never be appointed to a leadership position throughout his lifetime (Kioli et al., 2012). While among the Kikuyu community, any young man who rendered a girl pregnant or forced a girl into sex was severely punished by the tribal council and was made a social pariah (Kioli et al., 2012).

Although most Kenyan communities firmly prohibited indiscriminate sexual behavior that could lead to childbearing in adolescence, some girls still became pregnant prior to female circumcision and/or marriage. (Kioli et al., 2012). To avoid the harsh penalties that came with these types of pregnancies, girls sought abortions (L. M. Thomas, 1998). When abortion failed, some girls committed infanticide by breaking the newborn's neck or abandoning it in the bush. Despite these girls' efforts at remedying the grave moral dangers posed by these pre-circumcision/marital pregnancies, the stigma attached to such pregnancies still clung to girls (Njagi, 2013).

Social changes among the Kenyan adolescence population

The traditional mechanisms for community and childrearing have slowly been eroded as Kenya interacts with the outside world (Wariboko & Falola, 2020). Slavery and colonialism for instance introduced certain foreign cultures that are occupying the center stage of childrearing; this has been intensified by globalization (Wariboko & Falola, 2020). What was considered the traditional act of childrearing among Kenyan communities is being forgotten and foreign practices, particularly western practices are being adopted (Wariboko & Falola, 2020). One of the key aspects of childrearing that has largely been affected by this process of social change is adolescents' sexual behavior. Literature suggests that young unmarried adolescents are highly involved in early and indiscriminate sex (Gage & Meekers, 1994; Kioli et al., 2012; Meekers, 1994). The changes noted in contemporary adolescent sexual behavior can be explained within the backdrop of collapsed traditional moral codes and mechanisms that controlled and checked sexual behavior; dereliction of responsibilities by parents while other supportive family institutions have become evanescent; as well as the changing marital patterns (Gage & Meekers, 1994; Kioli et al., 2012).

The traditional mechanisms of socializing, controlling and checking the sexual behavior during adolescence in Kenya have become obsolete overtime and superfluous in these contemporary times (Kioli et al., 2012). This breakdown of traditional social controls by elders over the sexual behavior of adolescents removes sexuality from the control of the community. This has resulted in individual decisions about when, where, with whom and for what purpose to have sexual intercourse. Individuals are no longer accountable for their behavior directly to the community, but rather to the institutionalized legal system (Meekers, 1994).

Marital patterns are changing with a movement towards later marriage in Kenya. There is a rise in the age at marriage, especially among the better-educated and urban segments of the population (Berliana et al., 2018; Meekers, 1994). Girls are seeking and progressing with their formal education with a reported increase in the number of girls attending secondary school. This not only delays girls' marriage but also predisposes them to pre-marital sexual activities. Formal education increases adolescents' exposure to different value systems and especially the Western norms. It also enables them to interact with more partners of the opposite sex with no explicit instruction as to how to behave towards them (Meekers, 1994; Prazak, 2000). Besides, it makes it difficult for the extended family to control the sexual behavior of the adolescents as they are far removed from the home environment (Gage & Meekers, 1994). Given all these changes, there is a greater likelihood that the women/men will engage in premarital sexual intercourse (Gage & Meekers, 1994).

Different motives can exist for sexual activity among unmarried adolescents and especially girls. For some girls, sexual activity is spontaneous and is not directed toward a specific goal (Meekers, 1994). It is for sexual experience, leisure, or love. For others, sexual activity and pregnancy may be the means to a specific end (Meekers, 1994). Some unmarried adolescents perceive sexual relationships with men as a means of personal advancement (Cherlin & Riley, 1986; Meekers, 1994). These adolescents use sexual relationships as a means of obtaining resources, accessing opportunities and furthering individual social and economic ambitions (Cherlin & Riley, 1986; Meekers, 1994). Securing a good job may be difficult, especially for women without skills and proper connection (Meekers, 1994). Thus, uneducated adolescents take lovers in order to receive labor and gifts while their educated counterparts take lovers to obtain good jobs, promotions, and political office (Cherlin & Riley, 1986). Other girls

come from poor backgrounds and have the ambition to pursue education. They resort to engaging in sexual relationships with older men in exchange for school fees and financial support (Cherlin & Riley, 1986; Meekers, 1994). For other girls, they believe that there may be some economic advantages to bearing children for a man (Meekers, 1994). They deliberately become pregnant so that the man can marry them and take care of them and the child, or for purposes of receiving child maintenance from the man.

Even with social changes and developments in Kenya, sexual norms have not been redefined to correspond to the realities within which adolescent sexuality now unfolds (Prazak, 2000). The ideology of sex for procreation remains the normative guide to sexual behavior with the only available guidelines for dealing with their budding sexuality being moral ones (Prazak, 2000). These guidelines are often based on a combination of traditions and religious teachings that consist of restriction and interdiction (Prazak, 2000). Adolescents perceive them as being old-fashioned (Prazak, 2000). Society has had to contend with the entrant of ill-advised peers and a sexualized media (Kioli et al., 2012). There exists a lacuna of knowledge on pertinent issues of sexuality amongst contemporary adolescents. The knowledge that adolescents' have is quite fallacious and not accurate (Kioli et al., 2012). This incapacitates them from making informed and responsible decisions (Kioli et al., 2012).

Having the media and peers as main sources of sexual information has been associated with earlier sexual debut (Ngula et al., 2017) and its resultant negative consequences (Gage & Meekers, 1994; Kioli et al., 2012). One of the most visible consequences of sexual activity among adolescents is the increasing incidence of unintended pregnancies. Beyond limited access to sexual and reproductive health information and services, other factors contributing to the large proportion of unintended pregnancies among adolescents include; their limited power to

negotiate safe sexual activity and contraceptive use, sexual violence, and poverty leading girls to engage in transactional sex with older men as mentioned elsewhere in this chapter (Håkansson et al., 2018; Nzioka, 2001; Speizer et al., 2018). Furthermore, sexual reproductive health services are designed for and directed at older, married, multiparous women (Olukoya et al., 2001).

Unintended pregnancies present negative social and economic consequences, especially among adolescents (Izugbara et al., 2009). With most Kenyans identifying as religious, the country has been described as conservative, pronatalist and patriarchal. Majority of Kenyans hold religious beliefs that have a direct bearing on women in respect to sex, sexuality and reproduction (Elizabeth, 2011). Adolescence is largely constructed in terms of sexual abstinence, innocence and restraint, especially among girls (Izugbara et al., 2017). This was evident following the March 2019 call by three court of appeal judges to lower the age of consensual sex from 18 to 16 years. Over 80 per cent of the population objected this proposal arguing that lowering the age of sexual consent would expose young girls to the difficulties associated with early pregnancies, motherhood, and early marriage and ultimately curtailing the girls' right to education.

Teenage pregnancy is highly stigmatized for it is regarded as defiance of norms of sexual abstinence and propriety (Håkansson et al., 2018; Izugbara et al., 2017). This largely negative societal attitudes towards teenage pregnancies compounded by uncertainty about abortion law and lack the financial and other resources to seek appropriate formal abortion services, forces many adolescents to turn to illegal abortion when faced with unintended pregnancies, oblivious of the dangers (Chandra-Mouli et al., 2013; McInerney et al., 2013). It is therefore not surprising that despite unsafe abortions far reaching consequences on the health, social and economic aspects, majority of the women procuring them are adolescents aged 15-24 years.

Consequences of unsafe abortion

Determining the index of abortion is difficult due to the socio-cultural and legal issues involved, making it challenging to collect data. However, a study carried out between 2012 and 2016 by the African Population and Health Research Centre (APHRC), the Ministry of Health (MoH) and Ipas revealed that approximately 360 women procure abortion daily with 77% of these abortions being unsafe (Ministry of Health et al., 2018).

Unsafe abortions carry a high risk of maternal morbidity and mortality. An estimated 2,600 women in Kenya die from botched abortions annually (Onyango & Mugo, 2008). Many more die at home without seeking medical care. Unsafe abortions account for 35 percent of maternal deaths in Kenya, much higher than the global average of 13 percent (Kenya National Bureau of Statistics et al., 2015). Majority of these deaths occur among adolescents. Besides, an approximately 21,000 women are hospitalized each year due to abortion related complications stemming from unsafe abortions (Ministry of Health et al., 2018). Adolescents are more seriously affected by the adverse effects of unsafe abortion than the older women (Morris & Rushwan, 2015b; Olukoya et al., 2001; Sully et al., 2018). The major short-term complications include cervical or vaginal lacerations, sepsis, hemorrhage, perforated uterus or bowel, tetanus, chronic pelvic infection or abscess, endotoxin shock, and intrauterine blood clots. The major long-term medical complications (more than 1 month after the procedure) are spontaneous abortion in a subsequent pregnancy, secondary infertility due to pelvic sepsis and chronic pelvic infection, and increased risk of ectopic pregnancy (Awoyemi & Novignon, 2014; Gebreselassie et al., 2005; Magadi, 2018; Olukoya et al., 2001; Singh, 2010a; Umuhoza et al., 2013).

In addition to health consequences, unsafe abortion has major financial consequences for women, families, communities, and the health systems. Women and their families incur the costs

of providing medical care for the immediate as well as the long-term abortion-related complications (Singh, 2010b; Singh et al., 2012). Families are also likely to endure the loss of productivity resulting from abortion-related morbidity and mortality; a significant negative impact on children's health, education, and well-being due to the poor health or death of a mother; and the loss of alternative health services caused using scarce medical resources for the treatment of abortion complications. This is likely to push a household into poverty as these factors tremendously affect the economic status of households and families (Shaw, 2010; Singh et al., 2012; Yanda et al., 2003). Subsequently, post-abortion care services place a substantial financial burden on national health systems. These services consume a substantial amount of scarce health systems resources, (M. M. Mutua et al., 2015) with an estimated KES. 533 million spent annually on treating complications from back-alley abortions (CNA, 2018).

Abortion is viewed as a violation of the ideals of femininity, adolescence, and womanhood (Izugbara et al., 2017). Women who seek to terminate a pregnancy challenge the ideals of womanhood that originate in conservative gender roles and intend to control female sexuality (Håkansson et al., 2018; Izugbara et al., 2009). Abortion is thus condemned and stigmatized in Kenya (Olukoya et al., 2001). Abortion stigma has a silencing effect on many women. Studies in Britain, USA, Uganda and Kenya have found that harmful social myths perpetuated by abortion stigma often led to shame, bullying, harassment and, physical and mental harm. This is not only directed at individuals who undergo abortion but also to their family, their friends, and those who provide abortion services (Larsson, Eliasson, Klingberg Allvin, et al., 2015; Purcell, Hilton, & McDaid, 2014). In effect, this keeps women silent in their experiences. Women therefore rarely get social support for their abortion-decision, and they have a much harder time accessing abortion services. This vicious cycle stemming from societal

abortion stigma creates tangible barriers to safe abortion care (Sisson & Kimport, 2017; Wayne, 2017).

Conclusion

Since media framing of messages is largely influenced by a society's existing socio-cultural setting and political histories, this chapter illustrated how religion, culture, patriarchy, and law interact with Kenyan women's sexual reproductive health, providing a basis to understanding how these factors could influence abortion coverage within the Kenyan news media. This chapter has shown that anxiety over women's sexuality, especially their bodily autonomy in matters SRHR, in present day Kenya is typically a consequence of the cultural subjugation and introduction of Victorian era patriarchy by Europeans during the pre-colonial and colonial periods.

The greatest changes to African traditional gender and sexuality values were influenced by pioneer missionaries and the British colonialists who were largely concerned about the traditional African gender order and sexual morality, consequently reworking the political and moral order in (pre)colonial Kenya. They entrenched patriarchal domination subsequently diminishing/erasing women from important areas of social and public life leading to the continued subordination of women economically, socially, and politically. Additionally, they worked together to discourage abortion using policy on the premise that abortion is detrimental to women's maternal health. The colonial abortion policy was shaped by the crime and punishment model that rendered abortion a serious crime. These two parties overlooked the pre-existing structures around sexual morality in traditional African societies. Indigenous communities had their own mechanisms of socializing, controlling and checking the sexual behavior during adolescence. Revealing that traditional African societies also had anxiety over

adolescents -especially girls-sexuality. These structures have become obsolete overtime and superfluous in these contemporary times largely due to globalization. Adolescent girls are now more predisposed to pre-marital sexual activities with the most visible consequences being the increasing incidence of unintended pregnancies, which the majority opt to terminate illegally and unsafely.

Post-colonial Kenya has made attempts towards expansion of women's rights to abortion including signing on the 1994 IICPD PoA, the ratification of the Maputo protocol, and promulgation of a new constitution that expanded the abortion law in 2010. The expanded abortion law permits abortion under a broader 'health' exception but does not further explain the circumstances under which lawful abortions might be provided. This has led to multiple interpretations of the legality of abortion with a majority holding the belief that abortion is illegal under any circumstances. This interest in and anxiety over Kenyan women's sexuality makes it interesting to explore how (if any) the socio-cultural context influences news media framing of abortion messages and the effects of this on news consumers. The next chapter presents how we went about examining this.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

Mass media provides an opportunity to mitigate the prevalence of unsafe abortion as outlined in Chapter 1 of this dissertation. However, little scholarly attention has been directed at media framing of abortion, and especially messages aimed at younger demographics. As noted in Chapter 1, previous studies have been limited in number and scope. These predominantly quantitative studies, majorly conducted in the USA, have barely explored the effects of abortion coverage on the audience. Consequently, there is limited comprehensive understanding of media framing of abortion messages. This study aims at addressing this gap in the scholarly literature by exploring media framing of abortion messages aimed at adolescents in Kenya and its potential influence on adolescents' perceptions of abortion.

In this chapter, we discuss the procedures and methods used to carry out this study. We first present our guiding paradigm; the various aspects of the research design including the study site, research population and research sample follow this. We then provide details of the data collection and data analysis procedures. We finally describe the ethical considerations that we observed as well as how we achieved trustworthiness during this study.

Research Approach

This study took a qualitative approach (Dawson, 2009) in an effort to:

Objective 1: Understand how abortion messages are structured in the news media.

Objective 2: Understand adolescents' experiences with abortion coverage in the televised news media and the meaning that they have attributed to their experiences.

Guided by the interpretivist paradigm, we sought to explore and understand the meaning individuals and/or groups ascribe to (un)safe abortion (Creswell & Creswell, 2018). We focused on the meanings attributed to abortion since individuals develop subjective meanings that have historical depth and are widely shared, negotiated, and co-constructed (Schensul, 2008). Abortion neither exists independently of the meanings people attach to it, nor outside of the existing social practices, processes and meanings that are operative in Kenya, including values, ideas, culture and religion, politics and institutions (Njagi, 2013). Our goal was to rely as much as possible on the participants' perceptions of or experiences with (un)safe abortion. A qualitative approach enabled us to identify the social constructions, meanings, and discourses around abortion; their influence on Kenyan women's access to safe abortions; and the possible solutions to unsafe abortion.

Research Design

Objective 1: Qualitative Content Analysis (QCA) approach was used for the exploration, description, interpretation and presentation of televised abortion coverage in the Kenyan news media (Hsieh & Shannon, 2005; James & Tina, 2016). This was achieved through a systematic classification process of identification of categories, themes and patterns that summarized the content found in the full data set and highlighted key content (Hsieh & Shannon, 2005; James & Tina, 2016). The meaning of this content was interrogated and expanded (James & Tina, 2016).

Objective 2 : Basic qualitative study approach (Merriam & Tisdell, 2016) was used to explore adolescents' experiences with abortion coverage in the Kenyan media and the meaning these experiences create for adolescents.

Study Site

Objective 1: The first study site was Nairobi, which is the capital city of Kenya and the largest city in the country. It is home to most local news media organizations as well as the regional headquarters to several multinational media organizations. The three media outlets targeted by this study are in Nairobi.

Objective 2: The second study site was Uasin Gishu County, which lies on the northern part of Rift Valley province, in Kenya. Specifically, the study was carried out at Moi University, a public university located in Kesses Location. Moi University was chosen because it is a public institution that draws students from all over the country, it therefore presented an opportunity to get a representative group. Additionally, this institution has various TV sets in various spaces within the institution, promoting students access to TV content. Finally, this being a PhD study, we were limited in terms of time and resources, making it difficult to reach all the adolescents thus the need to confine ourselves to a smaller sub-group.

Research Population

This study targeted two categories of research population based on the research objectives.

Objective 1: The sampling frame comprised of televised abortion news items in the Kenyan broadcast media.

Objective 2: The research population was media audiences and specifically university going adolescents aged 18-24 years old[9].

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[9]Adolescence, the transition period from childhood and adulthood now occupies a greater portion of the life course than ever before due to delayed timing of role transitions, including completion of education, marriage, etc. Rather than age 10–19 years, an expanded and more inclusive definition of adolescence as 10–24 years of age corresponds more closely with contemporary patterns of adolescent growth and popular understandings of this life phase (Sawyer et al., 2018).

Research Sample

Objective 1: The sampling unit for this study was all televised abortion news items aired between January 2016 and December 2019 in three leading television stations; Citizen TV, NTV and KTN. These free-to-air privately owned commercial national broadcasters are the country's leading TV stations (KARF, 2020) and were selected on the basis of their popularity and market share (Ken, 2016). A 2020 report by the Kenya Audience Research Foundation (KARF) revealed that Citizen TV is the most popular (48.2%) national TV station, followed by KTN Home (11.9%) and NTV (10.1%) (KARF, 2020).

All the selected TV stations have their primetime news aired at 1900hrs and 2100hrs daily, a time-block found to be peak hours for TV viewership (88%) with no major difference in terms of consumption among rural (89.3%) and urban (89.5%) consumers (KARF, 2020). Persons aged 18-24 years old have been found to consume more of primetime television (87.4%) than any other programming time block (31.1%) in the study context(KARF, 2020). NTV offers current affairs and entertainment news, Citizen TV airs more government and politics news while KTN airs government and politics news, along with a sizeable amount of lifestyle news. All the selected TV stations broadcast in Kenya's official language, English, and the national language, Kiswahili.

The unit of analysis for this study was complete televised abortion news items. These abortion news items incorporate both straight news and opinion discourses. For this study, straight news include, 1) *readers* which are stories that involves no video or other visual over the face of the anchor; 2) *voice-overs (VOs)* which are stories where the anchor talks over a piece of video, a full screen graphic or some other visual; 3) *voice-overs/sound on tape (VO/SOTs)* which are stories that involve more than one voice: the anchor's voice and one or more brief comments

from an interview source or sources; and 4) *reporter packages* whereby the anchor sets up the `story in general terms and introduces the reporter then wraps up the story at the end (Tuggle et al., 2011). Opinion discourses include expert interviews and commentary during the news bulletin.

Objective 2: We purposively sampled 48 university-going adolescents. The study was publicized through students' class WhatsApp groups at the Moi University main campus. The poster sent to these WhatsApp groups stated the nature, content, and use of the study. Interested students were directed to send a text message to the researcher's phone number stating their names, age, gender, and the course that they are pursuing. These criteria ensured diversity of disciplines, a reasonable gender balance, and that the students are from the main campus of the university. Forty-eight students were chosen and invited to participate in a group discussion. The inclusion criteria for the study population entailed; fully registered university students at the time of the study, attending Moi University main campus, aged between 18-24 years old, had access to a TV, had interest in news, had access to a computer that had a webcam and a microphone, and had access to a set of functional earphones. The research assistants reached out to chosen students and informed them of the set date for the FGD, the nature of the FGD and the number of participants expected in the FGD. Additionally, they sent them a copy of the informed consent via email and requested them to consent and send it back before the set date for the FGD. Only 37 out of the 48 students that had been selected consented.

Data collection tools

Objective 1: The unit of analysis for this study was complete televised news items on abortion. A checklist was used to determine the news items that qualified to be included in this study.

The checklist

The news items included in this study contained abortion related content with abortion being the focus of the news item, the news item addressed the Kenyan context, had been aired between January 1, 2016, and December 31, 2019, on either CITIZEN TV, NTV or KTN. Any social announcements, advertisements, news items merely mentioning abortion while focusing on other topics or duplicate abortion coverage were excluded as aforementioned (**Table 3.1)**.

Table 3.1 Checklist for news items to be included in the study.

INCLUDE	**YES**	**NO**
News item focusing on abortion	✓	
Aired on CITIZEN TV, NTV or KTN	✓	
Aired between January 1, 2016 & December 31, 2019	✓	
Social announcement regarding abortion		✓
Advertisement in regard to abortion		✓
News item merely mentioning abortion while focused on other topics		✓
Duplicate abortion coverage		✓

Objective 2: Focus Group Discussions were conducted to examine adolescents' experiences and perceptions of abortion coverage in the Kenyan news media and the meaning they make of this experience. To achieve this, we developed an interview guide.

The Interview Guide

The interview guide for the FGDs was question-based, where we formulated a list of open-ended questions that were likely to elicit descriptions that spoke to our second research objective (Roulston & Choi, 2018). The interview guide began with broader questions in relation to Sexual Reproductive Health and Rights before moving to more specific questions revolving around abortion coverage in the news media (Morgan & Hoffman, 2018; Schreier, 2018). The main domains of interest were adolescents' perception of abortion, adolescents' perception of

abortion coverage and recommendations on improving abortion coverage aimed at adolescents in Kenya (APPENDIX I). The adolescents' perception of abortion coverage domain included an 8:46 minute news feature vignette titled ***"Pregnancy and Abortion"*** aired on KTN in 2018. This feature done by Dr. Mercy Korir focused on the experiences of the women who have undergone abortion, particularly those who do so in their teens. We incorporated a vignette because we are cognizant of the fact that some adolescents might have not been previously exposed to abortion coverage.

Field Notes

Everyone involved in the data collection phase (coders, FGD moderators and note takers) of this study kept a notebook that described their experiences during this phase (Brodsky, 2008) . In the notebook they noted all the descriptive elements that recordings could not capture and these included impressions, assumptions, feeling during the data collection phase, etc. They also recorded biases, standpoints, dilemmas, possible mistakes, reactions and responses to fieldwork and participants (Merriam & Tisdell, 2016). The field notes provided us with additional data for the analysis.

Data collection procedure

For this study, data was collected in two phases; retrieval of material for content analysis and focus group discussions.

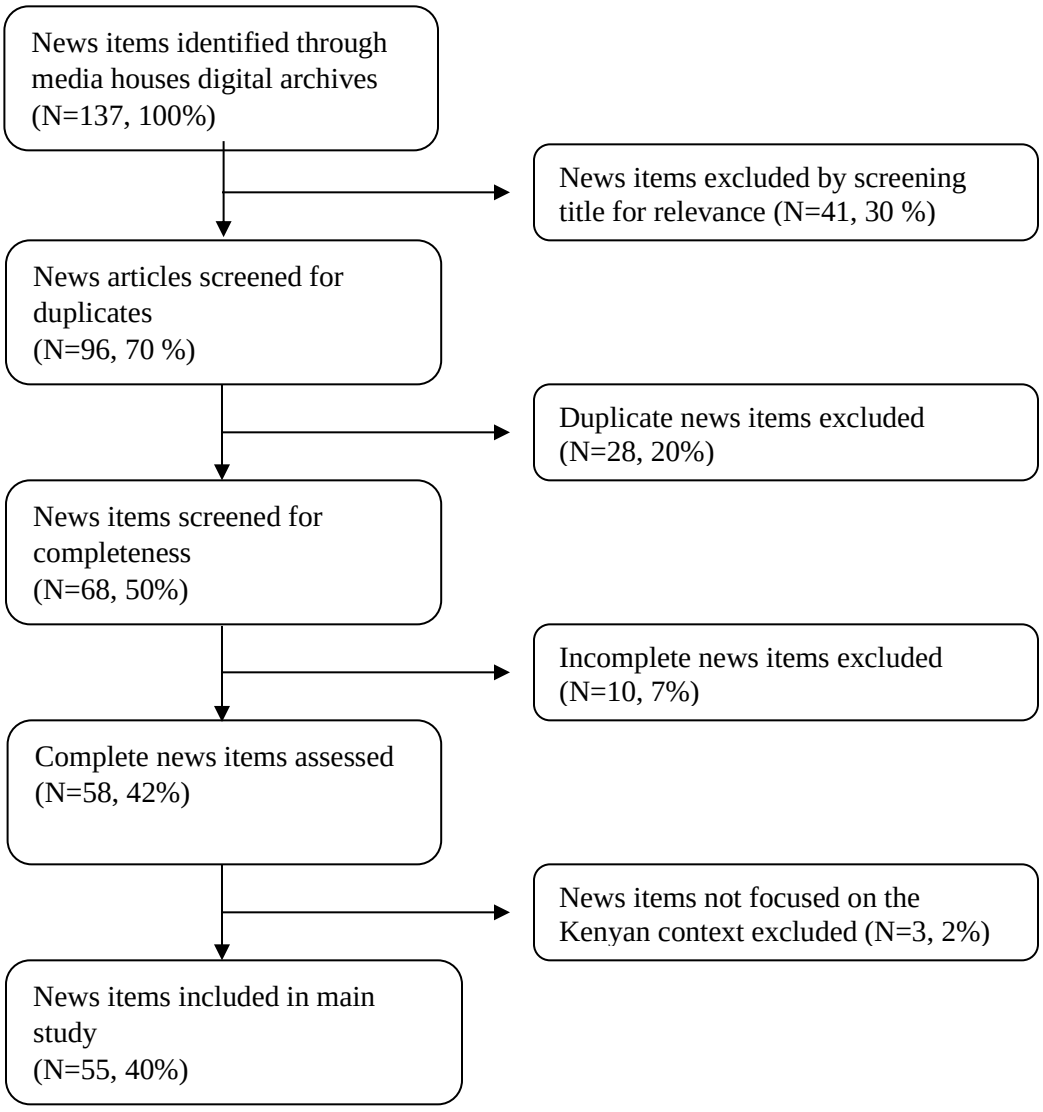
Retrieval of material for content analysis

Objective 1: Qualitative content analysis was used to determine framing of abortion in the Kenyan mainstream news media. Working with Citizen TV, KTN and NTV librarians at the respective television stations headquarters in Nairobi, we retrieved abortion news items from their digital archives. The search terms used were "abortion OR abort OR termination of

pregnancy OR pregnancy termination" and the Swahili synonyms "*kuavia mimba* OR *utoa(ji) mimba*". The search was limited to news items aired between January 1, 2016, and December 31, 2019. The search yielded 137 news items.

Three coders (CK, JM, MO) separately screened these 137 news items for inclusion or exclusion in the study. We expected to find overlaps in news items aired during the 1900hrs and 2100hrs news. We excluded these duplicates, incomplete news items, social announcements and news items merely mentioning abortion while focusing on other topics. This yielded 55 news items containing abortion-related content with abortion as the focus and addressing the Kenyan context **(Figure 1)**.

Figure 3. 1 Flowchart representing inclusion and exclusion of abortion news items.



Focus Group Discussions

Objective 2: Four virtual Focus Group Discussions (FGDs) were conducted to explore adolescents' perceptions and experiences with abortion coverage. These FGDs were peer-led to make the participants comfortable talking about sexual reproductive health matters given the sensitivity of this topic within the Kenyan context as illustrated above. Four adolescent research assistants (2 male, 2 female) were recruited and received training on conducting FGDs. A psychologist was present during this training, and she provided guidance to the research assistants on psychosocial issues that might arise during the FGD sessions and how to handle such.

The FGDs were homogenous in nature **(see Table 3.2)** with attention paid on the gender of the facilitators given the sensitive nature of the research topic. Two male research assistants facilitated the male FGDs: the main moderator and the note taker. The same applied for the female FGDs.

Table 3. 2 FGD composition

FGD No.	Gender	Age	Year of Study	Participants No.
FGD 1	Male	18-20	1 & 2	8
FGD 2	Female	18-20	1 & 2	9
FGD 3	Male	21-24	3 & 4	9
FGD 4	Female	21-14	3 & 4	11

The FGDs were conducted virtually via ZOOM®. ZOOM® is a proprietary cloud-based video-telephony conference service that supports up to 1,000 concurrent participants to meet virtually. The meetings can be either video or audio and it allows for recording. For the FGDs, the researcher sent out the ZOOM® meeting invitation link to the participants in advance. On the day of the FGD, all participants logged-in on time. The sessions were video recorded remotely using the ZOOM® local recording feature. At the end of the session, participants were

reimbursed KES 300 (USD 3) as an inconvenience fee. Additionally, the research assistants held a virtual debrief after each FGD session to co-create field notes (Morgan & Hoffman, 2018).

Data analysis

Objective 1: The 55 televised news items were transcribed and translated (where applicable) (Assarroudi, 2018). All the transcripts were read through to get an overall view of the content (Assarroudi, 2018) before being imported into Nvivo® 11. We then developed a coding frame to guide coders to make decisions in the analysis of this content. The coding frame included the process and rules of data analysis (Hsieh & Shannon, 2005) and was developed by the three coders. The coding frame was piloted before we embarked on the main analysis as described in **section 3.7.2** below.

The coding frame.

Twelve transcripts -4 from each of the three television stations- were selected for development of the coding frame (Margrit, 2014). The news items were selected equally from Citizen, KTN and NTV television stations to reflect the full diversity of data sources. Together, CK, JM and MO identified the main categories and the subcategories for each main category (James & Tina, 2016). This was achieved by coding all the selected news items deductively by use of existing literature and theory to develop some categories and subcategories (James & Tina, 2016) as well as inductively where the categories were derived from the data (Hsieh & Shannon, 2005; Morgan & Hoffman, 2018). We then revised and refined the codes by combining some into larger categories and breaking some into subcategories (Hodgetts & Chamberlain, 2014).

Once the structure of the coding frame had been developed, we provided a concise description of each category stating the meaning of the category as well as its characteristic

features (Margrit, 2014). Similarly, extensive definitions (a name, description, example and decision rules) of all the subcategories were generated (Margrit, 2014). After the generation and definition of all the categories and subcategories, we reviewed the structure of the coding frame once more to tighten any loose ends. This iterative process involved collapsing subcategories that are very similar and conceptualize those that were more comprehensive as main categories (Margrit, 2014). We refined categories and altered coding instructions until we were convinced that the coding frame was sufficient to help us get the data we need.

The coding frame developed in Nvivo® 11 consisted of category, subcategory, coding units' names, definitions or rules for assigning codes, examples and an additional field for taking notes. The sub-sample used in the development of the code frame became part of the final dataset (Signorielli, 2009).

Piloting the coding frame

We selected a further nine transcripts-three from each television station-for trial coding. The three coders working independent of each other double-coded these transcripts in Nvivo® 11 using the already developed code frame (Aubrey, 2010). This procedure is similar to the one used during the main coding. Finally, we checked whether the units of coding had been assigned to the same subcategories during double coding.

Units of coding that were assigned to different categories and/or subcategories during the two rounds were identified. Doubts and problems concerning the definitions of categories, coding rules, or categorization of specific cases were discussed and resolved within the coding team (Muhamad & Yang, 2017). These inconsistencies revealed the subcategories that are difficult to use, those that can be used interchangeably and the overlaps between categories (Margrit, 2014). We revised the definition of subcategories that were difficult to use and those

that could be used interchangeably, adding decision rules where applicable leading to the final coding frame as illustrated in **table 3.3** below. This table represents the coding frame for one of the key themes that emerged in our study, addressing unsafe abortion in Kenya. The sub-sample used in this pilot phase also became part of the final dataset.

Table 3. 3 Coding Frame _ Addressing unsafe abortion in Kenya: Views from the Kenyan broadcast news media.

Name	Description
Deal with unwanted pregnancies	News items that call for legal, public health, socio-cultural, human rights and psychological frameworks that support women with unwanted pregnancies either to carry through with the pregnancies or to seek safe abortion care.
Legal Framework	News items mentioning that the solution to unsafe abortion lies in a legal and policy framework that enables/restricts availability and accessibility to abortion care services.
Public Health Framework	News items that call for the need to focus on the population effects of abortion and thus view abortion as a public health issue.
Socio-Cultural Framework	News items that mention solutions to unsafe abortion by trying to understand abortion within context speaking to issues such as public discourses about abortion, socio-cultural attitudes towards abortion and stigmatization of abortion.
Partnerships with key stakeholders	News items mentioning that the solution to unsafe abortion is gathering and engaging relevant stakeholder perspectives on policies to reduce morbidity and mortality occasioned by abortion.
Engage stakeholders in addressing unsafe abortion	News items that mention the need to gather and engage relevant stakeholders' perspectives in the development of policies and strategies aimed at addressing unsafe abortion.
Engage stakeholders to successfully implement abortion care	News items that mention the need to engage relevant stakeholders in the implementation of policies aimed at addressing unsafe abortion.
Adoption of existing SRH strategies	News items that call for the take up of lessons from other contexts or successful programs within our context.
Lessons from other countries	News items that call for Kenya to learn from other countries that have had to compromise their national value systems for population health.
Lessons from other SRH issues that have been successfully addressed	News items that call for Kenyan to learn from other programs within our contexts that have successfully eradicated harmful public health issues and particularly SRH issues.

Main analysis phase

The remaining 34 transcripts were divided among the three coders; twelve to CK, eleven to JM and eleven to MO. Working in Nvivo® 11, the coders independently coded the transcripts using the already developed code frame (Aubrey, 2010). The transcripts were not double-coded. Any new unit of coding that emerged was discussed among the three coders before being added to the coding frame(Muhamad & Yang, 2017). The lead researcher's PhD supervisors were consulted in events where the coders could not agree on an emerging unit of coding(Muhamad & Yang, 2017). Finally this data was presented in a manner that makes sense to a reader in Chapters 4 and 5 of this dissertation (Ong'ondo & Jwan, 2011).

Objective 2: Data in relation to the second objective of this study was analyzed thematically. This involved six steps (Creswell, 2014). We began by transcribing the FGDs audio recordings, turning them into text material, translating the text material (where applicable) and labelling them. Secondly, the three coders read each transcript to ensure that it makes sense and to obtain the general sense of information. This also allowed them to reflect on the overall meaning of the data. Thereafter, the transcripts together with the field notes were exported to NVivo® 11, a qualitative data analysis computer software package.

The third step, the open coding phase, involved opening the transcripts in Nvivo® 11, examining each transcript, highlighting, labeling, and grouping together chunks that talked about distinct issues in relation to this study. The fourth step involved interconnecting the chunks (codes) identified in step three. This process referred to as axial coding explored the relationship of the codes generated in step three and grouping similar codes together into categories (Strauss & Corbin, 2008). The fifth step involved grouping the different categories into themes that corresponded with the main domains as presented in the interview guide. The six step entailed

presenting the data in a manner that would make sense to a reader (Ong'ondo & Jwan, 2011). These are the findings presented and discussed in Chapter 6 of this dissertation.

Ethical considerations

Although there were no identifiable risks for participating in this study, the following ethical steps were taken.

Overall.

1. We sought Institutional Review Board **(**IRB) clearance from the University of Witwatersrand's Human Research Ethics Committee Non-Medical (HREC-Non-Medical) [APPENDIX XII], the Moi Teaching and Referral Hospital/Moi University-Institutional Research and Ethics Committee (MTRH/MU-IREC) [APPENDIX X] and the National Commission for Science Technology and innovation (NACOSTI) [APPENDIX XI].
2. Written permission was sought from the institutions where this study was conducted. These are CITIZEN TV, KTN and NTV television stations.
3. We have reported our findings accurately and honestly. We have also acknowledged people who have made substantial contributions to the research.
4. Findings from this study will be widely disseminated. This will include availing the dissertation at the University of Witwatersrand library, oral presentations at conferences and/or to relevant bodies, and publication of manuscripts in relevant journal(s).

Objective 1:

Abortion is a highly emotive subject that is likely to pose emotional danger (including feelings of sadness, anger, distress, or depression) to the coders. To manage this emotional risk, our research design included access to independent psychotherapeutic services beyond the frequent debriefing and informal discussions. The coders had an initial group meeting with the psychologist before

they began developing the coding frame. The purpose of this meeting was to discuss any issues and/or concerns that the coders had. Additionally, it was for the psychologist to desensitize the coders on the potential effects of taking part in the coding process (Corden et al., 2005).

During the entire period of data collection, we had several debriefings and discussions about the nature of the content. The psychologist was part of these sessions. We had final discussions after all the data had been collected (Signorielli, 2009). All the coding rules, instructions, and clarifications were shared fully and in a timely manner with all coders during the data analysis phase. Any coder who needed support that is more intensive was allowed up to two individual counselling sessions during the data collection and data analysis phases of the study due to budgetary limitations (APPENDIX V).

Coders signed the confidentiality agreement (APPENDIX IV) before being engaged in the study. The statements made by the news sources are a reproduction of what these news sources stated on public televised media; however, this information was provided to the media houses for purposes other than scholarly work (*The Data Protection Act*, 2019). Thus, we de-identified the data and pseudonymized it during the writing process as demonstrated in chapters 4 and 5 because we did not seek consent from the news sources **t**o reuse the information for the purpose for which it was not originally provided.

Objective 2:

1. A participant information sheet (PIS) was developed for all participants to read, understand and consent willingly before engaging in the study. The PIS contained sections that clearly outlined; the purpose of the study, risks of participating in the study, benefits of study, alternative procedures, confidentiality of records, reimbursement, contact information for study lead (APPENDIX II) and a section for consenting (APPENDIX III)

2. A consent form was developed for participants to willingly consent to take part in the study, have the sessions video recorded and have the researcher use the participant's anonymous quotes in the research report (APPENDIX III)
3. The study had a provision for referral of participants who during or after the focus group discussion exhibited any signs of distress or asked for psychosocial support illustrated in the distress protocol (APPENDIX V). However, none of the participants required these services.
4. Participants' identity has been protected by assigning them unique identity numbers during the interviews and the writing process as demonstrated in Chapter 6.
5. Member checking was done immediately after writing the first draft of the dissertation as described in the trustworthiness section below.
6. Study participants were given priority during data dissemination.

Trustworthiness

Multiple strategies were employed to ensure our findings are accurate and credible. These included; piloting, triangulation, member checking, dependability, and confirmability (Creswell, 2014; Given & Saumure, 2008).

Pilot study

Objective 1: After developing the coding frame, we selected nine transcripts for a trial coding as aforementioned in the piloting of the coding frame section. This was instrumental in the identification and resolution of any shortcomings in the frame before we carried out the main analysis (Margrit, 2014).

Objective 2: The interview guide was tested before using it for data collection. It was tried out on a group of eight university students with similar characteristics as those of the study

participants. This helped us identify any problems with the wording of the draft interview guide, redundant questions and questions that participants were less likely to understand or those that are subject to multiple interpretations (Merriam & Tisdell, 2016). These participants also gave us suggestions on questions that we should incorporate into the guides (Merriam & Tisdell, 2016). We revised the interview guide factoring in the feedback from the piloting phase before we embarked on data collection (Creswell, 2012). Additionally, the pilot study allowed us to examine the issues, costs and time needed to properly organize, manage, analyze, and interpret the data collected. Specifically, we learnt that the ZOOM recording feature does not support overlapping conversations. When two people speak at the same time, the recording overrides the person with the softer voice. During the main FGDs, we asked participants to use the 'raise your hand' feature where the moderator would then call on one participant at a time to speak. We also learnt that it took approximately 1.5 hours to conduct a session with eight participants; this helped us plan for a 2hrs 15 minutes period for the main FGDs. This was communicated to the study participants in advance.

Triangulation

This study utilized three types of triangulation (Rothbauer, 2008). To begin, we triangulated our data collection techniques by combining content analysis and FGDs. This occurred over variable times in different sites enabling us to collect data on framing of abortion messages from multiple perspectives and in different contexts. Secondly, we triangulated our data sources by gathering evidence from a variety of data sources. This included the 55 different news items from three media houses and adolescents with varied characteristics. 3) Finally, we engaged in investigator triangulation by using trained research assistants to conduct the FGDs as well as using qualified coders for the qualitative content analysis.

Member checking

Upon completion of the first draft of the dissertation, specific descriptions were taken back to participants for them to determine the veracity and interpretation of their words by the researcher (Sandelowski, 2008). The research assistants of the initial FGDs contacted the participants, explained to them the purpose of this exercise and invited them for a follow-up virtual session. The same persons who moderated the initial Focus Group Discussions moderated these sessions. Participants were given an opportunity to comment on the findings. Verbal consent for recording the session was granted. The lead researcher emailed a summary of the findings to participants who were unable to attend these sessions. She asked them to comment on the accuracy of the verbatim quotes (Creswell, 2012).

Dependability

For this study, we have clearly presented the steps followed to carry out the study (Maxwell & Mittapalli, 2008). Additionally, participants' voices have been presented under each theme by quoting them verbatim. Furthermore, a relevant detailed description is presented the first time a participant is introduced in the dissertation. This verbatim quoting and detailed description of participants will enable readers to feel, hear and see exactly what it is like to be in the setting, giving the discussion an element of shared experiences (Creswell, 2014).

Confirmability

As researchers, we acknowledge that in the course of our study we could in one way or another influence the study, we therefore put in some measures to mitigate these biases (Jensen, 2008). Abortion being a sensitive topic in the Kenyan context, participants in the FGDs were less likely to open-up about this topic especially if the FGDs were to be moderated by the lead researcher who is a not within their age-bracket. Therefore, we recruited and trained adolescent

research assistants on conducting FGDs. The adolescent research assistants moderated the FGDs with the male research assistants moderating male FGDs and the female research assistants moderating female FGDs. In addition, we used three coders during the code frame development and subsequently during the main analysis of the televised news items to establish a measure of consistency in the coding process.

Conclusion

In this chapter, we have provided a detailed explanation of the research approach that we took to address the research gap that was outlined in Chapter 1 of this dissertation. We structured our methodology to ensure a systematic, comprehensive and reliable approach of investigation. We aimed to maintain the integrity and validity of our findings by carefully selecting the appropriate research design, data collection techniques and data analysis techniques.

We adopted a qualitative approach, which allowed us to better understand how abortion messages are structured in Kenyan televised news media and to further explore adolescents' experiences with abortion coverage in the Kenyan televised news media. This design was chosen to explore and understand the meaning individuals and/or groups ascribe to abortion. This is because individuals develop subjective meanings that have historical depth and are widely shared, negotiated, and co-constructed. This qualitative approach enabled us to identify the social constructions, meanings, and discourses around abortion; their influence on Kenyan women's access to safe abortions; and the possible solutions to unsafe abortion.

The research sample of this study was categorized into two based on the research objective. For the first objective, the sampling unit was all televised abortion news items aired between January 2016 and December 2019 in three leading televisions in Kenya: Citizen TV, NTV and KTN. The unit of analysis was complete televised abortion news items. 137 news

items were retrieved from the digital archives of the three media houses. A checklist was used to determine the news items that qualified to be included in this study. This yielded 55 news items containing abortion-related content with abortion as the focus and addressing the Kenyan context. For the second objective, the sample was 48 university going adolescents aged 18-24 years old who were purposively sampled from Moi University (public university). Only 37 out of the 48 students that had been selected consented. Four peer-led virtual FGDs were conducted via ZOOM® using a question-based interview guide that we had developed and piloted earlier. Furthermore, everyone involved in the data collection phase of this study kept a notebook to note descriptive elements that couldn't be captured in recordings in addition to noting their biases, standpoints, dilemmas, possible mistakes, reactions and responses to fieldwork and participants. This triangulation of content analysis and focus group discussions ensured a robust and diverse set of data. This enabled us to better understand Kenyan televised media framing of abortion and the perceived impact of abortion coverage on media audiences.

We performed our data analysis based on the study objectives. For objective 1, the 55 televised news items were transcribed and translated (where applicable), read through by the coders and imported into NVivo®11. 12 transcripts were then used to develop a coding frame to guide coders to make decisions in the analysis of this content. A further nine transcripts were selected for trial coding. The sub-sample used in the development of the code frame and piloting became part of the final dataset. The remaining 34 transcripts were coded using the already developed code frame and data presented in Chapters 4 and 5 of this dissertation. Data in relation to the second objective of this study was transcribed and translated (where applicable), imported into NVivo®11, analyzed thematically and presented in Chapter 6 of this dissertation.

While there were no identifiable risks for inclusion and participation in this study, ethical protocols were developed and rigorously followed throughout the research process. These included seeking IRB clearances and permission from relevant institutions, consenting all FGD participants, de-identifying data and pseudonymization of study participants, accurately and honestly reporting study findings, and widely disseminating study findings. This safeguarded the rights and confidentiality of participants. Additionally, it ensured that the study upheld the highest standards of research ethics.

In conclusion, the methodology outlined in this chapter provides a solid foundation for the subsequent findings and discussions. By employing a qualitative approach, implementing rigorous data collection and analysis techniques, and adhering to ethical standards, this research is both reliable and valid. The insights gained will significantly contribute to a better understanding of Kenyan televised media's portrayal of abortion; public's understanding of the availability, accessibility and legality of abortion; and the recommendations by the public on how to mitigate unsafe abortion in Kenya.

CHAPTER FOUR

KENYAN BROADCAST MEDIA FRAMING OF ABORTION

Introduction

In this chapter, we present key media depictions of abortion in the three top Kenyan broadcast media over a period of 4 year. Our analysis of abortion news items on prime-time TV news from 2016 to 2019 found variations in abortion portrayal over time, suggesting an interplay between media representations, cultural attitudes, and abortion law. News coverage of abortion was often framed around courts/litigation, religion, culture, or public health. We found a high proportion of coverage referencing to the adverse health outcomes for women following induced abortion, suggesting that abortion is dangerous and deadly. We also found a considerable proportion of coverage on men's role in abortion trajectories, abortion as a right versus morality issue, and women as victims of a set of circumstances beyond their control. We found limited coverage of women's lived experiences with abortion, personal experiences with abortion of other demographics beyond adolescent and young women, and positive emotions following abortion as presented in this chapter. We begin by presenting the description of the study sample.

Sample description.

As aforementioned in Chapter 3, the sample population of this study was 55 news items from three leading Kenyan TV stations (CITIZEN TV, KTN and NTV) for the duration January 2016 to December 2019. Majority (56%) of the abortion news items were aired in 2019 with NTV leading (47%) in the coverage of abortion content. There was a minor variation in the abortion news story forms across the three stations with the most common forms being reporter package (27%), VO/SOTs (25%) and Readers (22%). A large proportion (69%) of the abortion news content stemmed from news sources. There were dozens of sources of news (**see figure 2**)

with a majority (24%) lacking a clearly illustrated designation. These unassigned news sources were largely eyewitnesses to an event related to abortion primarily due to their proximity to the event. The other top sources for abortion content were health care providers (16%) predominantly obstetrician-gynecologists, government officials (13%) who included politicians and heads of government bodies related to health, persons closely associated with the abortion victim (11%) including relatives, friends, neighbors, and colleagues. There was limited input from researchers (1%) and adolescents (7%). It is important to note that the majority of the Non-Governmental Organization (NGO) representatives either were legal practitioners or had a legal background.

Journalists also contributed significantly (31%) to the abortion content through gathering abortion content from sources, weighing in on arguments focused on abortion and broadcasting abortion stories. Journalists' questions and statements majorly laid emphasis on conflict using terminologies such as "yet another controversial subject", "this is a very controversial issue", "really controversial, complicated topic", "this (very) contagious issue", "a hotly contested issue", "a matter that has elicited great debate" and "generated heated and mixed debate among the public". Additionally, journalists placed emphasis on conflict by focusing on the binary nature of abortion discourse, pitching parties with differing opinions against each other. For instance, while setting up a story about the erection of anti-abortion billboards in Nairobi by a church, the news anchor pointed to conflict between pro-life and pro-choice groups by stating.

> Now several billboards bearing messages of anti-abortion have been erected in different parts of Nairobi sparking a fresh roar between pro-life and pro-choice crusaders. Human Rights Defenders under the umbrella #TeamLife filed a petition for the removal of all of them claiming they fuel stigma on legal abortion creating an environment that adversely affects health providers and women seeking these services. Tonight, we focus on the stand-off and why it is a matter of great national concern. **Female. News anchor. Reporter Package. CITIZEN TV. May 2019**

Table 4. 1 Abortion news coverage across three leading TV stations in Kenya, 2016-2019

ITEM DESCRIPTION	N (PERCENTAGE)
YEAR	
2019	31 (56)
2018	17 (31)
2017	04 (7)
2016	03 (5)
TV STATION	
NTV	26 (47)
KTN	19 (35)
CITIZEN TV	10 (18)
TYPE OF NEWS	
Reporter Package	15 (27)
Voice-Overs/Sound On Tape	14 (25)
Readers	12 (22)
Expert Interview	10 (18)
Commentary	04 (7)
GENDER OF NEWS SOURCE	
Male	84 (52)
Female	78 (48)
GENDER OF JOURNALIST	
Female	32 (64)
Male	18 (36)
POPULATION TYPE	
Adult	150 (93)
Adolescent	12 (7)
NEWS COVERAGE COMPOSITION	
Journalists	50 (31)
News Sources	112 (69)
NEWS SOURCE DESIGNATION	
Unassigned	27 (24)
Health Care Providers	18 (16)
Government Officials	15 (13)
Abortion Victim Friends /Relatives /Neighbors /Colleagues	12 (11)
NGO Representatives	11 (10)
Religious Leaders	11 (10)
Abortion Victim	10 (9)
Legal Practitioner	05 (4)
Communications Specialist	02 (2)
Researcher	01 (1)

In most instances, the media houses selected for this study used similar news sources leading to consonance. Consonant stories included the coverage of critical discourse moments such as the court proceedings following FIDA's petition against the MoH's withdrawal of the standard guidelines for reducing mortality and morbidity from unsafe abortions, and the ICPD25 conference that took place in Nairobi in 2019. Following these critical discourse moments, it was common for KTN and NTV to invite news sources for expert interviews and news features. Almost similar news sources were selected for these opinion pieces leading to some degree of duplication of content across these two media outlets. Furthermore, these news sources largely advocated for liberal views on abortion slanting the abortion debate towards more liberal perspectives. Citizen TV on the other hand presented unique content on addressing unsafe abortion because most of this content was derived from reporter packages with a diverse news sources base.

Themes

Our content analysis identified four main themes around media framing of abortion in Kenya; 1) abortion as dangerous and deadly, 2) rights versus morality, 3) victimhood, and 4) marginalized perspectives, as presented below.

Abortion as dangerous and deadly

The Kenyan news media largely depicted abortion as a common but dangerous reproductive health practice in Kenya. News sources, primarily health professionals, revealed that most abortions in Kenya are procured illegally and are largely performed by unskilled persons in unlicensed clinics. This was shown to lead to multiple health complications with an estimated 120,000 women suffering health complications following unsafe abortion annually, as

Figure 4. 1 News Source Designation

Designation of news sources

Journalist (n=50)
- Reporter (24)
- Anchor (22)
- Host (4)

Unassigned (n=27)
- Resident Dandora (6); Muranga (4); Kisumu (2); Rhonda (1); Nairobi (1)
- Commentator (11)
- Head-teacher

Health Care Provider (n=18)
- Consultant Obs/Gyn (7)
- Reproductive Health Specialist (3)
- Nurse (3)
- Medical Doctor (2)
- Pathologist (1)
- Clinical Officer (2)

Government Officials (n=15)
- Politicians
  - MP (Leader of majority, leader of minority, Nominated)-3
  - Woman Representative in the National Assembly (2)
  - President
  - Deputy President
  - Speaker of the National Assembly (1)
- Civil Servants
  - High level management (3)
  - Middle-level management (1)
  - Operations level employees (3)

Abortion Victim Friends/Relatives/Neighbors/Colleague (n=12)
- Mother (4)
- Neighbor (2)
- Colleague (3)
- Father
- Husband
- Friend

NGO Representative (n=11)
- Senior Management, Human & Reproductive Rights Body (7)
- Senior legal advisor, Centre for Reproductive Rights
- Reproductive Rights Lawyer, Centre for Reproductive Rights
- Advocate, HIV discrimination Expert
- Health professional

Religious Leader (n=11)
- Church Leader (5)
- Pastor (2)
- Apostle (1)
- Archbishop (1)
- Sheikh (1)
- Assistant Director, NCPD (1)

Legal Practitioner (n=5)
- Judge of the high court (3)
- Advocate of the high court
- Lawyer

Abortion Victim (n=10)
- Conducted abortion during adolescence stage of life (10)

Communications Specialist (n=2)

Health Researcher (n=1)

stated by a commentator during a news review on KTN.

> Abortion still remaining illegal means that we will still have women and young girls resorting to quack doctors to conduct abortions and that means we will have more and more deaths. There are also statistics that show that 120,000 women develop complications after abortions in Kenya. **Female. Commentary. KTN. June 14, 2019.**

Typically, the news media portrayed unsafe abortion as dangerous, a major cause of maternal morbidity and mortality. They largely focused on the short-term medical complications of unsafe abortion, followed by the deaths caused by unsafe abortion, with not much attention being paid to the long-term medical complications of unsafe abortion.

Abortion as dangerous to women's health in the short-term

Journalists and news sources mostly pointed out the short-term abortion-related medical complications that present within the first month of abortion, portraying them as common. They estimated that only about one in every five women that present for post-abortion care suffer mild complications, while a majority (70%) suffer moderate to severe complications as stated by a health researcher working with the African Population and Health Research Center (APHRC) on NTV.

> … just to bring it to perspective further, if you look at the level of complications that we are handling here in the country, about 70% of the abortions that were procured, the 450,000 that we were talking about annually, about 70% of them are severe or moderate complications. **Male. Health Researcher. Expert Interview. NTV. November 2018**

Various people within the abortion news coverage mentioned short-term health complications. These persons included girls and women talking about their experiences with abortion; health care providers talking about their experiences providing post abortion care; journalists reporting cases of botched abortions; and reproductive health activists talking about

real life experiences of women with botched abortions to depict the health consequences of criminalizing abortion.

Health care providers alleged that medical complications result from surgical abortions conducted by unskilled persons (referred to as quacks) in unlicensed 'clinics' exposing women to pain and suffering during and after the procedure. Giving their experience with providing post abortion care services, health care providers said that majority of the women who show up in a critical condition are those who seek unsafe surgical abortion. They characterized these women as often presenting with excessive vaginal bleeding occasioned by tremendous damage to their internal organs. The damage largely stems from the crude instruments that quacks introduce in women's cervixes that include sticks, needle pricks, cloth hangers, crocheting needles, and other crude instruments that the providers at times are not able to identify as indicated by a nurse on NTV.

> We get so many foreign objects; sticks, we have had needle pricks, we have had a hanger, we have had crochets, all sorts of things. Some just come with injuries that you cannot really explain the material that was used to actually penetrate. **Male. Nurse. Expert Interview. NTV. January 2017.**

Health care providers gave details of the damage caused by surgical abortion performed illegally and unsafely depicting these procedures as gruesome and agonizing. They said that some women present for post abortion care with perforated uterus or bladder; some with rotten uterus, others with the mutilated fetus still retained inside the womb. Other women present with injuries to the intestines requiring part of their intestines to be resected or having to live with a colostomy for several months before a major surgery is conducted to connect the two sides of the intestines that survived. For other women, they develop acute renal shutdown thus requiring dialysis or end up in intensive care unit (ICU) for intensive and specialized medical care. Most women require a blood transfusion occasioned by excessive vaginal bleeding. A consultant

obstetrician & gynecologist gave an illustration of the damage caused by illegal and unsafe surgical abortion.

> Unsafe abortion can be very traumatizing, and the reasons are because of the complications, of the suffering that the woman or girl goes through. Some of them are perforations of the uterus where the uterus might be removed because it becomes rotten. Others are injuries to the intestines because people who performed the procedure do not know the basic anatomy. They pass instruments that go straight to the intestines and injure them. and those women will have their intestines resected, parts of them thrown away. Others will leave with a colostomy, that is a bag where feces are draining for several months before they are taken back for a major procedure to connect the two sides of the intestines that survived. **Male. Consultant Obstetrician & Gynecologist. Expert Interview. KTN. April 2018**

Self-induced abortions using over the counter 'abortion' medication or herbal infusions were also portrayed as vicious, agonizing and risky. Women who had experienced botched abortions during their teenage years, narrated dreadful accounts of their experiences following ingestion of herbal infusions with abortive intent or uptake of 'abortion' pills. These women reported experiencing progressively worsening vaginal bleeding and lower abdominal pain that lasted for a period of 1 to 9 days, placing some of these women in a state of anxiety as they worried about their physical health. Other women reported having developed acute health complications that required immediate medical attentions such as losing consciousness, developing breathing problems and developing blood clots that rendered them immobile. Their stories were cautionary tales to other girls/women who are contemplating (unsafe) abortion as illustrated by an abortion victim's story on KTN.

> I remember my fourth abortion was in 2017 and that was the procedure that caused me problems; [still in tears] I thought I was going to die. My fourth abortion almost killed me. I don't remember whether she gave me medication…I don't have a recollection of what happened. You know if you are used to something you can never imagine that it would go wrong. So, when I took the medication the next thing I

> remember was being taken to FHOK while unconscious ... We hold sessions with teenage girls aged fifteen to twenty and those aged twenty to twenty-four … I am not afraid to tell them about my experiences, I normally tell them I messed up [tearing] and I wouldn't want them to also go through what I experienced. **Female. Abortion Victim. Expert Interview. November 24, 2018**

Similar stories of pain and horror were told by journalists covering stories of girls receiving post abortion care services following botched abortions. These journalists cast an image of acute pain. The girls were shown to have endured pain while procuring these abortions and continued to experience excruciating abdominal pain at the time of the live reporting. A reporter at KTN revealed that intensity of induced abortion pain had impaired one of the girl's abilities to express herself clearly.

> And when the madam who was selling her to these men discovered that she was pregnant she forced her to swallow abortion pills and even went ahead to step on her abdomen to make sure that this pregnancy came out. Now at the time that we were speaking to her she was just writhing in pain, she couldn't even explain herself properly. **Female. Reporter. Reporter Package. KTN. June 2019**

Typically, these health complications were shown not to occur exclusive of each other but rather women and girls experience more than one complication concurrently.

Abortion as dangerous to women's health in the long-term

Although not talked about often, journalists and news sources mentioned that some girls/women experience subsequent medical complications more than a month after an induced abortion. These long-term medical complications were depicted as having more adverse health outcomes on women than the aforementioned short-term complications. They were said to be so severe that they can only be managed in the two largest teaching and referral hospitals in the country that offer specialized service: Kenyatta National Hospital (KNH), and the Moi Teaching and Referral Hospital (MTRH).

Abortion leads to subsequent organ failure

During expert interviews and news features, journalists and news sources mentioned that from time to time, unsafe abortions lead to severe complications such as organ failure including the heart and the kidney. The story of JMM, a 14-year girl who procured an unsafe abortion that resulted in kidney failure was repeatedly used by various reproductive health activists to illustrate the dangers of criminalizing abortion. It is a story of a girl whose medical complications progressively developed from minor to severe following a botched abortion. With the progressive severity of her medical condition, she had to be referred from lower-level health facilities to a level 6 health facility (the highest in the country) as told by an advocate of the high court during a VO/SOT on KTN.

> In 2014 a young girl who was aged 14 years called JMM was raped. Because of the shame and stigma that comes from rape she never told anyone about it and subsequently she sought help from her house maid. JMM was then taken to a 'pharmacist' and the 'pharmacist' sought of issued drugs to her. Obviously, this being a quack she subsequently developed complications. After some time JMM was taken to Kisii level 5 hospital where Kisii level 5 hospital indicated that the complications were so much that they were not able to take care of it. Because the mother of JMM is a mother who barely earns ksh.100 [a day], she was forced to take a taxi because she could not afford the ambulance services at Kisii level 5 hospital and she took her child to Tenwek. At Tenwek the circumstances were the same, this child was in an ICU at the age of 14 having been raped and at some point Tenwek also acknowledged that they did not have the capacity to take care of her because she had developed kidney complications. So what we had here is a child who was then moved from Tenwek hospital to Kenyatta national hospital where she started going through dialysis and also being treated for the complications that arose from unsafe abortion. **Female. Advocate. VO/SOT. KTN. June 2019**

Abortion leads to cancer, pre-term births, and spontaneous abortions

Some news sources associated induced abortion with subsequent cancers, pre-term births, and spontaneous abortions. This was especially true for those advocating for more restrictive laws around abortion and those using their lived experiences to caution girls and women against abortion. For instance, a married woman while narrating her struggles with carrying a pregnancy to term associated the miscarriages and pre-term births that she had experienced to an unsafe abortion she had when she was 15 years old, as shown on NTV.

> **Vignette-English:** I got pregnant at 15 years when I engaged in my first sexual intercourse. I decided to terminate my pregnancy because I was young, and I had no knowledge of raising a child. Additionally, my boyfriend was also my age-mate, and we had no means of raising a child, so we chose to terminate that pregnancy. I used three tablets (to terminate that pregnancy); one was to be swallowed and the other two are inserted down there (referring to vagina). We opened up to my boyfriend's sister and she is the one who gave us money and directed to a certain place where we could purchase (the tablets). In 2016 I got pregnant again, but I got a miscarriage. I think what I did had an effect on me, using the drugs without supervision of a health care provider. That pregnancy almost killed me. I got pregnant a third time when I was married but you know what I did in the past could have had an effect on me and that is why I had a miscarriage during my second pregnancy. I wanted to be sure that whoever I was getting a child with was capable of helping me raise the child. In 2017, I had a preterm baby at 7 months; he survived for only day and then he passed on. I kept trying and after 6 months, I became pregnant again, and I got a preterm baby at 6 months. The baby is alive, but it stayed in the nursery for two months. At times, I feel like I killed my children. That is how I feel sometimes but on the other hand, I feel like if I had kept that pregnancy, I would have led a difficult life, so I am torn in between. However, I always feel like I am the cause of all those miscarriages and all those other things (referring to preterm babies and death of a child). **Expert Interview. NTV. August 2, 2019**

Abortion as deadly

Unsafe abortion was depicted as a death trap with the greatest consequence being maternal mortality. Journalists and news sources claimed that unsafe abortion is a significant contributor of maternal mortality in Kenya. They used statistical data to depict the magnitude of maternal mortality following unsafe abortion, estimating that Kenya loses an estimated 2600 girls/women annually to unsafe abortion as revealed by a reproductive rights lawyer working for an NGO.

> I think the reality that we need to face is that human lives are at stake. When martin speaks about 2600 deaths a year, that is seven women a day, who work from preventable deaths. Nobody needs to die from an unsafe abortion. It is wholly preventable. And we are losing 7 lives with potential every day for absolutely no reason in this country. **Female. Reproductive Rights Lawyer. Expert Interview. NTV. August 2, 2019**

These figures were disputed by some news sources who claimed that as a country we lose many more women and girls to unsafe abortion. They claimed that the stated figures are only representative of documented mortalities at a post-abortion care ward within the Kenyatta National Hospital (KNH), thus, not a representation of all the mortalities arising from unsafe abortion nationwide. They revealed that the national database by the Ministry of Health does not account for women who die in low-level health facilities as well as those who do not make it to the hospital. This was corroborated by news stories of women who die while procuring illegal abortions and are booked into the morgue with a doctored report on the cause of death, women who are found dead in their homes following botched abortions and ‘eye witness’ accounts of unreported deaths at illegal abortion clinics. Most of the ‘eyewitnesses’ were local residents in locations where illegal abortion clinics operate as illustrated on a VO/SOTs aired on NTV.

> Last time there was a form four student who passed on while procuring an abortion. That information was kept hidden. Last year there was a woman who passed on while procuring an abortion here. That was kept a secret. **Male resident, Dandora. VO/SOTs. NTV. February 2019.**

The news media also extensively covered stories of girls/women who died following a botched abortion, portraying abortion as daunting and fatal. One such story was that of Caroline Mwatha, a human rights activist, who died following a botched abortion. While reporting the cause of Caroline's death, journalists and an independent pathologist who was part of the team that conducted the autopsy gave gruesome descriptions of events that led to her demise. They painted a picture of a woman who had greatly suffered at the hands of a quack 'doctor' before ultimately passing on as stated by a pathologist.

> Somebody, somewhere, somehow attempted to either dismember the fetus and then remove some parts like the upper limb, the left...the whole of it is not there. Some parts of the bone of the skull are not there and there was quite a lot of blood there. and she is very pale. Otherwise, we also found some puncture marks on the right cubital fossa meaning that there was some medical intervention somewhere and I don't know, we have taken some test specimen to see what kind of medicine that maybe was injected. **Male. Family Pathologist. Readers. NTV. February 2019**

Additionally, some news sources, predominantly health care providers shared their experiences with abortion-related mortality. Speaking during expert interviews and/or news features, these news sources said that they lose a considerable number of patients, mostly aged 14-24, to complications arising from botched abortion. They revealed that most of these patients present at the health facilities in critical conditions with their demise not always being immediate. They therefore suffer a series of agonizing medical complications that eventually lead to their death. These complications include hemorrhage, incomplete abortions, sepsis, and

septic shock as revealed by a clinician working for at local NGO that's a leader in the provision of sexual and reproductive health services in Kenya.

> We get as from 17 and above and sometimes we even get 15 years, they come in with some complications of infections. Some of them they come with bleeding and then some of them they even come with incomplete abortions which makes then to even bleed much more. There was a time last year when we had a girl who came here but by the time she came she was already in shock, so we referred to Mbagathi (county hospital-a level 5 public hospital) but she passed on. **Male. Clinician at FHOK-Kenya. Expert Interview. KTN. November 24, 2018.**

Men in abortion trajectories

Not much attention was paid to male (in)actions influence on women's pregnancy outcomes, especially their abortion trajectories. However, coverage on men's role in abortion trajectories cast them in two distinct lenses: selfish and exploitative or empathetic and supportive. The selfish and exploitative lens was typically from women narrating their experiences with abortion decision making and care seeking. The empathetic and supportive lens was largely from men as allies and activists involved in pushing for women's reproductive freedom, and women's equal access to abortion care. Male actions, inactions or anticipated actions were shown to be based on their relationship with the pregnant woman, knowledge of the pregnancy and perception of women's reproductive rights. These were depicted as influencing women's abortion decision making and abortion care seeking behaviors.

Men as selfish and exploitative

Men were depicted as perpetrators of reproductive coercion and abuse against women. This was especially true for men who have a direct relationship with the pregnant woman as either co-conceivers, family or friends. These men were shown use to diverse abusive tactics to deliberately control women's reproductive choices thus interfering with women's reproductive

autonomy. To begin with, men not in support of their partner's pregnancy were shown to coerce the women into terminating the pregnancy. These men were shown to (in)directly pressurize their sexual partners into ending the pregnancy by either withholding support, denying paternity, abandoning the woman or using extreme measures to deliberately bring a pregnancy to an end. These extreme measures included finding a health professional to help them induce the abortion, then using trickery to coerce the woman to terminate the pregnancy against her wish. Through coerced abortion, these men were depicted as selfish; prioritizing their own needs and desires over those of their partners with no consideration of the danger they were placing these women in by pressuring them to terminate pregnancies, especially in cases of advanced pregnancies as illustrated below.

> ...they are saying that she is married to Mr. Ochieng and Mr. Ochieng who is in Dubai and then she was also having an affair with somebody whose name is mentioned there here in Kenya. So this is the person who has been trying to force her procure an abortion at that trimester which is five months and above, you know. **Male. Commentary. KTN. February 2019**

Secondly, men were depicted as influencing women's abortion decision making and care seeking through elements of fear and control. Women who anticipated men to react negatively to their pregnancies or to pressure them into continuing with a pregnancy that they desire to otherwise terminate, were shown to not disclose their pregnancies to these men. Pregnancy non-disclosure excluded men from abortion decision making and care seeking. Furthermore, anticipated disapproval of the pregnancy and/or controlling of women's reproductive autonomy by men were depicted as playing a role in shaping the conditions under which abortion decisions are made as illustrated below.

> Nya-Ugenya and her daughter had to clandestinely work together to get rid of the pregnancy without the knowledge of her husband who was all this time sleeping in the same room. **Female. Reporter**

> I told her not to cry out loud 'when you start cramping do not cry out loud'. At 10pm that thing came out [referring to the fetus], we took it and disposed it off in the latrine. At daybreak, she continued with her duties as normal…Her father has no knowledge of what transpired to date. If he had known he would have been very harsh towards us because he is a drunkard. **Female. Abortion Victim's Mother. Expert Interview. KTN. April 2018**

Finally, men were depicted as perpetrators of reproductive coercion and abuse against women by sexually assaulting women, and especially girls. Oftentimes, this sexual violence leads to unintended pregnancies with the girls/women mostly resorting to unsafe abortion. Sexual violence against girls was depicted as rampant owing to the silence culture around rape, cultural stereotypes that serve to excuse gender-based violence and victim-blaming. This is further instigated by the communal protectiveness of sexual abusers because they are typically people who have a relationship with the sexual violence victim; they are members of the family or friends to the family. News sources further stated that women are largely blamed for the actions of sexual abusers creating a culture of fear, making it difficult for women who have been sexually assaulted to come forward and talk about their experiences for fear of being shamed and victimized as revealed by a news working at the Centre for Reproductive Health-Africa.

> And might I also add that sometimes women are placed in situations of unplanned pregnancies because of reasons such as sexual violence. And yet they are found with no option because they feel victimized when they want to have conversations about the options that are available to them in terms of dealing with these pregnancies. **Female. Expert Interview. KTN. November 24, 2018**

Men as empathetic and supportive

Conversely, men were depicted as empathetic and supportive of women's reproductive freedom. To begin with, men as co-conceivers were portrayed as equal partners in the abortion decision-making process with the ultimate decision made based on mutual preferences. Men who

mutually agreed with their partners to abort the pregnancy were shown to be actively involved in the abortion care seeking process. Their involvement in abortion trajectories was equated with provision of financial support. However, they were also shown to seek and provide information about where services could be obtained and accompany women to access abortion care as revealed by Dr. Sang "at times again we do get even married couples where they come and they want an abortion" (NTV, August 2, 2019). Men's active involvement was shown to often have a positive influence on women's abortion decision making and care seeking as none of the women who claimed to have received support from their partner reported experiencing medical complications following these abortions.

Secondly, men were depicted as engaging in the fight for reproductive freedom and justice as allies and active supporters of abortion rights. They were shown to use their voice and position in society to fight for abortion rights through human rights organizations, as legal practitioners and health professionals. As allies and activists, they were depicted as being at the center of abortion discourses with media houses seemingly having an interest in the male voice during abortion debates. A considerable number (52%) of the guests invited during expert interviews and commentary centered on abortion were male with a bias towards men in support of abortion rights. In an expert interview aired on KTN, the CEO of KELIN acknowledged the presence of men in the abortion discourse.

> Thank you for having me on this show this evening, I am grateful, and I note that we are men speaking about an issue of women. Of course, it would have been good to have women speak about these issues but nevertheless we will try our best to talk about it. **Male. Chief Executive Officer, KELIN. Expert Interview. KTN. April 2018**

Additionally, as allies and activists they were depicted as being understanding and accepting of gender equality. Journalists and news sources, predominately male, claimed that

men have been minimized, if not completely overlooked in the abortion conversations. They stated that typically, abortion discourses have been shaped in a manner that depicts men as having no role in women's reproductive health and rights. They argued that this failure to engage men in abortion discourses sends the message that abortion is a "women's issue" leaving women to bear the reproductive health burden solely. They claimed that men perception of abortion as a woman's issue was a contributing factor to the continued high incidence of unwanted pregnancies and subsequent (unsafe) abortions. They therefore urged men to not only actively engage in the abortion discourse but to also act since women don't have unwanted pregnancies on their own as stated by a Senior Pastor of Kikuyu Calvary Temple.

> Well, our friend has talked of being an issue of men and women should have been here, but I am feeling that actually this is the right forum and choose the right people. Because when men start considering that woman reproductive health is there business then we are going to deal with the issue (referring to unsafe abortions). Because I said at the very beginning, we would not have sought the abortion services if there were no unwanted pregnancy. Unwanted pregnancy does not happen with a woman alone. In fact, most of the men fund this. Even the so-called safe [abortions]. I don't know how safe it is, we have a medical doctor here. And men are responsible, they fund it and all that. **Male. Pastor. Expert Interview. KTN. April 2018**

Furthermore, as allies and activists they were depicted as being empathetic of the realities and experiences of women who seek (unsafe) abortion. These men acknowledged that abortion will never relate to their bodies, however, they remained cognizant of various issues relating to abortion. These include abortion decision-making process being a dilemma for most women, men's (in)actions contributing significantly to women's abortion trajectories, and the limited empathy extended towards women faced with unwanted pregnancies. They therefore called on society to come to the realization that abortion is multifaceted, urging pro-abortion advocates to listen more to women's needs and experiences, and be guided by the realities of women's lives.

These men were shown to be standing up for reproductive freedom in a way that still centers the voices and experiences of people who can get pregnant as illustrated by a commentator on KTN.

> Now I am coming to the issue of abortion. Let me say this, that religious views should remain in church. Civil society and society in general should be guided by the realities on the ground. My take is this. If you are willing to take care of this woman who was raped or abused and got pregnant, and you are willing to take care of her, please tell her about abortion. If you are a man who has been able to carry a child you did not want for 9 months, please tell her about abortion. If you are 18 years old being kicked out by your parents because you made a mistake, go tell that child about abortion. Abortion is not about morality. **Male. Commentary. KTN. June 2019**

Finally, as allies and activists they were depicted as being openly supportive of women's abortion rights. They were shown to be active participants in the push for bodily autonomy as well as the availability and accessibility to legal and safe abortion. They advocated for women's right to access safe abortion arguing that abortion is not only an essential health care service permitted by the law but also a reproductive right that should never be taken away. They argued that denying women access to safe abortion is a denial of fundamental human rights, dignity and reproductive freedom. They recognized the individual, community and structural barriers to accessing safe abortion care and the health risks that these gap poses to women with unwanted pregnancies. They therefore called on the various stakeholders to urgently address these barriers as illustrated by a news source from the International Centre for Reproductive Health.

> …the question of legality is settled in the constitution; we cannot debate that. Why we cannot access safe legal abortion in public health institutions for me becomes the real issue that we need to discuss. Why do we still allow, even after passing the constitution, after passing the health act that then clearly incorporates the World Health Organization definition of health. We have made that part of our law. We are clear on what Kenyan women and girls are entitled to in the constitution and in the law. But in 2012 we still say that 17 die daily and hundreds of thousands still get long-term life-threatening effects because of unsafe

> abortion. So, for me that is where we really need to drive this discussion. Why are we denying these women and girls access to safe and legal abortion within the law and without stigma so that those in need can walk in and receive a safe service? **Male. Senior Legal Advisor. Expert Interview. KTN April 2018**

The MoH's actions in regard to implementation of the abortion law were portrayed as having catalyzed a much-needed allyship. Following MoH's withdrawal of the standard guidelines consequently obstructing the availability and accessibility to safe abortion care, men were portrayed as being in support of women's rights to safe abortion in various ways. First, by standing alongside women in condemning the MoH's action. Secondly, by being actively involved in the petitioning of the MoH to reinstate the standard guidelines as legal practitioners, witnesses against the MoH and representatives of women's rights NGOs. Furthermore, all the three male judges on the 5-Judge bench were in support of this petition thus reinstating the safe abortion guidelines, establishing a right to safe abortion care within the confines of the law. Finally, by being supporters of the high court's reinstatement of the standard guidelines, arguing that it promotes reproductive justice by creating a framework that allows women access to safe abortion care regardless of their socio-economic status. They termed this move by the high court "good news for any person who cares about women" as illustrated below.

> …As an Obstetrician/Gynecologist and reproductive health advocate for women, I was shocked when the director of medical service withdrew the standards and guidelines. It was very unfortunate because he was taking away the rights from the women and the providers who are offering the services to the women. The good thing about the judgement is that it had actually realized that yes, women have the right for services and that the standards and guidelines should be reinstated and that it was good news for any person who cares about women. **Male. Obstetrician. Expert Interview. KTN. June 2019**

Rights versus Morality

Abortion was framed as a right versus morality issue within the Kenyan news media. The rights-based approach, predominantly used by pro-abortion advocates, framed sexual and reproductive rights as an integral component of basic human rights; rights already protected under (inter)national laws. These rights were framed as affording individuals, predominantly women's the right to bodily autonomy and self-determination, the right to the highest attainable standard of health, and the right to right to life. These rights were shown to be interdependent, indivisible and interrelated. Typically, the right to bodily autonomy was shown to be dependent on, and contributing to, the realization of all the aforementioned rights. The rights frame further focused on how and who should implement and safeguard women's sexual reproductive health and rights. The morality frame on the other hand focused on the sanctity of human life and societal responsibility in protecting life. Notably there was an overlap between tradition, religion (especially Christianity and Islam) and rights.

Bodily Autonomy and Self-Determination

The right to bodily autonomy and self-determination was the dominant sexual and reproductive health right in the abortion discourse on the news media. News sources who identified as abortion advocates framed abortion in terms of women's right to control their own bodies generally referred to as bodily autonomy, and to decide freely and responsibly on matters related to their reproduction without interference. Pro-abortion advocates fell in two broad categories; those who advocated for women's absolute bodily autonomy and those who advocated for women's bodily autonomy within the confines of the Kenyan abortion law.

Pro-abortionists advocating for women's absolute control of their bodies claimed that the ultimate decision on whether or not to carry a pregnancy to term should be made by the woman

concerned, free from external intervention. They however, acknowledged that the government, religious authorities and members of the community, predominantly men, have limited and restricted women's bodily autonomy. Focusing largely on socio-cultural interference in women's reproductive choices, these pro-abortion advocates mentioned that there is a moral, cultural and value-based resistance to women's bodily rights. They stated that discourses, predominantly male dominated, based on religious dogma or traditional sociocultural norms, oppose the recognition of women's bodily rights. They maintained that individuals should not impose their beliefs on others, especially because they will not live with the consequences of these choices that they are making for others. They argued that women bear the responsibility of birthing and child rearing, thus should have total autonomy with respect to whether, when and how to have children as stated by a communications expert on NTV.

> A little question because my question goes around a lot of these views especially imposing your own views on someone else means that you are imposing consequences on someone else that you don't have to live with, right? How do you...what are both of your views on forcing women to have children whom they don't want to have, right? Through your opinions of some other people's bodies, creating problems and creating situations that you don't have to deal with but that other people have to deal with for life. You have mothers raising kids they don't want to, you have kids being raised by mothers that do not want to raise their children creating an extended social problem beyond all this. **Male. Communications Consultant. Expert Interview. NTV August 2, 2019**

These pro-abortionists advocating for women's absolute control of their bodies further emphasized that the government should play no role in deciding for women what is good for them in terms of their reproduction, especially around pregnancy. They argued that by conditioning women's right to abortion to "when continuation of pregnancy endangers the life or the health of the pregnant woman, or following sexual assault", the government not only serves to deny women their fundamental right to bodily autonomy and self-determination but also seeks

to control women's fertility. They stated that not all women with a healthy pregnancy want to be mothers or want to carry the pregnancy to term. The argued that constitutional parameters restrict women with unwanted pregnancies but do not fit within these legal parameters from exercising their bodily autonomy. A blogger/activist spoke against legal parameters governing access to abortion.

> Then now let's talk about abortion. You have to go back again. You have to amend what parts of the constitution that prevent abortion from occurring. Should it be about rape victims or not rape victims I think all women should have access to abortion and actually let us start with contraceptives, sex education, universal reproductive health care. Let us deal with that and also allow women to access reproductive rights like abortion without having to prove that they were raped because it can take a court case in this country years, by the time that you have proven that there was a case against her, that an assault occurred this child is already maybe three-four years old and that is an injustice against the woman herself. So, I will just say, forget about it being hinged on the assault or not assault but let be a universal health care issue. **Female. Blogger/Activist. Commentary. KTN. October 2016.**

Other pro-abortion advocates called for bodily autonomy within the current legal provisions of abortion. They acknowledged that the law does not permit abortion on demand and that a woman still required medical approval for her request for abortion. They recognized that these legal restrictions on abortion grant little towards a woman's bodily autonomy but argued that if a woman qualifies for abortion within the conditions stipulated by the law, then her bodily autonomy should be respected by the government and society as claimed by a news source from the Centre for Reproductive Rights on Citizen TV.

> But what we are saying is that one, abortion is a reproductive health service that at some point in the life of a woman they may need it. What you cannot do is to deny who qualifies for that service access to that service. It is not that it is compulsory that if we assess that your health or life is at risk, you must. The decision ultimately is yours but the opinion that that service is available to you is the opinion of a trained

> health professional. We can therefore now, and the court was very clear on this, as a right then you cannot take it away. **Male. Senior Legal Advisor. Expert Interview. Citizen TV. June 2019**

Both categories of pro-abortion advocates argued that denying women authority over their own bodies is commonly fueled by blindness to important pluralities around abortion decision-making and assumed sameness between women. They argued that bodily autonomy should be considered from the realities in which women live and negotiate their lives. They stated that women do not choose abortion simply because they have a right to such a choice. Women's choices are often constrained choices in response to the ideas and conditions prevalent in their immediate environment. Thus, women's choices to terminate a pregnancy should not be considered in isolation from their contextual realities since there are varied and multiple reasons for women making this choice. They emphasized the importance of understanding of abortion to the socio-economic circumstances that hinder or enable women to continue with, or to terminate, a pregnancy. They urged society to be sensitive and respectful of women's autonomy when it comes to abortion as stated by a communications consultant on NTV.

> One thing that I would like to bring out is no one has abortions for fun. Unfortunately, Pastor Pette that is the way you brought it out saying 'you know this is just a baby let us leave it' no woman enjoys having an abortion. Therefore, when you are coming at it from a point of empathy, several factors lead to abortion. There are social and economic factors that lead to abortion. My actual stand is I support abortion almost fully. If you decide that you do not want a child due to economic reasons, social reasons, I support it. Particularly because the people who are having the very loudest views on this are not the women. They are not the people who are having abortions. **Male. Communications Consultant. Expert Interview. NTV August 2, 2019**

Both categories of pro-abortion advocates further argued that women cannot realize their sexual and reproductive health and rights without also realizing their broader human rights. They claimed that right to bodily autonomy and self-determination cannot be realized unless women

have access to information and resources needed to exercise this choice. They said that women with unplanned pregnancy should have access to information that sensitizes them on the options available to them in terms of abortion, to enable them to make an informed decision. They alleged that if a woman chooses to terminate an unwanted pregnancy, it is the responsibility of the government to ensure equal access to safe abortion care to the full extent of the law. They maintained that this can only be realized when the government through its relevant institutions, specifically the MoH, implements the abortion law and if members of society, especially medical practitioners, uphold this law. They argued that the reduction of commitment to implement the abortion law does not only deny women the right to bodily autonomy but is also a denial of two fundamental human rights; the right to health and the right to life as stated by a news source from the Centre for Reproductive Rights on Citizen TV.

> And then what then the constitution calls on the ministry of health to do is now, one, put in laws, put in regulations, put in standards to ensure that we protect access to services that facilitate the protection of life, the protection of health. **Male. Senior Legal Advisor. Expert Interview. Citizen TV. June 2019**

The right to the highest attainable standard of Health

News sources stated that although Kenya amended its laws to expand access to safe and legal abortion care services, this liberalization of laws has not guaranteed access to safe abortion. This was largely attributed to non-implementation of the abortion law and societal stigma. The government's failure to provide abortion care services for the indications for which it is legally permitted was said to be a violation of individual's right to the highest attainable standard of health care, including safe abortion where needed. News sources decried the deplorable conditions in which most illegal abortions are conducted, stating that these abortions maim and/or kill women. They argued that no Kenyan woman should suffer injuries or die from complications of unsafe abortion since they have a right to reproductive health care services,

specifically abortion care services within the framework of the constitution as stated by a news source from the International Centre for Reproductive Health.

> …As a country we have constitutionalized one particular aspect of health care provision. That although we have generally formulated the right to health as a right to every citizen and a right to access reproductive health care services, we have particularly particularized in Article 26(4) access to abortion services within the framework of the constitution… The Kenyan law guarantees the right to health and reproductive health services. **Male. Senior Legal Advisor. Expert Interview. KTN. April 2018**

News sources and journalists called on the MoH to implement the standard guidelines that will provide equal opportunity for all Kenyan women to access the highest attainable level of abortion care within economic and safe physical reach. They claimed that provision of adequate, affordable and accessible abortion care services facilitates the women's realization of their bodily autonomy, protection of the right to health and the protection of the right to life, rights already guaranteed in the constitution as stated by a reporter on KTN.

> …that is why guidelines are put in place and these guidelines not only just ensure that the medical practitioners or the health care providers can provide you the patient with the highest attainable standards of health, but it also gives you that human right as a patient to choose what will work for you so that you can have a discussion…So with guidelines, with a legal framework that really is within the law then it gives people an avenue to provide the highest attainable standard of health care as is guaranteed by the constitution of Kenya. **Female. Reporter. VO/SOTs. KTN. June 2019.**

The right to life

Pro-abortion proponents used the right of life frame to assert the value of a woman's life. They framed undermining women's bodily autonomy and self-determination as a deliberate attack on all women that ultimately deprives them of crucial reproductive health services, leads to back-alley abortions, causes unnecessary deaths among women, ultimately violating their right to life. They reminded us that abortion is allowed by the law to protect women's right to life and

that advocacy for access to safe abortion care services aims at defending women's right to life. They expressed displeasure at the fact that whenever protection of life is invoked, the focus is largely on the life of the unborn child. They questioned the value attached to a pregnant woman's life and wondered whether she is only perceived as a vessel. They called on the government to take affirmative measures to minimize the fatal consequences of unsafe abortion, insisting that the right to life is a constitutional provision. A news source from the Centre for Reproductive Rights spoke of the protection of women's lives.

> The reason why abortion is allowed by law and has been pushed by service providers is to protect the very right we are talking about. The challenge and if you read the judgement, the judges said the social context; what is the problem? We ask ourselves, what is the problem? It is that we have large numbers of death and sickness, injuries arising from unsafe abortion. What is causing these unsafe abortions? One, there could be medical conditions that require termination but because the law is not clear because there is no training, because the service is not available it will lead to a death. Two, besides the training there is then unavailability of services and there are instances then when the health of the mother is at risk because of a pregnancy. So that even if we were to talk from those who are saying it is about protecting the life, it is actually...termination of a pregnancy is allowed to preserve that very life. **Male. Senior Legal Advisor. Expert Interview. Citizen TV. June 2019**

For pro-lifers, women's bodily autonomy and self-determination are fallacies that ignore the fact that this autonomy entails the death of another person. Constructing the fetus as a person (child) with full legal rights from the moment of conception, pro-lifers struck down the right to life of a woman's discourse arguing that it infringes upon the fetus' right to life. They argued that the fetus has equal rights with a pregnant woman, thus, women's right to life should never supersede those of the fetus. They constructed abortion as an act of violation of another human being's right to life, a right protected by the law as revealed by an obstetrician-gynecologist.

> And the constitution of Kenya says that every person has a right to life and that life starts at conception. So, this baby who is in a mother's womb is a person. The moment you bring what you are calling safe/unsafe (abortion), you have killed the baby. **Female. Consultant Obstetrician-Gynecologist. Expert Interview. KTN. November 24, 2018**

Pro-lifers said that women's right to life should only be upheld when a pregnancy endangers the physical health of a mother. Nevertheless, even under these circumstances, the pregnant woman should be allowed to make the choice on whether to continue with the pregnancy as some women choose the right to life of the fetus over their own as revealed by an advocate of the high court.

> But where for example we have pre-eclampsia, your life is clearly in danger. Or where you have got this hormonal...this condition where your rhesus factor is separate from the child's and actually it is life threatening. We have seen women who have refused cancer treatment for the sake of their child. Why? There is a realization of my life may be getting over but there is potential here. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

Additionally, pro-lifers framed the right to life of the fetus discourse as a defense of the life of the most vulnerable human beings that should be protected by all means necessary. They argued that beyond the government and the law, it is our responsibility and obligation as a society to protect and preserve human life from the moment of conception to that of natural death for two major reasons. First, drawing heavily on religion, pro-lifers constructed abortion as an act of killing a human being, an act that goes against religious and moral values. Secondly, pro-lifers framed defense of the life of the unborn as a preservation of society. They argued that children are crucial to the family and community since they are the only way through which families can keep their lineage, consequently providing for the continuity of societies. Pro-lifers

therefore urged societies to prioritize and protect the right to life of the fetus by standing up against liberalization of abortion as stated by a resident of Muranga town.

> My name is Ngugi, I am a resident of Muranga. I wouldn't advocate for abortion on demand…why should abortion be permitted? If women terminate their pregnancies upon learning that they are pregnant, will we still be here tomorrow or in a few years to come? Will this country have a population? We cannot agree with abortion on demand. Abortion should never be legalized. **Adolescent Male. Reporter Package. NTV. November 2018.**

Victimhood

As illustrated in the aforementioned sections, women are shown to be disadvantaged and oppressed by a set of circumstances beyond their control. News sources, and largely those who identified as pro-abortionists, portrayed women as being victimized by the Kenyan abortion legislation as well as the social cultural context.

Women victimized by the abortion legislation.

News sources, predominantly pro-abortionists, depicted women as victims of a government that uses its institutions to control women's fertility. They claimed that the state (un)intentionally uses various mechanisms to constraint women's bodily autonomy and self-determination. To begin with, the current constitution restricts abortion by laying out parameters within which women can access abortions legally and presumably safely. This restrictive law limits women's ability to exercise their bodily autonomy, with only those who fall within the pre-determined legal parameters having the freedom to decide whether they want to terminate the pregnancy or not. This disadvantages majority of the women faced with unwanted pregnancies as explained by a news commentator during a news review.

> We note that the constitution went further and provided procedures that abortion is only necessary when the life of the mother is at risk and according to the recommendation of a doctor. What happens to that girl who

> has just been raped and she cannot live with the consequences of carrying a child she did not willfully participate in making? What happens to the young girl who is thinking that 'ok, fine, I got pregnant, I did not use protection and now I am pregnant, and I don't know whether I am going to take care of this child'. What happens to the 16-year-old who gets pregnant and is wondering 'I have not even finished school, I am supposed to now become a mother, I cannot provide for this child. I am continuing the cycle of poverty' … So, I think we really need to rethink this, let women have control over their bodies, let women be able to choose what to do with their bodies, be able to enjoy full reproductive health care. **Female. Commentary. KTN. June 14, 2019**

Secondly, news sources depicted women as victims of government institutions' failure to honor their mandate of implementing the abortion law as stipulated by the 2010 constitution. They argued that women's access to safe and legal abortion could only be realized following parliament's enactment of a reproductive health law and the MoH's implementation of the standard guidelines. However, since parliament and the MoH are yet to fully abide by these constitutional requirements as presented in Chapter 5 of this dissertation, women have been victimized in various ways.

For starters, the (in)actions of these two government institutions was shown to have significantly contributed to denying women access to quality abortion care services. Parliamentary failure to enact a reproductive health bill as well as the MoH's non-implementation of the standard guidelines were presented as having resulted in a lack of a framework that guides the delivery of comprehensive abortion care. Consequently, this has negatively influenced the availability and accessibility to safe abortion care as it has occasioned limited public information on access to safe abortion care where it is within the provisions of the law. Additionally, it has limited the MoH's capacity to avail safe abortion care services as told

by the CEO of Kenya Legal and Ethical Issues Network on HIV/AIDs (KELIN) in an expert interview on KTN.

> I agree that laws may not change the morals of people but laws are important to the extent that they provide the framework to hold the government accountable not only when violations happen but for the government to put into place funds, systems, mechanisms and training aspects of those healthcare workers so that the citizens can then be able to access the services and not go to the quacks. In the absence of a law on reproductive health, the ministry of health cannot budget on training of healthcare workers, they cannot budget for facilities for carrying out safe abortions. So in the absence of those laws and policies, it becomes extremely difficult for them to respect, protect and fulfill the right to health including reproductive health services as it is envisioned by the constitution. **Male. CEO. Expert Interview. KTN. April 14, 2018**

The unavailability of, and inaccessibility to, safe abortion care was shown to negatively affect women's pathway to safe abortion care, exposing them to unsafe abortions and exploitation. News sources revealed that the gap created by unavailability and/or inaccessibility to safe abortion care services within the public health institutions presented an opportunity for 'quacks' to operate backstreet clinics. These 'quacks' who often pose as reproductive health specialists take advantage of women's ignorance and vulnerability, typically preying on the young and poor women desperate to terminate unwanted pregnancies. They charge exorbitant prices for poor abortion care services provided by unqualified persons, using dangerous and invasive methods, in unhygienic and ill-equipped facilities. This places women at an increased risk for maternal morbidity and/or mortality as depicted in a VO/SOTs item on NTV.

> Equipment in this old and unhygienic private clinic tells the chilling story of the risky operation that occurred here earlier today. A pregnant woman walked into the Sirikwa Medical Laboratories only to leave in an ambulance and in a rush to Kitale County Referral Hospital in critical condition following a risky abortion at this private clinic. Her panic streams would save her life as medical officers conducting

> crackdowns in private clinics nearby rushed to her rescue. **Female. Reporter. VO/SOTs. NTV. June 2019.**

Furthermore, some of these ‘quacks’ were shown to sexually exploit women seeking abortion care. They used various techniques including initiating sexual contact with these women claiming it is a technique for calming anxious patients, sedating and raping women seeking abortion care services, and exaggerating the cost of abortion care services with an aim of coercing women who lack resources into engaging in sexual intercourse in exchange for abortion care services. An investigative journalist at NTV, exposed a known rogue ‘quack’ James Mugo Ndichu, also known as 'Dr.' Mugo Wairimu.

> The camera misses something shocking and disgusting that Mugo does. We can only see his back that blocks the view of what he is doing to the young woman. Mugo starts kissing the patient and tells her that kissing is a way to numb the pain. The helpless young woman cannot do anything at this point. No words can describe the things we see in this dirty, filthy and dingy clinic. Exploiting desperate patients in ways that can kill. **Male. Reporter. VO/SOTs. NTV. November 5, 2018**

Finally, the unavailability of, and inaccessibility to safe abortion care was shown to negatively affect women’s bodily autonomy. News sources stated that the law requires health professionals to provide women seeking abortion care with accurate, non-unbiased information of the options available to them in terms of unplanned pregnancy. Thereafter, women who qualify for abortion care should be granted the freedom to make an informed decision for themselves on whether they want to terminate the pregnancy or not. However, non-implementation of the abortion law has denied women access to trained abortion health professionals compromising the freedom and rights of women’s autonomy over their bodies. The Regional Director, Centre for Reproductive Rights, explained the relevance of trained abortion providers to women’s bodily autonomy.

> The provider once the woman is before them, will make that decision and give the woman all the scenarios … and then let the woman make the ultimate decision … This means that providers should be trained so that they can increase their level of knowledge including the nurse, the middle level providers that we talked about so that they are able to provide quality services to women and this means that the standards and guidelines have been reinstated and in place. **Female. Regional Director, Centre of Reproductive Rights. Expert Interview. KTN. June 26, 2019**

Women victimized by the socio-cultural context.

Women were further depicted as victims of societal attitudes and actions that strip them off their bodily autonomy, access to abortion care and right to life. News sources claimed that society expects women who (un)intentionally become pregnant to endure the process of pregnancy and birth. An expectation influenced by various societal attitudes including, the refusal to acknowledge women as autonomous individuals first, not mothers; lack of confidence in women's ability to make independent decisions about their own bodies; and a belief that society has the right to take control of a woman's body. These attitudes were said to be cultivated by norms relating to patterns of sexual behavior and traditional roles for women as child-bearers and wives. These norms were shown to make it difficult for women to exercise their bodily autonomy as illustrated on KTN.

> Waiga (name of journalist) if you look at the board behind you, if your cameraman can actually just zoom, that tells you, our mindset. That rather than promoting access to comprehensive wellness of women and girls because of our persuasions whether religious or otherwise we take stands that threaten the existence of part of the population, they poor women and girls. Let us facilitate access to abortion services within the law to protect the health and life of women and girls. Nobody needs to die for preventable conditions. **Male. Senior Legal Advisor. Expert Interview. KTN. June 2019**

Additionally, men and health care providers offering abortion care services were shown as the populations largely obstructing women's access to safe abortion. Men as pregnancy co-

conceivers and leaders of various government and social institutions were said to make reproductive choices for women through policies or social tenets with no regard to the realities of women's lives. Health professionals were shown to impose their religious, ethical or moral beliefs on women disregarding women's bodily autonomy, consequently impeding women's access to legal and safe abortion care as revealed in an expert interview on Citizen TV.

> We also had people bringing in what I would call their religious perspective or their personal prejudices to the provision of health services. So that if I think it is not favorable to my religious inclination to provide reproductive health service like abortion, I would not provide it. **Male. Senior Legal Advisor, Centre for Reproductive Rights. Expert Interview. Citizen TV. June 2019**

Lastly, women were portrayed as victims of a society that places more value to morality, customs, and religion than it does to women's right to life. A society that forces women to donate their own life to save another, the fetus. A society less invested in demanding for the implementation of the abortion law that protects women from preventable deaths. A news source from the Centre for Reproductive Health-Africa weighed in on the societal norms versus women's right to life argument during a debate on NTV.

> And I am not sure what that means because I believe that when people advocate for the right of women to be able to access services that are lifesaving, they are actually defending the right to life. Yes, there are a lot of conversations around, you know, morality. There are a lot of conversations around our social norms, our cultural norms, sometimes what is put out is religious norms, but I think the reality that we need to face is that human lives are at stake. When martin speaks about 2600 deaths a year, that is seven women a day, who work from preventable deaths. Nobody needs to die from an unsafe abortion. It is wholly preventable. And we are losing 7 lives with potential every day for absolutely no reason in this country. So, I do not know what kinds of morals, what kind of custom, what kind of religion it is that we are actually talking about if we are ok with losing 7 lives for no reason because we are talking about preventable deaths. **Female. Reproductive Rights Lawyer. Expert Interview. NTV. August 2, 2019.**

Marginalized voices in the abortion discourse

There was an inclination towards exempting women self-disclosing of their abortion experiences on prime-time news. News outlets rarely covered women's lived experiences before, during and post abortion and when they did, they were included as vignettes in news features and expert interviews with a few being incorporated in studio reporting. Majority of the women who narrated their abortion experiences were characterized as having obtained abortion during adolescence, childless at the time of the abortion, from rural areas or informal settlements of urban areas, in unstable relationships, and of lower socio-economic status with limited economic means to obtain an abortion.

While narrating their personal experiences with abortion, women predominantly used negative language, figuratively painting abortion as a tragedy. Their narratives evolved around three key aspects. First, was abortion decision-making, depicting it as the hardest decision a woman will ever make. Second, was the abortion process with all the women reporting having used unsafe and potentially life-threatening methods to procure abortion. Consequently, they suffered negative health outcomes (physical and/or mental). Their disclosures illustrated abortion care as exclusively violent, traumatic, and dangerous. Finally, were the reflections on women's identity post abortion. An identity entrenched in shame, guilt, and regret with a depiction of these feelings as the universal responses to abortion.

Lacking in the news media was the personal experiences with abortion of certain demographics. These includes the voices of the following populations: men as co-conceivers of the terminated pregnancies, adult women, married women, and women of upper/middle socio-economic status. Also rare was news coverage of women's positive experiences with abortion. There was no coverage of women who found abortion decision making easy and exhibited

confidence about their decision. Additionally, there was limited coverage of women describing positive emotions, such as relief or feeling of empowerment, following an abortion. Also lacking in the news media was the voices of women who have experienced abortion in discourses around addressing unsafe abortion. Discourses around addressing unsafe abortion are controlled by individuals and interest groups who lack personal experience with (unsafe) abortion.

Discussion

Our analysis revealed that for the period 2016-2019, majority of the abortion news items in the Kenyan broadcast were aired in the year 2019. This is largely due to various critical discourse moments experienced that year in Kenya including the controversial abortion-related death of Caroline Mwatha, a Human Rights Activist; the Kenyan High Court ruling on the "Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya."; Kenya hosting the Nairobi Summit on ICPD25; and the Reproductive Health Bill (2019) that was introduced into the Senate by the Nakuru Senator, Susan Kihika. These events attracted massive public and media attention.

Four key frames emerged from our analysis with their prominence varying across the different news types. Abortion as dangerous to women's health was a salient frame across all news types. Men in abortion trajectories, abortion as a right versus morality issue and, women as victims of circumstances beyond their control were prominent frames in reporter packages, expert interviews, and commentaries. This can be attributed to the times when these abortion discourses took place in the news media. It was largely when there were considerable debates in the Kenyan political & religious circles on the legality, dangers, and morality of abortion and

youth degeneracy. The media discourses mirrored societal narratives around abortion at that time.

Abortion as dangerous to women's health

Mirroring findings from previously documented studies in the media (Magunga, 2013; Sisson & Rowland, 2017b) and public health fields of study (Finden, 2017; Izugbara et al., 2009, 2017), our findings revealed that abortion as common and dangerous to women's health was a prominent frame in the Kenyan televised news media. Induced abortion was synonymous to illegal and unsafe abortion and in agreement to Herold & Sisson (2019), illegal and unsafe abortion was almost uniformly depicted as dangerous and painful. Adolescents were depicted as the population depicted as largely and adversely affected by unsafe abortion. This aligns with findings from within Kenya (Center for Reproductive Rights, 2016; M. M. Mutua et al., 2015; Ziraba et al., 2015) and beyond (Sisson & Kimport, 2016).

We found that within this frame, the media centered on the short-term abortion-related medical complications. This can be attributed to the dramatic effect that these short-term medical complications offer. Readers and VO/SOTs, largely centered on (near) loss of life stories, focusing on stories of women who suffered fatal acute short-term health complications or died following botched abortion. Correspondently, reporter packages, expert interviews and commentaries centered on abortion-related medical complications, however, they typically had two sides (pro-choice and pro-life) with each side using this frame to demonstrate that illegal abortion has real consequences on the population. Pro-choice advocates largely centered on the short-term abortion-related medical complications, overestimating the risks and complications (Conti & Cahill, 2017). They used this frame to illustrate the health implications of criminalizing abortion, calling for availability and accessibility to abortion care services for all women in need

of these services. Pro-lifers on the other hand centered on both the short-term and long-term abortion-related medical complications. They used this frame to advocate for further restrictions on abortion laws and as a cautionary tale to other girls and women. These binaries create an element of conflict, increasing the dramatic effect of abortion coverage and further politicizing this topic.

Like earlier studies, we found that the Kenyan media misrepresents abortion care and safety. Like Sisson & Kimport (2017), our findings show that surgical abortion is depicted as the standard abortion procedure with medical abortion being underrepresented. This is misrepresentation of the reality as an increasing number of women are choosing medical over surgical abortion (Herold & Sisson, 2019). Furthermore, there is a dramatic exaggeration of surgical abortion health risks with limited narratives on the safety of medical abortion, this is consistent with Sisson & Rowland (2017b) findings. These inaccurate depictions of abortion procedures provide viewers with misleading information, potentially reinforcing pre-existing myths about abortion and its safety. This transverses the media's role of providing accurate information to the people. Accurate representation of abortion procedures is likely to positively influence girls/women's abortion decision-making process as well as abortion seeking behaviors.

Men in abortion trajectories

Depiction of men's role in women's abortion trajectories could be argued to reflect how men and women relate within the Kenyan society. Consistent with earlier studies, we found that men were at the center of abortion discourses in the news media (Armstrong & Boyle, 2011). However, unlike these studies which largely showed that majority of these men undermine abortion rights (Armstrong & Boyle, 2011; Feltham-King & Macleod, 2015), our study found that majority of men invited to participate in abortion debates within the news media champion

for women's reproductive freedom and rights. As allies and advocates of abortion rights, these men were active participants in the push for women's bodily autonomy, and the availability and accessibility to legal and safe abortion care services. This can be attributed to journalists biased sourcing as there was a tendency to select male panelists who identified as pro-abortion and had a public voice on this subject on different platforms. Most of these male news sources were deemed credible given their expertise in various aspects of this topic.

Women were placed in a subordinate position to men regarding women's own sexual reproduction. This was demonstrated in various ways. While highlighting the various techniques that men use to control women's reproductive capacities, women self-disclosing their lived experiences with abortion, placed men in a position of power about women's sexual and reproduction. They depicted men as having the power to advance men's desired pregnancy outcomes regardless of what women carrying the pregnancy prefer. Furthermore, just like (2018) Zambian study, women who had active partner involvement in their abortion trajectories were depicted as having positive experiences and outcomes with the abortion decision-making and abortion care seeking processes. Additionally, men were placed in a position of power financially (Sanya & Lutomia, 2016; Tamale, 2020) by equating their involvement in abortion trajectories with provision of financial support. This upholds women's dependence on men financially (Macharia, 2021; Sultana, 2012).

These depictions, which reflect the Kenyan society, can be argued to be a consequence of patriarchal domination entrenched into Kenya by pioneer missionaries and British colonialists. These missionaries and colonialists enforced a moral order that tied up social, cultural, political, and economic power to maleness (Njagi, 2013; Tamale, 2020), securing women's subordination and dependence on men in the social, economic and political spheres of life. This patriarchy is so

deep-rooted in the Kenyan society that even as times change and more and more women become socially and economically empowered, society still ties femaleness to domesticity and reproduction (Njagi, 2013). Thus, the continued perpetuation of notion that women are less able than men (Macharia, 2021) and lack the capacity to make sound choices, consequently, requiring patriarchal protection even in matters women sexual reproduction health. There tends to be a deliberate lack of acknowledgement of women's agency.

Rights versus morality, and women as victims of circumstances beyond their control

The rights versus morality frame had a correlation to the victimhood frame, and typically took the pro-choice versus pro-life dichotomy. Just like the men in abortion trajectories frame discussed above, these frames were a projection of the patriarchal nature of the Kenyan society and further depicted the anxiety over women's sexuality within the Kenyan society (Thomas, 2003).

Pro-choice advocates, whose primary focus was to promote women's right to make decisions over their own bodies, revealed that patriarchal control is the key barrier to women's realization of their right to bodily autonomy and self-determination. They argued that in the Kenyan context, men seek to control women's fertility using religious dogma, traditional sociocultural norms and/or the law. They confer to the key tenets of these institutions to limit or restrict the recognition of women's bodily rights, deciding for women what is good for them in terms of their sexual reproduction, ultimately controlling their fertility. This points towards women's inability to decide for themselves what is good for them, especially sexually, thus the need for male protection (Macharia, 2021; Sultana, 2012).

Pro-lifers invalidated pro-choice advocates arguments for women's right to bodily autonomy and right to life, and just like in other studies, stated that these rights infringe upon the

fetus right to life and should never supersede those of a fetus right to life (Baranzke, 2012; Jones & Chaloner, 2013; Larsson, Eliasson, Allvin, Faxelid, Atuyambe, Fritzell, et al., 2015). Our results similarities with Larsson et al. (2015) findings that revealed that the media depicts that women's right to life should only be upheld when a pregnancy endangers the physical health of a mother. However, news sources in our study further stated that in such circumstances, women should be allowed to determine for themselves as some women choose to take a chance with risky pregnancies. This communicates that pro-lifers also recognize the need to respect women's bodily autonomy.

In the Kenyan news media, the key tenets of religion (particularly Christianity) and the African traditional culture as it is known today were portrayed as being incompatible with women's sexual reproductive health and rights, especially abortion rights. However, as illustrated in Chapter 2 of this dissertation, these key tenets are impressions of pioneer missionaries and British colonialists anxiety over African reproduction and the strategies they put in place to control indigenous women's sexual excess and promiscuity (Thomas, 2003). This necessitates the interrogation of some of these foreign ideologies that were introduced into the ancient African society, especially those around female sexuality. This is especially true in the context of promulgators of these ideologies had to make adjustments to accommodate some traditional African practices especially as pertaining women sexuality (Thomas, 2003), and continue to become more accommodative of certain women sexual reproductive health and rights issues such as use of contraceptives and same-sex relationships. There is need for an impartial approach to women's sexuality free from religious and colonial ideologies. This can be achieved by continuous attempts to understand the reality of women's sexuality in the present times and how different women navigate their sexualities with the changing times, and especially in the

face of unwanted pregnancies. Understanding these realities is likely to promote respect and protection of women's bodily autonomy and self-determination at the different levels of society: family, community and state.

Marginalized voices in the abortion discourse

Consistent with earlier studies, our study found that the Kenyan news media largely politicizes abortion, barely reflecting the perspectives of people who are directly affected by it (Park et al., 2013). Limited or lacking in the Kenyan news media were voices of women who sought abortion, the personal experiences with abortion of certain demographics, and women's positive experiences with abortion. The televised news media's depictions of women seeking abortion is not representative of the local population obtaining abortion. This aligns with findings from Uganda (Larsson, Eliasson, Klingberg Allvin, et al., 2015) and USA (Sisson & Kimport, 2014), depicting an overrepresentation of young people, particularly teenagers, and an underrepresentation of certain populations including adult women, married women, and women of upper/middle socio-economic status. This promotes the idea that only certain populations need and seek abortions, contributing to social myths that perpetuate stigma. Furthermore, exclusion of other populations that contribute significantly to women's pregnancy outcomes such as men, family, health care professionals and the state limits the opportunity for the public to better understand abortion.

Conclusion

While the content analysis of abortion news items suggested an interplay between media representations, the law, and social-cultural attitudes and actions; it also revealed that abortion debates in the Kenyan news media typically take the pro-choice versus pro-life dichotomy. Persons who identified as pro-choice advocates framed abortion as women's right to bodily

autonomy, and to decide freely and responsibly on matters related to their reproduction. However, they noted the interference from the government, religious authorities and members of the community - predominantly men - subsequently limiting and restricting women's bodily autonomy. They stated that there is a moral, cultural and value-based resistance to women's bodily rights in Kenya. Norms relating to patterns of women's sexual behavior and traditional role as child-bearers place an expectation on women who (un)intentionally become pregnant to endure the process of pregnancy and birth. There is limited acknowledgement of women as autonomous individuals first, not mothers; lack of confidence in women's ability to make independent decisions about their own bodies; and a belief that society has the right to take control of a woman's body. It is therefore no wonder that men – the assumed leaders of society- make reproductive choices for women through policies or social tenets with no regard to the realities of women's lives.

These socio-cultural dynamics around women SRHRs play out in the media with the media depicting women as victims of societal attitudes and actions that strip them off their bodily autonomy; a government that uses its institutions to control women's fertility; government institutions' failure to honor their mandate of implementing the abortion law resulting in unavailability of and inaccessibility to safe abortion care services, consequently making women victims of a society that strips them off a right to life. Despite media's portrayal of women as victims of the Kenyan socio-political environment, religion and what is presented as traditional African culture continue to have a great influence on perceptions and conversations around abortion and women's bodily autonomy. Therefore, media house should focus more on the Kenyan socio-political environment in relation to abortion and provide more space for conversations around these issues with efforts towards involving women with lived abortion

experiences to enhance public understanding of women's subjective experiences with abortion and support needed by women faced with unwanted pregnancies.

Furthermore, the Kenyan news media paid limited attention to the way male (in)actions influence women's pregnancy outcomes, especially their abortion trajectories. Men as co-conceivers of pregnancies that end in abortion were barely part of the abortion coverage, and when presented it was from the perspective of women with lived abortion experiences. Post-abortive women depicted these men as selfish and exploitative persons who deliberately seek to control women's reproductive choices by (in)directly pressurizing women into ending a pregnancy by either withholding support, denying paternity, abandoning the woman, or using trickery to coerce the woman to terminate the pregnancy against her wish. Men were also shown to sexually assault women leading to unwanted pregnancies. Unfortunately, the news media did not engage men as co-conceivers in the abortion discourses. It is therefore not clear how these men perceive their role in women's abortion trajectories and especially for those pregnancies that end in unsafe abortions. The male voice that media tends to be more interested in is that of men as allies and active supporters of abortion rights. Typically, the news media engages these men in abortion debates and depicts them as empathetic and supportive of women's reproductive freedom. These men who are mostly representatives of civil societies, legal practitioners and health professionals, use their voices and positions in society to advocate for abortion rights. However, we cannot ignore the fact that majority of these men are advancing the agenda of their employer/funders, which might not necessarily reflect their personal beliefs around abortion rights. Therefore, even as the media heeds to the call to engage men in conversations around women's SRHRs, they should seek out more men with lived abortion experiences as opposed to male professionals who are far removed from lived experiences with women's abortion

trajectories. This will not only contribute to a more comprehensive understanding of abortion trajectories but will also allow men to recognize their role in women's SRHRs, especially abortion.

The socio-political attitudes and actions were argued to be a major contributor to the high incidence of unsafe abortion with its sequel of health consequences. The Kenyan abortion coverage largely referenced to the adverse health outcomes for women following induced abortion, suggesting that abortion is dangerous and deadly. Abortion was depicted as dangerous to women's physical health both in the short-term and long-term. The picture of abortion was that of damaged internal organs caused by perforations to the uterus, bladder and/or intestines; mutilated fetus still retained inside the womb; excruciating abdominal pain; hemorrhaging; organ failure including the heart, renal and/or kidney; subsequent cancers, pre-term births, and spontaneous abortions; with the greatest consequence being maternal mortality. These abortion adverse effects were argued to be a consequence of the socio-political context that pushed women into unsafe abortion. These findings highlight the severity of unsafe abortion. Thus, even as the media depict abortion as physically dangerous to women's health, there is a need to provide solutions, especially those that can easily be adapted and/or implemented at different societal levels.

CHAPTER FIVE

ADDRESSING UNSAFE ABORTION IN KENYA: SUGGESTIONS FROM TELEVISED ABORTION COVERAGE

Introduction

Although abortion is politicized within the Kenyan televised media - typically taking a pro-life versus a pro-abortion angle as presented in Chapter 4 – there was almost a consensus that unsafe abortion is detrimental to girls/women's health and life. This almost naturally prompted news sources and journalists to provide suggestions on ways to mitigate unsafe abortions within Kenya. Resultantly, a significant proportion of the televised abortion content referenced to measures of addressing unsafe abortion, illustrating the importance of this. The vastness of this content necessitates its being presented separately. Therefore, in this chapter, we present key findings of suggested means of addressing unsafe abortion in Kenya as depicted in three leading TV stations from 2016 to 2019. Suggested approaches to ending unsafe abortion in Kenya differed. The key recommendation was the need to institutionalize an appropriate legal framework, particularly the full implementation of the Kenyan abortion law. Other recommendations included the need for acknowledgement of unsafe abortion as a public health problem, recognition of the influence of the socio-cultural context on unsafe abortion, partnerships and collaborations among key stakeholders, and adoption of existing SRHR strategies as presented in this section. We begin by presenting the description of the study sample.

Sample description.

Of the 55 news items selected for this study, a considerable number 33 (60%) contained content on addressing unsafe abortion in Kenya. Most (52%) of the content on addressing unsafe

abortion was aired in 2019 with KTN having the largest (46%) coverage on addressing unsafe abortion. This could be attributed to KTN's investment in health journalism and has an active health segment that comprehensively covers health issues affecting Kenyans. Majority (46%) of the news items were reporter packages with majority (61%) of the news sources being male. Journalists (32%), health care providers (14%) and representatives from Non-Governmental Organizations (14%) largely featured in these coverages with limited input from researchers (1%) and persons closely associated with abortion victims (0%) such as their family members, friends, and neighbors. Very few (3%) adolescents featured in these broadcast content on addressing unsafe abortion in Kenya **(see table 5.1)**. Journalists were at the center of the broadcast news content on addressing unsafe abortion in Kenya as they probed for solutions to unsafe abortions from persons being interviewed during the news coverage and/or summed up recommendations for addressing unsafe abortion in Kenya as stipulated by news sources.

Themes

Our content analysis identified three main themes around addressing unsafe abortions in Kenya: 1) deal with unwanted pregnancies, 2) partnerships with key stakeholders and 3) adoption of existing SRH strategies. These themes along with their subthemes are presented below.

Table 5. 1 Distribution of news coverage on addressing unsafe abortion in Kenya.

ITEM DESCRIPTION	N (PERCENTAGE)
YEAR	
2019	17 (52%)
2018	11 (33%)
2017	2 (6%)
2016	3 (9%)
TV STATION	
KTN	15 (46%)
NTV	12 (36%)
Citizen TV	6 (18%)
TYPE OF NEWS	
Reporter Packages	15 (46%)
Expert interview	6 (18%)
News feature	5 (15%)
News review	4 (12%)
Voice-Overs/Sound on Tape	3 (9%)
Voice-Overs	0
Readers	0
GENDER OF NEWS SOURCES	
Male	27 (61%)
Female	17 (39%)
GENDER OF JOURNALISTS	
Female	15 (71%)
Male	6 (29%)
POPULATION	
Adults	63 (97%)
Adolescents	2 (3%)
NEWS SOURCE	
Journalists	21 (32%)
Health care providers	9 (14%)
NGO representatives	9 (14%)
Legal practitioners	4 (6%)
Government Officials	3 (5%)
Religious leaders	3 (5%)
Abortion victims	2 (3%)
Communication Specialists	2 (3%)
Researcher	1 (1%)
Abortion victims' family/friends/neighbors	0
Unassigned	11 (17%)

Deal with unwanted pregnancies.

The support that girls and women faced with unintended pregnancies receive is crucial to their abortion trajectories. Our content analysis revealed that a multifaceted approach that integrates the legal, public health and socio-cultural frameworks is necessary to create a safe and supportive environment for girls and women faced with unwanted pregnancies.

Institute the appropriate legal framework.

Our content analysis of media content focused on addressing unsafe abortions revealed a dichotomy between enabling and restrictive legal and policy frameworks. News sources in favor of an enabling legal and policy framework advocated for the implementation of the Kenyan abortion law, sensitization on the constitutional provisions of abortion, expansion of the abortion law and upholding international treaties to ensure greater access to safe abortion care services as presented below.

Implementation of the Kenyan abortion law

News sources, predominantly NGO representatives and health professionals, stated that the first step towards addressing unsafe abortions among girls/women is to observe the abortion law as stipulated in the Kenyan constitution. Acknowledging our diversity as a country in terms of culture, religion and personal values, news sources said that when it comes to matters of law and policies, it is important to go back to the constitution. News sources emphasized that all our arguments and decisions around abortion should be within the framework of the constitution since access to abortion care services is the only constitutionalized aspect of health care provision. The regional director at the Centre of Reproductive Rights explained why we should subject ourselves to the constitutional provisions of abortion despite our divergent views.

> Now we can all have our views, our religious beliefs, our cultural beliefs, or whatever but in the end, we must remember that the (abortion) law is settled. The constitution is very clear, we can hold ourselves to our views, but the constitution is the supreme law of the land. **Female. Regional Director. Expert Interview. KTN June 2019**

They emphasized that the Kenyan 2010 constitution, which was voted for by majority (67%) of Kenyans, protects the right to health, protects the right to life and allows for instances when in the protection of life and health, a girl/woman can terminate a pregnancy. While

referring to Article 26(4) of the Kenyan constitution-in many instances quoting it verbatim-they argued that the law has very clear parameters of when abortion is permissible. Article 26 (4) states that abortion is not permitted unless in the opinion of a trained health professional, the need for emergency treatment when the life or health of the mother is in danger or permitted by any other written law. They argued that it is important to always remember these parameters and not try to shrink them or expand them beyond what the constitution says. The CEO of KELIN stated that the constitution should be our guide in matters of abortion.

> We have a constitution that we all voted for and adopted as Kenyans that specifically guided us and told us what to do about issues of abortion. **Male. CEO, KELIN. Expert Interview. KTN. April 2018**

For article 26(4) to be implemented and consequently serve its intended purpose, members of the public must fully understand it and demand what they are rightfully entitled to constitutionally. To facilitate this process, news sources broke down this law, explaining the implications of each section of this law on ending unsafe abortions. To begin with, they revealed that according to this law, any girl/woman who feels that the pregnancy that they are carrying might cause a threat to her life or health should present herself before a trained health professional. The health professional should then assess the girl/woman to determine whether she qualifies for termination of the pregnancy and convey this information to them. Women, who in the opinion of a health professional, qualify for the termination of their pregnancy have the obligation to decide for themselves whether they want to proceed with the termination or not. Women should make this ultimate decision after the health professional has provided them with sufficient information on the health implications of terminating the pregnancy versus carrying-on with the pregnancy. They argued that it is crucial for girls/women to be aware that constitutionally, there is a provision for them to reach out to qualified health professionals during their abortion-decision making phase. Access to a qualified health professional enables

girls/women to make the right decisions and are likely to seek safe abortion care services. A reproductive rights lawyer explained the constitutional provision for girls/women faced with unwanted pregnancies.

> So what the law is actually saying is that in every single case of every single woman or girl who would feel that a pregnancy that she is carrying might cause a threat to her life or health, that woman or girl, should bring themselves, present themselves before a trained health professional and it is at that point that it is now a determination of 'in this particular case, is this a termination that should be done?' **Female. Reproductive Rights Lawyer. Expert Interview. NTV. August 2, 2019**

Secondly, they put into perspective the definition of a trained health professional as per Article 26(4). They revealed that despite various cadres of health professionals working within the health care system, the Kenyan abortion law recognizes trained health professionals as doctors, nurses, clinical officers, or midwives who have received specific training in abortion care delivery besides their basic health care training. News sources pointed out that clarifying the cadres of health professionals qualified to provide abortion care is crucial in ensuring that girls/women receive quality abortion care from the right professionals. This is especially important given that a considerable number of Kenyans perceive anyone working in a health care facility as a health professional and therefore girls/women seeking abortion care are likely to fall prey to rogue health facility employees resulting in negative health outcomes. A consultant obstetrician and gynecologist, and one of the people involved in drafting the Kenyan 2010 constitution, made it clear who a trained health professional is according to Article 26(4).

> The committee of experts that drafted the constitution wanted to clear this issue and they wrote in a report that accompanied one of the versions of the drafts of the constitution. They said a trained health professional is a doctor, a nurse, a clinical officer, or midwife who is trained to deal with the issue of abortion. This report is available because it was appended to one of the versions that went to be discussed in parliament. Therefore, those are the trained health professionals. Pharmacists are not, Laboratory

> technicians are not, and many others are not. **Male. Consultant Obstetrician & Gynecologist. Expert Interview. KTN. April 2018.**

Thirdly, they revealed that the Kenyan abortion law takes on the World Health Organization (WHO) definition of health, which states that health is a state of complete wellbeing physically, mentally, and socially, and not just the absence of disease or infirmity, as opposed to the more common but restrictive interpretation that only focuses on the physical wellbeing. This definition, they revealed, is incorporated in the constitution and hence health professionals are required to factor in this broad interpretation of health while assessing girls/women seeking abortion on health grounds. Expansion of the provision of safe abortion care considering the WHO definition of health makes it possible for more girls/women to access safe abortion care service as medical judgement is exercised in light of all the three health aspects relevant to the wellbeing of the girl/woman. A news source explained how health professionals should make medical judgement when girls/women approach them for abortion.

> We tend to interpret health in a restrictive way that you have to have TB, that you have to have heart disease, that you have to have kidney disease. You may not have those but still you will not be healthy according to the WHO definition. As health care providers we have to give that broad interpretation when faced with problems of women and girls seeking abortion because they feel they are not healthy. **Male. Consultant Obstetrician & Gynecologist. Expert Interview. KTN. April 2018.**

Finally, while speaking on "or permitted by any other written law", news sources stated that the constitution required that within first five years of the promulgation of the 2010 constitution, there should be a legal framework that ensures the right to health and especially that on reproductive health is operational. Parliament, and specifically the 2013-2017 national parliament, was expected to enact a law that addresses sexual and reproductive health and specifically abortion. This law is expected to specify the circumstances/conditions that constitute

a threat to the health or life of the mother. The CEO of KELIN spoke of parliament's role in enactment of the SRH law.

> …but I think what the last parliament failed to do for us was to have a law enacted to address issues of reproductive health and to address issues of abortion. The fifth schedule of the constitution required that we have a legal framework to make the right to health especially that on reproductive health operational within five years but that never happened. **Male. CEO, KELIN. Expert Interview. KTN. April 2018.**

News sources revealed that parliament's failure to enact this law has left a legal gap regarding governing issues around reproductive health and particularly issues around safe abortion with negative effects on girls/women access to safe abortion care services. They claimed that in the absence of a law on reproductive health, it is difficult for the government to put into place systems that enable availability and accessibility to abortion care services. This is because the ministry of health can neither budget for health professionals training nor budget for facilities necessary for conducting safe abortions. Furthermore, they stated that it becomes difficult to hold the government accountable when violations happen and for the MoH to respect, protect and fulfill the right to reproductive health services as envisioned by the constitution.

News sources claimed that despite the national parliament's failure, some counties governments have made strides towards enactment of laws that specifically address abortion. Using Makueni County as an example, news sources commended its enactment of the maternal new child health bill that outlines very specific perimeters that allow for safe abortion. These include situations where a mother is raped and situations where a health provider has indicated that the fetus is severely deformed and may not be able to live outside the mother's womb. They urged other counties to emulate Makueni County as illustrated below.

> I would urge other counties to follow the route of Makueni County and look at their maternal new child health bill or law and try to emulate that. **Male. CEO, KELIN. Expert Interview. KTN. April 2018.**

News sources further revealed that the constitution calls for an enactment of the health act where the Ministry of Health (MoH) is required to formulate laws, regulations, and standards to ensure accessibility to abortion care services that facilitate the protection of life and health. They argued that with enactment of the health act, abortion care services, which are public health services, should be available in public health institutions. They revealed that the MoH heeded this call and in 2012, it launched the standard guidelines for reducing mortality and morbidity from unsafe abortions (herein henceforth referred to as standard guidelines) as reported by a health journalist at KTN.

> In September 2012, the ministry of health in Kenya in collaboration with various stakeholders had developed the standards and guidelines for reducing morbidity and mortality from unsafe abortion in Kenya. **Female. Journalist. Expert Interview. KTN. November 24, 2018**

News sources stated that these standard guidelines which were developed in collaboration with various stakeholders, address prevention of abortion, methods of procuring safe abortions and post-abortion care. They said that these standard guidelines specified cadres of health professionals that could offer safe abortion services, the gestation period within which each qualified health professional is allowed to provide abortion care services, the facilities that could offer abortion care services and the circumstances under which a girl/woman qualified for safe abortion. The news sources pointed out that certain cadres of health professionals such as obstetricians & gynecologists are allowed a longer gestational period due to their training as opposed to nurses or clinical officers. They claimed that these guidelines were not only to ensure that women seek safe abortion care services but also to allay the fear of a lot of trained health professionals who do not know when to offer safe abortion services. An advocate of the high court of Kenya spoke of the implications of having these standard guidelines.

> There is stigma that is always attached to abortion and what these guidelines did was give clear reference on when you can offer safe abortion services as a doctor, when a woman can receive them, how, at the gestational period, etc. So, that is where we were in 2012. **Female. Advocate of the High Court. VO/SOTs. KTN. June 2019**

Barriers to implementing the Kenyan abortion law.

News sources claimed that the development and launching of the standard guidelines by the MoH was a major step towards mitigating unsafe abortions. They revealed that unfortunately, on December 3, 2013, the MoH, through the then Director of Medical Services, without consulting key stakeholders, withdrew those guidelines. He further issued a memo on February 24, 2014, withdrawing the abortion-training curriculum and banning the training of the various service providers from training on provision of abortion services. News sources stated that initially, the MoH's rationale for withdrawing these guidelines was that they were being misused and had opened an opportunity for quacks in backstreet clinics to terminate pregnancies on request as revealed by a news source.

> It was not very clear at that point the reason for the withdrawal of the guidelines. In the letter, it vaguely stated that it had come to the ministry's attention that the guidelines were being misused but without any clarification as to what that actually meant. **Female. Centre for Reproductive Health-Africa. Expert Interview. KTN. November 24, 2018**

News sources revealed that it later emerged that there were questions around stakeholder engagement and involvement during the process of developing these guidelines. They stated that the MoH argued that this withdrawal would allow for more consultations and set up a team to work on a new set of guidelines, a process that was also halted. A news source and a journalist spoke of MoH's actions.

> The standards and guidelines were launched in 2012 October and then after a few months they was withdrawn. They set up a team to work on a new one. This also just stopped. **Male. Consultant Obstetrician & Gynecologist. VO/SOTs. KTN. May 2018.**

> The attempt to come up with standard guidelines on how to handle abortion in Kenya have not born much fruit. **Female. Reporter. Expert Interview. NTV. January 2017.**

Impact of barriers to implementing Kenyan abortion law

News sources claimed that the lacuna created by the lack of guidelines negatively impacted girls/women sexual and reproductive health outcomes. They said that in absence of standards and guidelines as well as a law that tries to dissect article 26(4), then people are at liberty to interpret the abortion law in a manner that best suits them. Consequently, this leads to confusion within the public sphere because availability of these guidelines would have provided some systematic standards of operations at both the national and the county level governments. News sources used the period 2014 to 2019 to demonstrate the impact of withdrawal of the standards and guidelines. This was the period between when the MoH withdrew the guidelines and when the high court reinstated these guidelines.

NGO representatives revealed that this period witnessed a lot of misinformation and miscommunication around when legally a woman is eligible for safe abortion. Therefore, some women who legally qualify for safe abortions could not access these services because they were not aware of when they are entitled to access them. Furthermore, women who could access these services had a high probability of ending up in the hands of health professionals who are not qualified to provide these services. This is due to the suspension of any training of providers on provision of safe abortion services as well as lack of standards and guidelines that guide the

provision of abortion care services. A news source spoke of the consequences of withdrawal of the standard guideline on women abortion seeking behaviors.

> Withdrawal of the guidelines has then led to increased confusion and that is why you are unfortunately seeing people having to access services from people who are not qualified to provide those services and risking their lives further by doing so. **Male. CEO, KELIN. Expert Interview. KTN. April 2018.**

News sources stated that, unfortunately, the persons greatly affected by the withdrawal of the guidelines are women of lower socio-economic status and young girls. They claimed that despite the status of the abortion law in the country, affluent girls/women still have access to abortion care services mostly offered by gynecologists in privately-owned health facilities with some opting to leave the country to seek these services in countries with liberal abortion laws. This was demonstrated by an elected female politician (2017-2022) who spoke about how easy it is for people of her socio-economic status to access safe abortions in Kenya.

> Ok, let me give you an example of my daughter. My daughter at 16 came home and told me 'mum, my girlfriend is pregnant and she wants to go for an abortion. we were raising money for her to go for an abortion but I feel something is not right. What if she dies? I don't want that'. So I said 'ok, then we have to go and talk to the grandmother'. This girl actually did not have a mother, she had a grandmother and we talked to the grandmother, alright? And she did procure a safe abortion. **Female. Politician. Expert Interview. Citizen TV. June 2019**

Furthermore, news sources said that non-implementation of Article 26(4) means that abortion care services can only be offered by doctors owing to their training. They stated that unfortunately Kenya has very few doctors who are not equitably distributed. They revealed that some parts of this country, predominantly rural areas, have no doctors thus limiting women's access to abortion care in such regions. They claimed that failure to train mid-level health professional and reserving abortion as a service only offered by doctors threatens the existence of

a certain segment of the population, women of lower socio-economic status and especially those residing in rural areas. They purported that implementing Article 26(4) of the Kenyan constitution creates a framework that ensures accessibility and availability of sexual and reproductive health services to everyone. A news source spoke of the implications of not training mid-level health professions on provision of abortion care services.

> Let us not forget that prior to the 2010 constitution access to reproductive health services including abortion, uhhh, those services were available unfortunately it was only a preserve of a few. You only get it from a doctor. The contention or the challenges we had from a long time ago is that how many doctors do we have? There are very few. It simply means that if I cannot access a doctor I will die if my life is threatened because of a pregnancy if my health is threatened because of a pregnancy. **Male. Senior Legal Advisor. Expert Interview. Citizen TV. June 2019**

News sources used the case of JMM, a minor who died after failing to receive post-abortion care that was curtailed with the withdrawal of the said guidelines, to highlight the negative effects of the withdrawal of standard guidelines on girls/women. JMM, a 14-year-old girl, who in 2014 was raped but due to lack of guidelines that could have provided information to her that as a survivor of rape she has a right to access safe abortion care services, ended up having a botched abortion. Following her botched abortion, JMM could not access quality and timely post-abortion care, which was linked to the ministry of health's withdrawal of guidelines. This ultimately led to her death in 2018 following kidney complications. News sources argued that if a safe abortion was carried out or if safe measures were taken in place perhaps JMM's life could have been saved. An elected female politician highlighted JMM's plight.

> When you sit down and listen to the story of JMM, she was one of the petitioners, and what she endured. Raped at 12/13, pregnant, I think she was 14, raped, pregnant, goes to a pharmacy, the pharmacy because they do not have guidelines or because now they are doing something that they are not mandated to do, inject her thigh, tell her to go home the fetus will come out. She goes home; the fetus does not come out.

> She goes to back again, he digs into her, sends her back home, obviously, she starts bleeding, and she gets sick. She goes to a public hospital; she is not doing very well. They realize that they cannot serve her, her needs… and then she is brought into Nairobi by taxi because she was not given an ambulance to come here. She is admitted here, she goes through such a horrible life. Her mother comes all the way here, she eventually dies at 17. Look at the life that that girl went through. **Female. Politician. Expert Interview. Citizen TV. June 2019**

News sources claimed that the withdrawal of the standard guidelines also affected health professionals' obligation to provide abortion care services. They said that the withdrawal of these standard guidelines created uncertainty among health professionals and especially after a memo was issued threatening health professionals with professional and criminal sanctions for attending trainings on safe abortions and/or for using a drug that is used in medical abortions. This resulted in a chilling effect with health professionals, and especially the mid-level health professionals who include nurses and clinical officers, with the majority opting not to provide abortion care services. News sources stated that besides fear of legal consequences as stipulated in the memo, other factors that deterred health professionals from providing abortion were lack of clarity of the circumstances under which they are allowed to provide this care and incompetency as they are not well equipped to deliver these services. Speaking about the impact of withdrawal of the standard guidelines on health professionals, an advocate of the high court and human rights activist said.

> The guidelines were withdrawn in December 2013 by the director of medical services. What we have seen between 2014 and 2019 is a lot of misinformation and miscommunication around when constitutionally a woman is allowed to have safe abortion. We have also seen an instance of a lot of medical providers, especially nurses and clinical officers fearful of offering safe abortion services because they do not know the circumstances under which they are allowed to do that. **Female. Advocate, HIV discrimination expert.**

News sources stated that typically, the withdrawal of the standard guidelines occasioned the maintenance of the status quo before the 2010 constitution. They claimed that this denies girls/women the opportunity to access safe abortion care services resulting in more and more girls/women dying from a service that the constitution has guaranteed access as stated by a news source from the Centre for Reproductive Health.

> There is really a dearth of information. So, people really do not know when they are entitled to access legal abortions and this often results in maintaining the status quo before the 2010 constitution, which was a very high number of unsafe abortions and people resorting to unsafe abortions with non-registered providers to provide those abortions. **Female. Centre for Reproductive Health-Africa. Expert Interview. KTN. November 24, 2018.**

Efforts made towards overcoming barriers to implementation of the Kenyan abortion law.

News sources and journalists revealed that following the withdrawal of the standard guidelines and failure by parliament to enact a law that dissects article 26(4), the Federation of Women Lawyers (FIDA)-Kenya, two community-based advocates who were bringing to the fore unsafe abortion experiences of women who are living in informal settlement areas and JMM filed a petition in 2015. Represented by the Centre of Reproductive Health in this petition filed on behalf of Kenyan women of reproductive age, the petitioners termed the move by the MoH illegal and a violation of girls/women in attaining the highest levels of health care. News sources and journalists revealed that the petitioners compelled the courts to give directions. They stated that the petitioners wanted the courts to order the government through the MoH to develop standards and guidelines on safe abortion, to bar government officials from interfering with health professionals' trainings and to compel the director of medical services to annul the memo issued in February 2014 and issue a new memo that clarifies on circumstances for safe legal abortion. A news anchor at KTN reported on the petition.

> Human rights division of the high court of Kenya is set to make a decision in the abortion standards and guidelines case at the milimani law courts. The court is set to rule on a petition filed by FIDA-Kenya and three others versus the attorney general and two others. Remember it was filed on behalf of women of reproductive age. **Male. News anchor. Reporter package. KTN. June 2019**

This petition garnered media attention with most media houses having live reporting of the hearing of this case at the Kenyan High Court in Milimani, Nairobi. On June 12, 2019, the high court issued its decision, an event reported across all the three media houses. News sources, predominantly NGO representatives, and journalists revealed that in a two-hour judgement read by a five-judge bench, the high court affirmed that the constitution provides for circumstances under which abortion is permissible. They stated that the court termed the actions of the Director of Medical Services a violation of the rights of girls/women as well as the rights of health care providers. Moreover, they claimed that the court affirmed that indeed the mid-level health professionals who include nurses, midwives, doctors, and clinical officers could provide abortion care services. They further reported that the high court termed the actions of the Director of Medical Services unlawful, illegal, arbitrary, and unconstitutional, therefore declaring his letter dated December 3, 2013, and memo dated February 24, 2014, null and void. They said that the court was not convinced that there were no other ways of dealing with alleged misuse of the guidelines as alleged by the MoH. They revealed that the court therefore reinstated these guidelines on reducing maternal mortality and morbidity from unsafe abortions as reported by a journalist at Citizen TV.

> The high court has tonight reinstated guidelines on reducing deaths from unsafe abortions. The petition which was filed by the federation of women lawyers-FIDA, in 2015 was triggered by the withdrawal of the said guidelines by the director of medical services terming it illegal and a violation of women and girls in attaining the highest levels of health care. **Male. News Anchor. VO/SOTs. Citizen TV. July 19, 2019**

Like the petition, the court ruling made headlines across the three media outlets selected for this study. Majority of the news sources, who were NGO representatives and health care providers, expressed their support for the court ruling stating that the judges had simply called for the implementation of the constitution and outlined how it should be implemented. They therefore urged the Ministry of Health to obey the court orders by immediately reinstating the standards guidelines. They argued that this reinstatement would provide a holistic approach to combating maternal morbidity and mortality caused by unsafe abortions. First, because the guidelines would ensure that qualified health professionals provide girls/women in need of abortion care services with the highest attainable standards of health. Secondly, the guidelines would give girls/women faced with unwanted pregnancies a right to choice. Finally, these guidelines would contribute to de-stigmatization of abortion. An anonymous news source speaking outside of the high court immediately after the reinstatement of the standard guidelines outlined the implications of this action on women's health outcomes.

> What the court has done today for us is pronounce that women actually have rights, and their rights are enshrined in the constitution and nobody, including the ministry of health, including the DMS (Director Medical Services), including the government, can take away those rights by the strike of a pen. What this means is that women will not needlessly die from unsafe abortions, doctors and medical providers will have information on when they can procure safe abortion, how they can procure safe abortion, at what gestational period it is safe. **Female Source. Readers. NTV. July 2019**

News sources were however not blind to the fact that the MoH might not immediately comply with the high court ruling as it had appealed against certain sections of the judgement. A news source from FIDA-Kenya spoke of the MoH's reaction to the court ruling.

> They (referring to MoH) have appealed so we are not expecting any quick cooperation now. However, the court order is that immediately on that day when they pronounced it we immediately reinstate training of medical doctors. **Female. Executive Director, FIDA-Kenya. Expert Interview. Citizen TV. June 2019**

Creating awareness on the constitutional provisions of abortion

News sources argued that the constitutional provision of abortion is not sufficient to mitigate unsafe abortions if the persons it is aimed at cushioning are not aware of what they are legally entitled to. They acknowledged that there is a dearth of information on when women can legally access abortion care services. This is despite Article 26(4) clearly stating circumstances under which women can legally access these services. They alleged that only a section of the abortion law and especially that, which reads 'abortion is not permitted…', is put out in the public domain, which could be misleading as it insinuates that abortion is illegal. They claimed that presenting accurate information on the constitutional provisions of abortion would enable people to make informed decisions when faced with unwanted pregnancies. They therefore called on the government and specifically the MoH to ensure that there is adequate information on constitutional provisions of abortion within the public sphere, and especially within the communities and in the health sector as asserted by a news source.

> A lot of the obligation really falls on the ministry of health and on government to ensure that there is enough information within the public space, in our communities, around prevention of unsafe abortions. And then there is adequate information throughout communities, health sector on when legal abortions can be provided to women. **Female. Centre for Reproductive Health-Africa. Expert Interview. KTN. November 24, 2018.**

News sources also took advantage of the opportunity presented to them by the media to sensitize viewers on article 26 (4) clarifying what Kenyan girls/women are entitled to within the confines of the law. A news source argued that understanding Article 26 (4) in its entirety would enable people to understand the constitutional provisions of abortion.

> You see the problem is that there are several people who are reading the constitution and only stopping at 'abortion is not permitted'. You have to read the entire article. And you have to read the whole of article 26

> in its entirety so that you know what the law permits. And indeed, the law permits abortion under those circumstances. **Male. CEO, KELIN. Expert Interview. KTN. June 2019**

Expand the abortion law.

News sources acknowledged that implementation of the abortion law is a substantial but not sufficient step towards mitigating unsafe abortions as abortion remains restricted in the country. They therefore recommended the expansion of the current abortion law to make abortion on demand accessible. They argued that allowing access to safe abortion within limited parameters, such as rape or risky pregnancy, contributes towards women resorting to unsafe abortion as evidenced by the current high incidence of abortion-related maternal morbidity and mortality in Kenya. A news source in a reporter package on KTN shed light on the negative impact of the restrictive abortion law in Kenya.

> The reinstatement of the abortion regulations does not necessarily mean that now abortion is legal in Kenya. Abortion remains illegal in Kenya. Abortion still remaining illegal means that we will still have women and young girls resorting to quack doctors to conduct abortions and that means we will have more and more deaths. **Female. Commentary. KTN. June 14, 2019**

News sources claimed that to enable girls/women accessibility to abortion on demand calls for amendment of certain clauses within the constitution. These clauses include the clause on when life begins as revealed by a commentator on KTN.

> I think that let us just start with changing the clauses in the constitution that prevent abortion in the first place. And that is also in the way the life of the fetus is talked about in the constitution. They say that life begins at conception. First for us to be able and even for doctors to be able to function, to be able to treat women who have problems during pregnancy, that particular clause needs to be dealt with urgently. **Female. Blogger/Activist. Commentary. KTN. October 2016**

News sources further recommended an expansion of the three aspects of health as outlined in Article 26(4) of the constitution. Article 26(4) adopted the WHO's definition of health which includes three aspects: the physical, mental, and social. Some news sources felt that these health aspects are loosely mentioned, and it is not so clear what they entail which could be a contributing factor to unsafe abortions. They felt that clearly outlining what the physical, mental and social aspects of health entail while acknowledging factors that contribute to these health aspects would expand and make clear the circumstances under which women are legally allowed to seek abortion care services as stated by the then Secretary General of the Kenya Obstetrical and Gynecological Society (KOGS).

> But then here I think we need to unpack again what health exactly means because according to World Health Organization, the definition of health is physical, is mental, is social and psychological. So, if she is psychologically disturbed, then it means that her health is in danger, so these are some of the quandaries which we have, which we have to deal with. So these are two things which we have to completely separate. There is the medical aspect where the baby has stopped growing or there are issues with the baby, chromosomal issues, etc. And there is another one where the pregnancy is ok but for whatever reason whether it is psychological, social, economic, etc., we want to terminate that pregnancy. **Male. Secretary General, KOGS. Expert Interview. NTV. November 2018**

Women's mental health when faced with unwanted pregnancies was the focus of conversations around expansion of the health definition with limited insights on the physical and social aspects. These conversations centered on rape, with news sources arguing that it is traumatizing for a rape victim to carry the pregnancy to full term as they are likely to be troubled for the rest of their life. They claimed that this is especially true for minors because their bodies are not physically mature enough to deliver a baby without complications. They advocated for laws and policies that are unique to adults and minors. They argued that women (adults) rape victims should be able to make the choice of whether they want to keep the pregnancy or not,

while girls (minors) should legally be restricted from carrying the pregnancy to full term. Women who choose not to keep the pregnancy should be able to legally access abortion care services on grounds of their mental health status. Justice Marta Koome advocated for abortion on demand for sexual assault victims as highlighted below.

> Court of appeal judge Martha Koome has said that she will allow rape victims to procure abortions. She said that it is traumatizing for a rape victim to carry the pregnancy to full term and be tormented for the rest of her life. **Female. News Anchor. Commentary. KTN. October 2016**

News sources did not articulate the components of social and physical health that they would want included in the expanded definition of health.

Implement a more restrictive approach to abortion access.

A few news sources felt that the current legal framework in Kenya facilitates the provision or seeking of unsafe abortion care services. They claimed that the majority of people seeking or providing unsafe abortion care services are normally not prosecuted due to lack of evidence or incomplete investigations. The few who are prosecuted are handed light penalties such a cash bail of KES.10,000 (USD 100) - KES. 20,000 (US 200) or a jail sentence of approximately six months. A resident of Rhonda in Nakuru county where residents frog matched a woman suspected to have procured an abortion to a local police station, voiced his opinion of the law's role in facilitating induced abortions.

> Rhonda has been turned into something like a dustbin, many fetuses are being found in the ditches and when they (referring to women who abort) are take there (referring to police station) they are just released. She's defended and released; she relocates to another place and repeats the same thing (referring to aborting)**. Male. Resident Rhonda. Reporter Package. KTN. June 22, 2016**

News sources therefore called for stiffer penalties for persons seeking or providing abortion care services to protect girls/women from botched abortions. The Kenya Medical and

Pharmacies Board (KMPD) CEO revealed that they had put in a bill in 2018 proposing stiffer penalties for unqualified persons found to be offering abortion care services.

> Our act currently proposes a penalty of ksh.10,000-20,000 and a jail sentence of about six months. But in our new Cap 25E amendment bill 2018, we are proposing ksh.5m. So that if you caught and you are a quack, you are not qualified, it is KES 5million. **Male. CEO, KMPD. VO/SOTs. NTV. November 2018.**

Furthermore, news sources advocated for shrinking the parameters under which abortion can be legally sought or provided. They argued that expansion of the current abortion law is likely to expose more girls/women to unsafe abortions. This is because with lenient abortion laws, girls/women are likely to treat abortion as a form of family planning thus undermining pregnancy preventive measures. A legal practitioner voiced her opposition for expansion of the current abortion law.

> For example, right now we are dealing with teenage pregnancies on the rise, imagine if abortion on demand was legal or even taking it as far as the UK where you do not even have to tell your parents. What would we be having? Girls would be dying procuring abortions. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

Address abortion within the Public Health framework.

As illustrated in chapter four of this dissertation, the news media portrayed (un)safe abortion as a major cause of maternal morbidity and mortality. Therefore, to address these consequences of (un)safe abortion, news sources, predominantly pro-abortion advocates, called for acknowledgement of abortion as a public health issue, and ensuring that safe abortion care services are available and accessible. Conversely, their pro-life counterparts argued that safe abortion is a fallacy as presented in this section below.

Abortion to be acknowledged as a public health issue.

Some news sources, predominantly NGO representatives, argued that the problem is with the construction of the abortion debate especially in the media. They pointed out that abortion is highly politicized, typically presented as a dichotomous issue with a focus on those who are for vs. those who are against abortion. They said that this divide takes away the focus from the real issue which is the number of girls/women suffering from life threatening complications or who die following botched abortions. Using statistical data to demonstrate the high prevalence of maternal morbidity and mortality following unsafe abortion, they argued that it is time to handle abortion as the public health issue that it is. They urged members of public to step away from their entrenched positions to create a favorable environment to protect the health of girls/women in Kenya. Journalists were urged to change the narrative from the dichotomous pro-life vs. pro-choice to promoting access to comprehensive wellness of girls/women faced with unwanted pregnancies. A news source pointed out an NTV's journalist's contribution towards taking away the focus from the public health aspect of abortion.

> Thank you, Janet, for having me. I wanted to start off a little bit with just the conceptualization of...in the introduction how you started to introduce the subject when you spoke about you know 'it's an emotive issue and we have a divide, a divide between what is so call pro-choice and what is so called pro-life'. And I think the problem we actually have Janet is precisely that … but I think the reality that we need to face is that human lives are at stake. When martin speaks about 2600 deaths a year that is seven women a day, who die from preventable deaths. Nobody needs to die from an unsafe abortion. It is wholly preventable. **Female. Reproductive Rights Lawyer. Expert Interview. NTV. August 2, 2019.**

Abortion care services to be available and accessible.

As aforementioned in chapter 4 of this dissertation, some news sources claimed that abortion is a reproductive health service that women might require in their lifetime. They thus argued that

women in need of abortion care should be able to access it safely. Viewing abortion care as a continuum entailing the pre-abortion phase, the abortion procedure itself and post-abortion care, these news sources stated that availability and accessibility to abortion care would protect the health and life of women. A news source explained the impact of availing and easing access to abortion care.

> Are we creating a favorable environment to wholesomely protect the health of women and girls in this country? ... Let us facilitate access to abortion services within the law to protect the health and life of women and girls. Nobody needs to die for preventable conditions. **Male. Senior Legal Advisor. Expert Interview. Citizen TV. June 2019.**

News sources argued that during the pre-abortion phase, availability and accessibility to abortion care would enable women to have access to qualified health professionals who will inform them of the different options available to them thus facilitating their informed decision-making. In cases where they are not satisfied with the information presented to them by a health professional, they will have the option of seeking a second opinion elsewhere. During the pregnancy termination itself, it would facilitate access to public health facilities where they will receive abortion care services from trained health professionals. A researcher revealed that extensive research among health professionals has shown that the preferred choice for abortion care services for women faced with unwanted pregnancies is public health facilities. However, due to the parameters around which these services are provided, the majority of them are turned down. He said that those women who are turned down resort to alternative and majorly unsafe means of terminating the pregnancy consequently resulting in complications that force them to go back to the very health facilities for post-abortion care services. A health researcher at APHRC talked about this common cycle.

> I have talked to quite a number of service providers in some of the research that we have done. A patient would come seeking abortion services and they cannot offer that service because it is illegal as much as the service provider knows. Now what happens is that this patient goes to those backstreet clinics or maybe at home and they have all these very crude procedures of terminating pregnancies and the next day, the same patient comes to the health facility with complications from that termination. So, I really think we need to look at it. **Male. Health Researcher. Expert Interview. NTV. November 2018.**

News sources reminded the government and specifically the MoH that they have the obligation of ensuring that there are sufficient structures in place to facilitate women's access to abortion care services as already mentioned in Chapter 4 of this dissertation. Beyond ensuring availability and accessibility of abortion care services, news sources said there is need to pay attention to the quality of these services. This is because improving the quality of services ultimately improves the safety and subsequently the health outcomes of women seeking these services. To ensure quality services, the MoH should observe structural factors such as ensuring availability of a competent public health and personal health care workforce. This means that middle level health professionals including the nurses, clinical officers, midwives and doctors should receive further training to enable them to provide quality abortion care services to women as argued by a news source during an expert interview on KTN.

> Providers should be trained so that they can increase their level of knowledge including the nurse, the middle level providers that we talked about so that they are able to provide quality services to women. **Female. Regional Director, Centre of Reproductive Rights. Expert Interview. KTN. June 2019**

To strengthen the quality of abortion care provided in public health facilities, news sources challenged the MoH to put into consideration findings and recommendations from the extensive research that has been conducted locally. Furthermore, news sources urged the MoH to enhance patient safety by embracing new approaches to abortion care. They argued that earlier

abortion methods such as the Dilation and Curettage (D&C) which is conducted in some Kenyan health facilities is obsolete in most countries. They advocated for the use of medication abortion by use of drugs such as Mifepristone which has been approved by the Kenyan Drugs and Poisons Board (KDPB). A health researcher from APHRC spoke of the need for safety and quality of abortion care during an expert interview on NTV.

> In as much as we are looking at coming up with solutions that are local, we cannot divorce it from evidence. The evidence is there that improving the quality of services is going to ultimately improve the quality of life. Some of the procedures that are done in healthcare facilities especially in the absence of improved technology, they are even more violent. Talk about D&C, Dilation and Curettage that used to happen before and I think it is slowly being faced out. In terms of pain exposure to patients it's a lot worse. **Male. Health Researcher. Expert Interview. NTV. November 2018.**

Safe abortion is a fallacy.

However, there were a few news sources, predominantly those who identified as pro-lifer/pro-family, who claimed that abortion just like any other medical procedures, carries a risk that cannot be entirely mitigated. They therefore argued that acknowledging abortion as a public health issue and/or putting in place measures that enhance availability and accessibility to abortion care services does not take away the threat of abortion on women's health. A legal practitioner claimed that safe abortion is a fallacy.

> Because in my opinion it is an oxymoron, safe abortion is an oxymoron because any inherent surgery even an ingrown toenail you will be given a form to sign because you may not wake up from the procedure. So there is nothing like safe abortion. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

Address unsafe abortion within a socio-cultural framework.

As illustrated in chapter 4 of this dissertation, societal attitudes and (in)actions were shown to contribute to women resorting to (un)safe abortion. To effectively address (un)safe abortion,

news sources called for the recognition of abortion as a socio-cultural issue that calls for solutions within this framework. Some of the solutions mentioned included normalization of abortion discourses and implementation of supportive social networks at different levels of society as presented in this section below.

Normalize abortion discourses.

News sources argued that to mitigate unsafe abortions, sexual reproduction health and rights conversations should be normalized in both public and private spaces. This is due to the correlation between various aspects of SRHR and unsafe abortion. For instance, rape, which has been considered a taboo subject for many years in our culture, as evidenced by lack of a clear definition within our culture, was said to be a contributing factor to unwanted pregnancies, especially among young girls. News sources claimed that due to its taboo nature, people do not openly speak about rape. Therefore, in the event of rape, many girls/women find it difficult to speak out and/or lack knowledge on where to seek help. They argued that this puts girls/women at risk for STIs and unwanted pregnancies with majority of them resorting to unsafe abortion. An elected female politician used the example of JMM to illustrate the implications of the silence culture around rape.

> Look at the life that that girl went through. All because we don't want to talk about rape openly and say 'you know what, if you are raped this is what you can do. This is where you can go. This is who you can talk to'. She was scared to talk to her parents. She was raped. She should have a safe place to go and talk. **Female. Politician. Expert Interview. Citizen TV. June 2019**

Acknowledging progress made over the years in terms of public discourses around certain aspects of women's SRHRs issues such as female genital mutilation (FGM), news sources claimed that the same cannot be said about abortion. Unlike FGM, which is often discussed at different levels and on divergent platforms of society, abortion discourses are limited to boardrooms, conferences and in the news media, and normally within a limited period. News sources further

claimed that these discourses normally serve the interests of the parties involved in the debate and not those of the persons directly affected by induced abortions. Journalists and news sources argued that to normalize abortion discourses then these conversations should move to other platforms and forums. They emphasized the need to move these conversations to public forums such as social media, church, schools, etc. They criticized the Ministry of Education (MoE) for its reluctance to implement comprehensive sexuality education and the church for not creating a platform where people can openly speak about sexual reproduction as stated by a news source.

> Thanks, and I am glad bishop has touched on a very important issue around and he quoted a very important verse that the people of God perish for lack of knowledge, and I think that is the problem we have with issues of sexuality in Kenya. One of the challenges that still remains is the willingness of the Ministry of Education to take forward comprehensive sexuality education in schools and hopefully Bishop and his colleagues to take that conversation forward to the pulpit level because that conversation needs to happen and space, and room is not being provided for it. **Male. CEO, KELIN. Expert Interview. KTN. April 2018.**

Watch out for the components of abortion discourses.

Journalists and news sources called attention to the content of abortion discourses arguing that with the right conversations, these discourses will enable communities to understand the magnitude and consequences of unsafe abortions. They said that abortion conversations should focus on experiences with induced abortion. Journalists applauded news sources who did not shy away from engaging in abortion discourses publicly by sharing their personal experiences with abortion or expressing their views on the subject matter. News sources further argued that there is need for an intergenerational dialogue where people from different generations with different experiences and perspectives on abortion speak to each other. Moreover, they argued that there is need for conversations that hold people accountable for their contribution to induced abortion. They said that current conversations focus on external factors such the government and society

while absolving persons engaging in sex without using any form of contraceptives as stated by a legal practitioner.

> Now the question that you need to ask yourself is, why are pregnancies 'unintended' if you've got two people, adults of sound mind who engage in copulation? Is it an unreasonable expectation that pregnancy would be one of the consequences of your copulation? So it is one of those discussions where we need to get away from the fantasy of it and just break it down to the bare bones. Why do people get to a place where they imagine that it is fine to engage in activities without consequences and when the consequences are 'unintended' that there should be a get-out-of-jail-free card? **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

However, they cautioned that even as we encourage normalization of abortion discourses, we must be alive to the reality that various socio-cultural and legal issues will mar such conversations as revealed by a news source.

> I believe we are. As a society we are at a point where we can have these discussions, but we have to be alive to the reality that they will be marred by a number of things; people's personal beliefs, people's religious beliefs, and most importantly what the law says. **Male. CEO, KELIN. Expert Interview. KTN. April 2018**

Supportive Social Networks

Creating an environment where women feel cared for thus comfortable seeking assistance because they are assured of availability of this assistance was deemed fundamental to protecting girls/women from unsafe abortions. News sources argued that for women to feel like they are part of a supportive social network there is need for the great involvement of persons at different levels of society including the household, community, and government. These persons can only be supportive if they understand the needs of these pregnant girls/women as claimed by an advocate at the High Court.

> The discussion has to be nuanced. It has to be responsive to the needs of Kenyans. If you are a woman seeking abortion services, if we do a little questionnaire before you have your abortion services 'why are you seeking

> an abortion?' There are some of those reasons that can be dealt with by society, by the family, by greater involvement of other people. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018.**

Support at household level

At the household level, parents were encouraged to be empathetic when their children turn to them for support following an unwanted pregnancy. News sources urged parents to listen to their children and show them support by respecting their decision regarding the pregnancy, along with facilitating them to secure safe abortion where necessary. One news source advocated for empathy.

> I am glad that you introduced me as a father, if this was my child, my college aged daughter, who would say to me 'dad, what should I do?' I must be emotionally invested in this thing in order for me to make a judgement … So, I feel that we must approach it from a more empathetic perspective. **Male. Pastor. Expert Interview. NTV. August 2, 2019**

Support at community level

News sources, predominantly pro-lifers, pointed out that most of the factors leading girls/women to induced abortions can be resolved at the community-level. However, to achieve this, society needs to accept that unplanned pregnancies are a social problem that can only be effectively resolved through social interventions tailored to meet the needs of these girls/women as stipulated by an obstetrician & gynecologist.

> So, we recognized that an unplanned pregnancy is a social problem and for it to be effectively sorted out, we need a social solution. **Female. Consultant Obstetrician & Gynecologist. Expert Interview. KTN. November 24, 2018.**

Family members, especially male family members, (perceived) negative reaction to the pregnancy was one of the factors that was extensively talked about as a contributing factor to induced abortions. As mentioned in chapters four and six of this dissertation, some girls/women

anticipate disapproval of their pregnancy from family members. News sources stated that such girls/women need access to persons/places where they feel understood. They recommended counseling as an ideal support system mechanism for such girls/women. They claimed that counseling provides access to people that such girls/women can open up to and feel understood. News sources challenged the church and learning institutions to set up functional counseling departments within their establishments to fill this void in society. An elected female politician spoke of the role the church and schools can play.

> We need to have these discussions, and I think the church that has an audience should be the first coming out and having these discussions. You know having a counseling desk in the church where if you have been raped you can talk to someone. Having a counseling desk in all the schools where you can talk to someone.
>
> **Female. Politician. Expert Interview. Citizen TV. June 2019**

Negative reaction to women's pregnancies is not only anticipated, in some cases it is enacted with some girls/women being chased away from home after falling pregnant outside the prescribed societal limits. News sources stated that such girls/women need acceptance, counseling and accommodation. They said that there is need for safe houses and halfway houses within the community to meet the needs of such girls. To demonstrate the impact of availability and accessibility to safe houses, an obstetrician & gynecologist spoke of the social support model that she developed to provide temporary accommodation to pregnant girls who have nowhere to go. Explaining this model and its impact on induced abortion especially among young girls, she said that they take in pregnant girls/women who have been chased away by their families or have run away from home out of fear of their family reaction. These girls are offered accommodation, other basic needs, counselling and are assured of continued support throughout the pregnancy. Furthermore, they are facilitated to access antenatal care and safe delivery in well-equipped health facilities. After childbirth, the facility mediates between these girls/women together with their

newborns and their families, reuniting them. She said that most families are receptive of these girls/women and their newborns, citing anger and misunderstanding as the reason for their previous fallout. There was no mention of these girls/women being rejected by their families. The obstetrician & gynecologist spoke of the importance of embracing girls/women faced with unwanted pregnancies.

> The pregnancy they are carrying is the only thing that comes between them and the love or the people who look after them, so they had no choice but to remove this offending factor, which was supposed to be the pregnancy … So rejection requires acceptance. **Female. Consultant Obstetrician & Gynecologist. Expert Interview. KTN. November 24, 2018.**

News sources and journalists applauded this obstetrician & gynecologist's model and commended her for filling a void. This model was cited as a practical solution to induced abortions especially among young girls. They urged other social institutions within the community as well as the government to emulate such social support networks. A legal practitioner expressed her appreciation for the work done by this obstetrician & gynecologist.

> I am glad I have seen some interventions. Some kiotas are coming up here and there. I have seen people like Jean Kagia trying to step up. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

Another contributing factor to induced abortions that can easily be mitigated at the community level was pregnant women's perception of their inability to raise a child. News sources claimed that women's perception of their inability to parent is influenced by their pursuit for education, a career, and/or lack of financial capability to support a child. They claimed that such women need support throughout their pregnancy journey and assurance that the child that they will bring forth will be well cared for. News sources argued that this is the responsibility of the government. The government is expected to provide shelter and other basic needs for these women

as well as a home for their children afterwards. However, unlike governments in other parts of the world, the Kenyan government was said to have failed in this responsibility. News sources therefore urged social institutions within the community such as the church to step in and fill this void. They argued that such institutions have the capacity to support these women by virtue of the resources in their possession. However, they noted that these institutions can only effectively support these women when they soften their stance towards persons perceived as having transgressed religious and cultural values, mores, and norms. A legal practitioner spoke of the expected role of the community in supporting unwanted children.

> But there are social interventions that can be done to help mitigate the situation. So, for example, if you are in a crisis pregnant and your problem is that you cannot realistically be able to raise this child, the government is supposed to provide housing, food, education. This is what the government is supposed to do. When they do not, in African context, the child belongs to the village. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018.**

Using the church as an example, news sources argued that the church has established health facilities and orphanages that can be avenues of support for pregnant women who do not want to keep the baby. The church was urged to take advantage of these already established facilities within their institution and use them innovatively to encourage women to carry the pregnancy to term. One such innovative strategy is to emulate the 'No questions asked Moses basket' that has been successful in other contexts. The 'No questions asked Moses basket' was said to be a social support model that supports mothers of children aged below two years. In this model, any mother who for any given reason feels that she does not have the capacity to raise a child is allowed to take this child to a designated center, leave the child there and walk away. The mother is not questioned by anybody. A legal practitioner strongly advocated for this approach during an expert interview on NTV.

> The church has many hospitals and clinics and facilities, do we have those Moses baskets? Because churches also have orphanages and children's homes, so, are you open to receiving children from mothers who do not want to raise their children? **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

> But there are social issues that we can discuss as a community. For example, is said the questions about Moses baskets, there are no questions asked, you can leave your infant for as long as they are under the age of one year or two years, whichever we choose and we say, 'we will take up from where you feel you can no longer handle it'. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

Beyond social institutions within the community, pregnant girls were also urged to reach out to their partners, friends, and other members of the community for support. To demonstrate the importance of reaching out to friends, an elected female politician gave an example of an adolescent girl who by reaching out to her friends, her 'predicament' was escalated to persons who intervened and ensured that she safely terminated the unwanted pregnancy. This was an illustration that seeking support from persons close to women faced with unwanted pregnancies does not always compromise these women's bodily autonomy.

> Ok, let me give you an example of my daughter. My daughter at 16 came home and told me 'Mum, my girlfriend is pregnant, and she wants to go for an abortion. we were raising money for her to go for an abortion, but I feel something is not right. What if she dies? I don't want that'. I said 'ok, then we have to go and talk to the grandmother'. This girl actually did not have a mother, she had a grandmother. We talked to the grandmother, and she (the girl) procured a safe abortion. **Female. Politician. Expert Interview. Citizen TV. June 2019.**

Support at national level

At the national level, news sources noted that the government has not done much to put in place systems that offer social support to women faced with unwanted pregnancies. They criticized the government for its failure to establish shelter homes for pregnant women in crisis as well as

orphanages as aforementioned. Majority of news sources who identified as pro-life/pro-family advocated for adoption as an alternative to induced abortion. They argued that adoption is mutually beneficial to society since it meets the needs of people who can have children but do not want them as well as those who desire to have children but cannot have them. They further claimed that with the current high rates of infertility within our society, children put up for adoption have very high chances of finding homes where they will be offered what their birth parent(s) could not grant them. However, these news sources perceived the laws governing adoption as being extremely stringent making this process lengthy and tedious, with people wishing to adopt continuing to face hurdles. They urged the government to ease up adoption procedures to enable those who want to adopt to do so proficiently. They stated that having good structures around abortion, makes it easier to encourage girls/women with unwanted pregnancies to opt for placing up their children for adoption. An advocate of the high court called for reforms of the current adoption laws.

> There are people who are really suffering with trying to get their own children and it is not working. We have to make adoption easier so that those who need have children and they are not able to get children to adopt and be able to do so quickly and easily. **Female. Advocate of the High Court. Expert Interview. NTV. November 2018**

While agreeing that adoption is one of the alternatives to abortion, a senior legal advisor said that women should make that choice without any form of coercion.

> Adoption would be an option if you have that choice, and you make that conscious decision. I think what the standards and guidelines provide for was an array of options; one, information, two, a termination. All the options including adoption, including counseling, the choice is for the woman to make. **Male. Senior Legal Advisor. Expert Interview. Citizen TV. June 2019**

News sources further stated that there is need to use available channels to sensitize the community on available support networks to make girls/women aware of the available alternatives

to abortion in the event of an unwanted pregnancy. They argued that when such girls/women feel like they are part of a supportive social network they are likely to shun induced abortions.

Partnerships with key stakeholders

News sources claimed that the magnitude of unsafe abortion in Kenya requires coordinated multi-sectoral efforts to mitigate it. They argued that every sector in society and by extension every Kenyan, has a role to play in mitigating unsafe abortion thus called for collaborated efforts. They stated that coordination and collaboration across various sectors of society and especially the health, education, and religious sectors is key to the promotion and protection of SRHR, particularly among adolescents and young people. News sources claimed that coordination of partners across the various sectors of society is essential to the optimization of resources and proper implementation of strategies and policies aimed at mitigating unsafe abortions. The Secretary General of the Kenya Obstetrical and Gynecological Society (KOGS) spoke on the need for collaborated efforts.

> It is not the resources that we lack; I think it is the goodwill where 'can we come together; can we sit down?' We have a problem, we have big minds, and in terms of resources, we have them. How can we set this ball rolling? So that we are able to help these patients who are dying. Five hundred patients dying weekly is not a small number. **Male. Secretary General, the Kenya Obstetrical and Gynecological Society (KOGS). Expert Interview. Citizen TV. November 2018**

News sources noted that over the years, there has been lack of intentionality and commitment to coordinating key stakeholders from the various sectors to knit their strengths for the advancement of the common goal of ending unsafe abortions. They said that this has been demonstrated by the seemingly deliberate effort to exclude certain key stakeholders, especially key stakeholders deemed to be pro-life/pro-family. This was attributed to the attempt to normalize liberal perspectives towards mitigating unsafe abortion with a focus on freedom and rights. News

sources claimed that discussions around ending unsafe abortions tend to center on the expansion of liberal ideologies such as advocating for abortion on demand and comprehensive sex education, while shrinking conservative ideologies such as enforcing parental consent and objection to lowering the legal age of sex consent. A legal practitioner spoke on the exclusion of certain key stakeholders.

> It has been a deliberate exclusion of organizations that are deemed to be pro-family or pro-life and have a more conservative angle. **Female. Executive Director, East Africa Centre on Law and Justice. VO/SOTs. Citizen TV. November 2019.**

News sources and journalists perceived the deliberate exclusion of pro-lifers as a necessity to the advancement of the safe abortion agenda. They stated that pro-lifers and especially religious groups are deeply entrenched in the morality of abortion and have limited willingness to cede this position. This is despite the glaring public health implications of abortion that form the basis for the safe abortion agenda that necessitates collaborative working across sectors. News sources and journalists observed that the church has positioned itself in an obstructive manner that makes it difficult to support other key stakeholders in the development and implementation of programs aimed at mitigating unsafe abortions. This was shown to be especially true for those programs focused on providing safe abortion care services. A health journalist wondered whether the church is willing to support other sectors in ending unsafe abortion.

> I just want to ask the bishop since he is the one here representing the religious voice. Would the religious community support the ministry of health, civil societies and other non-governmental organizations who are interested in providing safe abortion care for women? Would the religious society support this? Because if we have evidence, and we do have evidence of the dire consequences of unsafe abortions and the cost implications of it then the assumption would be that everyone would rally around any bill or any legislation that safeguards the life of these women. Would the support of the religious leaders be there? **Female. Journalist. Expert Interview. KTN. April 2018**

Also excluded are professional societies with specialty in SRHR. The President of the Kenya Obstetrical and Gynecological Society (KOGS), a professional medical society, revealed that despite his society's expertise in SRHR, their resourcefulness has not been appreciated locally. He claimed that this society has members with extensive experience with SRHR policy formation and implementation, experience attained following successful formulation of policies adopted worldwide. He noted that the society's expertise is recognized internationally with its members being entrusted with top leadership positions at reputable international SRHR bodies such as the international federation of obstetrics and gynecologist, and the African societies of obstetrics and gynecologists. He claimed that KOGS is willing to bring on board this expertise and resources but only if there is commitment from other key stakeholders.

> We are as a medical society, as a professional society, we are more than able. We have professionals who are ready to come in and share. And some of them actually are in very or hold very senior positions. For example, one of my colleagues is actually a member of the council in the international federation of obstetrics and gynecologist. They are actually the ones who form policy for the whole world when it comes to obstetrics and gynecology. And it is one of us. So, we can get help from there. Another colleague of mine is actually the chair, he is going to be the chair in March of African societies of obstetrics and gynecologists. So, we have people, we have knowledge. **Male. Secretary General, the Kenya Obstetrical and Gynecological Society (KOGS). Expert Interview. NTV. November 2018**

Besides excluding certain categories of key stakeholders, news sources claimed that there has been a lack of commitment towards implementation of proposed strategies. They said that it is common practice for key stakeholders to come together in boardrooms, media and/or conferences to discuss the impact of induced abortions and propose solutions to mitigating this vice. However, beyond these conversations, there is barely any effort made towards implementation of the propositions. A journalist at NTV spoke of the seemingly stagnated nature of the abortion debate.

> I think the issue here is moving this debate along. Right now it just feels like it's very stagnated and nasty and vicious. How then do we move it along**. Female. Journalist. Expert Interview. NTV. August 2, 2019.**

News sources and journalists outlined two complementary and intersecting areas for intervention to best promote and protect SRHR, particularly among adolescents and young people. These are the Comprehensive Sexuality Education (CSE) programs and the availability and accessibility to SRHR services. The Ministry of Education was challenged to convene key stakeholders from diverse areas of expertise in society to develop the CSE curriculum. They stated that this program should be implemented at the national and county levels to facilitate collaborative working across sectors for purposes of sustainability and greater impact. They said that the development and implementation of the CSE program will ensure that children are reached earlier. This will ensure that during transition to adolescence or when they become sexually active, they are knowledgeable on the consequences of engaging in sexual activities, safe sex practices, and actions to take in the event of failed safe sex practices. A news source spoke on the necessity of implementing comprehensive sexuality education.

> Jointly working with the ministry of health, jointly working with the ministry of education to see how this (referring to CSE) will be rolled out at the national and at the county level to ensure that we have a group of young boys, girls and women who are getting into adolescence or sexually active that understand what the dangers are, what precautions they need to take and if those precautions and measures are not taken into account and something happens, what measures or services are available to them. And also noting that it's a right to have access to information and this is a conversation then we should look at that context. **Male. CEO, KELIN. Expert Interview. KTN. April 2018.**

New sources claimed that to enhance the effectiveness of the CSE program, there is need for availability and accessibility to sexual reproductive health products and services. Thus, besides advocating for availability and accessibility to abortion care services as mentioned earlier, they

called on the availing and easing access to contraceptives. They claimed that currently contraceptives are available but inaccessible to majority of women due to poverty and/or lack of knowledge. News sources gave a few suggestions of bridging this gap. They proposed that the MoH should work in partnership with privately owned pharmacies at the community-level to ensure that effective contraceptives are within the reach of women regardless of their socio-economic status. The Executive Director of FIDA-Kenya revealed that currently contraceptives are a reserve of a few.

> Access to contraceptives should be increased then we will reduce the 'oops' pregnancies because I know that is what we are talking about. That (referring to unwanted pregnancies) will really go down. Like today just try to walk around, just even around pharmacies and ask, you will find that a lot of the affordable easily accessible contraceptives are not there. Women are not able to access it. So that is one multi-sectoral approach. **Female. Executive Director, FIDA-Kenya. Expert Interview. Citizen TV. June 2019.**

To enhance the availability and accessibility to SRHR services, news sources argued that, the MoH should embrace reputable (International) Non-Governmental Organizations such as Marie-Stopes that provide abortion care services. They claimed that such organizations have the ability to provide abortion care services including pre-abortion services, abortion itself and post-abortion care at minimal-to-no cost to women. They argued that interference with the functions of such organizations is detrimental to the sexual and reproductive health of women and especially those faced with unwanted pregnancies. Citing the recent suspension of Marie Stopes-Kenya provision of abortion care services by the Kenya Medical Practitioners and Dentists Board (KMPDB) in November 2018, they argued that this action contributed significantly to the incidences of maternal morbidity and mortality. This is because women who would have sought sexual and reproductive health services including contraceptives, counseling, abortion itself and post-abortion care services are likely to resort to seeking them from unqualified persons. They

credited Marie Stopes-Kenya for providing abortion care services and free contraceptives among other services to thousands of women countrywide. News sources thus argued that the MoH collaborating with such organizations is likely to enhance accessibility to abortion care services especially among women of lower socio-economic status. A news source expressed his fears following suspension of Marie Stopes-Kenya abortion care services in November 2018.

> But I think what we need to take a step back is to say 'ok, Marie Stopes has been closed, but what does that mean? What will happen to these patients who have been going there to receive other services and as well as maybe procuring these abortions?' These patients are going to go underground and what is going to happen is we are going to see an increase in the deaths of these patients. Is that what we want? **Male. Secretary General, the Kenya Obstetrical and Gynecological Society (KOGS). Expert Interview. NTV. November 2018**

Finally, news sources revealed that collaborative working across sectors is also crucial to the development of locally acceptable programs. They said that key stakeholders play a fundamental role in tailoring proposed intervention to the local context occasioning minimal resistance during the implementation of these programs. Using the ICPD25 conference that was held in Nairobi, Kenya in 2019 to demonstrate the consequences of lack of collaborative working across sectors, A news source who is an Educator and Church Leader revealed that this conference faced resistance locally due to non-inclusive key stakeholder involvement during agenda setting. This led to the agenda being framed in a manner that was perceived as being discordant with the socio-cultural context. Consequently, this conference faced resistance locally with some key stakeholders expressing concerns with the implementation of the prepositions following this conference.

> I think let me start by saying what I think will not work, and what will not work is the language of pushback. The pushback because the pushback is coming from a heavily legitimate cultural and very well-informed moral perspective. So, if organizations like the UNFPA and the ICPD conveners and your organizations the approach I

> feel they should take should be really multi-societal where you bring in all the stakeholders… let us agree that yes there are human rights, there are freedoms, but these freedoms should play within limits legislative, and some are moral and philosophical limits. **Male. Educator and Church Elder. Expert Interview. Citizen TV. November 2019**

Adopt existing strategies.

News source revealed that there have been some successfully SRHR programs in Kenya. They claimed that the experiences derived from these programs might be valuable in addressing unsafe abortion. Referring to the 'End FGM by 2022' program as an example, they revealed that this program has been successful following the collaborative efforts of relevant key stakeholders, sensitization of persons at all levels of society on the implications of FGM, and normalization of FGM discourses. News sources claimed that the collaborative efforts in particular optimized the implementation of policies and strategies that have played a key role in ending FGM. They therefore recommended that lessons from 'End FGM by 2022' and any other successful SRH programs should be considered during the development and implementation of programs aimed at mitigating unsafe abortion. They said that these previously successful programs provide an important roadmap especially in terms of the persons and processes to be engaged in the development and implementation of the program. The Country Director of Plan International spoke on the need to adopt lessons learnt from the 'End FGM by 2022' program.

> You know we were just reflecting several years ago you would have never talked about female genital mutilation. it was a taboo. It was considered a norm and fast-forward to where we are now in 2019, I think there has been a national recognition including from a cultural and traditional and religious leader that FGM is one of the drivers of gender-based violence and it is a great violation to girls. And so, I think there are some lessons to be learnt on how we move the FGM dialogue to become a national dialogue and the mechanisms that are being put in place to end FGM by 2022. **Female. Country Director, Plan International. Expert Interview. Citizen TV. November 2019**

Furthermore, news sources said that Kenya should also apply both preventive and remedial measures aimed at ending unsafe abortions that have been successful in other contexts. They mentioned that Kenya could apply some of the lessons learnt about implementation of provision of abortion care services from other settings in Africa and beyond including Ethiopia, South Africa, and Ireland. Besides, they claimed that Kenya could learn from some pregnancy prevention programs in other contexts. These prevention programs were shown to have resulted in significantly minimal numbers of unwanted pregnancies, subsequently leading to the closure of facilities providing safe abortion care services. A legal practitioner pointed out the USA as an example of a country with a successful pregnancy prevention program.

> Coming back to your question, why is this conversation looking like it's just coming up now? It's because we are also learning from places that have walked this journey ahead of us. Right now, as we are speaking, Planned Parenthood, one of the biggest providers of abortion services in America are shutting down many of their clinics. Why? There is actually a decline in demand. Why? The conversation has been heard it has gotten to a place where women have realized the benefit of preventing pregnancies to begin with, rather than having this get-out-of-jail free card. **Female. Advocate of the High Court. Expert interview. NTV. November 2018.**

News sources warned that even as we adopt strategies that have been successful in other contexts, we should not be blind to the fact that these programs have their own challenges. We should therefore take into consideration the challenges that normally lead to negative outcomes to avoid repeating the mistakes made in other contexts as explained by a legal practitioner.

> …that is why I am saying the discussion has to be nuanced, it is not a straight arrow, it is a woman's choice. No! It cannot be that and it has reduced to that in other jurisdictions and we have seen the fallout in their societies. We do not have to repeat a mistake because others have made it! We would rather make our own mistakes in this particular instance. **Female. Advocate of the High Court. Expert interview. NTV. November 2018.**

Discussion

In our findings, the key recommendation to mitigating unsafe abortions in Kenya is to objectively handle unwanted pregnancies, a measure that necessitates a multifaceted approach that integrates the legal, public health and socio-cultural frameworks.

An appropriate legal framework is crucial to the prevention of unsafe abortion and protection of girls/women from the physical and mental health risks associated with unsafe abortion. In our study just like in other contexts (Ziegler, 2013), there were occasional calls for a more restrictive legal and policy framework, contending that stiffer penalties for persons seeking/providing abortion care services, and shrinking of the constitutional provisions of abortion are key to ending unsafe abortions. However, as shown elsewhere (Rights, 2023) and argued by other news sources in our study, restrictive laws do not stop girls/women from having an abortion or protect them from unsafe abortions. On the contrary, such laws only complicate women's abortion pathways. They often result in delayed access to abortion care (Faúndes & Shah, 2015), recourse to self-managed abortion (Shah et al., 2014b) and, poor quality abortion care services due to lack of skilled personnel and unavailability of essential abortion medication (Payne et al., 2013). All which are associated with unsafe abortion and/or increase risks of maternal mortality and morbidity thus demonstrating that a restrictive legal and policy framework does not achieve its apparent aims of either protecting abortion seekers from unsafe abortion or preventing abortion.

Restrictive abortion laws are not a sound regulatory approach to abortion (Latt et al., 2019) and thus to address unsafe abortions, there is need for an enabling legal and policy framework as largely mentioned in our study. Kenya has a progressive policy environment around abortion as evidenced by Article 26(4) of the 2010 Kenyan Constitution which provides

for access to safe and legal abortion within prescribed limits. What is greatly lacking in Kenya is the political goodwill to fully implement the abortion law (Oronje, 2013), a factor that has significantly curtailed Article 26(4)'s objective of mitigating the magnitude of unsafe abortion. As recommended by news sources in our study, the government through the national parliament and the Ministry of Health, should enact and fully implement the necessary laws as stipulated in Article 26(4) to ensure availability and accessibility to abortion care services to facilitate the protection of health and life. Furthermore, the government, through its necessary institutions, should provide complete, accurate and easy-to-understand information about availability and accessibility to legal and safe abortion care services. This information should be easily accessible and should be available in a variety of formats, on various platforms and in different languages to ensure it reaches a larger audience. This is because despite abortion being available on broader grounds in Kenya, majority of the Kenyan public is unaware of these constitutional provisions as depicted in our findings and elsewhere (Ito, 2014; Matters, 2018).

Despite the greater legal rights to access safe abortion services in Kenya, there is need to fully decriminalize abortion so as to expand equal access to safe and legal abortion (Center for Reproductive Rights, 2016). A significant amount of abortion content on the selected three television outlets was in favor of full decriminalization of abortion. Liberal abortion laws were associated with enhanced availability and accessibility to quality safe abortion care services, a decrease in unsafe abortion and its attendant morbidity and mortality, and a decline in abortion rates (Berer, 2017; Briozzo et al., 2016; Faúndes & Shah, 2015; Lewin et al., 2012). Furthermore, there is need for a legal framework on the particular needs of adolescents as this population was has been shown in our findings and elsewhere (Fatusi, 2016) to bear a disproportionately higher burden of unsafe abortions. But even as we continue to lobby for the

full decriminalization of abortion in Kenya, we should take advantage of medical advances that have made it possible for women to access safe abortion even in countries where the law is prohibitive (Cornwall et al., 2008). There should be extensive dissemination of information on medical abortion and self-managed abortion.

In most previous works, much emphasis is laid on the legal and public health measures needed to reduce the magnitude of unsafe abortion and its associated maternal mortality and morbidity. However, our study revealed that in the Kenyan news media, almost equal emphasize is laid on the socio-cultural approaches to mitigating abortion. There is recognition that social and economic factors significantly influence girls/women abortion decision-making and abortion seeking processes. Mirroring previous studies, our study shows that societal attitudes and (in)actions shape girls/women's pregnancy outcomes (Rehnström Loi et al., 2018). Socio-economic interventions, especially at the community level, are likely to eliminate unsafe abortion practices consequently protecting girls/women from the negative health outcomes of these practices. Although the family plays a crucial role in shaping women's abortion trajectories (Enuameh et al., 2012), the community has enormous power to prevent unsafe abortions. This is because as shown in our study, the majority of the factors contributing to induced abortions including financial inability to raise a child (Frederico et al., 2018), perceived negative reactions to the unwanted pregnancy (Matters, 2018), social exclusion and abandonment (Casey et al., 2019), loss of bodily autonomy (Rehnström Loi et al., 2018), and abortion-related stigma and discrimination (Kumar et al., 2009) can easily be alleviated at the community level.

Our findings largely suggest that community-level social interventions, specifically support from family, friends and the community through its established institutions can facilitate girls/women to carry their pregnancies to term or prevent inevitable abortions from being unsafe.

As shown in Chapter two of this dissertation, social institutions within the community, particularly the church, have the capacity to support pregnant women in crisis situations. These institutions can capitalize on their established infrastructure such as the health facilities (Gathogo, 2008) and schools (Theuri, 2013) to provide a supportive community to vulnerable expectant mothers offering these women resources such as unplanned pregnancy counseling services, hosting pregnancy support groups, facilitating access to healthcare, and provision of information to enable these women make the best decision for their future free of any form of coercion (Olukoya et al., 2001). These institutions have the capacity to do more. Just like the voluntary, community-based not-for-profit social welfare organizations; they have the capacity to develop safe housing programs that offer vulnerable pregnant women the aforementioned resources and a safe place to live throughout their pregnancy.

Unlike other governments that have made significant efforts in realizing the social welfare of girls/women faced with unwanted pregnancies (Moss & Snyder, 2015), the Kenyan government still has much to do. Just like its predecessor the colonial government, the Kenyan government relies heavily on the important contributions made by social institutions, especially the church, to mitigate maternal morbidity and mortality (Njagi, 2013). It is therefore no wonder that even in media discourses, the onus of putting in place social interventions aimed at preventing unsafe abortions and their attendant consequences is placed on the community, specifically social institutions. The Kenyan government continues to fail in directing its efforts towards putting in place structures that meet the social welfare of women faced with unwanted pregnancies to impede abortion-related morbidity and mortality. The government has failed to establish functional shelter homes for pregnant women in crisis, orphanages for children who

cannot be cared for by their biological parents and has in place extremely stringent adoption laws.

Having these social structures in place to support pregnant women in a crisis is a start, additional steps are required. The public needs to be sensitized to the availability of these resources. Community-based interventions should factor in cost, confidentiality, and attitudes within these establishments, striving to have a non-judgmental environment. Finally, there is need to normalize SRHR conversations in both public and private spaces. These open discussions are likely to contribute to correct and complete information, empowering girls/women to make informed decisions around their SRHR (Chidgey, 2011), and enabling them to demand for that which they are rightfully entitled to.

Social structures mentioned in our study were biased towards encouraging women to carry pregnancy to term. This could be because the model social welfare organizations being described borrow much from the USA-based pregnancy crisis centers whose primary purpose is to discourage abortions (Montoya et al., 2022). In our study, not much is said about the social support needed and available for women who choose to terminate their pregnancies, and especially support at the community and national levels. This suggests that girls/women do not choose abortion because they have a choice but are largely influenced by circumstances within their immediate environments that make it challenging to carry the pregnancy to term. This concept undermines abortion as a positive choice for women. To reduce the burden of unsafe abortion and its consequences, women who choose abortion need to be reassured that their decision will be respected and that they will receive support (emotional, informational and material), especially at the household and community levels, during abortion care seeking and afterwards (Penfold et al., 2018; The Lancet, 2007).

Partnerships and adoption of pre-existing strategies

(Un)safe abortion is influenced by social, political, and economic considerations (Chandra-Mouli et al., 2015) thus the need for a participatory, multidisciplinary and multisectoral approach in addressing it as highlighted in our findings. SRHR issues including abortion transverse different sectors and cuts across different levels of society, thus the success of any interventions is contingent upon the involvement of all relevant key stakeholders (Rashid et al., 2017). Our study findings corroborate previously documented literature that calls for coordination and collaboration of key stakeholders in the planning, policy development and implementation of SRHR interventions, especially those aimed at preventing unwanted pregnancies and unsafe abortion (Olukoya et al., 2001).

Our study pointed out three key sectors of society that should collaborate: health, education, and religious institutions. However, studies have shown that there are other key stakeholders who participate actively in SRHR, albeit to differing degrees and dimensions. Equated to the Kenyan context, these include the community; the national Parliament; NGOs; Ministry of public service, gender and affirmative action; Ministry of information, communications and the digital economy; and Ministry of youth affairs, sports and the arts (Rashid et al., 2017). As suggested by Rashid and colleagues (2017), our findings reveal that there is a deliberate effort to exclude certain key stakeholders, especially those perceived as possessing an unfavorable disposition towards liberal SRHR policies. These key stakeholders, predominantly religious institutions, were said to be excluded from the policy making processes because of their non-supportive attitude towards the promotion of abortion rights. While exclusion of such key stakeholders seems necessary to the advancement of the safe abortion agenda (The Lancet, 2007), their strong power and active interest in SRHR policies and

programs (especially those targeted at adolescents) cannot be ignored. Their influence in society, especially on matters SRHR, necessitates actively engaging them to harness the enormous power at their disposal in favor of girls/women SRHR and wellbeing. (Rashid et al., 2017)

Key stakeholders should be engaged right from the planning phase. This presents an opportunity to integrate diverse perspectives of the stakeholders thus developing a shared understanding of key issues; enhances stakeholders' buy-in; ensures the cultural aptness of the intervention; promotes trust and respect towards the intervention; and increases stakeholders' commitment to implementing the intervention, (Chandra-Mouli et al., 2013; Denno et al., 2015; Rashid et al., 2017). Engaging 'non-supportive' stakeholders right from the beginning presents an opportunity to create dialogue and draw attention to important issues, making them to better understand that there is a shared objective of preventing unwanted pregnancy and unsafe abortion, and its consequences. This approach is likely to neutralize the conflict between cultural and religious beliefs & values and the required policy reforms needed to address SRH issues, particularly unsafe abortion (Oronje, 2013). Additionally, each key stakeholder's role and level of engagement is made clear since stakeholders play diverse roles in relation to any policy development and/or intervention implementation.

Besides, pre-existing structures in society offer collaborative opportunities to best promote and protect SRHR, particularly among adolescents and young people. Innovatively using existing structures while borrowing from successful collaborative SRH strategies used in other contexts is likely to be a cost effective strategy of optimizing service delivery among the adolescent population (MoH-Kenya, 2017). Two suggestions were provided in our findings. First, the MoH should partner with privately owned pharmacies in the community to facilitate access to effective contraceptives to all women regardless of their socio-economic status. A

strategy shown to have been effective in Canada with regards to emergency contraceptives (Soon et al., 2021). Another suggestion is that the MoH should partner with reputable (International) Non-Governmental Organizations whose key mandate is to provide SRH care services to leverage on their established infrastructure to enhance the equal availability and accessibility to contraceptives, pre-abortion care services and post-abortion care services to all girls/women.

Conclusion

A significant proportion of the televised abortion content referenced to measures of addressing unsafe abortion. The suggested approaches to ending unsafe abortion in Kenya differed depending on whether one identified as a pro-choicer or prof-lifer. Measures proposed by pro-choicers typically called for availability and accessibility to safe abortion care services while respecting women's right to bodily autonomy and self-determination. According to this group, for us to mitigate unsafe abortion we must first pay attention to the number of women suffering from life threatening complications or dying following botched abortions. This should inform our handling of abortion as the public health issue that it is. Consequently, acknowledging abortion as a public health issue will drive the full implementation and observation of the abortion law as stipulated within the Kenyan constitution. The high prevalence of maternal morbidity and mortality following unsafe abortion will compel the MoH to effect the standard guidelines resulting in the availability and accessibility of abortion care services. However, availability and accessibility to abortion care services is not enough, there is need to pay attention to quality of these services, to embrace new approaches to abortion care such as medical abortion, to put into consideration findings and recommendations from locally conducted research, and to ensure that there is adequate information on constitutional provisions of abortion in the public sphere. Furthermore, the current abortion law should be expanded to

make abortion on demand accessible. Parameters that restrict abortion in the Kenyan constitution should be expanded or withdrawn. These include amending the clause on when life begins, and expanding the three aspects of health (physical, mental, and social) as outlined in Article 26(4) of the constitution to make clear the circumstances under which women are legally allowed to seek abortion care services.

Pro-lifers suggested measures that would support women to carry pregnancy to term, largely intimating that the lead cause of induced abortion is unsupported pregnancies. They argued that women faced with unwanted pregnancies need support throughout their pregnancy journey and assurance that the child that they will bring forth will be well cared for; both which can be catered for at the community-level. According to pro-lifers, having safe houses and halfway houses within the community to meet the needs of such girls, and a home for their children afterwards, is likely to deter these girls from induced abortions. The government is expected to provide these facilities; however, it has failed. This has forced social institutions such as the church to step in to fill this void, though not in totality. They have largely focused on supporting post-partum women by providing a home for their children in church-owned/supported orphanages with limited support for women faced with unwanted pregnancies. These institutions can use their already established facilities innovatively to support women to carry the pregnancy to term, for instance, they can have pregnancy counseling services, and/or halfway homes to provide temporary homes for pregnant women in crisis. Additionally, the government should rethink its current stringent laws governing adoption. An easier adoption process is likely to encourage girls/women with unwanted pregnancies to opt for placing their children up for adoption.

Finally, both pro-choicers and pro-lifers called for coordinated multi-sectoral efforts to ensure pregnancy prevention, availability and accessibility to safe abortion care services, or carrying pregnancy to term void of compromising women's bodily autonomy and self-determination. Coordination and collaboration across the health, education, and religious sectors while engaging the local community is essential to the optimization of resources, and proper development and implementation of strategies and policies aimed at the promotion and protection of SRHR, subsequently, mitigating unsafe abortions. In addition, experiences derived from previously successful SRHR programs in Kenya and lessons learnt from implementation of abortion care services from other settings should be considered during the development and implementation of programs aimed at mitigating unsafe abortion. This should not be done in isolation of the challenges faced by these previous programs to avoid repeating previously made mistakes. Also, the persons whom these programs are aimed at should be part of the development and implementation of these strategies and policies aimed at mitigating unsafe abortion.

A large proportion of discussions centered around mitigating unsafe abortion through promoting abortion rights consequently resulting in availability and accessibility to safe abortion care services. This reflects that the Kenyan population is more accepting of abortion as a reproductive health issue contrary to the predominant narrative that Kenya is a religious state with no room for conversations around abortion.

CHAPTER 6

KENYAN TELEVISED NEWS MEDIA FRAMING OF ABORTION: PERSPECTIVES OF UNIVERSITY STUDENTS

Introduction

In this chapter, we present results on university students' perceptions of construction of abortion within the Kenyan televised news media. We begin by providing a brief description of our study participants. This is followed by a presentation of the two major themes that emerged during our analysis. The first theme is adolescents' experiences with and perceptions of abortion coverage in Kenyan televised new media. Subject to this theme are participants experiences and perceptions of platforms and formats of publishing abortion content; frequency and volume of abortion content; negative and positive framing of abortion; and the impact of televised abortion coverage. The second theme is adolescents' recommendations for abortion coverage in Kenyan televised new media. Based on this theme, participants revealed the key messages that should be included in abortion coverage and the considerations for production and delivery of abortion content in the news media.

Study Participants Characteristics

To gain an understanding of adolescents' experiences with and perceptions of media framing of abortion, we conducted four focus group discussions with 37 students from Moi University. The FGDs were homogenous based on gender identity and year of study at the university. These included female (Year 1 & Year 2), female (Year 3 & Year 4), male (Year 1 & Year 2) and male (Year 3 & Year 4). Each focus group discussion

(FGD) had eight to 11 participants drawn from engineering and technology, natural sciences, social sciences, health sciences, arts, and humanities programs.

Overall, there was no significant difference in the number of female (54%) and male (46%) participants. The participants' ages ranged from 19 to 24. The sample was about equal across the four academic years of study with a slight difference in the Year 2 students' participation. A large (57%) proportion of the participants were enrolled in the social sciences programs that included political science, sociology, social work, education, media and communication studies, management, and economics. Majority (97%) of the participants identified as Christians. All participants reported being unmarried at the time of the study as illustrated in **Table 6.1** below.

Themes

Our analysis revealed two major themes: 1) Adolescents' experiences with and perceptions of abortion coverage in Kenyan televised new media, and 2) Adolescents' recommendations for portrayal of abortion in the media, as presented below.

Adolescents' experiences with and perceptions of abortion coverage in Kenyan televised new media

Study participants spoke of their experiences with and perceptions of platforms and formats of publishing abortion content; frequency and volume of abortion content in televised news media; negative and positive framing of abortion; and the impact of televised abortion coverage on various populations as presented below.

Table 6.1: Participants socio-demographic characteristics

Socio-demographic characteristic		**Frequency (Percentage) N (%)**
Gender		
	Female	20 (54%)
	Male	17 (46%)
Age		
	19	8 (22%)
	20	5 (14%)
	21	7 (19%)
	22	8 (22%)
	23	6 (16%)
	24	3 (8%)
Academic Year of Study		
	Year 1	10 (27%)
	Year 2	7 (19%)
	Year 3	10 (27%)
	Year 4	10 (27%)
Academic Discipline		
	Social Sciences	21 (57%)
	Health Sciences	9 (24%)
	Natural Sciences	3 (8%)
	Engineering & Technology	2 (5%)
Religious Affiliation		
	Christian	36 (97%)
	Islam	1 (3%)
Marital Status		
	Single	37 (100%)
	Married	0 (0%)

Platforms and formats of publishing abortion content

Participants revealed that abortion content is predominantly aired on television. They claimed to have heard or seen abortion content primarily on the Kenyan mainstream commercial TV stations, mostly NTV and Citizen TV, with a few participants mentioning KTN, K24[10] and KBC[11]. A significant number of the participants also mentioned that they had heard or seen abortion content on Switch TV[12] a Kenyan TV station for the youth. Additionally, male participants mentioned to have heard or seen abortion content on faith-based TV stations, internet-based television as well as international TV stations. Besides TV, participants stated that abortion is also aired on radio and social media.

> As per my experience, I see that only the big media houses are the ones who are maybe able to live stream this news. I tend to get that they have more people doing the data collection, so they are able to even get the most remote data from the local areas. So, they often cover this (referring to abortion) compared to the local channels.
>
> **When you talk about big media houses, which stations are you referring to?**
>
> The likes of Citizen, K24, KTN, NTV, yeah, those ones. **Participant 2. Male. FGD3_Year3 & Year4.**

Participants asserted that typically, abortion content is aired on prime-time television news. As a news item, abortion is largely aired in the form of expert interviews, and occasionally as VO/SOTs and reporter packages. Beyond the news, participants claimed that abortion is

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[10]K24 TV is 24-hour Kenyan commercial television station that broadcasts in both English and Swahili languages covering both national and international news, sports, business, lifestyle and entertainment. It was also the first Kenyan television station to stream live on the internet, offering online streaming and live TV viewing

[11]KBC is Kenya's state-run TV station that broadcasts in English and Swahili. It is free-to-air and covers news, entertainment, sports, politics and business

[12]SWITCH TV is a Kenyan television station owned by the Red Cross Society of Kenya. It has positioned itself as station for the youth and features shows that resonate with this demographic, focusing on their interests and aspirations while addressing their challenges

substantially covered in talk shows, and especially those centered on sexual reproductive health and rights.

> Oh yes, I have! Actually, switch TV has these talks, it is called ‘round table with Tamima’. They bring people who have undergone abortion and then they share their stories. So yes, I have heard, I have seen it. **Unknown voice:** for Switch TV I think it is the talk shows. It normally has talk shows. **Participant 1. Female. FGD2_Year3 & Year4**

Frequency and quantity of abortion content in televised news media

In line with findings in our content analysis presented in Chapter 4, university students in our study claimed that although the Kenyan law is theoretically meant to reduce the number of abortions, there are still many abortions occurring in Kenya. They noted that despite abortion’s prevalent nature, its coverage is sparse in the mass media, particularly in the Kenyan news media. Participants attributed limited abortion coverage to various factors. First, they said that abortion as a topic is faced with significant institutional and cultural opposition making it too uncomfortable to speak about. They stated that relevant news sources, notably women who have undergone abortion and/or persons who provide abortion, are less likely to come out and speak about their experiences for fear of being stigmatized and/or prosecuted. This silence and shame surrounding abortion leaves the media with barely anything to report on.

> Maybe the reason as to why there is not much coverage on the issue of abortion, I would think it is because of the stigma around this whole issue. No one will come out and say, 'I have done this and this' unless it was on medical grounds and the topic is on sexual reproductive health. No one will just come out and say like 'I have done, or I have procured abortions' because in the first place it is illegal. And the stigma around the whole issue is so much. Maybe that is what hinders people from coming out and speaking freely about it. **Participant 3. Male. FGD3_Year3 & Year4.**

Secondly, they stated that media outlets ignore the subject of abortion entirely or provide only cursory coverage for fear of losing popularity among their consumers with a

subsequent decline in TV viewership. They claimed that the set of rules that define the standards, values, and principles of majority of Kenyan media houses do not support content that typically drives down their ratings. These media houses are keen on delivering content that attracts massive audiences, increases consumer satisfaction, and retains their audiences. They therefore shun abortion, a topic considered taboo and controversial, for fear of its negative impact on their TV station ratings. Hence, even televised news segments dedicated to sexual reproductive health issues primarily focus on issues perceived to align with family values such as marriage and family life. They shun topics within this field that are widely perceived as a threat to the Kenyan culture and tradition such as abortion, for fear of being perceived as encouraging a vice that is considered immoral and/or socially unacceptable.

> I think also the stakeholders of these TV shows for instance, maybe because Citizen TV is owned by Royal Media Group or something, the stakeholders don't allow it because they know who their target audience are, maybe they are the older population, or maybe the whole country is kind of watching it. So, when you start bringing sensitive topics there could be a clash between what the viewers will say... Like they are trying to sanctify the whole thing to look neutral
>
> **Unknown voice:** so that they do not lose viewers. **Participant 9. Female. FGD2_Year3 & Year4.**

Finally, some participants attributed the meager nature of abortion coverage in the news media to abortion's lack of newsworthiness. They stated that abortion has been normalized as a reproductive health care practice in Kenyan and it is therefore not an unusual, shocking, or bizarre thing. It no longer bears the element of moral misconduct. Moreover, abortion stories lack human interest, loss of life and conflict news values due to limited number of adverse outcomes following (attempted) abortion owing to the

availability of safer abortion options. The lack of these news values reduces the dramatic effect that propels such kind of news stories.

> Ok, what I wanted to say is concerning the issues of abortion being programmed on TV, being televised rather, is because you know nowadays abortion is something that we have made it become normal because you know like the rate of immorality is just so high. People get pregnant very early; they do their abortions…So I think it is something that has become very normal. It has become very normal and the only way it could get to the news, the TV, is maybe if something extra-ordinary occurs like for instance death or maybe there was...ok, let me just say death. Maybe the lady was trying to abort, and it resulted to death or maybe a doctor reported, you know… So, the only point at which you will get to hear this on TV are when there is just something that is extra-ordinary, something like death, there is an occurrence of death. **Participant 6. Male. FGD3_Year3 & Year4**

Participants stated that even with this limited abortion content in the mass media, especially the news media, the content is framed in various ways, which we broadly categorized into two: negative and positive.

Negative framing of abortion

Participants revealed that the sporadic coverage of abortion in the Kenyan mass media, particularly in the televised news media, is predominantly framed negatively. They claimed that in the Kenyan televised news media abortion is typically condemned. It is portrayed as dangerous, immoral, culturally inappropriate, criminal, and a violation of women's right to bodily autonomy.

Abortion as dangerous and deadly

Participants claimed that Kenyan televised abortion coverage is eminently homogenous, primarily focusing on women seeking and obtaining abortion, and portraying these abortions as illegal and unsafe. Subsequently, the media frames unsafe

abortions as dangerous to women's physical and psychological health. Participants alleged that the news media, notably VO/SOTs and reporter packages, prevalently centers on the adverse physical and psychological health consequences attributed to abortion, including death.

Abortion as deadly.

Participants alleged that one of the most prominent frames in the Kenyan news media is that of abortion as fatal. They stated that abortion coverage in the Kenyan news media centers on two categories of stories. Those of women who died following a botched abortion. And stories of unqualified persons who have been providing illegal and unsafe abortion over a prolonged period undetected, ultimately resulting in the loss of lives of girls/women to complications arising from botched abortions. This coverage depicts (unsafe) abortion as very risky to women's physical health and a major cause of maternal mortality.

> Abortion that leads to death. That is the only one that is mentioned, or by quacks. Some person who conducted the abortion is a quack and has been doing that for a long time and is losing lives.
>
> **Participant 5. Female. FGD1_Year1 & Year2**

> For me I wouldn't say that I know of any because they only cover it when it is big news, maybe something has happened, someone has died while aborting. But generally, there is no coverage.
>
> **Participant 7. Male. FGD3_Year3 & Year4**

Abortion as dangerous to women's physical health

A few participants, mostly male, mentioned that the Kenyan news media depicts abortion as vicious, agonizing, and risky: a major cause of maternal morbidity. They revealed that the news media mainly covers stories of girls/women who suffered acute short-term abortion-related health complications or severe long-term abortion-related

health complications such as organ failure. They claimed that these stories garner media attention due to the horrific nature of abortion-related health complications that women suffer.

> Maybe on TV, I don't remember the shows, but I could say that in most educative aspects of these programs … you are given the effects of aborting and as I can remember my counterpart **PARTICIPANT 2** had already mentioned that continued abortion can cause infertility. So, ok, the odds lie more on the negative side than on the positive side because you will only get away with terminating the pregnancy, but you won't look closely at how much this affects you. **Participant 4. Male. FGD4_Year1 & Year2.**

Abortion as dangerous to women's mental health

A considerable number of participants further stated that abortion is depicted as psychologically agonizing, particularly to the girls/women. They said that this is especially true for talk shows and expert interviews in the news where individuals with lived experiences with abortion are invited to share their personal stories. The persons invited are largely women who have undergone (unsafe) abortion. The media provides these women with a platform to not only share their personal experiences with abortion but to also explore their own thoughts about abortion. While sharing their abortion stories, these girls/women reflect on the influence of abortion on their life trajectories, largely focusing on the negative mental health outcomes following abortion. The girls/women largely focus on their experiences with post-abortive trauma, which they characterize as profound guilt, regret, and self-reproach.

> Most of them, usually they get someone who has gone through an abortion; one who is open to it, and they are no longer ashamed. They talk about their experience and the majority of them is always post-depression. They had the abortion; they went through depression and now they are bouncing back. **Participant 9. Female. FGD2_Year3 & Year4.**

Abortion as immoral

Participants further revealed that the media, and especially the news media, frames abortion through the morality lens. A significant number of these participants stated that generally the news media frames abortion as immoral. However, a few others specified that the morality frame in the news media centers on three major discourses. The first category of abortion discourses being those within the realms of socio-cultural constructs of motherhood. These abortion discourses prescribe the limits within which women are expected to become sexually active and consequently pregnant and were said to be prevalent in the Kenyan televised news media. In this frame, abortion is depicted as culturally problematic since it deviates from culturally acceptable notions of family, femininity, and motherhood.

> There are various messages that we get from the media. There was a time that it was brought up in the senate, we had the abortion bill. Senator Kihika; it was being brought up at the center. So the immediate reaction we got for it was no, that was a complete no especially from the religious leaders. They said no, we are not going to support the abortion bill because this is going out of our norms, our culture here in Kenya, and also it is against humanity. So, basically, the perception I have gotten from the media is that abortion is something that is...
>
> **It's a no! no!**
>
> Yes.
>
> **Participant 5. Male. FGD4_Year1 & Year2**

The second morality frame said to be present in the Kenyan news media was that of the sanctity of the life of the fetus. Participants stated that the news media depicts human life as sacred with every human having an inherent right to life, thus, the act of abortion which results in death of the unborn is not morally justifiable. Therefore,

persons who play a role in the termination of a pregnancy, especially the pregnant women, are portrayed as immoral and their actions not excusable whatsoever.

> So, it was a student at Moi University, School of Law. She was a daughter to a bishop. She underwent five abortions, and each abortion was safe, and after that she became a good person. She was a party animal and imagine her dad was a bishop. She was that kind of girl and each time she would get pregnant, she would terminate it. She aborted five times. She kept her sixth pregnancy that child is in form two right now and she is very cute. I can only imagine how the others were. So, out of the abortions, she became a very good person. Right now, she is a pastor, and she is advising girls a lot… Daily Nation. **Participant 7. Female. FGD2_Year3 & Year4.**

Participants revealed that the final morality frame present in the news media was that which focused on societal responsibility in protecting life. They stated that the message in the media is that it is the responsibility and obligation of society to protect and preserve human life from the moment of conception to that of natural death.

> To be honest, it has been a really long time since I heard about abortion in the media. It is not a story to be featured, I mean, you know. But when I heard about abortion, they were just condemning it.
>
> **And how did they put it for you to feel like this is condemnation?**
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> I can say they were like 'stop abortions, protect the lives of the children' etc., especially this activism thing. **Participant 2. Female. FGD1_Year1 & Year2**

Criminalization of abortion

Participants stated that media coverage of abortion largely characterizes abortion as a criminal offence with the key message being that abortion is punishable under the law. Female participants claimed that the primary message in abortion coverage in the news media is that girls/women seeking abortions will be arrested and prosecuted under abortion laws. A claim they say has been made so frequently in the news media that it has become a trumped-up story.

> That is the kind of message we have been hearing since we were children. Since I was a child, I have been knowing that abortion is a crime. **Participant 5. Male. FGD4_Year1 & Year2**

> I think it is just about warning girls and women out there not to engage in abortion. Actually, it is just telling them 'Abortion is a crime, don't do this'. **Participant 3. Female. FGD2_Year3 & Year4**

Male participants on the other hand stated that the news media predominantly focuses on the concept that the law holds persons providing abortion criminally liable. They claimed that the stories that make it to the news media are those of abortionists being punished for providing abortion care services. Stories of persons providing illegal abortions being arrested, investigated, charged, prosecuted, and sentenced to jail as enforcement of the abortion laws. They claimed that the news media largely focuses on anti-abortion 'sting' operations. Stories of police officers and/or Ministry of Health officials raiding premises of persons known to be providing illegal abortion care services and arresting the abortionists.

> …the scenarios where I have seen these incidences on television, they usually targeted to the people carrying out the abortion illegally. It is like they are being shown that if you do this, there are basically consequences "we will take you to court, you will be arrested". Things like that. Because the occasions where I have seen it on TV is whereby you see a health practitioner was arrested, taken to court, is behind bars... Things like that. **Participant 8. Male. FGD4_Year1 & Year2**

The majority of the participants referred to the much-publicized case of "Dr" Mugo wa Wairimu, whose abortion clinic was raided by Ministry of Health representatives over suspected provision of illegal abortion care services. They talked about his arrest at his clinic and his subsequent subjection to a criminal investigation for

unlawfully providing abortion care services. He was later charged with various counts of abortion law violations as well as sexually abusing patients at his clinic. All these played out in the media.

> I think we all remember the recent case of somebody Dr. Mugo Wairimu, just in the recent past. He used to run a clinic which was offering illegal abortions, he was also accused of rape and maybe that is just one example of such cases, because it was all over. Yeah, I was referring to that case because it was all over the media, Mugo wa Wairimu the fake doctor, the quack, yeah. That's just a classic example. **Participant 3. Male. FGD3_Year3 & Year4**

A male participant expressed great satisfaction with this type of coverage stating that it brings to the fore the criminal nature of abortion. He applauded the media for depicting the abortionists as "the criminals that they are". He said that this type of coverage illustrates the repercussions of providing abortion through; 1) the coverage of the criminal justice procedures levied against abortionist, and 2) the provision of constant updates of the proceedings of the criminal charges levied against these abortionists.

> And as far as this is concerned, I think if you look at the cases that they have been covering, they don't portray these people to be heroes and heroines. For example, in the case of Mugo wa Wairimu, this is a case that happened back in 2018, and they have followed it up, up-to to the time that he was jailed. So, for me the coverage has been good. These people have not been idolized; they have been portrayed like the criminals that they are. So, the media has really tried to set the moral pace in society as far as abortion is concerned. **Participant 3. Male. FGD3_Year3 & Year4**

Positive framing of abortion

Participants, exclusively male, revealed that abortion is sporadically framed in positive ways in the news media. They claimed that these limited positively framed abortion messages in the news media are typically aimed at addressing unsafe abortion. Messages aimed at addressing

unsafe abortion include those advocating for liberalization of abortion laws, calling for sex education, revealing support available for women faced with unwanted pregnancies and pointing out to the support available for post-abortive women. Other abortion messages perceived to be positively framed are those condemning immorality, and those mirroring society as illustrated in this section.

Advocacy for liberal abortion laws

Male participants revealed that some of the messages in the Kenyan news media call for loosening of restrictions around abortion rights. They stated that these messages call for guaranteeing women the right to abortion. These messages are based on the premise that termination of a pregnancy is a common decision made by most girls/women and criminalizing abortion has not stopped them from requiring and/or regularly accessing abortion.

> One of the messages that I can say that I heard them is the media people are saying that abortion should be encouraged instead of making it illegal. Why? This is because actually abortion should not be criminalized because it is illegal yet 50% of our ladies access it, you see? So, it is of no use illegalizing it. That is one thing. **Participant 2. Male. FGD4_Year1 & Year2**

Sex Education

Male participants further stated that the message in the news media is that there is need to prioritize unwanted pregnancy prevention if we are to see abortions decrease. They argued that this message aims at mitigating (unsafe) abortion by focusing on means to decrease unwanted pregnancies. They said that the discursive points in this message are unwanted pregnancy preventative measures including abstinence, avoidance of casual sex and contraceptive use. They stated that this key message intends at increasing girls/women's ability to make safe and informed decisions pertaining to their sexual reproductive health, and to develop their skills associated with healthy sexual relations.

> I can say that those people, or let me say the journalists who televise that information concerning abortion, they give some other ways you can use to maybe avoid such things as pregnancies, like using birth control, you know? Maybe discouraging having casual sex, abstaining, things like those. Taking contraceptives, such things. They talk about such things so as to discourage those people who are undertaking abortion. **Participant 2. Male. FGD4_Year1 & Year2**

Support for persons faced with unwanted pregnancies.

Male participants further stated that in the news media, there is acknowledgment that an unintended pregnancy can be a crisis in a girl/woman's life. A crisis that potentially stirs up numerous coexisting but conflicting feelings about pregnancy, largely due to the girl/woman's present life circumstances. The media illustrates that the girl/woman faced with an unintended pregnancy could be wanting to carry the pregnancy to term but worry about being a single parent, ability to raise a child, and experiencing stigma and/or violence due to transgressing the proscribed societal limits of motherhood. This causes the girl/woman stress and anxiety, making them vulnerable, consequently resulting in a difficult pregnancy outcome decision-making process. The news media sends the message that women with unintended pregnancies do not have to go through this journey alone and/or unsupported. They provide information regarding options for and resources available to support women faced with unintended pregnancies.

> You see, most girls always have this thought that the moment they get pregnant, that is the end of life, that is the end of everything. And that if they do not find a way to deal with the pregnancy and terminate it soon it is going to become a very big issue in their life considering the society they come from, the family they are in. So, I think what the media does is just trying to explain to you that it is not the end of the road for you if you find yourself pregnant at a young age. **Participant 4. Male. FGD4_Year1 & Year2**

Participants said that in the media, one of the suggested pillars of support for women faced with unintended pregnancies is family and friends. The media suggests that girls/women talking to family members and/or friends about unplanned pregnancy options can be helpful

during the pregnancy outcome decision-making phase. Beyond family and friends, the news media provides information of places and/or persons that pregnant girl/women can turn to for support. These include local pregnancy centers where girls/women can receive the necessary care and support to enable them to continue an unintended pregnancy. Additionally, the media acts as a support system, providing messages of encouragement to girls/women faced with unwanted pregnancies. According to participants, the information provided by the media is typically biased towards encouraging women, especially teenage girls, in continuing the unintended pregnancy and becoming a parent.

> Yeah. And as I had said before, they give the other options that the girls should undertake maybe that they do not find themselves taking part (in abortion) … like going to be counseled in some rehabilitation centers, you see. That 'instead of aborting it is better for you to seek health care or go to a rehabilitation center' because you know some parents do not like when their girls become pregnant and they might even end up...because in some cases, you may end up seeing that the mother of the girl plus the girl are chased away from their homes because of the girl becoming pregnant, you see? So, the girl might end up aborting to avoid such things and you see these are some of the facts that the news broadcast also bases on. So instead, they advise them to go to the rehabilitation centers, get counseled so that they know how to keep their pregnancy instead of aborting. **Participant 2. Male. FGD4_Year1 & Year2**

Support available for post-abortive women:

A male participant further revealed that televised mass media also provides information on places women can seek support following abortion, specifically care for post-abortive trauma. He said that this is presented in alternative formats such as advertisements.

> After abortion, there is that aspect of psychological torture. There is an advert that I bumped into on *JalangoTV* which talks about a program that focuses on women's health. This program centers on recovery from things such as abortion and other sexual health issues. The advert shows that there are Thursday

> sessions where you can call a toll-free number and get counseling from professionals in these fields so that they can help you if you have such issues. **Participant 5. Male. FGD3_Year3 & Year4**

Passive reflection of society.

Participants claimed that the mass media and particularly the news media is a metaphorical mirror that holds up a reflection of the current societal mores and norms. They stated that abortion coverage in the news media is a representative of real-life happenings since the media shows the audiences the reality of society. They alleged that abortion coverage in the news media reflects current narratives and practices around sexual reproductive health and women.

> How they do it, they normally bring out the way they were. The work of the media is to bring out whatever happened to the public as it is. At some point if they filter out some information, I do not know if it will be correct enough for the public to consume. So, I think they bring out things exactly the same way they happened. In cases such as abortion, the case of Wairimu it is all in the public and in the media, this is it, 'this is how it happened and all'. So, I think they just bring them out the way they are. **Participant 1. Male. FGD3_Year3 & Year4**

Impact of televised abortion coverage

Participants claimed that the way that abortion is portrayed in the media might play an important role in shaping public views on abortion and by extension, could have a significant social and political impact. They talked of abortion news coverage's implications for them, their peers and society.

Impact on study participants:

A considerable number of participants stated that televised abortion coverage has had limited impact on them.

> Let me say as I said before...ok, let me base it in Kenya, in Kenya I know most of the people have no TV, they just hear the information from maybe radios and it's done once, let me say it can be televised once a month or even twice per year. You see, such cases. And you know I think it has a very low impact to our youths and specifically to me because since this year began, the information that I have gotten is from my own research, not from a television or any other social media. So, I think the impact is very low. Yeah. **Participant 2. Male. FGD4_Year1 & Year2**

However, a few female participants claimed that televised abortion content is informational and has improved their understanding of abortion. They claimed that this content has equipped them with sufficient knowledge, making them confident to handle girls/women through the abortion pathway; abortion-decision making phase, abortion phase, and post-abortive phase.

> I must say, I usually learn so much not necessarily about what I should do, but about how I should handle people in such a situation. Yeah. I think I have learnt so much that if I hear a friend of mine has done that (referring to abortion), how should I handle her? Or she is about (to terminate a pregnancy), how should I approach it? **Participant 7. Female. FGD1_Year1 & Year3.**

Impact on young people:

Beyond their own personal experiences with televised abortion content, participants, largely the females, also spoke of the effect of such content on other young people. Some participants stated that it is difficult to assess the influence of abortion coverage on young people because this population is generally less interested in news. They claimed that this fall in interest in news among younger audiences means that they barely watch news bulletins.

> I really can't tell about that because you see as I said, these things don't get aired out often so it is not all the time that people watch news, especially our generation, they really do not like to watch news. So do not know if it has helped or changed anything. You cannot tell because `most people don't view news and there

> is no follow-up about stories, so, I really can't tell if there is any impact. **Participant 3. Female. FGD2_Year3 & Year4.**

According to other participants, this content has barely had any effect on young people. This was attributed to the limited coverage of abortion in the mass media and especially in the news media.

> As **PARTICIPANT 3** has said, when there is awareness, people can know the effects. If the media talked about abortion, you know people could know the effects and know why it is said to be a crime. But now the media says nothing, so people don't even consider the repercussions or the consequences of it. **Participant 2. Female. FGD1_Year1 & Year2.**

For female participants, this limited coverage of abortion in the news bulletin has had a negative impact on the young people. They said that this limited coverage has resulted in limited knowledge on various aspects of abortion including its consequences and the available alternatives. Consequently, this has contributed to a higher incidence of unsafe abortions among the young audiences.

> As for me, I think the impact is not that much because they are just condemning, they are not bringing the other options available apart from abortion. So, most people tend to abort because they have no other choice. **Participant 1. Female. FGD1_Year1 & Year2.**

Limited coverage notwithstanding, participants revealed that exposure to abortion content in the news media has typically had a negative effect on young audiences. They argued that abortion news content, which is largely sensationalist and primarily biased towards the negative health outcomes, misinforms young audiences about abortion. Consequently, this results in young people faced with unintended pregnancies not making informed decisions about their pregnancy outcomes. They stated that these frightful media messages force majority of young people faced with unintended pregnancies to continue with the pregnancy to term against their

wishes for fear of death or injuries that could result from (unsafe) abortion. This ultimately diminishes their bodily autonomy.

> Ok. I feel like for the ones that really went bad, it would impact someone who would want to...maybe who is pregnant and is thinking of aborting not to abort because some of these stories are very scary, yeah, like for instance death. So, I feel like the impact is the message is just clear, like 'don't do this', 'if you can, just raise your baby' yeah. **Participant 1. Female. FGD2_Year3 & Year4.**

Impact on society:

Most of the participants spoke of the impact of abortion coverage on society, stating that this coverage has both positive and negative impact. Majority mentioned the negative impact of abortion coverage on society. To begin with, they mentioned that the negative depictions of abortion in the news media, particularly criminalization of abortion in the news media, has had detrimental effects on society. They said that news bulletins of investigations, arrests, prosecution and/or sentencing of persons providing abortion has had a chilling effect on qualified healthcare providers. The fear of criminal justice procedures has resulted in reluctance of provision of abortion care services by skilled healthcare professionals within the formal health system. They stated that this has not only obstructed the provision of abortion information but has also resulted in provision of poor-quality abortion care services (sometimes by skilled healthcare professionals) that occurs outside of the formal health system. They said that these abortion care services provided outside the formal health system are likely to be less safe since they are conducted under unsanitary conditions using outdated or unsuitable techniques.

> Then the second thing, I think it creates some fear to the health care providers, maybe who may have some information on how to abort, so they do that in the dark or they do not provide that basic care which should be provided while aborting because they are doing it in a hurry (so as) not to be identified, you see? Or some people fearing going to abort in the hospitals end up getting engaged in unsafe abortions, you know, which might end up taking their lives. That is it. **Participant 2. Male. FGD4_Year1 & Year2**

Secondly, participants stated that besides generating a chilling effect among qualified healthcare professionals, depiction of abortion as a crime generates fear among some pregnant women. However, this fear has not affected women's decision to have an abortion. Instead, it has pushed girls/women to seek abortion care services, including abortion information, out of the national health system and into clandestine, unregulated settings. This has placed girls/women at risk as majority of clandestine abortions are performed unsafely, leading to short or long-term health complications, or even death.

> Just as you were saying, on TV, the things that we usually see about abortion are mostly news. Someone carried out an abortion, it didn't go well, this is the outcome. So, the impact that that has earned on the society is that it has increased the number of abortions that are done illegally that are unsafe. Because you know that if you do this thing, it is against the law, and you will be arrested and that is the outcome. So, most people tend to do it without letting the public know or without letting the people who can help them do it safely, know. So, it has increased the number of deaths that occur due to abortions that take place. That is the part that I can talk of. It comes as news that does not support abortion. **Participant 8. Male. FGD4_Year1 & Year2**

Thirdly, participants stated that this depiction of abortion as a crime has not resulted in fewer abortions, rather, it has resulted in higher incidences of unsafe abortions, most of which are undocumented as they are conducted secretly, away from relevant authorities. This has created an illusion in society that criminalization of abortion results in fewer induced abortions.

> For our content, for local content, I think it has instilled more fear. Just like what number five has said, if for example I am an illegal practitioner carrying out abortion, and I see a guy in that profession getting arrested, I will hide. and at the same time, I will continue doing it but cautiously. in Kenya it has increased the numbers. People have hidden but it is on the rise. **Participant 6. Male. FGD4_Year1 & Year2**

Finally, participants, exclusively male, revealed that televised abortion coverage does not stir the public into taking actions aimed at addressing (unsafe) abortion. They attributed this to

the limited nature of abortion coverage, factually void abortion content and bias towards the socio-cultural perspective of abortion. They stated that this depiction of abortion robs off the audiences' comprehensive understanding of abortion, particularly from the legal and public health perspectives. Furthermore, it does not pique the curiosity of their audiences to seek more information about abortion.

> Ok, the information is out there that abortion is not legal from...we are talking of religious or the tradition of a certain tribe or something. Information that abortion is just generally not something good to be commended to be done. And the TV or the information that they are giving back to society this very information. There is also no emphasis on TV that can make you say, 'this seems to be a serious topic to be given some attention so that we can learn'. So, it is just giving the highlights. They don't say things like 'abortion is bad, now look at this. For example, there was a case which we encountered that resulted in this, so stop abortion'. It is just highlights, nothing major. But the impact itself like 'From this time to this time we will be talking about abortion and how we are supposed to address it' is not put into emphasize. They are supposed to put an emphasis so that it can get into the masses to get to change the direction of not engaging in such crime. You know. So, I think it hasn't done much as far as I'm concerned because I haven't gotten any relevant abortion messages from the TV or the message from the news. Yeah.
>
> **Participant 4. Male. FGD3_Year3 & Year4**

A few participants pointed out the positive impact of abortion coverage on society. To begin with, they stated that the news media creates awareness around abortion. This is through news media's provision of factually correct information on various aspects of abortion including its prevalence in the Kenyan society, safe vs. unsafe abortion, factors contributing to (unsafe) abortion, health outcomes of (un)safe abortion and alternatives to abortion.

> Ok, I can say that it is educating at some point because they show people the remedies of abortion as in the outcomes of abortion, maybe the safeness and the condition that may force someone to undertake abortions. So, with that it is relevant to me, but the bad part is that it is done once per year or twice per year, so it is not covered that much. **Participant 2. Male. FGD4_Year1 & Year2**

Secondly, female participants stated that the mass media continues to reach a wider audience, providing a platform for debate and open discussions of abortion, an issue generally considered sensitive within the Kenyan context. They said that this provides a mechanism for audiences, and especially those from marginalized and conservative communities, to interact with abortion content igniting conversations around abortion in these communities.

> I feel like they have provided a forum for people to discuss issues pertaining to abortion more because the traditional media has a wide reach. So, if someone lives perhaps in Lodwar, and I want to believe that those areas are not open to such discussions, then, it will spark discussions on these abortions. So, I believe that the media coverage has ignited the discussions of abortion. **Participant 4. Female. FGD2_Year3 & Year4**

Finally, participants claimed that televised mass media's portrayal of abortion as a simple safe and common medical procedure that carries very few risks, has promoted an enabling environment for girls/women to become active participants in their sexual productive health and care. They stated that this accurate information on abortion has empowered girls/women to make informed decisions as they move through the abortion care pathway (pre-abortion, abortion, post-abortion). Participants further stated that information obtained from television has enabled more girls/women to access safe abortions especially in contexts with more liberal abortion laws such as the USA and Argentina. They argued that in these contexts, the mass media, particularly TV, has contributed significantly to reduction in incidences of unsafe abortion. The same could not be said about Kenya.

> I also think that these televised media have made people more aware and has made people even engage in abortion more that is in reference to the case in Argentina. And also, to the case in the USA where people have programs, and they also have abortion clinics, and they are told how safe it is and all that. …So, I think what the televised media has done, is to make people more aware, embolden people that this is just any other medical procedure and that you can go ahead and do it. **Participant 6. Male. FGD4_Year1 & Year2**

Adolescents' recommendations for abortion coverage in Kenyan televised new media

To better understand our study participant's recommendations of abortion coverage in the news media, we asked them how they would they cover an abortion story if they were presented with an opportunity to do so. On this question, they expressed diverse opinions towards how abortion news coverage should be practiced. In their recommendations, they talked about the various aspects of abortion that they would focus on, or the key abortion messages; the key sources of abortion information; the packaging of abortion content; the platforms for publishing abortion content; the persons to whom these abortion messages would be directed at; and the uniqueness of the abortion coverage. Generally, they offered several recommendations to journalists and media outlets in general to improve their coverage of abortion.

Key messages to include in abortion coverage or stories.

Participants stated that given an opportunity to cover abortion in the media, they would focus on the following aspects: comprehensive coverage of abortion, abortion decision-making process, the role of various populations in women's abortion trajectories, lived experiences with abortion, abortion incidence, and addressing unsafe abortion.

Comprehensive coverage of abortion

Participants expressed a desire for diverse perspectives and voices of abortion. They claimed that the news media typically frames abortion as a socio-political issue, paying limited attention to other divergent aspects of abortion. They stated that abortion debates in the media rely heavily on political rhetoric since most sources identify as pro-

choice or pro-life activists, thus, portraying abortion issues as a matter of political opinion. Hence, given an opportunity, participants stated that they would seek out a more diverse and inclusive news source base to present pregnancy and abortion holistically. They would seek out news sources to provide information on the medical, moral, and religious aspects of abortion; aspects that the current mainstream media tends to be less inclined to. Specifically, they would seek the opinions of healthcare professionals, particularly those with experience providing safe abortion care; persons affected by abortion; male and female members of the public; and religious leaders from varied religious organizations.

> I just wanted to add on the people to air out this news. I was thinking of medical practitioners because they have experience. They have studied well, they have the experience, and some of them have done those procedures. So, one is the medical practitioners, and I was thinking of the religious leaders. Even in this room, some of us can say that they are Christians; others will say they are Muslims... So, we should also have the religious people come in and tell us how religion views abortion as a whole, and even the use of contraceptives. Because we have those religions that do not even allow the use of contraceptives. So, if we also have these religious people coming in and also trying to air out how they feel about it, it is going to bring us all to a consensus. **Participant 6. Female. FGD1_Year1 & Year2**

Abortion decision-making process

Female participants revealed that they would explore the processes and transitions that start with the discovery of a (un)wanted pregnancy to when the pregnancy ends in abortion. They claimed that the abortion-decision making process is often complex, iterative and could involve negotiations between the woman and significant others. Thus, given an opportunity, they would put into perspective the complex abortion decision-making process by exploring the wide range of factors (individual and interpersonal)

influencing the decision to have an abortion. To achieve this, they would engage two populations.

The first population is women with lived experiences with abortion. With this population, they would particularly be interested in exploring and understanding these women's experiences prior to determining that they will have an abortion. They would also be interested in exploring factors influencing these women's decision to seek (unsafe) abortion despite being fully aware of the negative consequences (especially the risks to their health and life) of this choice.

> The female because the female knows what she has gone through. The reasons why she had the abortion. Before she had the abortion, there is a 90% chance that she knew what she was doing had repercussions. So why did she do it despite the fact that she had known that there were repercussions. **Participant 3. Female. FGD1_Year1 & Year2.**

The second population is post-abortive women together with their sexual partners. They stated that women exercise varying autonomy in the abortion decision-making process as their partners or others play a role in this process, sometimes without or with minimal involvement of the women. Thus, participants would explore the role of male partners and other social networks in the abortion decision-making process. They would particularly be interested in covering factors that limit pregnant women's bodily autonomy, making them vulnerable to pressures that influence or coerce decisions around abortion.

> I would focus on the female story first then the man who got the female pregnant…When the person that got the female pregnant, because the pregnancy would not have been there in the first place if this male would not have given the female the pregnancy. And the fact that the female had the pregnancy might have been...the man might have actually had a huge influence on the woman having abortion in the first place. **Participant 3. Female: FGD 1_Year1 & Year2**

Participants claimed that exploring these processes would contribute to the understanding of the circumstances around the abortion decision-making process, making society aware of the complexity of this issue.

> Yes. In addition to outlining the side effects and the possible reasons, personally I would have featured a story like the ones we saw; even the reasons why these girls were doing the abortion. This would give the other ladies who will be watching at home a lesson as to why things are going on the way they are. **Participant 9. Male. FGD3_Year3 & Year4**

Role of various populations in women's abortion trajectories

Participants claimed that we cannot talk about abortion without talking about the populations and processes involved in women's abortion trajectories. This is because the processes and transitions occurring over time for a pregnancy to end in abortion are shaped by diverse factors. These include demographic factors; cultural and structural factors such as influence of significant others, stigma; and availability and access to abortion services. Thus, given an opportunity to run an abortion story they would seek to explore the role of various populations in women's abortion trajectories. Specifically, the role of men as co-conceivers, parents, healthcare professionals, the community, and the government. They argued that this will develop an understanding of women's abortion trajectories, especially their care-seeking pathways as the trajectory chosen is likely to affect the safety of the abortion.

> I think that as we talk about abortions, we have to think about everyone that is involved.
>
> **Participant 5. Male. FGD4_Year1 & Year2**

Men's role in women's abortion trajectories

Participants alleged that men, primarily as co-conceivers, have been largely ignored in abortion conversations despite their significant role in shaping women's

abortion trajectories. They claimed that engaging men in abortion discourses contributes to the better understanding of the mechanism, causes and intentions behind male involvement in women's pregnancy outcomes. Therefore, given an opportunity to run an abortion story in the media, they would explore male partner's contribution to shaping the contextual conditions under which girls/women navigate their (un)wanted pregnancies. They would focus on male partner's direct and indirect involvement in women's abortion trajectories. Specifically, men's general attitudes towards induced abortion; men's influence on the abortion decision-making process; and men's (in)actions following pregnancy disclosure and how this shapes the conditions under which women can access care.

> So, if I was to do something around abortion, I would most likely loop-in the men, because I feel like they have been sidelined, I would want to know what they have got to say about abortion and that it involves them a lot. **Participant 4. Female. FGD2_Year3 & Year4.**

Participants asserted that engaging men in abortion discourses is beneficial to men as it contributes to their understanding of the abortion procedure. This is because majority of the men who influence women to obtain abortions, through mechanisms such as providing financial support, have limited knowledge of the abortion procedure.

> I will also involve the male part of them because most of the male are not involved in abortion. Yet, most men give money to a girl, 'go get an abortion'. But they don't know how it is taken and all that as long as he gave you money and that is all. So, I will also involve them so that they can know actually what is wrong and what is right. **Participant 1. Female. FGD1_Year1 & Year2**

Parent's role in women's abortion trajectories

Participants further expressed interest in exploring the role of parents in their daughters' abortion trajectories. They stated that in their abortion coverage they would be interested in parents whose daughters have previously procured an abortion. Specifically,

they would engage in conversations with mothers who are aware of their daughters' pregnancies that ended in abortion; parents of teenage girls impregnated by older men; and parents who coerced their daughters into terminating a pregnancy against their daughters' wishes. During these discourses they would explore issues such as stigmatized pregnancies, parents' (in)direct involvement in their daughter's abortion trajectories, and parents' perception of and attitudes towards bodily autonomy.

> For parents, because of culture and everything, they are like 'ok, you are not yet married, and we do not want some kid who is brought out of wedlock' so they are forcing their children to abort, I will be like 'why are they doing that?'. For me I will be asking them, if it was them, if it is their situation, why do they care so much about what society thinks? What if they agree to abortion, maybe even the girl wants to keep the child, but they want to force abortion on them and probably it could be vice-versa, the parents of the girl to keep the baby but the girl wants abortion. Where do we draw the lines between giving someone freedom of speech according to... that is their constitutional right and where this is parental consent. All that is messed up. There is a gray area, so I would like to know. I think I have said so much [laughs] but I hope the point is home.
>
> **Participant 1. Female. FGD2_Year3 & Year4**

Abortionist's role in women's abortion trajectories

Additionally, participants noted the need to include a range of formal and informal actors providing abortion care services in abortion discourses in public forums. They stated that in their abortion coverage they would engage health professionals within the public-sector, public-sector health professionals providing abortion care services outside of the formal health system, 'quacks' providing abortion care services outside of the formal health system, and pharmacists. From this category of news sources, they would seek to understand the type of information provided to women seeking abortions

since information itself is a crucial intervention. They would further explore the role of illegal abortion care providers in women's abortion trajectories.

> In Kenya, most of the abortions are done in those back street clinics because abortion is illegal in Kenya. So, I will try to find a way of how I can be able to go there to those back street clinics because public hospitals it's rare. Yeah. **Participant 2. Female. FGD2_Year3 & Year4**

Community and in women's abortion trajectories

Moreover, in their abortion stories, participants stated that they would center on the role of community on pregnancy outcomes and specifically abortion. On this, they noted that they would explore a broad range of factors within the local socio-cultural context that influence abortion trajectories, especially social stigma. They would also cover societal networks that influence women's abortion trajectories, particularly persons that offer support to women seeking abortion. Additionally, they would invite older members of society to offer counsel to women faced with unwanted pregnancies.

> The interview part of it, actually I will involve an older person to give the directives because the younger people most of them actually they deal with peers and most of the peers will tell you 'Just go and do (abortion) because you have no option'. Actually, your peers will encourage you to do it. **Participant 1. Female. FGD1_Year1 & Year2.**

Government's role in women's abortion trajectories

As mentioned elsewhere in this chapter, participants stated that the government is silent on abortion, particularly unsafe abortion with its negative health implications. Therefore, given an opportunity they would try to understand the governments' position on the ongoing illegal and unsafe abortions. They would go further to explore the governments' role in mitigating unsafe abortion. Specifically, the legal actions taken against persons who contribute significantly to unsafe abortions such as persons who commit acts of defilement and persons who provide illegal abortion care services.

> The government's perspective because you know in all the issues, there is no government intervention. The issues are just being televised but we have not seen a government coming in and saying 'these are the interventions that we are putting in place so as to stop these and these' And you know this is something that is televised. So, this means that we lack the government's involvement in these issues. So, for me, I will look at the government's perspective on this because they are silent on it, we are not aware of what they are thinking of. Yeah, and such things.
>
> **Participant 2. Male. FGD4_Year1 & Year2**

Lived experiences with abortion.

Participants further stated that given an opportunity to run an abortion story, they would present the diverse nature of lived experiences with abortion. This would be achieved through the inclusion of a diverse population of people directly affected by induced abortion. These include women who have previously procured an induced abortion, men as co-conceivers of pregnancies that ended in abortion, parents of girls/women who have previously procured an abortion, friends of girls/women who have previously procured induced abortions, persons directly involved in providing abortion, and organizations/institutions directly involved in providing abortion.

> Mine would be on the role of society as far as abortion is concerned. In every group, you pick at least one participant. Like if I am talking of a male, a male who impregnated a woman and refused to take responsibility of the pregnancy. A female who has procured an abortion previously or a female whose friend has procured an abortion previously. Like every person is... Or a parent whose daughter or son has gone through that. Every member will be represented. **Participant 7. Female. FGD1_Year1 & Year2**

Women's lived experiences with abortion

Majority of the participants stated that they would invite girls/women who have previously procured induced abortions to share their personal stories. They alleged that women are uniquely situated to talk about this issue, because they are the ones who experience it

firsthand. For this population, they will focus on exploring their experiences across the abortion pathway: pre-abortion, abortion procedure and post-abortion. They would explore various topics including abortion decision-making processes, girl/women's sources of information on places to seek abortion, the places women seek abortion services, the abortion procedure itself, and post abortion outcomes, particularly the negative outcomes. Participants did not express much interest in exploring information on the abortion procedure itself. However, they expressed much interest in covering lived experiences post-abortion. A phase they stated that they would sensationalize, by focusing on the negative emotions experienced in relation to abortion, to catch the attention of the target population, the young people. This is aimed at sending young people cautionary messages to deter them from engaging in abortion.

> I will focus on mainly the people who have gone through this abortion, and they actually regret it and you know, they want to pass the same message to young people not to go through what they went through. I would focus on them explaining their stories, explaining their encounters and what they found wrong, and they are passionate about advocating for no-abortion in our country. **Participant 2. Female. FGD1_Year1 & Year2**

While centering on women's lived experiences with abortion, participants stated that they would include diverse girls/women. They claimed that the typical personal stories about abortion shared in the media are those of young, single/short-term relationship, socio-economically disadvantaged, and urban-based women. However, if they were to cover an abortion story in the media, they would invite women across all ages, from diverse socio-economic backgrounds, and varied geographic locations to share their personal stories around abortion. They specifically mentioned older women, women who were married when they terminated their pregnancies, women living in rural areas, and women of high socio-economic status. They claimed that

including abortion lived experiences of the elite members of society would trigger conversations around abortion, significantly contributing to an end of the silence that fuels abortion stigma.

> To attract people's attention, you must start big, or in an enticing way. Get a politician to talk about it. Get a story, air it. This story should be of one of the most prominent people, so that people now that even these people, even the rich guys...Because most of the time, we assume that the poor are the ones committing those things (referring to induced abortion). But even the middle-class and the rich members of our society are also involved. If they are involved, if the poor see that, and if the poor see that they are also accommodated in this program, people will be more open to talk about it. And then I would conduct the education, call for people to be more open about these things. **Participant 6. Male. FGD4_Year1 & Year2**

Despite expressing interest in this population, participants remained cognizant that it might be difficult for girls/women to share their lived experiences with abortion with anyone other than their close friends/family. They attributed this to the sensitive nature of abortion as a topic. They stated that they would employ various strategies to derive this information from this population. First, they would create a trusting environment to enable these girls/women to open up about their experiences. Secondly, they would hide the identity of these girls/women to shield them from any social and/or legal repercussions. Finally, they would obtain this information from a third party that has been disclosed to by a post-abortive girl/woman.

> Create rapport and trust to obtain information: This is a very sensitive matter, very sensitive. This is something that we need to proceed with caution. Yeah. It is about the basic connection between humans. If somebody trusts you enough to share information, then the issue here is establishing trust with people who have maybe gone through with the whole process. When they trust you, they will be ready to share any information. **Participant 3. Male. FGD3_Year3 & Year4**

> Protect the identity of news sources: For starters as she has said about the identity, yes, I will hide it, I don't want the whole world knowing my face and my struggles because that also affects, the way people look at

> you and the way people associate with you. So, for starters I will try to hide the identity and as she has said, include older women. **Participant 3. Female. FGD2_Year3 & Year4**

They stated that sharing real abortion stories from real girls/women enhances an understanding of how women subjectively experience abortion. It also creates awareness of abortion as a health issue that touches people across ages, geographic locations, socio-economic class, and marital status.

Post-abortive men's lived experiences

Participants stated that even though much of the conversations around abortion focus on women, pregnancies do not happen without men. They noted that the position of men in relation to abortion is rarely discussed, especially post-abortive men. They stated that little attention has been given to post-abortive men despite this issue being relevant to them. They alleged that such men should be part of the conversation because they are partners in relationships that result in the terminated pregnancies. Thus, given an opportunity to run an abortion story, they would feature post-abortive men. From this population, would be interested in two aspects. First, they would pursue an understanding of the experiences and perceptions of men who denied paternity of a pregnancy that ended in abortion.

> Like for men, because most of the stories we have heard even from the video (vignette), it is like these two girls it reached a point the men decided, 'I am not ready to be a father' so it forces the girl to abort, why? Because they do not have support. So for me I will be like 'men, why don't you want to support your own blood, your own flesh and blood' and if so 'why are you willing to sleep with the lady and you know one of the consequences is pregnancy? Despite knowing this, why do it and then later on regret and you still deny that the pregnancy is not yours and all that information that they always blame. For me that will be the questions. Why are they supporting abortion? **Participant 1. Female. FGD2_Year3 & Year4.**

Secondly, they would explore the various ways that post-abortive men emotionally respond to the abortion. Specifically, they would be interested in determining whether men experience similar emotional and psychological symptoms as women following abortion, particularly regret.

> I honestly will want to know if men also regret the same way some women regret when they abort. Do men also regret? Do they wish they could have kept the baby or something? I don't know. I would like to know. **Participant 1. Female. FGD2_Year3 & Year4.**

Like their female counterparts, post-abortive men were perceived as quite secretive about their experiences with and attitudes towards induced abortion. Participants claimed that although men experience varied emotions following abortion, they are more likely to repress these feelings rather than openly express them. They further alleged that post-abortive men are quite sensitive around abortion conversation. They perceive such conversations as aiming at victimizing them and therefore they choose to remain silent. They are only likely to open up about their experiences on conditions of anonymity.

> It is obvious the ladies are the ones to go to for such information because they are the ones who are directly affected by such issues. So, if you decide to say for example men, you go to a guy and ask him the information he knows about, even if he is a victim or not, he will just deny. This is because maybe if he is a victim, he will just deny it because of the topic you introduced to him it will be like you are targeting him. So, he will not open up and tell you everything that he is going through or what he thinks, the view or the experience he has gone through. **Participant 4. Male. FGD3_Year3 & Year4**

Lived experiences with providing comprehensive abortion care.

Participants stated that given an opportunity to cover an abortion story in the media, they would explore the lived experiences of those who are directly involved in the provision of comprehensive abortion care. Among this population, they would seek to explore; abortionists'

interactions with girls/women faced with unintended pregnancies, correct information on abortion procedures; reasons for providing illegal abortion care services despite the looming legal repercussions; and abortionists experiences with girl/women seeking post abortion care services.

> And also, the health worker who had performed the abortion on the female because I actually think that before an abortion there should be contract that is signed that 'I XYZ health practitioner, did an abortion on XYZ' because if the law has not legally allowed you to do the abortion, then whatever you are doing has repercussions. Why did you do it? **Participant 3. Female. FGD1_Year1 & Year2**

There was a significantly higher interest among the participants to cover healthcare professionals' experiences with post-abortion care services. They argued that this would provide a platform for health professionals to publicly tell the stories of patients seeking post-abortion care. Of particular interest would be health professionals' sharing the plight of patients in the aftermath of unsafe abortion.

> I was saying, besides the girls, we can look at medical practitioners and psychologists. Although there can be some challenges because as psychologists you are governed by restrictions between you and your client, the same applies to the doctors. Sharing information between a doctor and a client is not good practice. However, they can give their general view of what they undergo when girls who have undergone unsafe abortion come to them. They do not necessarily have to tell you everything about what happened, but they can give you an overview of how it goes with these girls. **Participant 5. Male. FGD3_Year3 & Year4**

Parents lived experiences with their daughters' abortion.

Finally, in the category of populations with abortion lived experiences to be involved in abortion coverage in the media are parents of girls/women who have previously undergone an abortion. For this population, they would be interested in exploring their level of involvement in their daughter's abortion trajectory. They would tackle issues such as parents' knowledge of their daughter's (un)wanted pregnancy, parents (in)direct participation in their daughter's abortion

care seeking, parents' perceptions of daughter's secret abortion, and parents processing of emotions around their daughter's secret abortion.

> I would also approach the parents. Maybe to understand if they consented on the abortion process or if they knew or did not know. Yeah. **Participant 2. Male. FGD3_Year3 & Year4**

> The parents because mums are said to have very high instincts. Because if I ever got pregnant right now, even without telling my mum, there is a very high chance that my mum will tell me that I am pregnant before I even know that I am pregnant. So, the mum because there is a chance that the mum might have known that the girl is pregnant. If the mum had known that the girl is pregnant and the girl never gave birth, the mum was definitely aware that the girl had an abortion. So, what is the mum's take on her daughter having the abortion. **Participant 3. Female. FGD1_Year1 & Year2**

Abortion incidence

Participants stated that they would report on the incidence of abortion. They stated that they would use different approaches to gather data to better understand the extent of abortion. Their main source of data on safe abortion incidence will be hospitals. They will also contact organizations that focus on reproductive health to request data on abortion incidence. It was not clear what type of abortion incidence data they would be seeking from these organizations. Additionally, they would go into the communities to gather data on the number of women who obtain abortions outside of the formal health system including self-managed abortions. This data would be compiled and included in the abortion coverage.

> Ok, for me I think the source of information, for the safe abortion, we better visit the hospitals because they keep statistics and see what has been going on, the numbers that they have recorded. And then go reach the community and see those that have been practicing the unsafe abortions. And then compile the statistics before we present them so that it covers everything. **Participant 2. Male. FGD4_Year1 & Year2**

Mitigating unsafe abortion.

Another topic that participants would center on given an opportunity is the mitigation of unsafe abortions. On this, they would focus on two key aspects: comprehensive sexuality education and alternatives to abortion.

> If I am going to start that feature or I am going to have a story on abortion and how to curb it, then it's going to be a full project. Yeah. **Participant 2. Female. FGD2_Year3 & Year4**

Comprehensive Sexuality Education

Participants stated that they would provide young people with comprehensive, accurate and age-appropriate information about sexuality and sexual reproductive health, which in turn reduces risks of unwanted pregnancies that often result in unsafe abortions. They said that they would cover a range of human sexuality topics including sexual and reproductive development, puberty, sexuality as a natural part of life, sexual intercourse, contraception, pregnancy, and abortion.

> This is what used to happen when I was a child, when I was in primary school. When they wanted to teach us about the effects of sex, effects of failing to abstain, they used to play a few films. They would show us a story about people who had sex and the consequences, in relation to our age. There was a time, when we were just about to finish primary, we were in our final year, just before we joined high school. They would tell you a story where they finished their primary school, then they got into high school, the hormones are exploding, so eventually they get in sexual activities. Then there is another story of people of the same age who decided to do it the other way round. They decided to abstain. And you would see the difference and be like, "wow! I have learnt a lesson here". So, number one is filming, if it is relative to the age.
>
> **Participant 5. Male. FGD4_Year1 & Year2**

They placed emphasis on the need for pregnancy prevention content. A substantive number of the participants stated that in their media coverage, they would include content that teaches young people about abstinence from sexual intercourse outside of marriage. However,

only a few participants believed that this is an effective strategy for preventing unwanted pregnancies.

> For me, my phrase would be, you cannot abort what you do not have'. like, if you are not pregnant, then you cannot abort. So, I would focus on teaching prevention… So why not prevent these people from getting pregnant? Educating them on what number five has said; on safe sex practices. and for me, in as much as number five has said that abstinence is impossible, but for me it is doable. It is possible. Yeah, I would still save it. **Participant 6. Male. FGD4_Year1 & Year2**

For a majority of the participants, urging young people to abstain or delay sexual intercourse is ineffective in preventing unwanted pregnancies as the age of sexual debut keeps getting lower. Therefore, in addition to content on abstinence, they stated that they would provide extensive information on safer sexual practices to prepare young people for intimate relationships. They claimed that safer sexual practices content would encourage young people to engage in positive behaviors (use of condoms and other contraceptive methods). Additionally, it will discourage unhealthy sexual practices that put young people at high risk of unintended pregnancies and the subsequent (un)safe abortions.

> At the same time, we can also educate people, just as he was saying, to prevent getting to the point where we have to carry out this abortion. The safe sexual practices. Use of condom, abstaining (I don't want to talk about it, it is somehow impossible in the current society at this age)
>
> **(Unison laughter)**
>
> **Abstinence is impossible?**
>
> Yes. Safe sex practice and safe abortion. That is the point.
>
> **You would exclude abstinence?**
>
> Yeah
>
> **It doesn't make sense.**
>
> We have to be realistic.
>
> **Participant 8. Male. FGD4_Year1 & Year2**

Participants further claimed that beyond safer sexual practices, there is need for coverage of abortion. They recognized that there are girls faced with unwanted pregnancies that could be contemplating an abortion. They stated that it is crucial to provide this group of girls with information that aids them to make informed decisions around their pregnancy outcomes. Therefore, given a chance to cover abortion in the media, they would provide information on safe abortion methods, unsafe abortion and its health implications, and availability and accessibility to safe abortion care services. They said that this information is not only important to the already pregnant girls but also other girls/women who might experience similar predicaments in the future.

> And the reason why I was insisting on integrating both the safe means of abortion and the safe sexual practices to be shown on my TV program, is because we have to accommodate everyone. When you talk of the safe sexual practices; abstinence, condom use, and the rest, they are there, and they have always been there since the time HIV came and the government realized that these are the means of preventing it. We have always been taught; kids have always been taught... I heard of this thing first when I was in class five. There was some science book where we were being told that we should abstain, and if these things have been there since that time, why is it that kids are still getting pregnant? There are still abortions taking place. It is because it is impractical to assume that safe sex can completely prevent this thing.
>
> **Okay**
>
> That is why we have to integrate both, so that those who cannot do this, there is still room for them on this other side. These should be means of safe abortion. **Participant 8. Male. FGD4_Year1 & Year2**

According to the study participants, comprehensive sexuality education is a lifelong process that should occur across the developmental spectrum beginning in early childhood and continuing throughout adolescence. They stated that sexuality education should begin before the initiation of sexual activity to equip young people with the knowledge they need as they enter puberty. Thus, while covering this content in the media, they would tailor it to suit the different

ages from childhood to adolescence, with the content being incremental. Content aimed at the younger age groups will focus on abstinence while content for the adolescents will focus on more complex concepts including sexual and reproductive development, puberty, sexuality as a natural part of life, sexual intercourse, contraception, pregnancy, and abortion.

> It also depends on the target population. When you talk about abstinence, let's focus on the children. When they start getting the sex education, they are probably in class six. But right now, we feel that the children are becoming more mature than we thought. There should be a curriculum so that a child knows that abstaining is the way to go. When they get to high school, where they are very sexually active, that is when you talk about family planning methods. We talk about contraceptives and condoms, because based on the stories we have, most of the people who abort are secondary school students. Because they are in school and maybe they don't want to ruin their education. They are at home with their parents, their parents don't want another responsibility. So basically, it is the people who are not independent themselves…So, getting the information to them and doing it so quickly so that once they get to a position of making a decision, they are fully aware of what they are doing. **Participant 5. Male. FGD4_Year1 & Year2**

Participants said that essentially, sexuality education should begin at home with the information in the media only being a complement and augment to that which children receive from their parents/guardians. Therefore, their comprehensive sexuality education content in the media will support parents by not only providing them with accurate information but also encouraging them to be actively involved in their children's sexuality education. With this, parents will be well equipped to provide their children with the knowledge they need to make informed choices about their sexuality and reproductive health. They argued that parents' involvement deters young people from seeking sexuality education from sources that are likely to grossly misinform them.

> I would conduct the education, call for people to be more open about these things. Because we might say that oh, we are conservative, I am a Christian, I am not even supposed to talk about abortion, yet we have

seen children of pastors who have committed abortion. If they would have talked about it, maybe it would be another story, but they did not. Therefore, I also encourage parents to talk to their children about sex. There is this notion, especially in our African society, that sex is bad. That if you are a parent and you are talking to your children about sex, then you are leading them astray. But that is not the case because these people, these children, have learnt a lot from you, from age one to nine. Basically, their thinking revolves around you. So, when you start teaching them about sex, you don't teach them about sexual promiscuity. you teach them about the value of sex and what really sex is all about. Then they should be able to put respect on sex and not just go on doing something, or learning sex from these pornographic sites, and then becoming disturbed in their minds.

And then they learn from the wrong sources?

Yeah. They learn from the wrong sources.

Participant 6. Male. FGD4_Year1 & Year2

Alternatives to abortion

Participants stated that when faced with unintended pregnancies most girls panic, thus deciding what to do with such pregnancies could be difficult and/or complicated. They said that for some girls the decision not to go through with the pregnancy is indisputable. For other girls, they are uncertain about going through with the pregnancy and might not be confident with the decision they will be making. While other girls desire to carry the pregnancy to term but lack the necessary support. Participants claimed that girls who fall in the last two categories mentioned above need accurate information and support. Thus, given an opportunity to run an abortion story in the media, they would provide information on the available options beyond abortion, predominantly, resources available for pregnant people in need of support.

So, we should focus on the alternatives. Because someone else wants to keep it, another person does not want to keep it. **Participant 8. Female. FGD2_Year3 & Year4**

Participants stated that it is important for girls seeking abortion alternatives to know that they can reach out to organizations/people that can offer emotional, educational and/or material support. Therefore, they would use this opportunity at abortion coverage to sensitize the public using three strategies. To begin with, they would offer professional counselors a platform on their media show to help girls to better understand their feelings around the pregnancy and aid them weigh their options. This would largely target girls whose options involve continuing with the pregnancy. Secondly, they would invite professionals who have experience dealing with unplanned pregnancy to offer accurate and helpful information to such girls. The conversations would center on the options beyond abortion for pregnant girls with the aim of promoting childbirth. Typically, these would center on giving birth and raising the child or giving birth and giving up the child for adoption. Finally, as producers of this content, they would provide information on places where girls/women can receive pregnancy-related supportive services that include counseling, educational information on pregnancy, parenting; adoption; housing; care co-ordination through referrals to other healthcare and/or social service programs. They believed that this would enable the girls/women to make informed decisions around their unintended pregnancy.

> Oh, so what I am saying is, let us say I am a media personality, if I am going to feature this story of abortion, it won't be just a news, a statistics or just a statistic. But I want it to have how, why, when, in that i have talked about looking for counselors and starting pregnancy crisis centers that will counsel young girls and women on ways on how they can deal with pregnancy. I know of places where if someone wants the child to be adopted, if they want to abort them or if they want to raise the child well. You know if you are given sufficient counsel, you will be able to make up your mind. So this one, the crisis centers, I know some people may be shy to go there or when someone is scared they won't be able to make sane decisions but i know maybe one person or two people will helped through those crisis pregnancy centers. **Participant 2. Female. FGD2_Year3 & Year4**

Participants further stated that they would invite girls who carried their unintended pregnancies to term and found parenting rewarding. They specified the two categories of girls that would be of interest to them. One, girls who opted to carry their pregnancies to term despite initially having contemplated abortion. Two, girls who opted to carry their pregnancies to term despite having to navigate difficult situations such lack of support from their partners/families, and poverty. These lived experiences with alternatives to abortion are likely to act as a beacon of hope to those who do not see life beyond an unintended pregnancy. The testimonies are likely to make the uncertain girls realize that they can have a baby and still have a normal life. This is likely to encourage them to seek other alternatives to abortion.

> Just something to add that they did not feature there (referring to vignette). We need to bring people that did not carry out the abortion, and they still went ahead and had some good life. We need to bring them so that they talk and they encourage people outside there that abortion is not the only way out. Like someone who was left by the boyfriend, and still went ahead and gave birth and took care of the child; or someone who was in poverty but still looked at the positive side that even if I am from a humble background, I can still give birth and maybe God knows how the kid will be taken care of. Instead of just bringing people who proceeded and did the abortion because they were left by their boyfriends. We need to bring people who can encourage others to do it the other way round, instead of what we saw in the clip. **Participant 8. Male. FGD4_Year1 & Year2**

Abortion content creation, production, and delivery format

Participants stated that they would package their abortion content in four main formats; feature stories, talk shows, social media debate and community engagement activities. They would further embrace a multi-channel approach where they would integrate online and offline channels of communication to deliver this abortion content.

Human-interest feature stories

Majority of the participants revealed that they would package their abortion content into a relatively timeless story that offers an in-depth look at abortion. They said that their content would be rooted in facts and their claims supported by data from reputable government and non-governmental bodies allowing them to weave a narrative that tells a compelling story while giving a full picture of abortion. They would further seek to humanize statistical data by focusing on the persons behind these numbers. They would allow people who have been (in)directly affected by abortion to tell their stories to bring the story to life for the viewers while using elements such as drama or appealing characters to catch (and hold) the attention of their audiences. Additionally, they would include experts' point of view to lend the news feature authority and credibility. Moreover, they would incorporate the viewpoints of parents and members of the wider society to fill in missing pieces within the story. They argued that this variety of sources and angles not only makes the feature story a compelling watch but also offers the viewers an opportunity to better understand abortion.

> It has to have a story, first. It must be a story. Scenario whereby someone went through abortion. This and this happened, and these are the outcomes. And the outcomes of those experiences, and the lesson you can learn from them. Because you do not bring a story so that people forget. It is not like a lecture in class. But if you bring a story with a lady shedding tear, someone crying out loud, someone will remember, and they will also recall what was said. **Participant 8. Male. FGD4_Year1 & Year2**

> If I were to do the story, first I would have done an interview. Record an interview with any teenager or maybe a group of them that have undergone abortion or have been affected in one way or another by abortion. Then, secondly, I would do some content analysis, maybe in slide form. Like what was said about Argentina, then we compare, we do the comparison. Then we look for a practitioner, maybe a

> gynecologist to give advice on the same. Then you look for closing remarks. **Participant 9. Male. FGD3_Year3 & Year4**

Regarding the production and distribution of their feature stories, participants stated that they would move beyond the traditional modes. They said that they would take advantage of the advancing digital environment to embrace a multi-platform approach and the opportunities that it presents to reach a wider, more diverse population in more rapid, efficient, and cost-effective ways. They stated that from inception, they would create abortion content with a view of not just a single delivery platform but a wide range of distribution possibilities on broadcast, print and social media platforms. They would produce and deliver abortion feature content formats suited for an array of digital platforms, asserting that they would recycle and re-use the same content across multiple platforms. These audio and/or visual feature stories would be published on mainstream broadcast media, television and radio. They will simultaneously be published on social media platforms (YouTube, Facebook, Instagram, and X) and mass messaging platforms (WhatsApp) where audience members can use their mobile phone to access and interact with this content. A few of the participants revealed that they would write feature stories to be published in print media, specifically magazines, newspapers, and books. They argued that this strategy will not only enhance the volume of their content output but will also provide their audiences with wider cross-platform access to abortion content.

> Mostly I may use the common stations because you know in Kenya Citizen and KTN are known so I may use such channels and then the social media platforms such as Facebook and WhatsApp and encourage my friends to spread the news if it is in the form of slides or pictures or the videos, whatever. Through that, I could reach many youths, or many people and it could educate them. **PARTICIPANT 2**: **FGD4. Male Year1 & Year2**

Talk shows.

Participants revealed that they would package their abortion content in the format of talk shows on broadcast media, specifically television and radio. They gave examples of talk shows that they would emulate. These are shows that feature a guest panel (experts and lay participants invited on a per-episode basis), an audience of 'callers' and, an on-looking studio audience who discuss a topic put forth by the talk show host. On these types of shows, the discussions are typically in the form of simple conversations about important socio-political issues and/or events with discursive strategies such as interviews, narrations, debates, and testimonies. The shows center on the interchange between the experts and lay participants, often rendering a politically and morally controversial form of entertainment with an intent of inspiring action or change.

M: Aha! And how would you have it?

R8: A Talk Show

M: A Talk Show?

R8: Yes.

Participant 11. Female. FGD2_Year3 & Year4

Social Media Debates

Participants, exclusively female, stated that they would take advantage of social media's reach, intensity, and participatory potential to trigger and amplify conversations around abortion. They revealed that they would use digital spaces such as Facebook, Instagram, WhatsApp, and X (formerly Twitter) as their primary agenda-setting medium. They would use these social media platforms to trigger the public to engage in abortion debates with an aim of informing and shaping public opinion around abortion. Their strategies to boost public conversations around abortion would include posting thought-provocative artistic works such as memes and videos; allowing people to share their abortion stories; collaborating with their peers to boost the

abortion content by reacting to the content, debating and reposting (retweet or share) some arguments and information; and encouraging public participation in the form of feedback via comments on these social media platforms. They were cognizant that use of social media platforms could quickly devolve into binary positions.

> I will use social media, something like Instagram, WhatsApp, and Facebook because if you create something like meme, most people like memes, you produce the information in a funny way, like you are making it funny but there is a message in it. **Participant 1**. **Female. FGD1_Year1 & Year2.**

> On the social media platform, I can mobilize even 10 people, you know, 'let's tweet and retweet'. **Participant 2. Female. FGD2_Year3 & Year4.**

> Using the young people and I would like it to be aired on mostly social media. You know when I do a story with the young people using their own language to communicate this; you know the way I said, the artistic point of it, them doing songs or poems, which is very attractive. Participant 2. **Female. FGD1_Year1 & Year2.**

Community engagement activities.

Participants stated that beyond the mainstream and digital media spaces, they would produce and deliver their abortion content via offline channels. These include community engagement activities such as tournaments, youth meetings and roadshows. They argued that these offline channels amplify the reach, interactivity, and inclusiveness of the diverse populations. Most importantly, they allow them to reach hidden populations that are most affected by abortion.

> And also, you should consider the other part of the population that the message has not gotten to. Find a way of devising other means to get the message to them. Maybe, see these roadshows, maybe organize one to a place where you know that there is very low coverage. Help get the news to them, ask questions, get recommendations from people so that you can get a complete coverage on the whole issue. I think that is what I would do. **Participant 4. Male. FGD4_Year1 & Year2**

Content Delivery: A multi-channel approach

Despite highlighting the format, they would use to package their abortion content, the majority of the participants stated that they would embrace a multi-channel approach of content delivery. This entails integrating online and offline channels of communication. Participants were cognizant that even with adaptation of multi-platform strategies of abortion content production and distribution; they were still targeting a diverse audience with varying degrees of access to different communication channels. They were aware that not all their target audience have access to or use traditional mass media channels or social media platforms. They therefore stated that they would produce and deliver their abortion content factoring in the medium that their target audience have access to and utilize, and tailor the message to these audiences' level of understanding, interest and availability. These would mean delivery of their content across various medium on the digital media platforms, traditional mass media channels and/or public media channels.

> And then on ways of delivering the information, you see when you talk about social media, the biggest part of society that you are going to get is the youth because they are the ones who use social media to such a large extent. So, this should be for everyone, as I said that it is something that should get to the general public. And you know to get to the general public you cannot rely on social media and television only. In my submission earlier I said that you can have roadshows, those are really effective because once you go and learn with those people and talk to them face to face, many people will attend. Even if they do not attend, those who will be there present at that time will have a very easy time explaining to their neighbors and the people around them easily. This is because it was maybe aired in their language in a way that they understand, they interacted with you, and they got the whole thing. Apart from maybe you are going to use social media, social media may limit people maybe because of language and everything because they are going to use a language that most people will understand. Now if you go to the people personally, you can use their language or you can also get to radio stations in their areas of residence that use their native languages. You see this helps in diversifying how information is passed such that it gets to every level, the

> old generation, the young generation which will get it through the social media. So, it is not about social media and TV only, you can use radios, you can use roadshows, you can also make fliers, just small books which someone can sit down and read personally and get the whole idea for themselves because people have different preferences.
>
> **Ok. So, both of you agree on the fact that both of you might use more than medium of communication**
>
> You have to use several means for this to be effective because relaying on one means will only get to a certain...it is limited. In as much as you can't reach everyone, you have to at least reach most people. And you also encourage the people who get information to share to others. Yeah. **Participant 4. Male. FGD4_Year1 & Year2**

Overall, the key factor informing participants' choice of a medium to use to get out the abortion message is the medium's reach. A factor that resulted in most of the participants being inclined towards using social media platforms. For many of the participants, their abortion content targets young people, a population that they perceive to heavily depend on social media platforms for information, education and entertainment. Beside reach, participants mentioned other factors that made social media their preferred channel of communication. They argued that social media platforms have low entry and utilization costs; provides them with new opportunities to be creative; obviates the editorializing function making it easier for them to produce and distribute their content; does not limit the volume of content that they can avail to the target audience; and provides them with opportunities to meaningfully engage with their target audiences over extended time periods through their immediate and interactive features.

> Also, on the issue of airing, everyone is on social media nowadays, if you are not on WhatsApp, you are on Facebook, twitter. So, if I have information that I want to share and I put it on WhatsApp, someone else will screenshot it and share it. I will also take it to twitter and start a hashtag, and the people on twitter will

> get the message. I will also take it to Facebook. So, I will use all those social media platforms. **Participant 7. Female. FGD1_Year1 & Year2**

Discussion

Unsafe abortion has been shown to be common among adolescents with a majority suffering the negative health outcomes that can be devastating, lifelong, or fatal (Atuhaire, 2019; Oseni et al., 2020). This necessitates adolescents presence and meaningful engagement in SRHR spaces as equal partners and experts on their health (Drejza et al., 2019). Unfortunately, as revealed in Chapter 4 of this dissertation and in other literature, debates about ASRHR, especially abortion, typically occur in high-level meetings, courts and national parliaments with adults debating the rights and wrongs of socio-political frameworks that disproportionately affect adolescents SRHR (Sawyer & Begun, 2023). Given a chance, adolescents can provide valuable contributions. Therefore, we engaged adolescents in focus group discussions allowing them to share their experiences with and perceptions of abortion coverage in the Kenyan news media. We gave both male and female adolescents an equal opportunity to participate in our study as previous studies have noted limited efforts in empirically investigating male adolescents' perspectives on SRHR (Sawyer & Begun, 2023).

According to our study population, abortion coverage in the news media reflects societal discursive constructions and practices around sexual reproductive health. The sporadic coverage of abortion in the news media embodies the rare, avoided, and enduring taboo nature of this topic within the Kenyan society (Braam & Hessini, 2004; Gebreselassie et al., 2005). Furthermore, the abortion stories that make it to the Kenyan news media typically serve to further perpetuates social myths around abortion. These stories primarily depict abortion as risky to girls/women's

health and social outcomes (Purcell, Hilton, & Mcdaid, 2014). Abortion is portrayed as far more physically and mentally dangerous to women's health than it in fact is (Magunga, 2013; Wayne, 2017). Moreover, abortion is associated with cultural and legal deviant practices with girls/women who transgress these parameters suffering social and/or legal consequences (Purcell, Hilton, & Mcdaid, 2014). These inaccurate and stigmatizing news media's representations of abortion were said to impact on individuals and society. They influence public understanding, attitudes, and behaviors around abortion. Overrepresentation of abortion-related morbidity and mortality skew the audiences' perceptions of the safety of abortion further perpetuating social myths of abortion as physically risky, supporting narratives that associate abortion with death (Sisson & Kimport, 2014). While disproportionate focus on legal consequences of seeking/providing abortion care services makes the lived experiences of obtaining and providing abortions more difficult, contributing significantly to higher incidences of unsafe abortions, especially among young audiences. These also negatively impacts young people's reproductive autonomy, with many being forced to carry pregnancies to term out of fear for their health and safety.

Although previous studies established that positive messages tend to be more appealing to audiences (Bergmann et al., 2010; Wang & Singhal, 2016), our analysis revealed that positive media framing of abortion is very limited in the Kenyan news media. None of the female participants reported a positive abortion frame. Positive framing of abortion was associated with messages aimed at addressing unsafe abortion. These are messages advocating for liberalization of abortion laws, calling for sex education, revealing support available for women faced with unwanted pregnancies and pointing out to the support available for post-abortive women. Positive framing was shown to have an impact on viewers' abortion knowledge, beliefs, and

behavioral intentions. In line with previous studies, we found that accurate and nuanced abortion coverage contributes to improved abortion knowledge and informs cultural conversations about abortion (Hong et al., 2010; Sisson et al., 2021). This positively impacts girls/women pregnancy outcome decision-making process, bodily autonomy, and access to abortion care services enabling them to become active participants in their sexual productive health and care. This is in agreement with earlier studies that established that positively framed messages influence positive health behavioral changes (Bergmann et al., 2010).

Our analysis further revealed that news media coverage of abortion is often not appropriately sourced. These findings are not limited to our study, a review by Conti & Cahill established similar findings and just like in our study, they attributed this to the difficulties with abortion journalism finding new angles and sources (Conti & Cahill, 2017). Lacking in the Kenyan news media is the comprehensive coverage of abortion, an aspect that can be achieved through having a more diverse and inclusive news source base to give multifarious perspectives of and experiences with abortion as suggested by our study participants.

The first recommendation to achieving comprehensive coverage was the need to further explore and cover the abortion decision-making process as well as the role of various populations in women's abortion trajectories. This is largely informed by the fact that the responsibility for reproductive decisions, particularly around abortion, is portrayed as exclusively women's role. The part played by other parties including men, parents, abortionists, the community, and the government, in women's abortion decision-making and abortion trajectory is almost entirely absent (Mavroforou et al., 2004; Olufunke et al., 2014; Purcell, Hilton, & Mcdaid, 2014). When the role of these populations in women's pregnancy outcomes is explored, there isn't much focus on parents' perception of and attitudes towards bodily autonomy; social support systems at the

community level for women faced with unwanted pregnancies; the role of informal actors providing abortion care services; and legal actions taken against persons who contribute significantly to unsafe abortions particularly persons who commit acts of defilement. Exploring these issues and covering them in the news media will make society aware of the complexity of abortion and help them develop a better understanding of women's abortion trajectories and the support that women need to deter them from seeking unsafe abortion.

The second recommendation to achieve comprehensive coverage was to explore the abortion lived experiences of various populations including women, men, abortionists, and parents. Just like other scholars, our participants believe that women are uniquely situated to talk about abortion, because they are the ones who experience it firsthand. Therefore, they should be given a platform to share their personal stories. However, abortion stories in the Kenyan media, just like in other contexts, are not representative of reality. The abortion-seeking population is depicted as young, socio-economically disadvantaged, unmarried and not parenting (C. Freeman, 2021; Herold & Sisson, 2020; Sisson & Kimport, 2016); the abortion-seeking process is portrayed as difficult (Sisson & Kimport, 2017); and the abortion outcomes are portrayed as typically negative (Sisson & Rowland, 2017b). There is need for abortion coverage that highlights abortion-lived experiences of women across all ages, diverse socio-economic backgrounds, varied geographic locations, did not ended up in hospitals or morgues, and experienced positive emotions post-abortion (Cornwall et al., 2008). While previous studies have explored men's role in abortion trajectories (Atuhaire, 2019; Kedia et al., 2018; Marlow et al., 2019), it's important to further explore post-abortive men's emotional response to abortion. Like previous studies it's important to explore healthcare professionals' experiences with post-abortion care services (Izugbara et al., 2017; Payne et al., 2013), health care providers stories of

their experiences providing post abortion care should be used to highlight illegal abortion as the public health problem. Furthermore, sharing real abortion stories from persons with lived experiences enhances public understanding of women's subjective experiences with abortion, facilitators and barriers to safe abortion care, unsafe abortion as public health problem, and support needed by girls/women faced with unwanted pregnancies.

The final recommendation for achieving comprehensive abortion coverage is the need to think of how to best reach a wider population with the abortion content for greater impact. This calls for consideration of various factors including the medium that the target audience has access to and utilize; cultural appropriateness of the message; key stakeholder involvement; and tailoring the message to target audiences' level of understanding, interest, and availability. Our analysis revealed that a wider reach can be achieved by embracing a multi-channel approach of content delivery that entails integrating online and offline channels of communication, a strategy shown to be effective in previous health intervention (Allen & Solomon, 2016; Wang & Singhal, 2016). Beyond this, there is need to adapt a multi-platform strategies of abortion content production and distribution abortion where content is created in formats suited for an array of platforms, with a view of a wide range of distribution possibilities on broadcast, print and social media platforms. An integrated multi-channel and multi-platform approach enhances the delivery of abortion content across various mediums on the digital media platforms, traditional mass media channels and/or public media channels. This heightens reach to the diverse target audience with varying degrees of access to different communication channels.

Conclusion

Our finding highlighted university students' perceptions of construction of abortion within the Kenyan televised news media. To young people, televised abortion coverage in Kenya

mirrors our society, however, they typically did not agree with the frequency, quantity, and framing of abortion. They stated that the limited abortion coverage in the televised news media is predominantly framed negatively, portrayed abortion as very dangerous to women's physical and mental health and a major cause of maternal mortality; culturally problematic since it deviates from culturally acceptable notions of family, femininity, and motherhood; murder; and a criminal offence that is punishable under the law for those seeking or providing abortion.

Consequently, exposure to this primarily negative framing of abortion in the news media has typically had a negative effect on news consumers and society at large. News media's focus on abortion's negative outcomes on women's physical health compromises women's bodily autonomy. This is because it negatively influences women's abortion decision-making process, coercing some women to continue with the pregnancy to term against their wishes, for fear of death or injuries that could result from (unsafe) abortion. Moreover, criminalization of abortion in the news media has resulted in higher incidences of unsafe abortions as it creates fear among abortion providers and seekers. Subsequently leading to reluctance of provision of abortion care services by skilled healthcare professionals within the formal health system and pushing women to seek abortion care services in clandestine and unregulated settings. This places women at risk of short or long-term health complications and/or death

Young people provided recommendations on how the media can play a role in mitigating unsafe abortion. They suggested that the media should aim for comprehensive coverage of abortion that is inclusive of diverse perspectives and voices. To present pregnancy and abortion holistically: First, the media should put into perspective the complex abortion decision-making process by exploring the wide range of factors influencing women's decision to have an abortion. Secondly, the media should interrogate the role of various populations (including men,

parents, healthcare professionals, the community, and the government) in women's abortion trajectories. Thirdly, the media should explore the lived experiences of women who have previously procured an induced abortion, men as co-conceivers of pregnancies that ended in abortion, parents of women who have previously procured an abortion, and persons/institutions directly involved in providing abortion care services. Fourthly, gather, compile and report abortion data from formal and informal structures - including hospitals, organizations that focus on reproductive health issues, and community members – to enable the public to better understand the magnitude of abortion. Lastly, the media should provide comprehensive, accurate and age-appropriate information about sexuality and sexual reproductive health as well as information on the available options beyond abortion, predominantly, resources available for pregnant people in need of support. This comprehensive coverage would make society aware of the complexity of abortion through its contribution to the understanding of factors influencing women's abortion decision-making process and abortion care-seeking pathways. This is likely to trigger objective conversations around this issue, away from the pro-choice vs. pro-life dichotomous.

Overall, this chapter has revealed conflict between what is portrayed and what young people want to see regarding abortion. This goes to show that young people have a voice in what they want to see in the media. Considering most of this abortion content is aimed at young people, the media needs to be sensitive to this demographic's views. To mitigate unsafe abortion, the media should engage young people not only in the coverage of abortion but also in identification of abortion and other SRHR topics aimed at this population.

CHAPTER SEVEN

CONCLUDING REMARKS

Introduction

This last chapter of the dissertation reflects on the major findings of the study and presents recommendations for future research.

Major Findings of the Study

The aim of this study was to explore how abortion is framed in the Kenyan televised news media and the perceived implication of abortion framing on viewers. Content analysis of televised abortion coverage and thematic analysis of focus group discussions with university students revealed that abortion is predominantly framed negatively in the Kenyan televised news media. Abortion is framed as having negative health, legal and/or social outcomes on persons seeking or providing abortion care services. Majority of the stories that make it to the news media are those of girls/women who have suffered acute short-term abortion related complications or died following botched abortion. A considerable amount of the abortion coverage features stories of arrest, prosecution and/or sentencing of persons providing (illegal) abortion care services. The media depicted the target of abortion law to be the people providing illegal abortion care services. There was no mention of any criminal justice procedures initiated against women who sought to terminate their pregnancies outside of the legal medical channels of abortion. Women seeking illegal abortions are almost depicted as being excluded from any possible prosecution/remaining exempt from criminalization.

Expert interviews and feature stories attempt to comprehensively cover abortion. In these types of news, there are efforts to provide statistical data on the magnitude of

unsafe abortion in Kenya, although the statistics are not always accurate. There are further efforts to humanize these statistical numbers by inviting persons with lived with abortion including post-abortive women and health professionals to share their personal experiences with seeking and providing abortion care services respectively. The discussions in these types of news center largely on the factors contributing to current unsafe abortion incidence in Kenya, and measures needed to mitigate unsafe abortion. These discussions almost naturally evolve into a political dichotomy (pro-life versus pro-abortion). The pro-abortion discourses dominate these televised abortion debates. They center on three key issues; 1) women's right to control their own bodies, and to decide freely and responsibly on matters related to their reproduction without interference from the government or society; 2) the need to consider women's bodily autonomy from the realities in which women live and negotiate their lives; and 3) the need for availability and equal access to safe abortion care to the full extent of the law.

The Kenyan televised news media depict societal structures as limiting and restricting to women's bodily autonomy. The government is shown to be seeking to control women's fertility by limiting women's access to safe abortion using restrictive abortion laws and failing to avail equal access to safe abortion care to the full extent of the law. The community on the other hand is depicted as interfering in women's reproductive choices by use of religious dogma and/or traditional sociocultural norms to oppose the recognition of women's bodily rights. Societal attitudes cultivated by norms relating to patterns of sexual behavior and traditional roles for women as child-bearers and wives, strips women off their bodily autonomy and obstructs their access to abortion care. These societal attitudes include the refusal to acknowledge women as autonomous

individuals first, not mothers; lack of confidence in women's ability to make independent decisions about their own bodies; and a belief that society has the right to take control of a woman's body. Men were portrayed as being at the center of these socio-cultural interferences. They were shown to be making reproductive choices for women through policies or social tenets with no regard to the realities of women's lives. The Kenyan societal structures are still entrenched in the (pre-)colonial past anxiety over African women's sexuality. This anxiety over African women's sexuality was associated with sexual excess and promiscuity. There were concerns over her sexual morality contravening the moral ideal and gender order of Christianity. These concerns still prevail today with women's efforts to control their bodies ghastly fought by patriarchal structures in society.

Unsafe abortion was largely framed as common and predominately affecting adolescents. The key suggestions put forth to address unsafe abortion included acceptance of induced abortion as a common reproductive practice; provision of comprehensive sexuality education; availability and equal accessibility to sexual reproductive health products and services; and sensitization of the public on the legal provisions of abortion as articulated in Article 26(4) of the Kenyan constitution. Absolute implementation of these measures was depicted as crucial to ending unsafe abortion. This is because it will promote pregnancy prevention and positively influences abortion-decision making processes and abortion care seeking trajectories. There was a call to actively engage adolescents in the development and implementation of these interventions aimed at mitigating unsafe abortion since they are the ones largely and

adversely affected by unsafe abortion. Overall, liberal abortion laws and policies were presented as key to mitigating unsafe abortions, especially among young girls.

The media was perceived as not only mirroring societal constructs and practices around women's SRHR, but also having an influence on public understanding, attitudes, and behaviors around abortion. The media therefore presents an opportunity to positively influence the public on matters of abortion. Provision of information on the abortion incidence in the country, contextual realities of women seeking abortions, constitutional provisions of abortion, availability and accessibility of legal and safe abortion, safety of abortion, and the public health problem of unsafe abortion, the media is likely to positively influence the public. It is likely to translate into girls/women making informed decisions when faced with unwanted pregnancies, societal respect for women's bodily autonomy, destigmatization of abortion, demand for the implementation of the abortion law, and probable positive effects on health policies around abortion that transmute into availability and equal access to abortion care.

Overall, our study has demonstrated that the framing of abortion messages in the media, especially news media, is influenced by the Kenyan socio-cultural setting and its political history. This includes the legal status of abortion; social and cultural understandings of women and the fetus, the role of women; and definitions of what responsible sexual and reproductive behavior entails.

Limitations and Recommendations for Future Research

Our study findings should be considered in the context of several limitations. First, our sample frame for the first objective of the study was limited to three nationwide television stations. It did not include regional and local (vernacular) television, local

radio, local newspaper, or internet-only based news sources through which the Kenyan public increasingly accesses news. Although these three leading nationwide television stations have a wide reach and are arguably the most influential television stations in Kenya, they do not represent all abortion news content. They tend to largely report on extreme abortion incidences occurring in urban areas and focus on critical discourse moments where they interview a few select experts in medical and legal fields, and human rights activists. The views of the average Kenyan are hardly captured and thus our findings may not necessarily reflect the more diverse representation of abortion in the Kenyan news media. Therefore, the generalizability of our study findings to other media is limited and should be done with caution. Our findings cannot be taken as representative of the wider Kenyan media's portrayal of abortion. Future studies should study framing of abortion messages in other Kenyan mass media especially in local television station as well as framing of abortion messages in new media such as X (formerly twitter).

Secondly, the research population for our second objective were adolescents from a public university who can be considered a very elitist population education, resource, social emancipation wise. Thus, the views expressed by adolescents interviewed in this study might not be a representation of the broader Kenyan adolescent population. Research interviewing a more diverse adolescent population and especially those predisposed to unsafe abortions such as adolescents living in informal settlements of urban areas, those living in rural areas and those with limited education would provide a more comprehensive picture of Kenyan adolescents' views on media framing of abortion.

Thirdly, theoretically, scholars have observed that framing is a process that has most of its analytical power when studied as an integrated mode (Vreese, 2012). This entails mapping the media and audience framing process (framing, frame-building and framing effects) in an integrative approach. However, due to time and financial constraints, the scope of our investigation was limited to the framing and framing effects aspects only. Future studies should explore the frame production process to determine factors that influence frame-building. Specifically, there is need to explore journalistic framing to investigate how journalists understand their role in and experience of covering abortion.

Finally, this study was limited to interrogating adolescents' perceptions of and experiences with abortion framing in televised news media with limited interrogation of sexuality from their view. Future research could explore sexual agency and perceptions of desire among adolescents to better understand how young people negotiate sexual agency and especially within relationship context. Understanding this is crucial for promoting healthy sexual development among this population and would further be important in informing the development of pregnancy prevention strategies.

Implication for practice

Findings from this study are informative and could be used to develop strategies aimed at advocating for sexual reproductive health and rights and promoting safe abortion particularly among adolescents. The findings specifically provide guidance on the messaging and distribution of sexual reproduction health and rights messages suggesting that multi-platform strategies of content production and distribution should be

employed to ensure that the messages reach a wider adolescent population, especially the hard-to-reach populations in remote areas.

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APPENDIX I: INTERVIEW GUIDE (FGD)

Study Title: Exploring Media Framing of Abortion Content on Kenyan Television: A Focus on Adolescents

Abortion generally

We will start by talking about abortion in general.

1. What is your perception about abortion?
2. How do young people perceive abortion (probe: is this perception different from that of older people?)
3. Where do young people get information about abortion?
   Probe: -Which are the common platforms where abortion is discussed? {If they mention media, probe for the exact type of media}
   -What are some of the things that are normally said about abortion on these platforms?
4. What are your thoughts about female involvement in abortion?
5. What are your thoughts about male involvement in abortion?

Abortion in the media: Perception of news media portrayal of abortion

Now let us talk about abortion in the news media

6. What kind of abortion messages have you heard/seen on the media?
   Probe: -How often do you hear these abortion messages in the media? {Mass media generally, News media specifically}
   -Which are the most common messages? {Why do you think these messages are prominent in the news media?/ what makes these messages prominent in the news media}
   -To whom are these messages directed? Why?
7. Are there TV stations that have abortion coverage more often than others do?
   Probe: -Which TV stations?
   -Why do you think this is the case?
8. In your opinion, what impact has televised abortion coverage had?
   Probe: On you as an individual, on young people, on the society

Now we will move on to watching a 8:46 minute news feature that focuses on the experiences of the women who have undergone abortion, particularly those who do so in their teens. This feature was aired on KTN in 2018. It's titled "Pregnancy and Abortion" and was done by Dr. Mercy Korir

9. What is your perception of this story?
   Probe: -Was this story portrayed positively or negatively? Why?
   -Do you think the media was comprehensive in how it covered this story?
   -How should this story have been portrayed?

10. Based on this clip, what is your perception of gender involvement in abortion coverage? (Probe female, male)

Recommendations: Now let us talk about how you would want media to portray abortion messages

11. What abortion messages do you feel have been missing in the news media?

12. What abortion messages do you want to see more often in the news media? Why?
    Probe: -Type of messages
    -Source of message
    -Persons these messages should be directed to
    -How should these messages be packaged
    -Media platforms where these messages should be aired

13. If you were given a chance to run a story on abortion aimed at young people in the mainstream media, what would you focus on?/what aspects of abortion would you focus on?/what messages would you focus on? Why?
    Probe: -Who would be your sources? Why
    -How would you package the message? Why?
    -What are some of the things you would do differently from what the current media is doing? Why? Which platforms would you use?

THANK PARTICIPANTS FOR THEIR TIME AND REASSURE THEM OF DATA CONFIDENTIALITY

APPENDIX II: PARTICIPANT INFORMATION SHEET (FGDs)

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Participant Information Sheet

Dear Sir / Madam,

Introduction: My name is Catherine Kafu, a graduate student at the School of Literature, Language and Media, University of Witwatersrand. I am undertaking a PhD in Media Studies and as part of the fulfillment of my Degree; I am required to conduct research. My research is titled **'Exploring media framing of abortion content on Kenyan television: A focus on adolescents'** under the supervision of Prof. Dina Ligaga and Dr. Juddy Wachira. You are invited to take part in this research study to help understand adolescents' experiences with televised abortion coverage in Kenya. You were selected because you are aged between 18 and 24 years, and registered student at Moi University main campus at the time of the study. Carefully read this form and feel free to ask any questions you may have about the study.

Purpose of the study: The purpose of this study is to understand how abortion is framed in the televised news media in Kenya and the implications of these on adolescents' perceptions and actions towards abortion. The findings will inform the development of effective interventions tailored towards addressing unintended pregnancies, preventing unsafe abortion and promoting adolescents' maternal health while factoring in the current legal and social-cultural contexts.

Number of people taking part in the study: If you agree to take part in the study, you will be one of 48 people in the study.

Procedures for the study: If you agree to be in the study, we will protect your identity. We will ask you questions about your perceptions of abortion coverage in televised news media, about your experiences with televised abortion coverage and your recommendations. Interviews will be conducted in groups and you will participate in a discussion with about eight individuals who are students at Moi University main campus. In addition, present in this discussion will be the facilitator of the discussion and a note taker. The interviews will take place online via ZOOM and will take approximately 1.5 hours. With your permission, we will video record the discussions using the ZOOM local recording feature.

Risks of taking part in the study: There are no major risks for being in the study. However, while on the study, you might experience feelings of sadness, anger, distress or depression due to the sensitive nature of this topic. If you experience any of this, kindly reach out to the Moi University Counseling Unit. The name of the counselor is Nerias and their contact is +254736400605.

Additionally, the nature of focus group discussions presents a possibility of loss of confidentially. This risk will occur in case other individuals like yourself taking part in the study inform other persons about the information that you shared during the focus group discussion. There we cannot assure complete confidentiality. To minimize loss of confidentiality, you will be provided with an identifier that is unique to this study and any linking documents will be securely kept in a locked cabinet. No identifiable data will be associated with the study unique identifier. This unique identifier will be used on the data collection tools. In addition, the researcher will remind all individuals taking part in the focus group discussion to respect the privacy of their fellow participants and not to repeat what is said in the focus group to others. Finally, data collection will be done in a quiet and private location.

Benefits of taking part in the study: There are no direct benefits to your participation. However, your contributions may be informative to those who wish to develop media that could be used to promote safe abortion as well as advocate for sexual reproductive health rights, especially among adolescents.

Alternatives to taking part in the study: There are no alternative procedures to this study.

Confidentiality of records: Your name or other information that may identify you will not be associated with your answers during this interview, the recording, transcription, or any other notes made by the note taker. We will transcribe the interview from the recording and destroy the audio file. The transcribed documents will be stored in secure locations and digital files will be protected with passwords. Only members of the study team will have access to the data.

Dissemination: The information you give me will be used to write a PhD dissertation that will be availed at the University of Witwatersrand library and may be used as a basis for articles and/or presentations in the future. However, your name or other information that may identify you will not be used in any publications or presentations

Reimbursement: You will not receive any form of payment for taking part in this study. However, you will receive an inconvenience fee of KES. 300.

Contact information: If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact;

- Moi University/Moi Teaching and Referral Hospital Institutional Research and Ethics Committee (IREC), telephone +254 787 723 677, email: contact@irec.or.ke
- National Commission for Science Technology and Innovation (NACOSTI)), telephone +254 735 404 245/ +254 713 788 787, email registry@nacosti.go.ke

- University of the Witwatersrand Human Research Ethics Committee HREC (Non-Medical) on telephone +27(0) 11 717 1408, email hrec-medical.researchoffice@wits.ac.za

Voluntary nature of study: Your participation in this study is voluntary. You may refuse to participate and there will be no penalty for refusing. If you agree to participate, you may choose to discontinue your participation at any time or request that the information that you gave be withheld without penalty.

Yours sincerely,

Catherine Kafu,
Researcher
Tel: +254725243852
Email: 1540298@students.wits.ac.za

Prof. Dina Ligaga
Supervisor:
Email: Dina.Ligaga@wits.ac.za

Dr. Juddy Wachira
Supervisor:
Tel: +2540705242450
Email: juddy.wachira@wits.ac.za

APPENDIX III: CONSENT FORM

Consent Form

Study Title: Exploring Media Framing of Abortion Content on Kenyan Television: A Focus on Adolescents

Name of Researcher: Catherine Kafu

I _____, agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous	YES	NO
I agree that the researcher may use anonymous quotes in his / her research report	YES	NO
I agree that the interview may be video recorded	YES	NO
I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES	NO

_____ (Signature)

_____ (Name of participant)

_____ (Date)

_____ (Signature)

_____ (Name of person seeking consent)

_____ (Date)

APPENDIX IV: RESEARCH ASSISTANT CONFIDENTIALITY AGREEMENT

Study Title: Exploring Media Framing of Abortion Content on Kenyan Television: A Focus on Adolescents

Name of Principal Investigator: Catherine Kafu

Name of Organization: University of Witwatersrand

Name of Sponsor: Consortium for Advanced Research Training in Africa (CARTA)

I *[NAME OF RESEARCH ASSISTANT]* agree to assist the principal investigator with this study by *[LIST RESEARCH TASKS]*. I agree to maintain full confidentiality when performing these tasks.

Specifically, I agree to:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format with anyone other than the principal investigator.
2. Hold in strictest confidence the identification of any individual that may be revealed during the course of performing the research tasks
3. Not make copies of any raw data in any form or format unless specifically requested to do so by the principal investigator
4. Keep all raw data that contains identifying information in any form or format secure while it is in my possession. This includes
    - Keeping all digitized raw data in computer password-protected files and other raw data in a locked file
    - Closing any computer programs and documents of the raw data when temporarily away from the computer
    - Permanently deleting any email communication containing the data
5. Give all raw data in any form or format to the principal investigator when I have completed the research tasks
6. After consulting with the principal investigator, destroy all research information in any form or format regarding this research project that is not returnable to the principal investigator upon completion of the research task

Printed name of RA	Signature of RA	Date [d/m/y]
Printed name of PI	Signature of PI	Date [d/m/y]

This research study has been reviewed by the University of the Witwatersrand's Human Research Ethics Committee HREC (Non-Medical), Moi University/ Moi Teaching & Referral Hospital Institutional Research and Ethics Committee (IREC), and the National Commission for Science, Technology and Innovation (NACOSTI). For questions regarding participant rights and ethical conduct of research, contact these Institutional Review Boards:

1. Moi Teaching and Referral Hospital
   Institutional Research and Ethics Committee
   2nd floor. Door No. 219,
   P.O. Box. 3-30100
   Eldoret, Kenya
   Office line: 0787 723 677
   Email: irecmtrh@gmail.com or contact@irec.or.ke

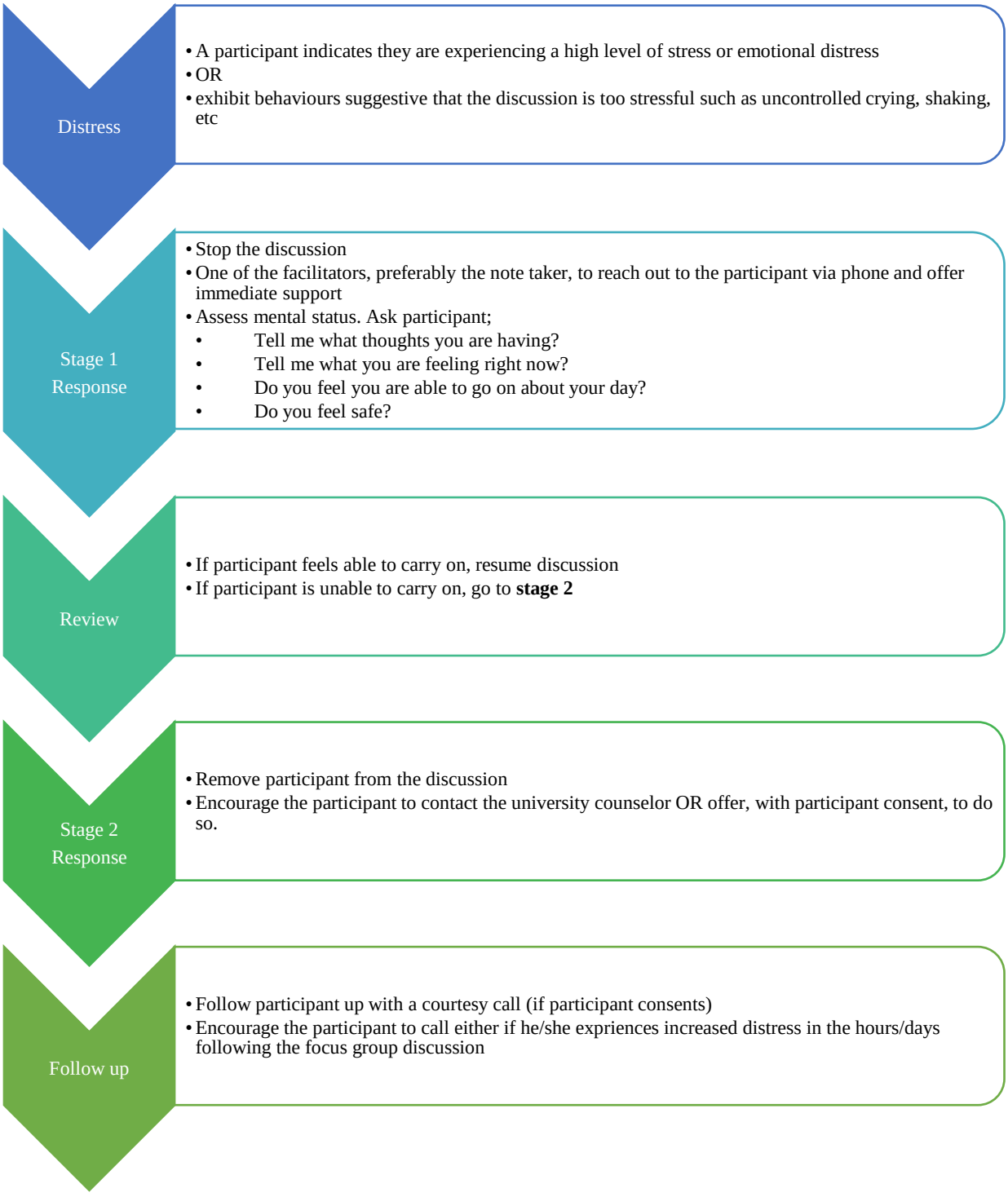
2. National Commission for Science Technology and Innovation
   Off Waiyaki Way, Upper Kabete,
   P.O.BOX 306623-00100
   Nairobi, Kenya
   Office line: 0713 788 787/ 0735 404 245
   Email: customercare@nacosti.go.ke/info@nacosti.go.ke

3. University of the Witwatersrand
   Human Research Ethics Committee HREC (Non-Medical)
   Telephone +27(0) 11 717 1408
   Email hrec-medical.researchoffice@wits.ac.za

Note: The research assistant will be given a copy of this form to retain for his/her records

APPENDIX V: DISTRESS PROTOCOL (PARTICIPANTS)

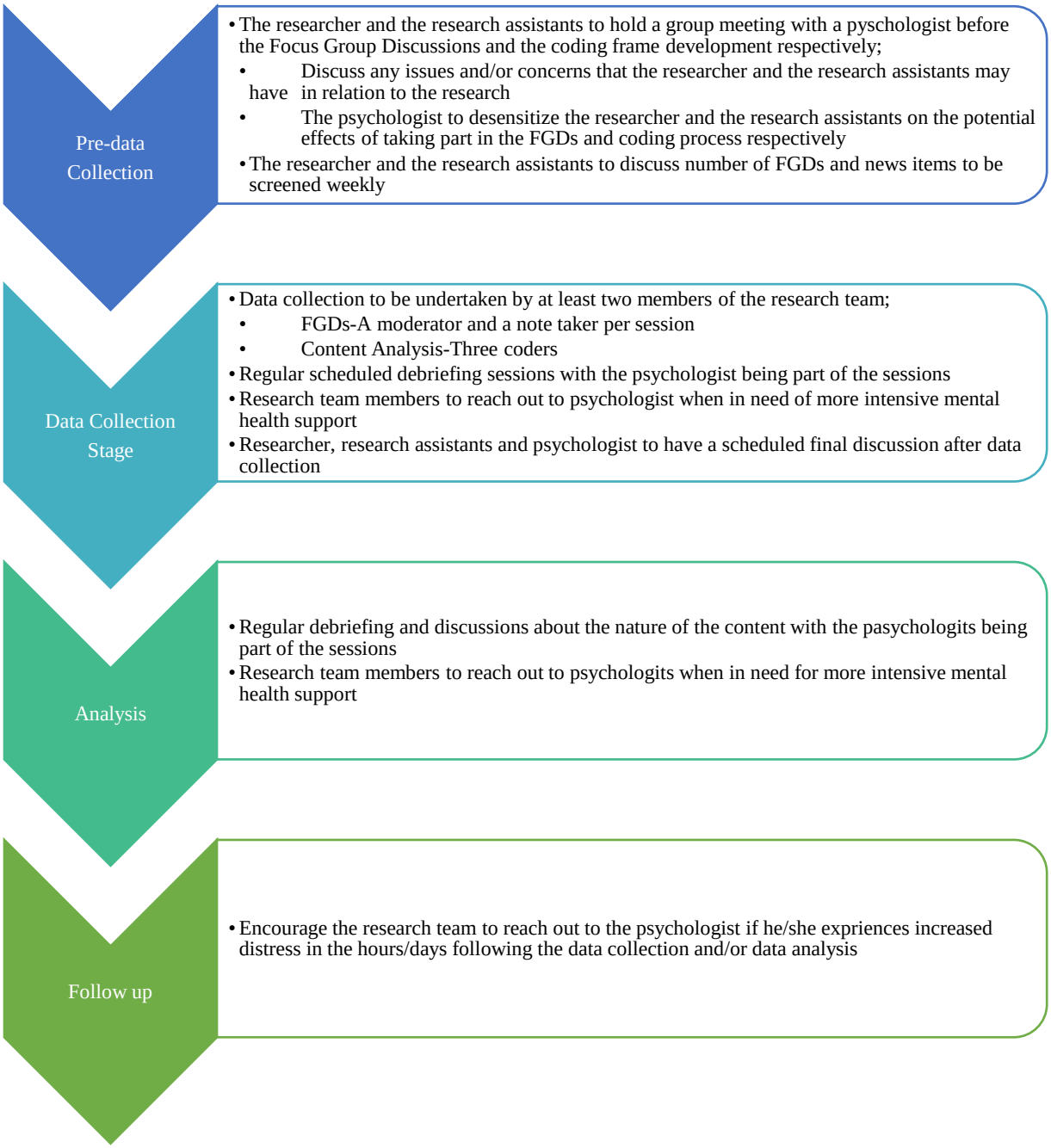
The protocol for managing distress during the focus group discussion sessions



(Modified from: Haigh C & Witham G (2015). Distress Protocol for qualitative data collection. Slide 1)

APPENDIX VI: DISTRESS PROTOCOL (RESEARCH TEAM)

The protocol for managing distress among research team members



[Modified from: Corden, A., Sainsbury, R., Sloper, P., & Ward, B. (2005). Using a model of group psychotherapy to support social research on sensitive topics. 8(2), 151–160; Signorielli, N. (2009). Research Ethics in Content Analysis. In A. B. Jordan, D. Kunkel, J. A. Manganello, & M. Fishbein (Eds.) (1st ed., pp. 88–96)]

APPENDIX VII: LETTER OF INTRODUCTION (MEDIA OUTLETS)

Date: *dd/mm/yyyy*

To: The CEO *(Name of Media Outlet)*

Through: The Editorial Director/Editor-in-Chief *(Name of Media Outlet)*

From: Catherine Kafu, PhD Candidate, University of Witwatersrand

RE: ACCESS TO *(NAME OF MEDIA OUTLET)*'S DIGITAL ARCHIVES

My name is Catherine Kafu, a graduate student at the School of Literature, Language and Media, University of Witwatersrand. I am undertaking a PhD in Media Studies and as part of the fulfillment of my Degree, I am required to conduct research. My research is titled **'Exploring media framing of abortion content on Kenyan television: A focus on adolescents'** and one of my objectives is to examine the framing of abortion in TV news items on *(name of media outlet)* from January 2016 to December 2019.

Given the scope of my study, I am writing to seek permission to gain access to *(name of media outlet)'s* digital archives to retrieve televised abortion news items that were aired on *(name of TV station)* between January 2016 and December 2019. *(Name of media Outlet)* has been selected for this study due to its popularity among the Kenyan audiences. The news items of interest to my study are those that contain abortion related content with abortion being the main focus of the news item, those that address the Kenyan Context, and must have been aired between January 1, 2016 and December 31, 2019 on *(Name of television station).* The files retrieved from your archives will be transcribed, analyzed and used as part of write-up for my PhD dissertation. They will not be used for any other reason apart from informing this study.

By examining the media constructs of abortion, findings from this study have potential to facilitate more critical reflection and discussions on (un)safe abortion especially among adolescents, with a probable effect on journalistic framing of abortion as well as on social policies around abortion. The study findings will be published in peer-reviewed journals and will be informative to those who wish to develop media that could be used to promote safe abortion as well as advocate for sexual reproductive health rights, especially among adolescents.

Your assistance will be highly appreciated

Sincerely

Catherine Kafu

Researcher

Tel: +254725243852 Email: catekafu@gmail.com

Attached are copies of IRB Clearances from University of Witwatersrand (HREC-Non Med), IREC and NACOSTI

APPENDIX VIII: BUDGET

Exploring Media Framing of Abortion Content on Kenyan Television: A Focus on Adolescents

This study was funded by the Consortium for Advanced Research Training in Africa (CARTA)

Item Description	Unit of measure	Unit cost	Frequency	Quantity	Amount
1. IRB Fee					
NACOSTI Fee	Study	$20	1	1	$20
IREC Fee	Study	$30	1	1	$30
Sub-Total					**$50**
2. Investigating the framing of abortion in TV news items on three leading Kenyan TV outlets over a period of 3 years					
Fee to media houses for footage	Footage	-	-	-	$1,000
Transport Eldoret-Nairobi	Return Trip	$150	3	1	$450
Transport within Nairobi (Taxi)	Return Trip	$70	3	1	$210
Meals for researcher	Days	$60	3	1	$180
Transcription (@ 0.25hrs per unit of analysis)	Hours	$7	1	200	$1,400
Translation (@36 pages per hour of audio file)	Pages	$8	1	200	$1,600
Qualitative Content Analysts fee (paid per transcript)	Personnel	$5	150	2	$1,500
Sub-Total					$6,340
3. Examining adolescents' perceptions of media's portrayal of abortion on Kenyan news media					
a. Training costs					
Internet Costs (Participants, Researcher)	Pieces	$10	1	56	$560
Internet Costs (4 Research assistants, main researcher, 2 trainers)	Pieces	$10	5	7	$350
Facilitation fee (Trainer)	Sessions	$10	5	2	$100
b. Data collection and Analysis					
FGD facilitation fee (4 Research Assistants)	Sessions	$15	2	4	$120
Participant Transport and Meal Reimbursement (Male FGDs)	Participants	$3	2	12	$72
Participant Transport and Meal Reimbursement (Female FGDs)	Participants	$3	2	12	$72
Transcription (@ 2.5hrs per interview)	Hours	$70	1	4	$280
Translation (@36 pages per hour of audio file)	Pages	$8	36	4	$1,152
Coding	Transcripts	$30	1	4	$120

Sub-Total					$2,826
4. Equipment and Stationery					
Sony digital audio recorder	Pieces	$180	1	2	$360
Rechargeable Batteries AAA with Charger	Pieces	$30	1	2	$60
Printing paper (Reams)	Pieces	$10	1	5	$50
Toner	Pieces	$60	1	3	$180
Printer	Pieces	$500	1	1	$500
Stapler	Pieces	$8	1	1	$8
Staple pins	Pieces	$5	1	1	$5
Box files	Pieces	$10	1	4	$40
Sub-Total					$1,203
GRAND TOTAL					**$10,419**

APPENDIX X: IREC APPROVAL

INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE (IREC)

MOI TEACHING AND REFERRAL HOSPITAL
P.O. BOX 3
ELDORET
Tel: 33471//2/3

MOI UNIVERSITY
COLLEGE OF HEALTH SCIENCES
P.O. BOX 4606
ELDORET
Tel: 33471/2/3

Reference: IREC/2019/274
Approval Number: 0003515

21st January, 2020

INSTITUTIONAL RESEARCH & ETHICS COMMITTEE
21 JAN 2020
APPROVED
P. O. Box 4606-30100 ELDORET

Ms. Catherine Kafu,
University of the Witwatersrand,
School of Literature Language,
JOHANNESBURG.

Dear Ms. Kafu,

EXPLORING MEDIA FRAMING OF ABORTION CONTENT ON KENYAN TELEVISION: A FOCUS ON ADOLESCENTS

This is to inform you that ***MU/MTRH-IREC*** has reviewed and approved your above research proposal. Your application approval number is ***FAN: 0003515.*** The approval period is **21st January, *2020 – 20th January, 2021.***

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments, MTA) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by ***MU/MTRH-IREC***.
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to ***MU/MTRH-IREC*** within 72 hours of notification.
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to ***MU/MTRH-IREC*** within 72 hours.
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to ***MU/MTRH-IREC.***

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://oris.nacosti.go.ke and also obtain other clearances needed.

Sincerely,

DR. S. NYABERA
DEPUTY-CHAIRMAN
INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE

cc CEO - MTRH Dean - SOP Dean - SOM
Principal - CHS Dean - SON Dean - SOD

APPENDIX XI: NACOSTI LICENSE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **713387**

Date of Issue: **19/March/2020**

RESEARCH LICENSE

This is to Certify that Ms.. Catherine Kafu of University of the Witwatersrand, has been licensed to conduct research in Nairobi, Uasin-Gishu on the topic: EXPLORING MEDIA FRAMING OF ABORTION CONTENT ON KENYAN TELEVISION: A FOCUS ON ADOLESCENTS for the period ending : 19/March/2021.

License No: **NACOSTI/P/20/3900**

713387

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

APPENDIX X: HREC APPROVAL

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Kafu

CLEARANCE CERTIFICATE	PROTOCOL NUMBER: H20/05/13
PROJECT TITLE	Exploring media framing of abortion content on Kenyan television: A focus on adolescents
INVESTIGATOR(S)	Ms C Kafu
SCHOOL/DEPARTMENT	Literature, Language and Media/
DATE CONSIDERED	22 May 2020
DECISION OF THE COMMITTEE	Approved Risk Level: Low
EXPIRY DATE	03 June 2023

DATE 04 June 2020 CHAIRPERSON _____
(Professor J Knight)

cc: Supervisor : Professor D Ligaga

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

TURNITIN REPORT

Exploring Media Framing of Abortion Content on Kenyan Television.A Focus on Adolescents.docx

ORIGINALITY REPORT

17%	13%	13%	0%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

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3	Ngunzo Kioli. "Traditional perspectives and control mechanisms of adolescent sexual behavior in Kenya", International Journal of Sociology and Anthropology, 2012 Publication	<1%
4	hdl.handle.net Internet Source	<1%
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