

PERCEPTIONS OF TERMINATION OF PREGNANCY BY YOUNG ADULTS AGED 18-24 YEARS SEEKING HEALTH SERVICES IN KIAMBU COUNTY LEVEL 5 HOSPITAL, KENYA

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DECLARATION

We declare that this work is entirely our own and has not been taken from the contents of others save to the extent that such work has been cited and acknowledged within the text. We declare that this work has not been submitted in part or in whole to any other College/University for assessment or for the award of any other academic degree. We declare no conflict of interest while undertaking this study.

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ABSTRACT

Introduction: In Kenya, the subject of abortion draws significant objections, underpinned by medical, socio-cultural, ethical, moral, and religious beliefs. Currently, the subject of abortion remains highly disapproved. Abortion continues to be an essential factor affecting women's reproductive lives and survival in the developing world. Unsafe abortion causes various health-related and psychological effects. This study uses a variation on Bronfenbrenner's model as the conceptual framework for perceptions associated with TOP.

Methods: The research design that was utilized in this study was a qualitative, cross-sectional study. All potential participants in the proposed study were selected through probability sampling. The probability sampling was carried out through cluster random sampling technique where the cluster is Kiambu county. The data collection technique employed for the study consisted of a self-administered questionnaire and researcher-assisted interviews guided by our self-designed questionnaire. Interview was analyzed and transcribed utilizing qualitative content and thematic analytic methods adopted from grounded theory. Data from the audit tool was entered and analyzed using the Statistical Package for Social Science (SPSS), data analysis software (Version 20). A total of 200 respondents participated in the research study and their responses recorded. The purpose of the study was to describe the perceptions on termination of pregnancy among young adults aged 18-24 years seeking healthcare services in Kiambu level V hospital. The study utilized 200 respondents, with 61% female and 39% male respondents.

Results: Our study found that abortion is a common practice among young adults seeking health services in Kiambu level V hospitals.

Conclusion: Our study concluded that most young adults support the legalization of abortion in Kenya.

INTRODUCTION

1.1 Background

Termination of pregnancy refers to utilizing medical, non-medical, or surgical procedures to end a pregnancy so that it doesn't result in the birth of a child. Termination of pregnancy can be used interchangeably to mean abortion (Mohamed et al., 2018). The terms miscarriage and abortion are also used interchangeably to mean the loss of a pregnancy before viability. Early pregnancy loss is sometimes called spontaneous abortion. Spontaneous abortion is called 'miscarriage' to differentiate it from induced abortions (Ndungu, 2015). Pregnancy viability in Sub-Saharan countries is 24 weeks, while the average worldwide viable gestation is 20 weeks (Patel et al., 2017). According to the World Health Organization (2008), abortion is safe when conducted in a manner that is recommended by WHO, appropriate to the pregnancy duration, and by an individual who possesses the relevant skills. Unsafe abortion refers to the termination of unintended pregnancy by an individual who lacks the necessary skills and in an environment that does not conform to minimal medical standards (World Health Organization, 2008)

Abortion can be traced back to the Socrates, Hippocrates, Plato, and Aristotle period. A variety of medical and surgical methods of abortion have been used. Marlow et al. (2014) concluded that most women seeking abortion services in Kenya still do not understand the conditions under which abortion is legal under the 2010 constitution. While many women seek induced abortions due to unintended pregnancies, the unmet need for contraceptive services is high in Kenya. Both the patient who is seeking abortion services and the healthcare provider face stigma ranging from cultural, religious, and social norms.

In Kenya, the subject of abortion draws significant objections, underpinned by medical, socio-cultural, ethical, moral, and religious beliefs. Currently, the subject of abortion remains

highly disapproved. Abortion continues to be an essential factor affecting women's reproductive lives and survival in the developing world. In Kenya, over 90% of all abortions are unsafe. Unsafe abortion has essential consequences for morbidity and mortality, accounting for an estimated 25% of maternal deaths in developing countries and 5 million women being treated for complications of induced abortion each year worldwide. According to the findings in a thesis by Dr. Lugaliki Doreen, presented to the University of Nairobi, over 13 % of pregnancy-related deaths are attributed to complications of unsafe abortions (Ziraba et al., 2015). Abortion, either medical or non-medical, has distinctive physical, social, economic, and emotional-psychological side effects.

1.2 Problem statement

Unsafe abortion causes various health-related and psychological effects. Unsafe abortion leads to high maternal mortality due to post-abortion infection and excessive bleeding. Most women seek abortion services in unauthorized areas that lack the required medical facilities and personnel due to the country's laws, high cost of care in hospitals, and lack of understanding of the dangers of unsafe abortion. Lack of education, the stigma of terminating a pregnancy from the community, and possible criminal charges make young women in Kenya seek illegal and unauthorized abortion services. Additionally, due to a lack of knowledge on the subject, they do not get post-abortion care leading to physical and psychological harm.

The stigma associated with abortion is a barrier to timely medical care. 7-48 hours delay in seeking care is related to severe complications, including death due to septic or hemorrhagic shock (Kiraba et al., 2015). Additionally, most people seeking termination of pregnancy have unmet needs for contraception. Unmet family planning needs are highest among adolescents at 30% compared to 22% in young adults, leading to 43% of unplanned pregnancies (Machiyama et al., 2017). The high percentage of unmet contraceptive needs is associated with a lack of

knowledge, anti-contraceptive perceptions due to uncertainty about future fertility, fear of side effects, and infrequent sex practice. People with unmet contraceptive needs are at a high risk of having unplanned pregnancies, thus having unsafe pregnancy termination and complications.

1.2 Justification of the Study Area

Many young Kenyan women seek unsafe termination of pregnancy for various reasons. This study highlights the perceptions of Kenyan women aged 18-24 on abortion and their reasons for wanting an abortion. Kiambu county is a Nairobi city Metropolitan with people from across the country and is among the highest populated counties in Kenya (2.4 million people, Kenya Census Data 2019). The county boasts several colleges and universities with a majority population of young Kenyans aged 18-24 years, thus making it suitable to identify the desired study population.

The focus on perceptions of abortion will lead to improved reproductive health habits and informed decisions on contraception and termination of pregnancy. The study will provide valuable information to stakeholders in the reproductive health departments in the public health sector of Kiambu county regarding the perceptions on abortion and help in policy formulation to salvage the situation. Additionally, the study will go a long way to inform decisions on reproductive health promotion among Kenyan universities and colleges at the national government.

1.3 Research Questions

1. What are the perceptions towards abortion among young aged 18 to 24 years adults seeking healthcare at Kiambu level 5 hospital?
2. What are the commonly recognized factors leading to safe and unsafe abortion in Kiambu level 5 hospital in Kenya?

3. What are the commonly recognized complications of abortion among young adults aged 18 to 24 years in Kiambu level 5 Hospital in Kenya?
4. What is the knowledge, attitude, and beliefs among young adults aged 18 to 24 in Kiambu Level 5 Hospital towards abortion in Kenya?

1.4 Research Objectives

Broad objective: To determine the perceptions surrounding the termination of pregnancy among young people aged 18-24 years seeking health services at Kiambu County level 5 hospital, Kenya.

Specific objectives- should focus on the study population

1. To determine the perceptions towards abortion among young adults aged 18 to 24 year seeking healthcare in Kiambu level 5 hospital.
2. To determine the commonly recognized factors of safe and unsafe abortion among young adults aged 18 to 24 years seeking healthcare services in Kiambu level 5 hospital in Kenya.
3. To determine the commonly recognized complications of abortion among young adults aged 18 to 24 years seeking healthcare services in Kiambu level 5 hospital in Kenya.
4. To determine the knowledge, attitude, and beliefs towards abortion in young adults aged 18 to 24 years seeking healthcare services in Kiambu level 5 hospital in Kenya.

1.5 Hypothesis

Null hypothesis: there's no relationship between medical, sociocultural, ethical, moral, and religious perceptions and termination of pregnancy among young adults aged 18-24 years in Kiambu county, Kenya.

Alternative hypothesis: there's a significant relationship between medical, sociocultural, ethical, moral, and religious perceptions and termination of pregnancy among young adults aged 18-24 years in Kiambu county, Kenya.

1.6 Significance of the study

The findings of this study will be used to strengthen the existing community-based approaches to mitigate predisposing and enabling factors for unsafe abortions. The rising number of unsafe abortions and the associated severe complications constitute a significant public health issue in Kiambu County. Researching perceptions about abortion within Kiambu County will enable us to get a view of their approaches to the issue of abortion.

This study aims to impact knowledge on the harmful effects of unsafe abortions. The study also educates the community on the importance of embracing the use of contraceptives to mitigate the consequences of unwanted pregnancy, including unsafe abortions. The study further aims at creating awareness in health institutions of the prevalence of unsafe abortions and the need for preparedness to assist patients who have procured unsafe abortions and present to hospitals with complications.

1.7 Delimitations of the study

1. This study aimed at establishing the perceptions of abortion in Kiambu county. The study thus delimited itself to Kiambu county because of the sizeable study population available to work with and the availability of both inpatient and outpatient clients to work with.
2. This study was a cross-sectional survey design. The study thus delimited itself in that it was not be able to establish and obtain data from other significant groups.
3. The study took place in a short time frame, thus delimited itself regarding the duration needed to establish the necessary data.

1.8 Limitations of the study

1. A small sample size that may affect the data interpretation.

2. The cross-sectional design research method means that the researcher cannot be able to analyze the behavior/perceptions of the sample population over time. This was mitigated by assuring confidentiality.
3. Some participants were only literate in their mother tongue, which may result in language barrier but we utilized local interpreters to assure the quality of data collected.

1.9 Conceptual and theoretical framework

The objective of this conceptual framework (Figure A) is to appreciate some aspects of social phenomena related to the stigma associated with abortion. Using the social-ecological model as the lens to analyze the levels of stigma related to abortion at government, individual, interpersonal, community, and institutional levels, the model emphasizes the factors that interchange at several levels and what drives stigma associated with abortion.

This study uses a variation on Bronfenbrenner's model as the conceptual framework for perceptions associated with abortion and is outlined as follows:

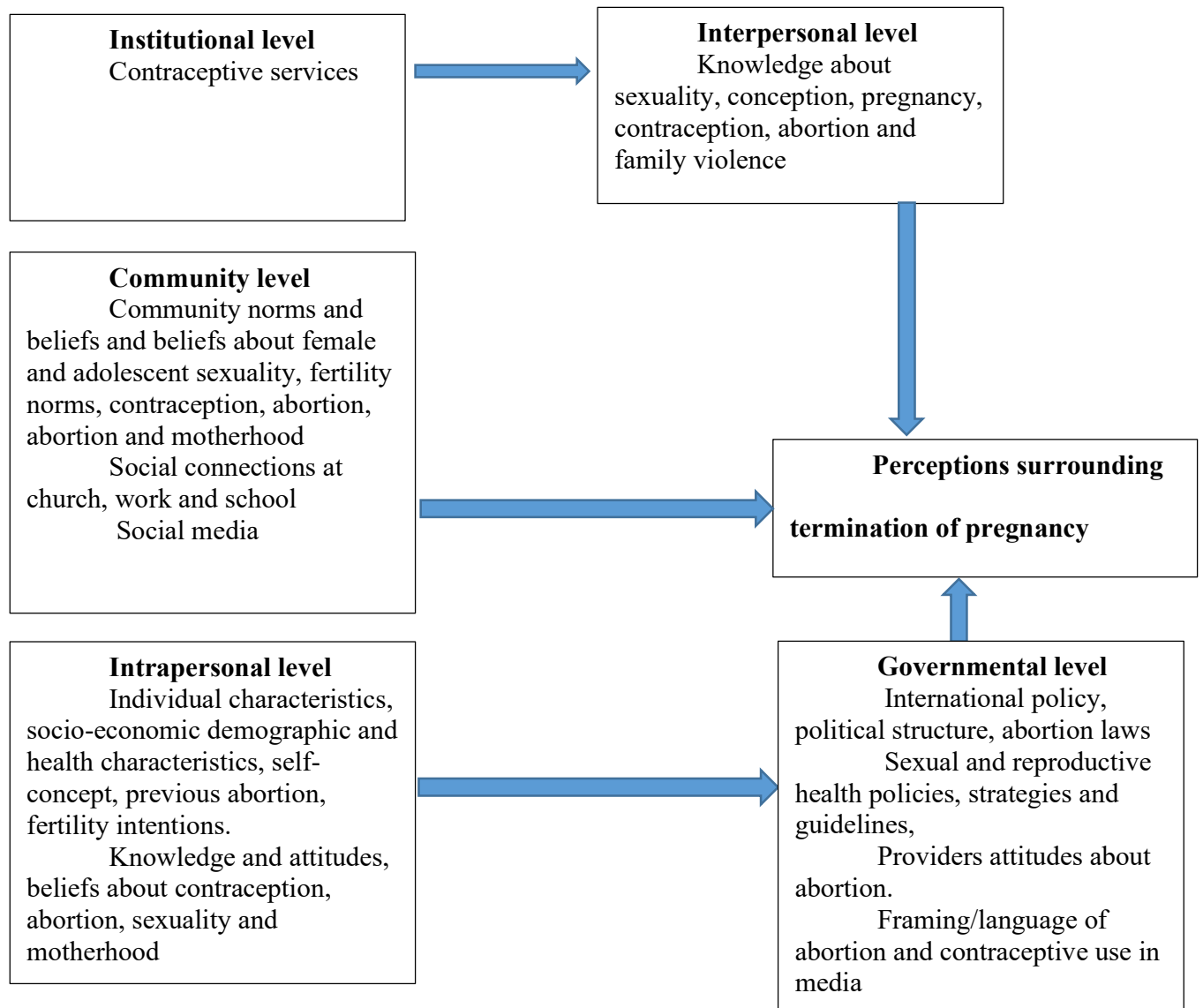
- **Governmental-level perceptions:** local, national, and global laws, policies, strategies, and guidelines. International and federal laws, policies, strategies, and guidelines regarding abortion can alienate and exclude individuals needing abortion services (Coast et al., 2018). This overarching structural level includes policies and programs at global, national, and local levels, which are reflections of several social norms, attitudes, and beliefs that may encourage or discourage individuals from seeking abortion services.
- **Community-level perceptions:** relationships and communications between organizations, institutions, churches, informal networks, and neighborhoods within a politically or geographically defined boundary. This level relates to the environment in the community and represents the context in which an individual lives. Perceptions surrounding abortion may be obvious and direct within social connections in the community, such as during religious ceremonies, workplaces, and schools, and while conducting recreational

activities. Community norms, attitudes, and beliefs regarding sexuality, fertility, and motherhood have been shown to influence communities' views and perceptions.

- **Institutional-level perceptions** are perceptions created or spread by formal and informal institutional rules, guidelines, and norms. This level includes the climate in schools, healthcare systems, administrations, and organizations.
- **Interpersonal-level perceptions:** perceptions by the partner, family members, and friends that have the most immediate and direct impact on the individual. This includes schoolmates.
- **Intrapersonal-level perceptions:** perceptions by the individual, self-judgment, or negative feelings such as shame and guilt. This level includes not only individuals who have experienced an abortion and adolescent girls using contraceptives but also individuals such as abortion providers and supporters of those women (McCarthy, 1997).

As shown in Figure A, all five levels that inform perceptions about abortion in the conceptual framework are influenced and driven by legal context, cultural and religious beliefs, social norms and values, gender norms, and socioeconomic status. All these drivers are relevant when identifying consequences and solutions in relation to perceptions surrounding abortion.

Figure A: Conceptual framework on perceptions surrounding the termination of pregnancy



MATERIAL AND METHODS

2.0 Research design and variables

The research design that we used was a qualitative, cross-sectional study.

The variables in our research included;

1. Socio-Demographic characteristics of the respondent; gender, occupation, age, parity, residence, religion, marital status, level of education, and socioeconomic status.
2. Causes of abortion
3. Knowledge, beliefs, and attitudes towards abortion
4. Perceptions
5. Complications of abortion
6. Way Forward

2.1 Location of study

Kiambu County is a metropolitan area and one of the densely populated counties in Kenya. According to the 2019 Kenya Census data, it has a population of approximately 2.4 million people. The county boasts of several colleges and universities with a majority population of young adults aged 18-24 years.

2.2 Study population

We interviewed 200 participants. Age range between 18 to 24 years. Both male and female participants were included in the study. Criteria for inclusion included consent to participate in the research. The participants had to be aged between the age of 18-24 years and must hail from the study area. Exclusion criteria included clients who did not provide consent, individuals who did not hail from the study area, individuals aged less than 18 years and more than 24 years, participants aged 18-24 years of unsound mind at the time of data collection. Inclusion

and exclusion criteria play an important role in determining participants in the proposed study. The study sample must represent the target population for the findings of the study to be generalizable.

2.3 Sample technique and sample size determinants

All potential participants in the proposed study were selected through probability sampling, which gave them an equal chance of participating in the study. The probability sampling was carried out through cluster random sampling technique where the cluster is Kiambu county. The eligibility criteria for this cross-sectional qualitative study were young adults between the age of 18 to 24 years and those in Kiambu county. The participants provided informed consent (Appendix A) indicating they voluntarily were willing to participate in the study. Researchers administered face to face questionnaires for this study.

2.4 Construction of research instrument

We developed self-administered questionnaires and researcher assisted interviews guided by a questionnaire to collect data for the research (Appendix B). We incorporated the questionnaire in our study to evaluate perceptions towards termination of pregnancy among young adults aged 18-24 in Kiambu county, Kenya. As the research topic is highly sensitive, we ensured confidentiality to the participants of the questionnaire.

2.5 Pilot study and pre-testing

Our research questionnaire was conducted face to face, the pre-testing questionnaire was subjected to a small group of young adults between the age of 18 to 24 ranged from 5 participants to 15 participants at Kenyatta University. We also considered diversity in social economic backgrounds in our participants of the questionnaire. The testers were asked to complete the survey and think out loud, and their responses were recorded which provided us a detailed review of the pre-test results. On our pilot study, the study was conducted in various locations, that included

Kenyatta University, Kiambu County Level 5 hospital and Kiambu County, the sampling population ranged between 30 to 50 participants which was useful in identifying our pre-testing problems and improving on our research survey.

2.6 Reliability and Validity of The Study

Credible research must have high reliability and validity. Additionally, the study must be sound in relation to using the appropriate methods to be reliable and valid. Qualitative research presents challenges in proving research rigor due to the lack of a standard tool for validating credibility because findings are merely a collection of personal opinions. To realize valid and credible results, our research;

1. Acknowledged and accounted for biases in the study
2. Ensured data interpretation was meticulous and genuinely reflected participants' views.
3. Demonstrated data analysis clarity and utilized appropriate interpretation tools.
4. Respondent validation was provided to verify the interview responses.

2.7 Data Collection Technique

The data collection technique employed for the study consisted of a self-administered questionnaire and researcher-assisted interviews guided by our self-designed questionnaire. The self-administered questionnaire allowed privacy and confidentiality of data provided because of the negative perceptions surrounding termination of pregnancy in the community. Moreover, researchers assisted participants with reading and comprehending challenges to fill the questionnaire by asking the questions in the questionnaire using a non-judgmental and indiscriminate tone to avoid researcher bias. Interviews are valuable tools in qualitative studies to gain a person's subjective opinions and motivations (Busetto et al., 2020). Our interviews were semi-structured using open-ended questions guided by a questionnaire.

2.8 Data analysis

Data analysis refers to the process of transforming, cleaning, inspecting and modeling data with the aim of bringing out valid information, facilitating decision-making and giving suggestions and conclusions. Data analysis will be carried out in consultation with my supervisors.

Interview was analyzed and transcribed utilizing qualitative content and thematic analytic methods adopted from grounded theory. Interim analysis will ensure that the observed incidence and the expected incidence do not differ much. Data from the audit tool was entered and analyzed using the Statistical Package for Social Science (SPSS), data analysis software (Version 20). Proportions and frequencies will be used to describe and classify data. Standard deviation and mean will be used for continuous data. Descriptive statistics allows the researcher to categorize data in an expressive way to enhance their better understanding. The descriptive statistical approach will be adopted in the analysis of data. The variables will be measured to bring sense out of the data.

2.9 Ethical Considerations

One of the main components of protecting informants who are participating in research is giving them assurances that their personal data will be protected. These assurances include allowing the participants to remain anonymous, keeping information confidential, and protect the privacy of the participants (Haddad and Geiger, 2018). In most of the instances, the terms anonymity, confidentiality, and privacy are used interchangeably, however, in reality these concepts differ and require different levels of participant protection.

Our main focus in the research project was to protect the anonymity of the research participants. We ensured that we didn't gather any personal identifiers either direct or indirect that would associate responses to a particular individual. Participants were identified by a number

accompanied with demographic information such as their age and gender. This ensured that their identity remained anonymous. Privacy involves protecting the rights of a participant to have control over access to their participation in the study such as circumstances, timing, and extent (Barrow et al., 2021).

When addressing privacy consideration, we carefully put into consideration how we approached a potential participant, the right circumstances and the settings where we might contact the participants, and where to collect information about participants. For instance, we did not inquire personal or sensitive information about a participant in a public setting rather we ensured that we collected personal or sensitive information in a private space where our discussion cannot be overheard or observed by others. We also limited the information collected to what is needed for research purposes and collected information from a participant once informed consent had been obtained. The participants voluntarily participated in the study and were allowed to withdraw from the study at any time they wished.

RESULTS

3.0 Sociodemographic characteristics

A total of 200 respondents participated in the research study and their responses recorded. The distribution of the respondents according to their sociodemographic characteristics is listed on table 4.1 was such that of the 200 participants, females were 122 and male were 78, therefore giving a percentage of 61% and 39% respectively. The majority of the respondents was students (140), and employed (47), and unemployed (13), which translates to 70% for students, 23.5% for employed and 6.5% were unemployed. Those who were single 176 (88%), these compared to 12% for those who were married. The majority of the respondents (168) say to have schooled to tertiary level of education. With 29 having completed secondary and 2 having only schooled to the primary level, giving rise to 84.4%, 14.5%, and 1% respectively. The youngest respondent was 18 and the oldest was 24, with a recorded mean age of 21.73 years.

Table 3.1 sociodemographic characteristics of the respondents

Sociodemographic characteristics	Sub-characteristics	Frequency	Percentage
Gender	Female	122	61
	Male	78	39
Age	18-20	59	29.5
	21-22	61	30.5
	23-24	80	40
Marital status	Single	176	88
	Married	24	12

Level of education	Primary	2	1
	Secondary	29	14.5
	Tertiary	168	84.4
Occupation	Student	140	70
	Employed	47	23.5
	Unemployed	13	6.5
Residence	Urban	61	30.5
	Suburban	120	60
	Rural	19	9.5
Religion	Christian	163	81.5
	Muslim	26	13.0
	Other	11	5.5

3.1 Causes of TOP according to the respondents

A higher proportion of the respondents 95 (47.5%) believe that personal reasons push them to seek abortion services whereas, 33(16.5%) reported that they would carry out TOP due to medical reasons and 72 (36.0%) responded that they would carry out TOP due to socio-economic reasons. Majority of respondents 97(48.5%) reported that abortion services are not sought from qualified medical personnel while 86(43.0%) reported that abortion services are sought from qualified medical personnel and 17(8.5%) did not specify. The majority of the respondents (117) reported that young girls seek abortion services despite the known risks while 71 respondents reported that young girls do not seek abortion services due to the known risks. A major proportion of the respondents (55.5%) believed that abortion seeking services by young girls is influenced by

their level of education as compared to 36% of the respondents who believed that level of education does not influence abortion seeking services by young girls. 65% (130) of the respondents reported that they believed young girls seek abortion services from health workers compared to 35.0% (70) reported that young girls seek abortion services from non-health workers. A major proportion of the respondents (62.0%) reported that young girls seek abortion services from health centers while 37.5% reported that young girls seek abortion services from non-health centers.

Table 3.2 Causes of TOP according to the respondents

Variable	Characteristic	Frequency	Percentage
Reasons for TOP	Medical	33	16.5
	Socio-economic	72	36.0
	Personal	95	47.5
Abortion services from qualified medical personnel	Yes	86	43.0
	No	97	48.5
	Others	17	8.5
Engaging in TOP despite the risks	Yes	117	58.5
	No	71	35.5
	Others	12	6.0
Influence of level of education on TOP	Yes	111	55.5
	No	72	36.0
	Others	17	8.5

Personnel	Health worker	130	65.0
	Non-health worker	70	35.0
Methods of TOP	Medical	127	63.5
	Non-medical	73	36.5
Places of TOP	Health center	124	62.0
	Non-health center	75	37.5

3.2 Knowledge, attitudes and beliefs of respondents towards TOP

The respondents were assessed on their knowledge, attitudes and beliefs towards TOP and their attitudes towards various aspects of TOP. We used close-ended YES or NO or Others questions and their responses were recorded 151 (75.5%) of the respondents considered TOP a problem among young adults aged 18-24 years compared to 20 (10%) who did not consider TOP a problem among young adults, while 29 (14.5%) did not specify their response. 151 (75.5%) of the respondents have never had TOP, while 49(24.5%) have had an abortion. A higher proportion of the respondents 148 (74%) would have an abortion due to the known risks compared to 23 (11.6%) who would not have an abortion despite its known risks. 111

(55.5%) of the respondents believe that TOP should be legalized in the society, whereas 89 (45.5%) believe TOP should be illegal in the society.

Table 3.3 Knowledge, attitudes and beliefs of respondents towards TOP

Variable	Characteristic	Frequency	Percentage
TOP considered a problem among young girls	Yes	151	75.5
	No	20	10.0
	Others	29	14.5
Abortion done on respondent	Yes	49	24.5
	No	151	75.5
TOP a common problem in society	Common	162	81.0
	Not common	36	18.0
Consideration of risks of abortion	Yes	148	74.0
	no	23	11.6
	Others	28	14.1
Legal position	legal	111	55.5
	illegal	89	45.5

3.3 Perceptions of the respondents towards TOP

Majority of the respondents (78.0%) reported their religion backgrounds do not support TOP compared to 21.5% of the respondents whose religious backgrounds supported TOP. 44.0%

of the respondents reported that fear of arrest was the major reason why young girls would seek abortion services in unauthorized places while 42.0% of respondents reported that high cost of abortion services was the reason young girls went to unauthorized clinics whereas 10.0% believed the unauthorized clinics helped the young girls more than public hospitals and 4.0% did not have a response. 51.5% of the respondents reported that TOP is not culturally accepted in the society while 33.5% of the respondents reported that TOP is culturally accepted in the society while 15.0% of the respondents had no response. 63.5% of the respondents believed that TOP is morally wrong while 26.0% of the respondents believed that TOP is morally ok while 10.5% did not give a response. 78.0% of the respondents reported that TOP is a serious issue in the society compared to 15.0% of the respondents do not believe TOP is a serious issue in the society while 7.0% of the respondents did not give a response. A major proportion of the respondents (71.5%) reported that TOP is more among unmarried people compared to 15.5% of the respondents reported TOP is more among married people whereas 13.0% of the respondents did not have a response. 40.0% of the respondents reported that herbal medications are not used in TOP while 23.5% of the respondents reported that herbal medications are used in TOP whereas 36.0% of the respondents did not have a response. 43.0% of the respondents reported that the man is not involved in abortion seeking services which goes in hand with 47.0% reported men's decision isn't needed in TOP while 31.5% of respondents reported that men are involved in TOP and 31.0% of the respondents reported that men's decision is needed in TOP. 75.5% of the respondents reported that young girls suffer physical complications of TOP while 49.0% of the respondents reported that young girls suffer psychological complications of TOP.

Table 3.4 Perceptions of the respondents towards TOP

Variable	Characteristic	Frequency	Percentage
Support of TOP by religion standing	Yes	43	21.5
	No	156	78.0
Law in Kenya	Illegal	94	47.0
	Legal	106	53.0
Unauthorized places of abortion vs public hospitals	High cost	84	42.0
	Fear of arrest	88	44.0
	Unauthorized clinics help many people	20	10.0
	Don't know	8	4.0
Cultural acceptance of TOP in the society	Yes	67	33.5
	No	103	51.5
	Don't know	30	15.0
Abortion is morally wrong	Yes	127	63.5
	No	52	26.0
	Don't know	22	10.5
TOP a serious issue in society	Yes	156	78.0
	No	30	15.0
	Don't know	14	7.0
	Yes	143	71.5

Prevalence of TOP among unmarried people	No	31	15.5
	Don't know	26	13.0
Herbal medicines in TOP	Yes	47	23.5
	No	80	40.0
	Don't know	72	36.0
The man exclusively makes decision on TOP	Yes	62	31.0
	No	94	47.0
	Don't know	44	22.0
Man's decision needed in getting an abortion	Yes	62	31.5
	No	94	43.0
	Don't know	44	25.5
Complications of abortion	Physical	151	75.5
	Psychological	49	24.5

3.4 The way forward according to respondents

A major proportion of the respondents (66.5%) reported that sex education would curb abortion seeking services while instilling more values and proper parental guidance were other ways of preventing TOP with 17.0% and 16.5% of the respondents respectively reporting the other ways. 71.0% of the respondents reported that contraceptive use would prevent TOP while 10.0% of the respondents believe contraceptive use would not prevent TOP and 18.5% did not respond. 55.0% of the respondents want TOP to be legalized while 33.5% of the respondents want TOP to be illegalized and 11.5% of the respondents had no response.

Table 3.5 The way forward according to respondents

Variable	Characteristics	Frequency	Percentage
How to prevent TOP according to respondents	Sex education	133	66.5
	Instilling more values	34	17.0
	Proper parental guidance	33	16.5
Contraceptive use in prevention of TOP	Yes	142	71.0
	No	20	10.0
	Others	37	18.5
Perception of TOP legalization	Yes	110	55.0
	No	67	33.5
	Others	23	11.5

3.5 Outcome variable: Society legalization of termination of pregnancy according to respondents

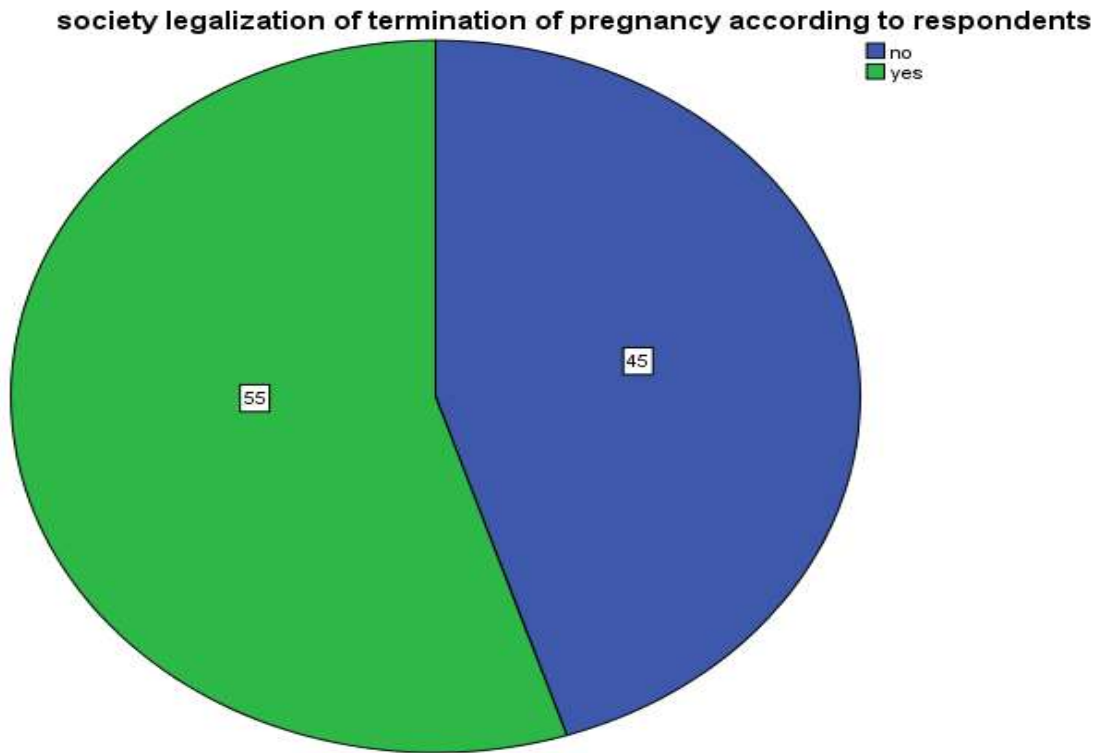


Figure 2: Green/legalization of TOP (55%), blue/TOP should not be legalized (45%)

Perceptions towards termination of pregnancy were heterogenous and 55% of the respondents wanted abortion to be legalized compared to 45% of the respondents who did not advocate for legalization of TOP. The results demonstrated significant rural, sub-urban, and urban differences towards the legalization of termination of pregnancy, especially urban respondents who advocated for the legalization of termination of pregnancy. Additionally, the majority of the single people advocated for legalization of termination of pregnancy.

3.6 Demographic characteristics

From the table there was no p value that was significant difference in the social demographic characteristics and the perception of the society on legalization of abortion. Therefore, age, gender, level of education, religion, occupation, residence and marital status do not affect individuals' perception on termination of pregnancy.

Table 3.6: Demographic characteristics

Demographic characteristics		Society legalization				
		No	Yes	X ²	df	P value
Age	18-20	31	28	5.503 ^a	6	0.481
	21-22	29	32			
	23-24	30	52			
Gender	Female	49	73	2.596 ^a	1	0.086
	Male	41	37			
Level of education	Primary	1	1	0.370 ^a	2	0.831
	Secondary	12	18			
	Tertiary	77	91			
Religion	Christian	68	95	4.948 ^a	2	0.084

	Muslim	14	12			
	Others	8	3			
Occupation	Student	67	73	1.949 ^a	2	0.377
	Employed	17	30			
	unemployed	6	7			
Residence	Urban	23	38	2.062 ^a	2	0.357
	Suburban	57	63			
	Rural	10	9			
Marital status	Single	80	96	0.122 ^a	1	0.726
	Married	10	14			

3.7 Causes Of TOP

The table below shows the relationship between causes of termination of pregnancy and society legalization of TOP. From the table, reasons for termination, the places of termination and the methods used to terminate the pregnancy influenced one's decision on the legalization of abortion. However, whether abortion was procured from medical personnel, terminating pregnancy despite knowing the risk and the level of education did not influence one's decision on termination of pregnancy.

Table 3.7: Causes of TOP characteristics

Causes of TOP characteristics		Society legalization				
		No	Yes	X ²	df	P value
Reasons for TOP	Medical	6	27	11.489 ^a	2	0.003
	Socio-economic	36	36			
	Personal	48	47			
Abortion services from qualified medical personnel	Yes	30	60	6.239 ^a	2	0.12
	No	56	54			
Engaging in TOP despite the risks	Yes	48	42	1.799 ^a	1	0.180
	No	69	41			
Influence of level of education on TOP	Yes	46	44	1.276 ^a	1	0.259
	No	65	45			
Personnel	Health worker	53	77	2.686 ^a	1	0.101
	Non-health worker	37	33			

Methods of TOP	Medical	50	77	4.456 ^a	1	0.035
	Non-medical	40	33			
Places of TOP	Health centre	47	77	7.412 ^a	2	0.025
	Non-health centre	42	33			

3.8: Knowledge, attitudes and beliefs characteristics

Table 4.8 shows the participants knowledge, attitudes and characteristics about the perception on termination of pregnancy. The P values of whether young people will consider termination of pregnancy despite knowing the risks is significant.

Table 3.8: Knowledge, attitudes and beliefs characteristics

Knowledge, attitudes and beliefs characteristics		Society legalization				
		No	Yes	X ²	df	P value
TOP considered a problem among young girls	Yes	67	84	0.099 ^a	1	0.754
	No	23	26			
Abortion done on respondent	Yes	18	31	1.791 ^a	1	0.181
	No	72	79			

TOP a common problem in society	Yes	77	85	2.207 ^a	1	0.137
	No	13	25			
Consideration of risks of abortion	Yes	75	73	6.923 ^a	1	0.009
	No	15	36			
Legal position	Legal	45	66	2.004 ^a	1	0.157
	Illegal	45	44			

3.9: Perceptions towards TOP

The table below (table 4.9) shows the relationship between perceptions towards termination of pregnancy and society legalization of TOP. From the table, society legalization of TOP bears a significant relationship with religion (P value 0.001), cultural (P value 0.000), and moral perspectives (P value 0.001) towards the termination of pregnancy.

Table 3.9: Perceptions towards TOP

Perceptions towards TOP		Society legalization				
		No	Yes	X ²	df	P value
Support of TOP by religion standing	Yes	10	33	10.688 ^a	1	0.001
	No	80	76			
Law in Kenya concerning TOP	Yes	45	49	0.591 ^a	1	0.442
	No	45	61			

Reasons for choice of unsafe places for TOP services	High cost	34	50	1.635 ^a	2	0.441
	Fear of arrest	44	44			
	Unauthorized clinics help many people	12	16			
Cultural acceptance of TOP in the society	Yes	18	49	13.387 ^a	1	0.000
	No	72	61			
Morality	Legal	68	59	10.261 ^a	1	0.001
	Illegal	22	51			
TOP is a serious issue in society	Yes	68	88	0.570 ^a	1	0.450
	No	22	22			
Prevalence of TOP among unmarried people	Yes	62	81	0.547 ^a	1	0.459
	No	28	29			
Herbal medicines in TOP	Yes	20	27	0.149 ^a	1	0.700
	No	70	83			
Man exclusively makes decisions on TOP	Yes	24	38	1.437 ^a	1	0.231
	No	56	72			

Woman needs permission from the husband to terminate pregnancy	Yes	22	41	3.375 ^a	1	0.052
	No	68	69			
Commonly recognized complications of TOP	Physical	66	85	0.415 ^a	1	0.159
	Psychological	24	25			

3.9.1 Way forward according to respondents

The table below (3.9.1) shows the relationship between the way forward towards preventing termination of pregnancy and society legalization of TOP. From the table, the majority of the participants recommended sex education and contraceptive use towards termination of pregnancy.

Table 3.9.1: way forward towards TOP according to respondents

Way forward characteristics		Society legalization				
		No	Yes	X ²	df	P value
Mitigation strategies towards preventing TOP	Sex education	55	78	2.503 ^a	2	0.286
	Instilling more values	19	15			
	Proper parental guidance	16	17			

Contraceptive use in prevention of TOP	Yes	48	94	24.805 ^a	1	0.000
	No	42	16			
	No					

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

4.1 Discussion

The purpose of the study was to describe the perceptions on termination of pregnancy among young adults aged 18-24 years seeking healthcare services in Kiambu level iv hospital. The study utilized 200 respondents, with 61% female and 39% male respondents. Our study found that abortion is a common practice among young adults seeking health services in Kiambu level iv hospitals. Of most respondents, 81.1% believe abortion is common, while 74% believe it is dangerous. Lack of knowledge on the dangers of abortion is why seeking abortion from non-medical centers leads to complications. The finding is consistent with previous research by Ziraba et al. (2015) that found that most abortions among young adults in Kenya are due to unintended pregnancies secondary to unmet contraceptive needs. Most of the respondents were aged 23-24, at 40%. Most respondents were Christians and single at 81.5% and 88%, respectively. Our study found that most respondents at 78% believed their religion did not support pregnancy termination, similar to research by Frohwirth et al. (2018) that concluded the interference of religiosity on the perceptions of abortion. Many religious individuals base their conclusions on the holy scriptures, which are all anti-abortion. Most of the respondents had at least tertiary education at 84.4%, which is significant in informing the perceptions on abortions. One of the study's goals was to find the relation between the level of education and the perception of abortion. Our study found that most young adults with tertiary education supported the legalization of pregnancy termination. Our study is in sync with a previous study by Ushie et al. (2019) that showed stigma on abortion practices was associated with low education, and high education is associated with pro-abortion and legalization. The reason why well-educated individuals are pro-abortion includes an increased understanding of the medical and social reasons for choosing abortion. Moreover, most

respondents believed people procured abortion for personal reasons, including unintended pregnancy, fear of career and school stagnation, and stigma from parents and the community. Although there are medical reasons for pregnancy termination, there are few, as supported by the respondents' responses.

Unsafe abortion is high in Kenya and the rest of developing sub-Saharan nations. Our study found that most respondents believed young adults procured abortion from medical health workers, which is not in line with the prevalence of unsafe abortion. Additionally, most respondents believed most abortions were conducted in healthcare centers which included public hospitals and clinics, which does not corroborate with previous research by Mohammed et., (2018) that concluded that most women and some healthcare providers in Kenya believe abortion is illegal and thus seek abortion services from unauthorized providers. Abortion is associated with many complications broadly classified as physical and psychological complications.

4.2 Limitations

1. The study participants were mostly students in tertiary institutions, which could influence the conclusions on legalizations drawn from the study.
2. A qualitative study with purposive sampling limits the generalization of the study results.

4.3 Conclusion

Our study concluded that most young adults support the legalization of abortion in Kenya. Those with negative attitudes fueled by religious bias and cultural morality do not recommend the legalization of abortion. Some factors affecting the perceptions of young adults on abortion include religion, societal stigma, level of education, and place of residence. Abortion is common in Kenya and is generally considered dangerous. Most abortions are due to unintended pregnancies and the fear of losing education and career among young adults who become pregnant.

4.4 Recommendations

Our research included a section on what respondents believed should be the way forward to reduce the effects of unsafe abortion among young adults in Kenya, and the following recommendations were drawn.

1. Sex education was forwarded as the best way to reduce unwanted pregnancy among young adults, and we thus recommend adopting sex education in the high school curriculum in all schools in Kenya.
2. The government and stakeholders on reproductive health should highlight the dangers of unsafe abortion through campaigns to raise public awareness.
3. The government and the judicial system need to articulate the stand of the constitution regarding the legality of abortion in Kenya since most young adults do not know the provisions of the constitution.

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