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Attitudes Towards Abortion and Their Implications Towards Good Health and Well-being Among Catholic Members of the Central Deanery of Kitui Diocese

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Abstract

This article explores how the Roman Catholic Church's (RCC) teaching that all life is sacred from conception until natural death influences members' attitudes towards taking innocent human life, whether unborn or born. The study examines attitudes towards abortion among Catholic members of the Central Deanery of Kitui Diocese. The research employed a mixed-methods design to gather detailed qualitative and quantitative data from the sampled population. A case study approach was used to enhance the validity and credibility of the qualitative and quantitative data obtained. This method enables a comprehensive exploration of the complex social and cultural factors that shape attitudes towards abortion within the Catholic community. The study is guided by social contract theory. Data were collected through key informant interviews, focus group discussions, questionnaires, and a review of relevant literature. The analysis provides insights into attitudes towards abortion in relation to good health and well-being among parishioners. It highlights how different perspectives on religiosity, religion, and spirituality influence attitudes towards abortion and their impact on spiritual, legal, and medical dimensions. The study contributes to contemporary social contract theory by showing that members of society have reasons to endorse and adhere to the fundamental social rules, laws, institutions, and principles. Social contract theory holds that (moral, political, legal, etc.) rules can be rationally justified and are significant for individual and societal well-being. Like political authority and legitimacy, religious authority and legitimacy arise from implicit and explicit agreements among the faithful to form a religious community to secure mutual protection, order, and the common good. In this context, the social teachings of the RCC and Kenyan law inform the attitudes of individuals who choose to abide by them. It can be concluded that, as social animals, humans welcome initiatives that involve them in addressing societal challenges with knowledge and understanding. Good health and well-being are common goods that underpin the social teachings of the RCC and therefore shape attitudes towards abortion.

Keywords: Abortion, Attitudes, Credibility, Social Contract, Well-Being

1.0 Introduction

The Roman Catholic Church teaches that “human life is sacred because from its beginning it involves the creative actions of God and it remains forever in a special relationship with the Creator, who is its sole end” (Mele, 2011). In addition to teaching that abortion is immoral, the Roman Catholic Church (RCC) generally issues public statements and takes actions opposing its legality. The RCC has been very clear about the protection of the unborn child’s life and has

condemned direct abortion, which is the intentional interruption of pregnancy with the purpose of eradicating the embryo or foetus.
The RCC participants with pro-life attitudes towards terminating pregnancy describe the start of life as beginning at conception, with the majority supporting the view that life begins at conception (Elizabeth, 2020). They believe abortion is morally wrong because human life begins at conception. They may make an exception if the abortion is necessary to save the mother's life (the principle of double effect), provided all efforts to save the foetus have been made.

The World Health Organization (2024) reports that six out of ten unintended pregnancies result in induced abortions, a common health intervention. Globally, abortion poses a threat to public health (Alhassan et al., 2016), accounting for 13% of maternal mortality and thus regarded as the primary short- and long-term health issue for women (Espinoza et al., 2020). In Kenya, high morbidity and mortality rates among women are mainly caused by abortion (Ministry of Health, 2013). Compared with other East African countries, Kenya's rates of severe abortion complications and fatality from such complications remain disproportionately high (Jones *et al*., 2014).

The current study by the Ministry of Health (MOH) and the African Population and Health Research Center (APHRC) (2025) on abortions in Kenya reveals alarming statistics. Kenya recorded 2.85 million pregnancies, of which 1.4 million (49%) were unintended. Of these unintended pregnancies, 79,200 (56%) ended in induced abortion. This equates to 57 abortions per 1,000 women of reproductive age (15-49). The study on abortion incidents and the severity of post-abortion complications in Kenya indicates that at least 79% of abortions performed in the country are among married women around the age of 25 (MOH, 2025).

This study explored attitudes towards abortion and their implications for good health and well-being, using the Catholic Central Deanery of Kitui Diocese as a case study in Kitui County, Kenya. According to Kramon *et al.* (2019), attitudes influence people's choices and actions. Attitudes vary in degree from person to person. They are action tendencies that can either facilitate or hinder actions, such as procuring an abortion. (An attitude is a hypothetical construct representing specific underlying response tendencies.) People's attitudes develop differently, and everyone appears to behave differently in particular situations (Ayalew *et al.,* 2014).

Worldwide, society remains divided over abortion because this medical procedure raises extensive ethical, moral, and religious issues. The Catholic Church shows the strongest opposition due to its religious decrees and cultural traditions (Schwarz & Horvath, 2015). In defined scenarios that protect maternal health, Ojiambo (2021) states that the Catholic Church upholds its doctrine forbidding abortion, thus consistently opposing this practice. Despite the widespread presence of Catholic beliefs, cases of abortion are evident. The research question was to what extent believers of the RCC of the Central Deanery are informed about the implications of their attitudes towards abortion, good health, and well-being. The research was set to examine attitudes towards abortion and their implications for health and well-being among Catholic members of the Central Deanery of the Kitui Diocese.

2.0 Contextual Analysis

The concept of abortion, as understood across various religious and cultural perspectives, is a highly debated topic, especially within the context of Catholic social teaching (CST). The Catholic Church firmly maintains that human life is sacred from conception to natural death. The Church's central doctrine emphasizes the protection of human dignity, and it takes a clear stance that abortion is immoral because it directly involves the destruction of innocent human life.

The Catholic Church's teachings on abortion are grounded in its belief in the sanctity of human life. The Church holds that life begins at conception and must be protected from that moment onwards. This doctrine rests on the belief that every human being is created in the image of God and therefore deserves respect and protection (Mele, 2011). The Church's teachings on abortion, as promulgated by Pope John Paul II in 1992, assert that abortion is an intrinsic evil.

The Catholic Church's opposition to abortion extends beyond moral teaching; it also shapes social policy and legislation. The Church consistently advocates policies that restrict abortion, urging both governments and religious communities to uphold the sanctity of life. In this way, the Church's stance on abortion aligns with broader principles of social justice, advocating the protection of vulnerable lives, including those of the unborn (Mele, 2011). The Church's teachings further emphasize that individuals, particularly within Christian communities, should promote alternatives to abortion, such as adoption, and support women facing difficult pregnancies.

The current research examines attitudes towards abortion within the Catholic community of the Central Deanery of Kitui Diocese and explores how these attitudes influence health outcomes. It seeks to understand the implications of these attitudes for individual and community health, taking into account the teachings of the Catholic Church and the broader societal context. This study contributes to the discourse on abortion by examining the intersection of religious beliefs, cultural values, and health outcomes, with the aim of fostering a deeper understanding of the issue and informing public health strategies.

Mohamed et al. (2015) note that the Roman Catholic Church in Kenya strongly opposes abortion, even in cases permitted by constitutional law, such as when the mother's life is at risk. The Church has been actively engaged in legal and policy debates, resisting any provisions that would expand abortion rights. The Kenyan Conference of Catholic Bishops has frequently issued statements condemning the practice and advocating policies that promote maternal health without legalizing abortion (Kenya Conference of Catholic Bishops, 2018).

The Catholic Church, which comprises about 20% of Kenya's population, maintains a firm anti-abortion stance, considering abortion morally unacceptable (Kibicho, 2015). This position significantly shapes public opinion and policy-making. For instance, during the drafting of Kenya's Constitution in 2010, powerful Churches, including the Catholic Church, opposed provisions they believed could legalize abortion (Obonyo, 2010).

More recent studies conducted by the Ministry of Health (MOH) in collaboration with the Kenya Medical Association (KMA), the Federation of Women Lawyers in Kenya (FIDA-K), and Ipas Africa Alliance (IPA) indicate that about 316,560 abortions are performed in Kenya each year, causing an estimated 20,000 women to be hospitalized with related complications. This translates into a daily 'abortion rate' of about 800 procedures and the death of 2,600 women every year (Ziraba et al., 2015). These statistics reveal the profound public health crisis caused by abortions, particularly the physical and psychological consequences that women face due to societal stigma and lack of access to proper reproductive health services. The current study contributes to knowledge by linking attitudes towards abortion to the actions they influence. The World Health Organization (2024) reports that six out of ten unintended pregnancies result in induced abortions, a common health intervention. An abortion performed according to WHO recommendations by an expert with suitable skills for the pregnancy stage remains highly safe. Pharmaceutical and unsafe

methods of abortion account for approximately 45% of all unsafe abortions, which stand as a major preventable source of maternal problems leading to death. The proportion of abortion deaths per 100,000 procedures is more than 1/100,000 in developed countries and 330/100,000 for developing countries, in which Africa alone averages 680/100,000 (Singh et al., 2010). Worldwide, abortion poses a threat to public health (Alhassan et al., 2016), accounting for 13% of maternal mortality, and is hence regarded as the primary short- and long-term health problem in women (Espinoza et al., 2020).

The study sought to examine attitudes towards abortion and their implications for good health and well-being among Roman Catholic adherents of the Central Deanery of Kitui Diocese. It linked attitudes to action in decision-making on abortion. It asked questions related to RCC social teachings and their application to the question of abortion, members' awareness of the social teaching, and the attitudes and their implications for good health and well-being. To achieve the study's objectives, the social contract theory was adopted.

According to Muldoon (2016), social contract theory in ethics and law enforcement holds that a society without rules and laws governing our actions would be a dreadful place to live. A society without rules is like living in a "state of nature". In such a state, people would act independently, without any responsibility to the community. Life in the "state of nature" would be Darwinian, with the strongest surviving and the weak perishing. This means that people would resort to unlawful means to survive, including attacking others before being attacked themselves (Reijers *et al.,* 2016). With rules in place, people feel protected against attack. Using social contract theory, this research addressed questions about law and its application to abortion. It also helped determine whether people in society were aware of the law relating to abortion and the consequences for those who break it. For a Christian community, biblical literacy enhances awareness and expectations of a significant life and community (Mwangi, 2025).

According to the World Health Organization (2019), abortion is a leading cause of death among women in Sub-Saharan Africa. Studies consistently highlight that abortion remains a critical health issue in many regions, especially in developing countries, where access to abortion procedures is limited. Eatorn (2017) reports that one in every ten women seeking abortion-related care in Kenya has had a previous abortion. This trend underscores the cyclical nature of unsafe abortion practices,

where inadequate contraception and education lead to repeated procedures. Eatorn suggests that post-abortion care service providers must ensure that women clients receive contraceptives, counseling, and effective pregnancy prevention methods before discharge from healthcare facilities to prevent unintended pregnancies that may result in subsequent abortions (Eatorn, 2017). This highlights the importance of integrating family planning services into post-abortion care as a preventive measure to reduce future risks. The research provides limited information on knowledge and attitudes towards abortion among the members that this research addressed.

More recent studies conducted by the Ministry of Health (MOH) in collaboration with the Kenya Medical Association (KMA), the Federation of Women Lawyers in Kenya (FIDA-K), and Ipas Africa Alliance (IPA) indicate that about 316,560 abortions are performed in Kenya each year, leading to an estimated 20,000 women being hospitalized with related complications. This translates into a daily 'abortion rate' of about 800 procedures and the deaths of 2,600 women every year (Ziraba et al., 2015). These statistics reveal the profound public health crisis caused by abortions, particularly the physical and psychological consequences that women face due to societal stigma and lack of access to adequate reproductive health services. The current study contributes to knowledge by linking attitudes towards abortion to the actions that result from those attitudes.

The current study sought to connect state and non-state actors in realizing the 2015 SDGs. The SDGs, also known as the global goals, were adopted by the United Nations (UN) in 2015 as a universal call to action to end poverty, ensure good health and well-being, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The SDGs recognize that actions in one area affect outcomes in others and that development must balance social, economic, and environmental sustainability. Sustainable Development Goal 3, good health and well-being, primarily addresses social justice, aiming to eradicate poverty, including through the provision of abortion services and improvements in health conditions in developing countries (Oyiek et al., 2015). The Catholic Church is a major non-state actor. The Catholic Church in Kenya has 9.7 million members (Kimani et al., 2017). As such, it is worthwhile to examine attitudes towards abortion and their implications among the Catholic members of the Central Deanery of Kitui Diocese. Activities within the Catholic Church affect the realization of SDG Agenda 3.

Social contract theory explains how people, either implicitly or explicitly, agree to give up some individual freedoms in exchange for benefits such as order, rights, and well-being. Applied to abortion, it explains why attitudes differ and what that means for health and well-being. On the autonomy side, the contract protects bodily autonomy and personal decision-making, which are part of liberty, while on the collective welfare side, it protects public health, fetal life, and social stability. Its implications can lead to policies favoring legal, safe abortion, linked to lower maternal mortality and morbidity. On the other hand, the theory is applicable to religion as a social institution.

The social contract frames abortion not only as a legal issue but also as a negotiation over what society owes its members to ensure health and well-being. Attitudes towards abortion reveal what a group prioritizes in that negotiation: individual autonomy, collective morality, or public health outcomes. The implications for health are direct. The closer a policy is to ensuring safe, equitable care, the better the outcome for SDG3 on good health and well-being. This study applies social contract theory to examine the interplay among religious institutions, their adherents, and societal norms, particularly regarding abortion. The Catholic Church's teachings, which strongly oppose abortion, align with social contract principles by emphasizing adherence to moral laws that uphold societal and familial integrity (McKinley, 2018). This perspective emphasizes conformity to religious doctrines as a means of maintaining social harmony and moral order, a view reinforced by the Church's influence on public opinion (O'Connell, 2017).

3.0 Methodology

This study employed a descriptive mixed-methods design to explore attitudes towards abortion and their implications for good health and well-being among Catholic members of the Central Deanery of Kitui Diocese. The descriptive approach was chosen because it allows a comprehensive examination of the social, cultural, and religious influences on abortion attitudes within the study population. The mixed-methods design is participant-centered; therefore, it gives voice to participants, highlighting their perspectives and lived realities while complementing qualitative data with quantitative data (Cohen *et al*., 2007).

The study's target population comprises members of three parishes in the Catholic Central Deanery of Kitui Diocese: Museve, Kasyala, and Boma. According to the Diocese's population data, the

three parishes have a combined total of 27,100 parishioners, comprising 13,058 males and 14,042 females (Kitui Diocese, 2020). This population is considered sufficient to provide a reliable representation of Catholic parishioners' attitudes in the region, and the segmentation ensures that the study captures diverse perspectives on this sensitive issue (Ochieng, 2021).

The study used purposive and stratified random sampling to ensure adequate representation of subgroups within the population in the final sample. The study population was divided into four strata based on gender, age, and influence over church members on church-related matters, with a particular focus on the research question. These four groups are integral to the church's operations, as they are functional groups within the RCC. These are the Catholic Women's Association (CWA), the Catholic Men's Association (CMA), the Catholic Youth Association (CYA), and the church and community leadership. These groups were selected because they represent distinct demographic segments of the population, each with unique views on abortion, shaped by gender, age, and social roles (Ochieng & Gikonyo, 2019). Stratified random sampling improved the sample's representativeness and accuracy by ensuring that all key subgroups (strata) within the population were proportionally represented.

Purposive sampling was used to select Roman Catholic religious leaders (priests, deacons, religious sisters, and Catholic brothers), health practitioners in mission-sponsored facilities in the Central Deanery, and government officials (police officers). In this purposive sampling approach to selecting key informants, a critical case technique was used because the individual case met the required respondent profile and, by examining it, insights into similar cases were gained (Creswell & Poth, 2018). Purposive sampling enabled the study to deliberately select 22 leaders from the three parishes who were most relevant to the research question, ensuring that the data collected were rich, meaningful, and directly aligned with the study's aims. To complete the purposive sample, three medical practitioners and three police officers were included, bringing the purposive sample to twenty-two.

The study used multiple tools for data collection to ensure a thorough and reliable examination of attitudes towards abortion among Catholic members of the Central Deanery of Kitui Diocese. The main tools employed were structured questionnaires, in-depth interviews, and focus group discussions; each was chosen to address the research questions and to obtain rich data from various

groups and respondents. The data collected from the research instruments were analyzed using a combination of descriptive statistics and thematic analysis. Data from the structured questionnaires were entered into SPSS for analysis. Descriptive statistics, including frequencies, percentages, and mean scores, were used to summarise respondents' awareness and attitudes towards abortion across different demographic groups. This provided an overview of the data's general trends, highlighting key patterns in participants' religious views, knowledge, and personal opinions on abortion.

As noted earlier, the qualitative data gathered through in-depth interviews and focus group discussions were analyzed using thematic analysis. The transcripts from the interviews and discussions were coded to identify recurring themes and patterns relating to religious beliefs, moral views, and the social implications of abortion (Braun & Clarke, 2019). The coding process was iterative, involving multiple stages of reading, categorizing, and refining the data to ensure that all important themes were captured accurately. Coding was significant because it transformed raw, messy textual or observational data into organized, meaningful categories, enabling the study to identify patterns, themes, and insights aligned with attitudes towards abortion (Mwangi, 2023).

Triangulation was used to enhance the reliability and validity of the analysis. By comparing results from questionnaires, interviews, and focus group discussions, the research ensured that the data collected supported consistent findings across data sources (Creswell & Poth, 2018). Triangulation was crucial because it strengthened the credibility, validity, and depth of the research findings by using multiple sources, methods, or perspectives.

Ethical approval was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI), under review board approval number 668736. This study adhered to the highest ethical standards in research and complied with national ethical guidelines. Informed consent was obtained from all participants, with clear explanations of the study’s purpose, procedures, and potential risks. Participants were assured that their involvement was voluntary and that they could withdraw at any time without consequences (Creswell & Poth, 2018). Adhering to the highest ethical standards in qualitative research was essential to protect participants, ensure the credibility of findings, and uphold the integrity of scholarship. Given the research’s focus on people's lived experiences, personal narratives, and sensitive contexts, ethical rigor was not optional—it was fundamental (Mwangi, 2023).

The sample size is determined using Andrew Fisher's Formula (Poll, 2021).

Confidence level:80% (Z-score = 1.28)

Margin of error: 5% (e = 0.05)

Population proportion: 50% (p = 0.5)

Using the formula for sample size calculation:

$$n = \frac{Z^2 \cdot p \cdot (1-p)}{e^2}$$

Substituting the values:

$$n = \frac{1.28^2 \cdot 0.5 \cdot 0.5}{0.05^2}$$

$$n = \frac{1.6384 \cdot 0.25}{0.0025} = \frac{0.4096}{0.0025} = 163.34$$

This yields a sample size of 163 respondents, which confirms the required sample size for adequate statistical reliability.

Step 1: Determine the Proportions for each Parish

The combined population of all three parishes is 27,100. The parish populations are,

- Museve Parish: 9,000
- Kasyala Parish: 7,000
- Boma Parish: 11,100

The sample size was 163 respondents, distributed in proportion to each parish's population relative to the total population. To get the proportions for each parish, the formula below was used,

$$\text{Proportion of parish} = \frac{\text{Parish population}}{\text{Total population}}$$

For each parish, the sample size was calculated as follows,

1. Museve Parish,

$$\frac{9{,}000}{27{,}100} = 0.331 \text{(proportion of total population for Museve)}$$

2. Kasyala Parish,

$$\frac{7,000}{27,100} = 0.258 \text{(proportion of total population for Kasyala)}$$

3. Boma Parish,

$$\frac{11,100}{27,100} = 0.409 \text{(proportion of total population for Boma)}$$

Step 2: Apply Proportions to the Total Sample Size

Next, the study applied these proportions to the total sample size of 163 respondents.

For each parish,

1. Museve Parish,

$$163 \times 0.331 = 53.9 \text{(round to 54 respondents)}$$

2. Kasyala Parish,

$$163 \times 0.258 = 42.1 \text{(round to 42 respondents)}$$

3. Boma Parish,

$$163 \times 0.409 = 66.7 \text{(round to 67 respondents)}$$

This gives the rounded total number of respondents for each parish,

- Museve: 54 respondents
- Kasyala: 42 respondents
- Boma: 67 respondents

Table 1: Sampling Framework

Segmented Population	Segmented Sample	CWA	CMA	CYA	Total

Museve Parish	8/11 Churches	18	18	18	54
Kasyala Parish	8/12 Churches	14	14	14	42
Boma Parish	16/20 Churches	22	22	23	67
Total	32/43 Churches	**54**	**54**	**55**	**163**

The research tools were employed with 185 sampled participants as follows: 32 respondents for in-depth interviews; 32 respondents for Focus Group Discussions (FGDs), divided into four focus groups; and 121 respondents for questionnaires. Of the 121 questionnaires distributed, 94 were returned for analysis. Three medical practitioners and three police officers were identified through purposive sampling, bringing the total number of respondents for in-depth interviews to thirty-two (32). In this regard, the sample comprises 32 in-depth interviews and 94 returned questionnaires, for a total of 126. When the 32 respondents from the FGDs are included, the sample size totals 158. For the analysis of open-ended questions, n=126. Triangulation of data from structured questionnaires, in-depth interviews, and FGDs ensures a more valid and reliable understanding of the research questions (Creswell & Poth, 2018).

4.0 Results and Discussion

4.1.1 Demographic Data of Respondents

The demographic data is essential for understanding respondents' characteristics and contextualizing their views on abortion. It is drawn from 32 in-depth interviews and 94 returned questionnaires, yielding a total of n = 126. The four focus group discussions are treated as four separate units.

Gender Distribution

The survey has an even distribution of male and female participants across both urban and rural parishes. Data show that male respondents account for 55% (69) of the total, with females making up the remaining 45% (57), as shown in Figure 1. This proportion ensures that the findings provide a balanced view of how men and women perceive abortion.

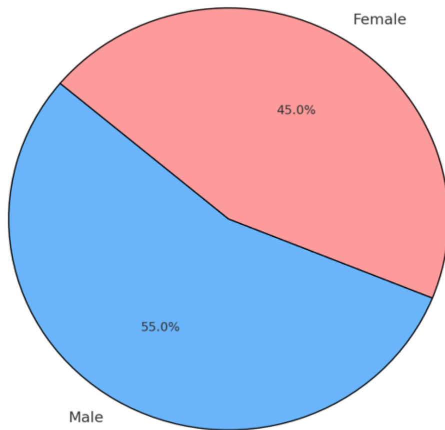


Figure 1: Gender distribution of respondents

Age Distribution,

Figure 2 shows that most participants, 45% (57) of all respondents, belong to the 25-39 age group, 20% (25) to the 40-44 age range, and 35.0% (44) to the 45+ age group (others). Most participants fall into the young adult and middle-aged categories, indicating varying levels of reproductive health knowledge and interest.

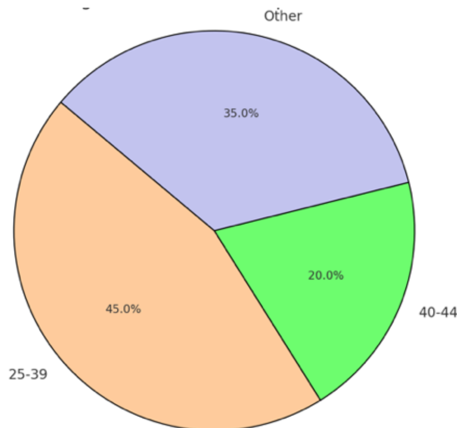


Figure 2: Age distribution of the respondents

Marital Status

The study data revealed that married participants formed the largest group at 50% (63), followed by single participants at 30% (38), as shown in Figure 3. A smaller segment comprises 20% (25) “others,” comprising divorced, separated, or widowed respondents. The poll's participant breakdown matches the actual demographics of the target audience and may influence abortion-related opinions regarding both family structure and Catholic religious principles.

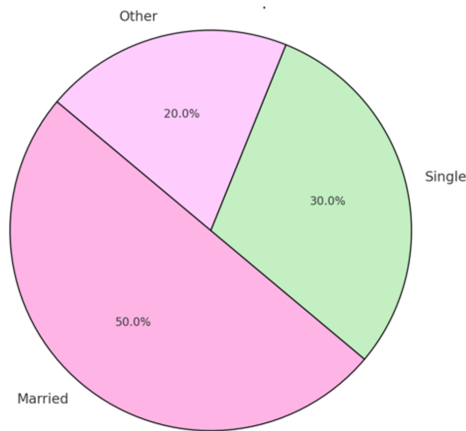


Figure 3: Marital status distribution

Employment Status

Figure 4 shows that employed individuals account for 60% (76) of the total sample, while the unskilled and unemployed account for 40% (50). The employment status data in Figure 4 indicate that a majority of respondents belong to a statistical segment that could affect their perception of financial aspects, prompting women to consider abortion. Economic stability could influence how respondents evaluate financial pressures in abortion decisions.

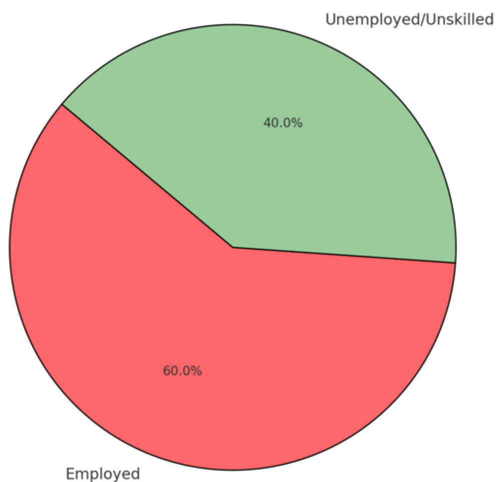


Figure 4: Employment status distribution

4.1.2 Attitudes Towards Abortion

This section presents respondents' general attitudes towards abortion, as well as how these attitudes are influenced by various factors. The responses are drawn from the in-depth interviews and the

questionnaires, thereby keeping the sample at 126. The responses were also compared with those from the focus group discussions.

4.1.3 General Attitudes Toward Abortion

Figure 5 shows that public opinion on abortion is largely negative, with "Negative" responses reaching 60% (76), while "Neutral" and "Positive" responses combined totaled only 40% (50). A majority of pro-choice "positive" responses, 20% (25), came from the urban dichotomy, suggesting greater awareness of women's reproductive rights and likely more exposure to reproductive health information. The traditional Catholic position on abortion is disapproved of, except in particular exceptional cases. The results indicate the significance of religious teachings, and in particular, Catholic religious teachings, in shaping attitudes towards abortion. One may not rule out the influence of other factors outside the church, as demonstrated by the urban population. The results, as presented in the figure, did not differ significantly from the responses from the focus group discussions.

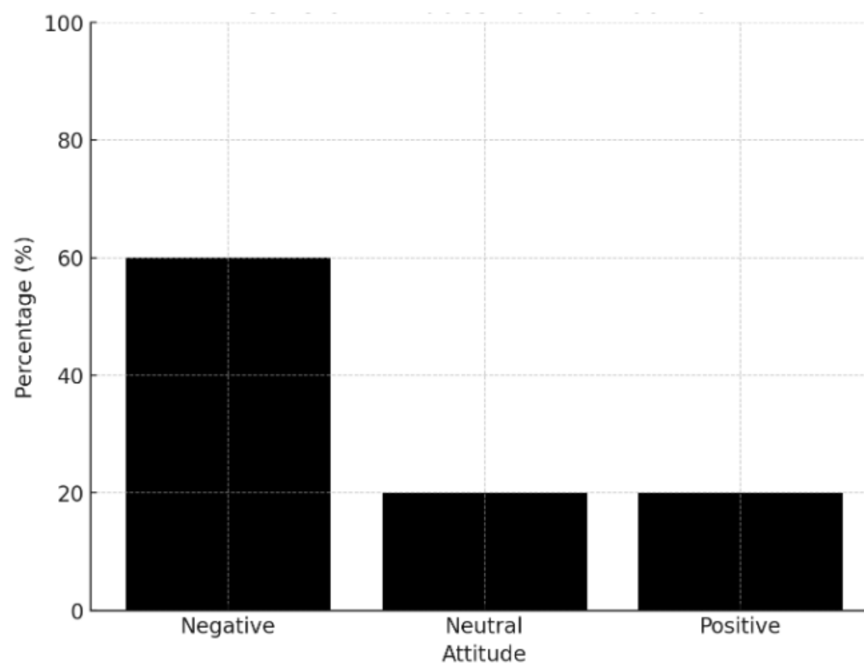


Figure 5: General attitudes toward abortion

Religious Leaders' Views

Sixteen religious leaders were sampled; five completed and returned questionnaires, three were interviewed, and eight participated in one of the focus group discussions. Since the focus groups

are treated as units in themselves, the sample (n) for the leaders is eight (8) in Figure 6. In Figure 6, the majority of religious leaders expressed a negative view of abortion, with 75% (6) identifying it as morally wrong, consistent with the teachings of the Catholic Church. One of them, 15% (1), took a neutral stance, while another 10% (1) was more lenient, showing some understanding of individual cases that may justify abortion. The focus group discussion devoted to the leaders did not present anything different in terms of attitudes towards abortion. The leaders would stand by the RCC teachings on the sacredness of human life. The leaders demonstrated a significant understanding of situations where abortion could be advised with the help of a medical practitioner. This understanding was seen to embrace what the constitution says about the protection of life and the lesser evil.

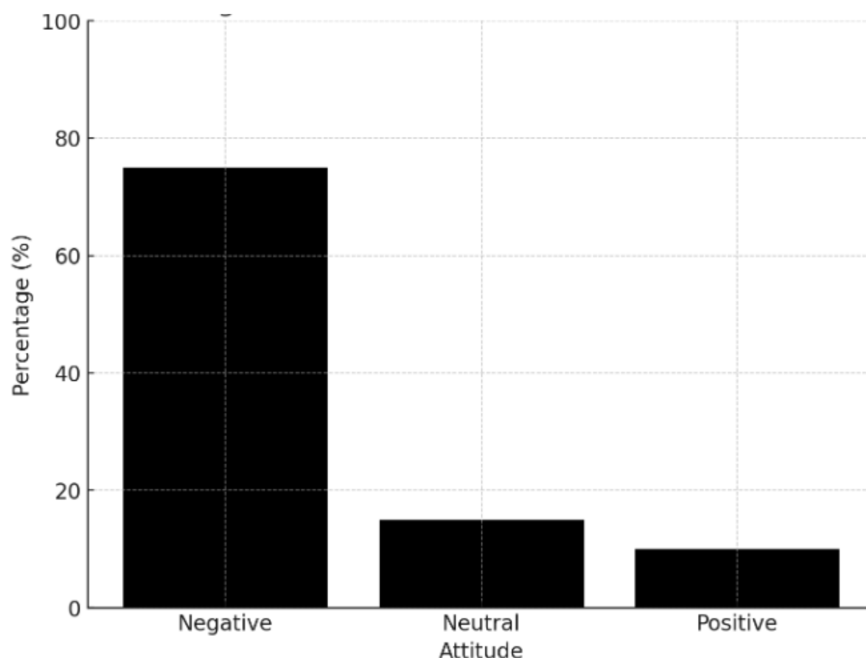


Figure 6: Religious Leaders' Attitudes Toward Abortion

Attitude towards Abortion by Marital Status

According to Figure 3 on marital status distribution, 50% (63) of the sample are married. Figure 7 shows that abortion is widely perceived as a problem among Church members across marital groups. More than half of married respondents (51.4%, 32) identified it as a concern, compared with 25.1% (10) of singles and 9.8% (2) of respondents in other marital categories. Very few respondents across all groups reported “No” or “Don’t know,” underscoring a broad consensus that abortion is a significant issue within the church community. The results suggest that family

values shape negative attitudes towards abortion. A critical concern is how to close the attitude gap between the groups so there is common ground, given that the older generation has received more instruction and needs to disciple or mentor the younger generation in care and compassion, even for the unborn.

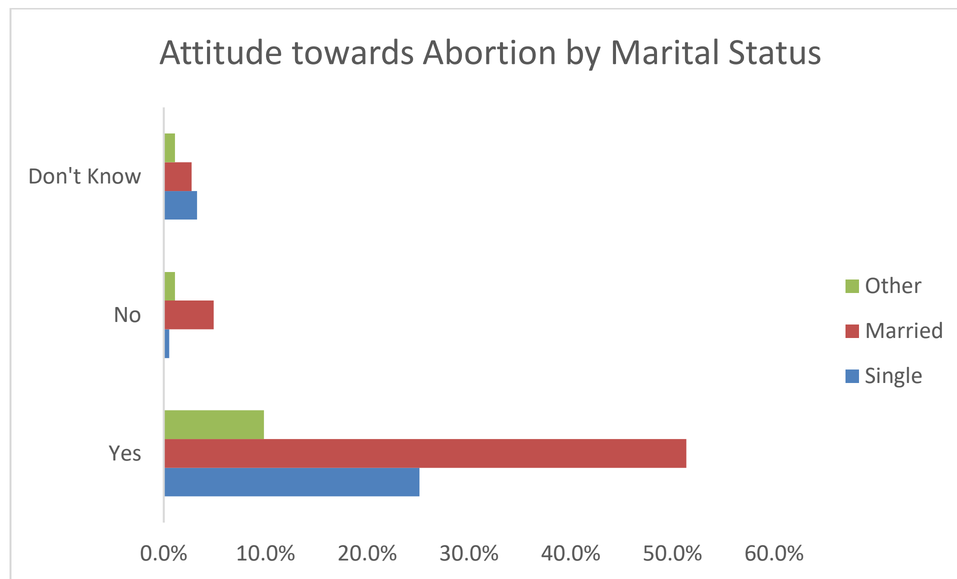
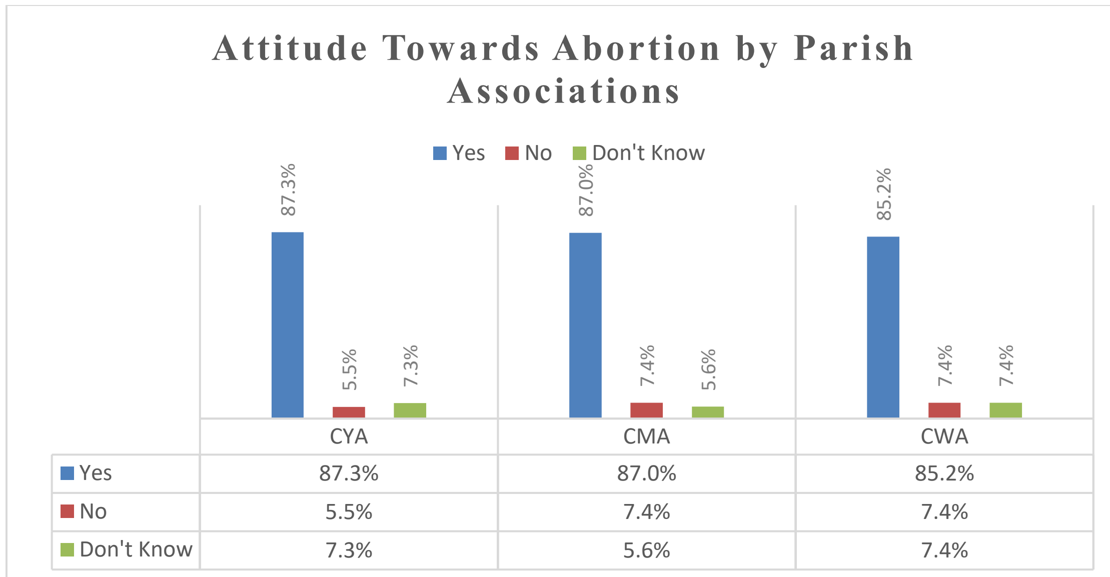


Figure 7: Attitude towards Abortion by Marital Status

Attitude Towards Abortion by Parish Associations

The data in Figure 8 shows significant separation between CYA, CWA, and CMA member perspectives on abortion. The findings indicate a strong consensus across all parish associations that abortion is a problem. Among CYA members, 87.3% (37) reported that abortion is a problem, compared with 87.0% (30) of CMA members and 85.2% (31) of CWA members. Only a very small proportion in each group indicated “No” or “Don’t know,” underscoring the shared perception of abortion as a significant concern among Church members. Notably, 10 and 12 questionnaires were not returned from the CWA and CMA, respectively, compared with only 5 from the CYA.



	CYA	CMA	CWA
Yes	87.3%	87.0%	85.2%
No	5.5%	7.4%	7.4%
Don't Know	7.3%	5.6%	7.4%

Figure 8: Attitude Towards Abortion by Parish Associations

Factors Influencing Attitudes

Figure 9 shows that religion is the primary influence on abortion attitudes, with personal beliefs and cultural factors following at 60% (76), 20% (25), 15% (19), and 5% (6), respectively. The research shows that religious teachings elicit the strongest responses regarding abortion among survey participants.

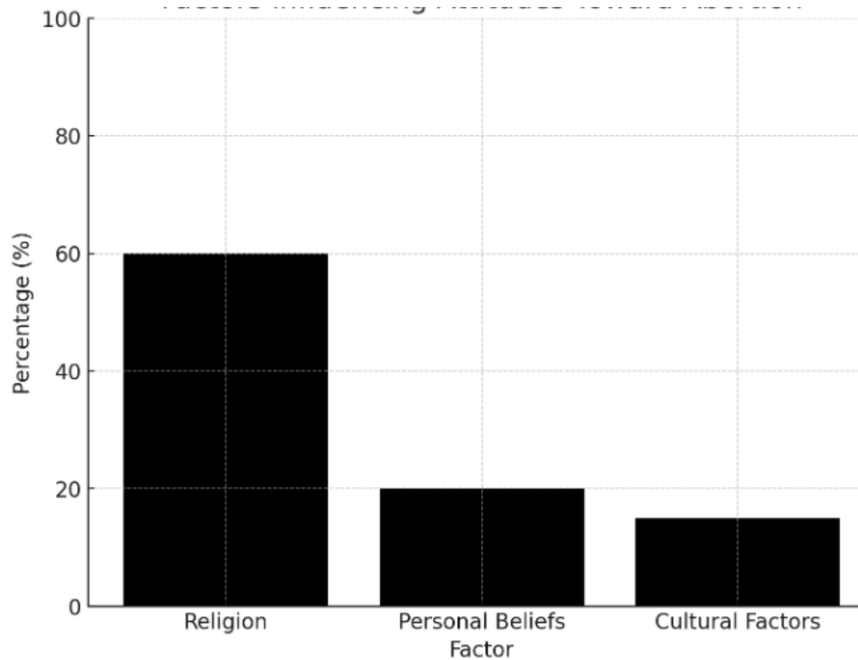


Figure 9: Factors Influencing Attitudes Toward Abortion

Likelihood of Advising Abortion:

Table 1: Results indicated that 76 (60.7%) of the respondents would be very unlikely to advise abortion. Those who were somewhat unlikely, neutral, somewhat likely, and very likely were 16 (12.6%), 14 (11.5%), 12 (9.3%), and 8 (6.0%), respectively. This indicates that more than half (73.2%) of the members of the Catholic Church in the Central Deanery of Kitui Diocese would not advise someone to procure an abortion.

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Unlikely	76	60.7	60.7	60.7

Somewhat Unlikely	16	12.6	12.6	73.2
Neutral	14	11.5	11.5	84.7
Somewhat Likely	12	9.3	9.3	94.0
Very Likely	8	6.0	6.0	100.0
Total	126	100.0	100.0	

Table 2: Likelihood of Advising Abortion

Contributing Factors to abortion

In this section, the study explored the factors respondents believe contribute to abortion in their community. Figure 10 shows that the most commonly cited reasons for abortion are economic hardship (45%, 57), lack of knowledge of contraception (30%, 38), unwanted pregnancies (20%, 25), and rape (5%, 6). These factors highlight the social and economic pressures that can influence a woman's decision to seek an abortion.

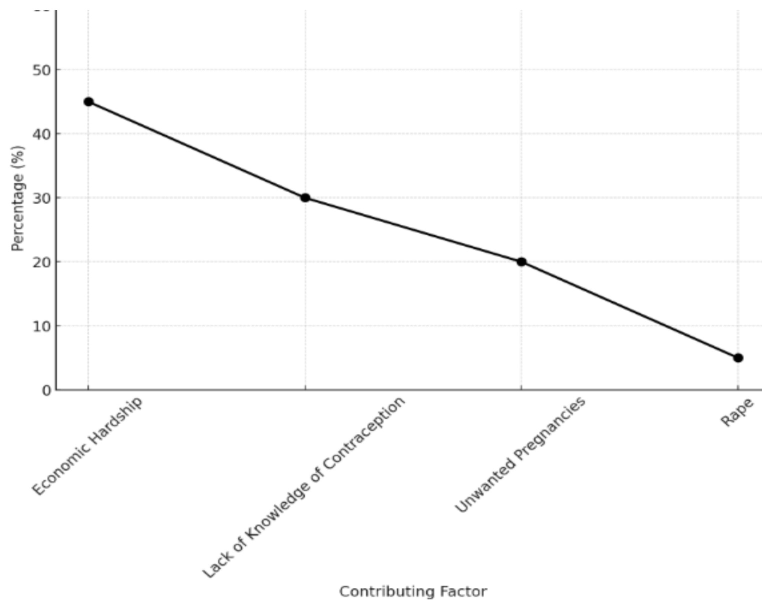


Figure 10: Contributing Factors for Abortion

Health Implications

Figure 11 shows that a majority of respondents believe that abortion has serious health consequences. Forty per cent (48) indicated that abortion leads to severe physical and emotional health risks, while 25% (30) felt the risks were moderate, and 20% (24) felt the risks were mild. Another 15% (19) was neutral. Although the high-risk category has the highest value, combining moderate and mild risks indicates a direction worth investigating.

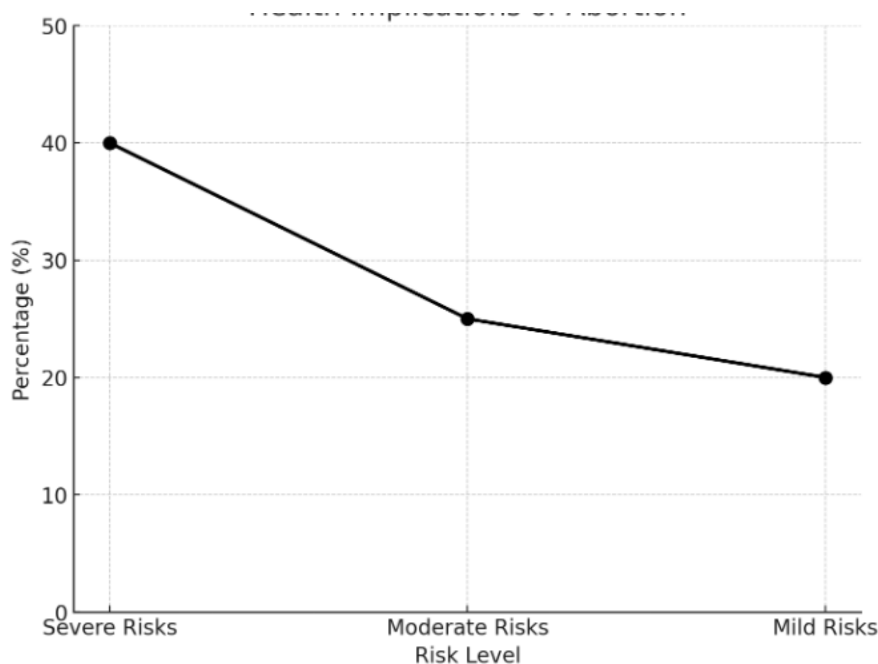


Figure 11: Health Implications of Abortion

Legal Consequences

Figure 12 shows that 65% (82) of respondents believe that strict penalties should be enforced for those who procure an abortion, while 20% (25) believe that the penalties should be milder. Fifteen per cent (19) believe there should be no legal consequences for abortion. These results align with those from the four focus group discussions, which indicated that a majority of members agreed that there should be strict penalties for people found to have procured or aided in abortion.

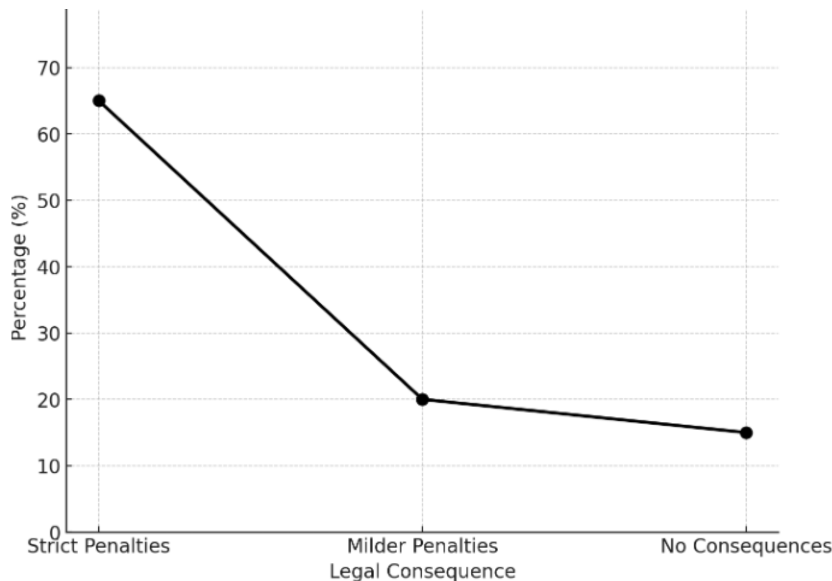


Figure 12: Legal Consequences of Abortion

These findings reflect the deeply ingrained Catholic teaching that abortion is morally wrong and contrary to the sanctity of life, except in rare cases such as rape, incest, or a risk to the mother's life. Previous studies have shown that in Sub-Saharan Africa, awareness and perceptions of abortion are often shaped more by religious teachings and social stigma than by health considerations (Schaefer et al., 2020). This is further supported by evidence that Catholic doctrines strongly shape attitudes towards abortion, framing it as a moral failing rather than a reproductive health issue (Bishop et al., 2020). The fact that this consensus is evident across marital categories suggests that religion and culture exert a unifying influence on views of abortion in Kitui Diocese, leaving little room for alternative narratives on reproductive health. The results point to religion as a key social institution in the process of socialization. This role also underscores the significance of social contract theory in identifying religion as a critical actor in the construction of society.

Religious consequences of procured abortion, as indicated by respondents' religious leaders (priests, Catholic brothers, deacons, and other religious leaders), included suspension from the Church or from participating in Church activities, such as Holy Communion. They provide guidance and counseling, offer Church prayers, and ask the member to confess. If the member experiences further complications after an abortion, the Church helps secure assistance from medical service providers who are legally licensed by the Kenyan government. The Focus Group Discussion based on the Roman Catholic Teachings on abortion indicated that abortion is a sin

against God, since it involves killing an innocent life. It violates God's commandment that says "Do not kill"; it's also associated with the consequences of adultery, rape, and fornication, which are other sins punishable before God.

The findings on the health consequences of abortion revealed that respondents were strongly concerned about the associated health risks. 40% of respondents believed that abortion has serious health consequences, including risks to the mother's life, interference with the innocent foetus's life, and the potential for infertility. These findings underscore the importance of addressing the abortion crisis in Sub-Saharan Africa, where many women resort to abortion due to a lack of access to healthcare (Ganatra et al., 2017). Abortion remains a significant cause of maternal morbidity and mortality in Africa, including in Kenya, leading to infertility, psychological distress, and social upheavals such as family disintegration. The results indicate that the Roman Catholic Church can be considered an actor in the realization of Agenda 3 of the Sustainable Development Goals.

Conclusion

This research shows that respondents with negative views strongly rejected the practice, with 60% strongly opposing it. Catholic Social Teaching (CST) on attitudes towards abortion shaped the majority of Church parishioners' opposing views on the termination of pregnancy. Research findings showed that religious teachings are the key factor behind abortion attitudes, as 60% of individuals base their beliefs on their religious faith. The research highlights the vital importance of community participation in solving the problems it highlighted. Catholic religious leaders, together with their organizations, shape attitudes, yet improved community dialogue would enable a better understanding of religious doctrines and health requirements. Catholic social teaching and Kenyan law help the religious community avoid insecurity or chaos; people consent—explicitly or implicitly—to surrender certain freedoms and accept rules and authority.

5.0 Recommendations

Based on the findings and conclusions, the following recommendations are made:

For Policy

The church should collaborate with policymakers to ensure that policies reflect both moral convictions and the need for compassionate responses to complex social issues. There is a need for policies that provide comprehensive sex education for communities. Such policies should

combine religious beliefs with reproductive health information to support a better understanding of abortion.

Government institutions at national and local levels need to allocate funds to establish post-abortion services across regions, as this will reduce maternal morbidity and mortality. Healthcare facilities should be encouraged to provide compassionate care that respects patients' individual religious needs without passing moral judgment on their choices. A Social Contract for policy views on abortion shifts the question from 'is it allowed?' to 'what arrangements best uphold life, health, and liberty for all members of society'.

Practice

Healthcare providers should receive training in managing reproductive health matters with respect for religion, by providing unbiased information on both post-abortion services and contraception. Religious leaders in the Catholic Central Deanery of the Kitui Diocese need to develop perspectives on post-abortion risks without compromising their core belief that life is sacred. Both adoption alternatives and professional counseling should be offered to women facing unwanted pregnancies.

Education

Public health organizations, together with religious and community leaders, need to work as a team to develop community-based educational initiatives that address reproductive health needs while respecting religious beliefs. These programs should educate sexually active people about reproductive rights and post-abortion risks while preserving the Church's religious teachings.

State and non-state actors need to develop a sex education curriculum within Competency-Based Education (CBE) for Junior Secondary Schools (JSS) and other institutions of higher learning that addresses contraceptive methods, post-abortion health risks, and all legal and moral dimensions of abortion. The initiative would grant sexually active people better control over their reproductive well-being choices through adequate knowledge. These initiatives should be coupled with intentional mentorship from the older generation to the younger generation to increase awareness and understanding among the younger generation.

Reproductive Health Services

Promote collaboration between the church and the government to advance reproductive health, particularly among young people and urban populations. Post-abortion care and counseling services need to be more accessible, providing medical support alongside psychological care for

women after any form of abortion. Family planning services need to be expanded to reduce unwanted pregnancies and abortions.

5.1 Suggestions for Future Research

Future research needs to examine the widespread impact of Catholic abortion teachings across different populations in Kenya, as well as in other countries with notable Catholic backgrounds. Research needs to follow subjects over time to measure the persistent effects of abortion attitudes on health outcomes and to track the outcomes of reproductive health education programs. The impact of healthcare providers who perform post-abortion procedures needs to be examined, as they manage ethical challenges when working in regions dominated by Catholics. Future research needs to analyze gender alongside socio-economic level and religious beliefs to understand their combined impact on public health outcomes, particularly attitudes towards abortion.

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