

Knowledge of Abortion Laws and Policies and Abortion Choices among Women in Bungoma County, Kenya

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ABSTRACT

Access to accurate information on abortion laws and policies plays a critical role in shaping women's reproductive health decisions. In Kenya, uncertainty and misconceptions regarding the legal provisions governing abortion continue to influence women's choices, often resulting in unsafe abortion practices. This study sought to examine the effect of knowledge of abortion laws and policies on abortion choices among women in Bungoma County. The study was guided by the Health Belief Model, which emphasizes the influence of perceived knowledge and awareness on individual health-related decisions. A descriptive research design was adopted, targeting 78 young women aged 18–24 years, 10 Kenya Registered Nurses, and 10 gynecologists. Data from the women were collected using structured questionnaires administered through snowball sampling, while key informant interviews were conducted with nurses and gynecologists. Quantitative data were analyzed using the Statistical Package for Social Sciences, while qualitative data were analyzed thematically using Nvivo. The findings revealed that knowledge of abortion laws and policies had a strong positive influence on abortion choices among young women, with those possessing accurate legal awareness more likely to seek safe and medically supervised abortion services. Limited knowledge and prevailing misinformation, however, contributed to continued reliance on unsafe abortion methods driven by fear of legal repercussions, stigma, and social pressure. The study concludes that enhancing women's knowledge of abortion laws is essential in promoting informed, safe, and health-conscious reproductive choices. It recommends that health facilities, county reproductive health programs, and community actors intensify targeted awareness campaigns, youth-friendly counseling, and policy dissemination to reduce unsafe abortion practices and improve reproductive health outcomes.

Keywords: Abortion Laws, Reproductive Health, Abortion Choices, Women, Bungoma County

INTRODUCTION

Reproductive health forms a fundamental component of human well-being and social development, contributing significantly to women's autonomy, education, productivity, and economic participation. Safe reproductive healthcare systems ensure that women have access to accurate information, skilled health personnel, and supportive policy environments that enable informed decisions regarding pregnancy and abortion care (WHO, 2023; Liang et al., 2019). However, the dynamics surrounding abortion are highly sensitive because of cultural norms, religious beliefs, legal restrictions, and moral perceptions that vary from one society to another. Where clarity in legal frameworks and awareness levels remain low, women are likely to face significant barriers that influence their abortion choices and health outcomes (Aftab et al., 2020). Globally, effective reproductive health systems emphasize awareness creation, legal literacy, and youth-friendly services to prevent unsafe abortions and reduce maternal morbidity and mortality (UNFPA, 2022).

At the regional level, Sub-Saharan Africa continues to face high rates of unintended pregnancies and unsafe abortions, largely attributed to stigma, limited access to contraceptive services, weak policy enforcement, and poor dissemination of legal information (Munakampe, Zulu & Michelo, 2018). In countries such as Uganda,

Tanzania, and Nigeria, restrictive abortion laws combined with socio-cultural silence around reproductive health have contributed to high incidences of clandestine abortion attempts that compromise women's safety (Paul & Ofuebe, 2024; Miller, Wherry & Foster, 2023). These challenges underscore the importance of improving awareness on abortion rights and safe health service access pathways, particularly among young women who are disproportionately affected by unintended pregnancies.

In Kenya, abortion laws are outlined under Article 26 (4) of the Constitution, permitting abortion only when the life or health of the mother is at risk, or in cases of emergency as determined by a trained medical practitioner. Despite this legal provision, studies show that many women, especially youth aged 18–24, lack adequate awareness of the circumstances under which abortion is legally permitted (Mwongeli, 2022; KNCHR, 2021). In Bungoma County, reproductive health challenges persist, with a high prevalence of teenage pregnancies, peer influence, and limited access to reproductive health education. This has contributed to increased cases of unsafe abortion attempts, leading to preventable reproductive complications, infections, and maternal mortality in local health facilities (County Health Report, 2023). These outcomes indicate a critical gap between legal policy provisions and awareness among women of reproductive age.

Knowledge of abortion laws refers to a woman's understanding of the legal conditions, rights, medical procedures, and health service access points regarding safe abortion care (Denno, Plesons & Chandra-Mouli, 2021; Wahed et al., 2017). When women are aware of legal provisions and available safe abortion services, they are more likely to make informed and safer reproductive decisions. However, where awareness is low, women often resort to unsafe and unregulated methods, exposing them to severe health risks. Strengthening awareness and service accessibility therefore plays an essential role in safeguarding reproductive health outcomes.

Despite the significance of knowledge on abortion laws in shaping women's abortion choices, empirical studies focusing specifically on young women aged 18–24 in Bungoma County are limited. Existing research has focused broadly on reproductive health behavior, leaving gaps in understanding how awareness levels directly influence abortion decision-making among this group. Thus, this study seeks to assess how knowledge of abortion laws and policies influences abortion choices among women aged 18–24 years in Bungoma County.

Statement of the Problem

Bungoma County continues to report increasing cases of unintended pregnancies and unsafe abortion-related complications among young women, especially those aged between 18 and 24 years. Health facility data from the County Department of Health (2023) indicates rising admissions due to septic abortion, heavy bleeding, infections, and fertility-related complications linked to unsafe abortion practices. Despite the Kenyan Constitution permitting abortion under specific medical circumstances, awareness of these legal provisions remains low among young women in Bungoma County (KNCHR, 2021). The absence of consistent reproductive health education, combined with cultural silence and stigma, has contributed to misinformation and fear of seeking legal safe abortion care. Consequently, many young women resort to self-induced abortions, unlicensed providers, or unregulated herbal and chemical methods, heightening the risk of death and long-term reproductive health complications (Mwongeli, 2022). The lack of research examining how awareness of abortion laws influences abortion choices among women in Bungoma County presents a significant knowledge gap that this study aims to address.

Research Objective

i) To assess the effect of knowledge of abortion laws and policies on abortion choices among women aged 18–24 years in Bungoma County, Kenya

Research Question

i) What is the effect of knowledge of abortion laws and policies on abortion choices among women aged 18–24 years in Bungoma County, Kenya.

THEORETICAL LITERATURE REVIEW

Social Cognitive Theory (SCT)

Social Cognitive Theory (SCT), advanced principally by Albert Bandura, posits that human behavior is the result of reciprocal interactions among personal cognitive factors, behavioral patterns, and environmental influences (Bandura, 1986). Central constructs of SCT — observational learning (modelling), outcome expectations, self-efficacy, and reciprocal determinism — explain how individuals acquire, maintain, or change behaviours through the interplay of information, social influences, and perceived capability. In the context of reproductive health and abortion choices, SCT helps explain how young women’s knowledge of laws and policies (cognitive factor), the behaviour of peers and health providers (environmental factors), and their perceived ability to access and navigate safe services (self-efficacy) jointly shape decision-making processes (Denno, Plesons & Chandra-Mouli, 2021).

Applying SCT to Bungoma County suggests that exposure to accurate legal information and positive models (for example, healthcare workers offering non-judgmental counselling) can raise outcome expectations about safe care and strengthen self-efficacy to seek legal services. Conversely, modelling of secrecy, stigma, or misinformation within social networks can lower perceived benefits and reduce the likelihood of choosing safe, facility-based abortion care. SCT therefore provides a robust explanatory framework for investigating how knowledge of abortion laws interacts with social norms, provider behaviour, and individual confidence to influence abortion choices among young women aged 18–24 in Bungoma County.

Empirical Review

Denno, Plesons & Chandra-Mouli (2021) investigated strategies to improve health worker performance in delivering adolescent-friendly sexual and reproductive health services, synthesizing evidence from multiple programs. The study highlighted that training, supervision, and availability of essential supplies can enhance service delivery quality and adolescents’ access to information, which in turn can inform safer reproductive choices. However, the review primarily focused on health worker interventions rather than directly measuring young women’s legal knowledge or the downstream effect of that knowledge on abortion decisions. The study presents a conceptual gap by addressing supply-side capacity without directly linking provider-facilitated legal literacy to actual abortion choices among adolescents. Methodologically, the synthesis relied on heterogeneous program evaluations, limiting causal inference about which components most effectively change youth behaviour. Contextually, the programs reviewed were diverse and not specific to Bungoma or to Kenyan legal frameworks, leaving transferability to the study area uncertain.

Wahed et al. (2017) examined barriers to sexual and reproductive healthcare among female sex workers in Dhaka, identifying financial constraints, fear of victimization, poor provider attitudes, and distance as major access barriers. Their findings underscore how environmental and structural obstacles restrict access to accurate information and legal services, thus increasing reliance on unsafe alternatives. Conceptually, the study emphasizes access barriers but does not disaggregate how legal knowledge specifically mediates choices about abortion among different youth groups. The contextual gap is clear: the study population (female sex workers in Bangladesh) differs from young women in Bungoma County, limiting direct applicability. Methodologically, while rich in qualitative detail, the study’s focus on a high-risk group means its conclusions may not generalize to broader youth populations who experience different socio-cultural pressures.

Munakampe, Zulu & Michelo (2018) explored how adolescents and young women in sub-Saharan Africa respond to unintended pregnancies, showing a strong association between lack of access to safe, affordable abortion care and resort to unsafe methods. Their work identifies limited contraception access and weak service availability as drivers of unsafe abortion among youth. Conceptually, the study links service access to unsafe outcomes but does not isolate the independent effect of legal knowledge or legal literacy on abortion choices. The contextual gap is that the study covers multiple countries in sub-Saharan Africa, producing generalizable patterns but masking local legal nuances — particularly Kenya’s constitutional wording under Article 26 (4). Methodologically, aggregated cross-country data limit the ability to pinpoint the pathways through which knowledge of law influences decisions in a single county such as Bungoma.

Mwongeli (2022) and local health reports on Bungoma (County Health Report, 2023; Miller, Wherry & Foster, 2023) document high rates of teenage pregnancies, peer pressure, and consequent abortion attempts in Bungoma County. These local sources highlight the prevalence of unsafe and complicated abortions presenting at health facilities, and point to poverty and social pressures as major drivers. While they provide crucial contextual grounding for the present study, these reports often do not employ rigorous measures of legal knowledge or experimentally test how increased awareness would alter abortion choices. The conceptual gap involves limited empirical measurement of the causal link between legal knowledge and choice-making; methodologically many reports are descriptive or facility-based, lacking representative sampling of young women aged 18–24. Consequently, there remains a need for focused, county-level studies that quantitatively and qualitatively assess how knowledge of abortion laws and policies specifically shapes abortion choices among young women in Bungoma.

RESEARCH METHODOLOGY

The study adopted a descriptive research design to examine how knowledge of abortion laws and policies influences abortion choices among young women in Bungoma County. This design was appropriate as it enabled the researcher to document and assess existing levels of knowledge, perceptions, and practices without manipulating any variables, while capturing the natural attitudes and behaviours of the participants.

The target population consisted of 414 young women aged 18–24 years who accessed Post-Abortion Care services in the ten sub-counties of Bungoma County between January and September 2024. Using Kothari's (2004) sampling formula at a 10% margin of error, a sample size of 78 young women was obtained. Snowball sampling was used due to the sensitive nature of the topic and the need to identify respondents through trusted referral networks. Additionally, 10 Kenya Registered Nurses and 10 gynecologists (one from each sub-county) were purposively selected as key informants based on their involvement in abortion care. The total sample size was therefore 98 participants.

Data were collected using structured, close-ended questionnaires administered to the 78 young women, while in-depth key informant interviews were conducted with the nurses and gynecologists. A pilot study involving 20 young women in Nairobi County was conducted to enhance clarity and test feasibility of the instruments. Content validity was ensured through expert review and continuous supervision, while instrument reliability was confirmed using correlation coefficients within the acceptable threshold of 0.7 to 1.0.

Quantitative data from questionnaires were analyzed using SPSS through descriptive (frequencies, percentages, means and standard deviations) and inferential statistics. Qualitative data from interviews were analyzed thematically using NVivo software. The regression model used was:

$$Y = \beta_0 + \beta_1 X_1 + \varepsilon$$

Where:

Y = Abortion Choices

X₁ = Knowledge of Abortion Laws and Policies

Ethical considerations included obtaining approval from Kenyatta University Ethics Committee, ensuring voluntary participation, anonymity, confidentiality, and secure handling and disposal of data. All respondents were informed of their right to withdraw at any stage, and data collected were used strictly for academic purposes.

Descriptive Results

The structure of the analysis is built around the study objectives which aimed to measure the impact of knowledge on the reproductive health policy regarding abortion options. These results have been discussed in terms of descriptive statistics, inferential statistics, and inferences which relate the findings to the available literature and the study conceptual framework.

Response Rate

The response rate of the study is available in Table 1 and indicates the ratio of respondents that were able to complete and submit the questionnaires to the intended sample.

Table 1 Response Rate on Questionnaire and Interviews

	Frequency	Percentages
Completed Questionnaires	64	82%
Un complete Questionnaires	14	18%
Total	78	100%
Interview Schedule		
Nurses Interviewed	8	80%
Gynecologists Interviewed	9	90%
Total Interviewee		

The respondents that completed the questionnaires returned them in full, and those who did not complete it returned them incompletely out of 78 questionnaires distributed to young women in the age group of 18-24 years in Bungoma County. This amounts to a 82 percent completion rate and 18 percent incompleteness rate. The obtained response rate is deemed sufficient to conduct statistical analysis and interpretation because it is higher than 70 percent that is usually recommended by social science research (Mugenda & Mugenda, 2013). The response rate of 82 percent boosts the validity and representativeness of the results and eliminates the probability of non-response bias. The 18 percent incomplete responses, however, indicate the possibility that a small proportion of the respondents might have faced the difficulty of the topic being sensitive or lacked time or were not comfortable in revealing all the details about their experiences regarding abortions. Nevertheless, the large response rate proves that the research was able to represent different viewpoints among the target population, which enhanced the validity of further analysis and discussions related to the topic.

In the case of the interview schedule, the involvement was also good with 80% nurses out of the targeted population and 90% gynecologists also interviewed successfully. Such a high rate of involvement among medical practitioners indicates that they found the research to be related to their practice and were ready to give feedback. Triangulation of the data was achieved through the combined responses of women, nurses, and gynecologists and, therefore, this increased the validity and depth of the research results.

Knowledge of Abortion Laws and Policies

This subsection gives the results of the respondents on their awareness and understanding of abortion laws and policies in Bungoma County. The findings emphasize the levels of awareness of young women and health workers in relation to the legal framework that governs abortion. The analysis offers insights on the role played by knowledge gaps in creating unsafe practices and also in shaping reproductive health choices.

Table 2 Analysis on Knowledge of Abortion Laws and Policies

Statement	Mean	Std. Dev
Women in Bungoma County are well informed about national laws governing abortion and their application in real-life situations	2.312	.721

Most young women can correctly identify the conditions under which abortion is legally allowed in Kenya	2.485	.684
Healthcare providers in Bungoma County have adequate awareness of abortion laws and communicate them clearly to patients	2.624	.703
Lack of accurate knowledge about abortion laws contributes to unsafe decisions and harmful practices among young women	2.552	.662
Community sensitization programs have effectively increased knowledge about reproductive health policies among adolescents	2.367	.694
Access to correct legal information on abortion empowers young women to make informed reproductive health decisions	2.428	.675
Aggregate Score	2.461	.690

The reason why the knowledge of abortion laws and policies is important to analyze is that awareness has a direct effect on the rate at which young women make safe and informed reproductive health decisions. The presence of such knowledge gap also offers a reason to enhance legal literacy, enhance the healthcare communication, and offer policy interventions to mitigate unsafe practices. The initial descriptive question was whether women in Bungoma County are well informed on laws within the country on abortion and how they apply them in actual life contexts. The findings showed that there was a low mean score of 2.312 (SD =.721) which shows general disagreement. This implies that a majority of the young women between the age of 18-24 are unaware of the legal action on abortion in Kenya. Similar issues were highlighted by the interviewed healthcare providers, and one nurse stated, "Many girls do not see the line between what is legal and what is not. They are afraid to inquire on the issue of abortion in an open manner, thus they turn out to peers rather than specialists". Such results are consistent with Wahed et al. (2017), who found that the absence of the correct reproductive health information poses obstacles and leads women to unsafe practices.

The second measure evaluated the ability of the majority of young women to determine whether abortion is legally permitted in Kenya or not. The average of 2.485 (SD =.684) was found, which reflects that respondents mostly disagreed. This means that the knowledge on the constitutional clauses, including those of Article 26(4) of the Constitution of Kenya (2010), among the young women is low. One of the gynecologists interviewed wrote, "Most young women lack the knowledge of the conditions even in instances where abortion is legally justified. They just listen to rumors, and this deceives them". This is similar to Denno, Plesons, and Chandra-Mouli (2021) that identified weak dissemination of reproductive health policies to affect safe choices among adolescents.

The third characteristic was to investigate whether the medical practitioners in Bungoma County were well informed on abortion laws and share them with patients in a clear manner. The average score was a little bit higher at 2.624 (SD = .703) indicating that even though the providers are more knowledgeable in comparison with the general population, they still have minimal interaction with the patients. Other providers reported challenges in talk about abortion frankly, and one provider said, it is the law we know, but the stigma of the community prevents us fully communicating with young clients. The latter results align with the Street-Level Bureaucracy Theory by Lipsky (1980), in which frontline providers interpret and enact the policies with limited options of acting due to pressure of the society and institutions.

The fourth descriptor was a factor that lack of accurate information is an element leading to unsafe decisions and harmful practices among young women. The average of the mean scores of 2.552 (SD =.662) was found to be of a moderate agreement that a significant contribution by misinformation does play a leading role in unsafe abortion. This opinion was well-supported by healthcare givers. Most unsafe cases that a nurse noted, "The girls did not know that they could come to hospital under certain conditions, that is how, they are the most unsafe

cases that we handle”. This view resonates with the Ecological Model (1977) of Bronfenbrenner, the role of environmental factors, including peers, family, and culture on health practices.

The fifth measure assessed the efficacy of community sensitization program in raising awareness about the reproductive health programs among adolescents. The average respondent score of 2.367 (SD =.694) indicated that the respondents were in strong disagreement, meaning sensitization programs had small influence. Healthcare providers confirmed this observation as one said,, There are not many campaigns around abortion as there are about HIV or family planning. Lots of teenagers are left in the dark. This is supported by the empirical evidence given by Wahed et al. (2017), as the main barriers to reproductive health knowledge were low outreach and stigma.

The sixth indicator evaluated the ability of the young women to have informed reproductive health choices through the availability of appropriate legal information. The average was 2.428 (SD =.675), which is minimum empowerment. It was observed that the respondents concurred that in the absence of adequate information, decisions are not safe. The truth as one gynecologist remarked is power. In its absence, girls rely on unhealthy practices, which endanger their health. This observation is true to the Rational Choice Theory (Smith, 1776) that defines decision-making according to available information and perceived repercussions.

The total mean of 2.461 (SD =.690) proved that there is generally low knowledge of abortion laws and policies among young women in Bungoma County. These findings demonstrate serious gaps in the knowledge and information sharing, which validates the necessity to consider policy education as a component of reproductive health programs. Similar to Denno et al. (2021), provider training and sensitization of the community is essential to providing young women with the knowledge they need to make safe and legal reproductive health choices.

Analysis on Abortion Choices

The descriptive study of the choice of abortion discussed the preferences, decision-making patterns and these influencing factors that steered young women in the Bungoma County in the choice of abortion. The research evaluated the impact of individual, social and systematic aspects such as provider counseling, financial ability and cultural beliefs on these decisions.

Table 3 Analysis on Abortion Choices

Statement	Mean	Std. Dev
More young women in Bungoma access safe abortion services compared to those who seek unsafe procedures	3.446	.672
The availability of skilled healthcare providers increases the likelihood of safe abortion choices among women	3.852	.618
Limited awareness of safe abortion facilities forces some women to seek unsafe alternatives	4.075	.574
Poverty and financial challenges play a significant role in determining abortion choices among young women	4.236	.542
Supportive reproductive health policies encourage young women to make safer abortion choices	3.678	.633
Stigma from society leads some women to make abortion choices in secrecy, often risking their health	4.148	.561
Aggregate Score	3.906	.600

It is also significant to analyze abortion decisions since they demonstrate how awareness, affordability, stigma, and policy support interact to influence women to make abortion decisions. The knowledge of these factors is useful in determining why some young women still use unsafe methods despite their presence of safer alternatives, hence, informing specific responses to induce better practices to safe reproductive health. In the first statement, the researcher evaluated whether a greater proportion of young women in Bungoma used safe abortion services than women who resorted to unsafe abortions. The results obtained a medium agreement with mean score of 3.446 and standard deviation of 0.672 which shows that there was some variation in responses. These findings implied that, although safe abortion was in place, a significant percentage of young women continued to practice unsafe abortion, in most cases, because of lack of knowledge and social stigmatization. Healthcare professionals observed that the majority of young women are afraid of using hospitals because they think that they may be judged, and they find other options available in the society thus showing the impact of social pressure on abortion choices. This observation is consistent with the research conducted by Blaylock et al. (2022), that found out that the privacy issues, availability and previous experiences with medical services typically predetermine the decisions of clients to opt in favor of safer abortion method.

The second statement was the investigation of whether the access of competent providers of healthcare boosted the chances of young females to make safe abortion decisions. General consensus among respondents was indicated by the mean score whose value was 3.852 and standard deviation of 0.618. The information has shown that professional guidance had a positive impact on abortion decision-making as the providers made sure to follow clinical recommendations and safe practices. One of the providers remarked, that in the case of the availability of trained personnel, young women can feel more confident in their choice of safe procedures due to their confidence in the received care. Such results are echoed in theoretical lenses of Rational Choice Theory (Smith, 1776), which implies that women are calculatory in deciding on abortion opportunities, considering the risk-benefit levels of the accessible abortion procedures, especially with the presence of well-trained professionals. A similar situation was noted by Atuhaire (2019), who revealed that professional support reduces the risks of unsafe abortions in African environments to their health.

The third description revolved around the issue of the lack of knowledge of safe abortion facilities that compelled some women to use illegal ones. The level of concern about knowledge gaps was high as respondents gave a mean of 4.075 and the standard deviation of 0.574 indicating strong agreement. The healthcare givers emphasized that many young women were unaware of the clinics that offer safe abortion, which made them turn to the unqualified staff or the traditional practice. The results are in agreement with Atuhaire (2019), who documented that the absence of awareness of youth-friendly reproductive health services is a significant factor that promotes unsafe abortion methods among the adolescents. These decisions are further elaborated by the Ecological Model Theory (Bronfenbrenner, 1977) which argues that these decisions are defined by the environment such as peers, culture and availability of information and usually tend to push young women into unsafe practices when the safe ones are not in sight.

The fourth statement looked at how poverty and financial issues affected abortion decisions, which had the median score of 4.236 and the lowest standard deviation of 0.542 indicating that there was high agreement of respondents. The findings underlined that poverty was one of the major motivating factors to carry out unsafe abortions, as several young women could not afford hospital charges or medicine. Healthcare providers observed that, although safe services are at hand, the price is a significant consideration that not only discourage young women but also make them prefer cheaper unsafe methods. Blaylock et al. (2022) also pointed out financial limitations as a driving force in procedure selection, which proves that economic factors are the focal point of abortion choices. Rational Choice Theory backs this interpretation, arguing that women evaluate the prices and payoffs of their policies, and that monetary conditions often distort choices in favor of unsafe behaviors.

The fifth statement evaluated the presence of supportive reproductive health policies that promoted safer abortion options with a mean of 3.678 and standard deviation of 0.633 that showed moderation. The respondents proposed that policies are present but their execution and distribution are unregular and hence restrictive to the effect they have on the choice of women. One of the providers said that policies are not enough but young women require guidance and support so that they can access services safely. The same patterns were identified by Chigbu et al. (2018), who discovered that legal frameworks in Nigeria did not always translate into safer choices because of the lapses in awareness and implementation that support the idea of policy and practice intervention.

The sixth descriptor assessed whether the society caused stigma that made women decide on abortion in the secret, at times at the risk of their lives. The statement had a mean of 4.148 and a standard deviation of 0.561 indicating that respondents agreed with the statement. The healthcare givers noted that fear of judgment led to secrecy, which resulted in the procrastination of care seeking and the occurrence of unsafe practices. One of the providers said, many girls visit us after risky attempts because they fear to be caught in a hospital. The same point is supported by Osborne et al. (2022), who stated that the attitudes and stigma held by the society greatly influence abortion behavior, usually forcing women to hide their reproductive choices, thereby exerting health hazards.

The overall average of 3.906 and a standard deviation of 0.600 indicated a generalized agreement that the issue of abortion decision-making among young women in Bungoma was interdependent on a combination of various factors, such as awareness, financial ability, policy, and professional advice, and stigma. The observations of healthcare providers indicated that having accessible, youth-friendly, and confidential services was important to promote safe abortions. These results highlight the fact that Rational Choice Theory, Street-Level Bureaucracy, and Ecological Model Theory together explain the choice to have an abortion, and detailed interventions to overcome economic, social, and policy-related obstacles to practicing safe abortions are essential.

These descriptive findings provide important context for the regression analysis, which further examines the extent to which knowledge of abortion laws predicts abortion choices among young women.

Regression Analysis

While descriptive findings also examined abortion perceptions and practices, the regression model specifically tested the influence of knowledge of abortion laws and policies on abortion choices in line with the primary study objective. Perceptions and practices are therefore interpreted as complementary factors in the discussion rather than included as predictors in the final regression model.

Table 4: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.662	1.733		7.945	.000
	Knowledge of abortion laws and policies	.765	.170	.469	4.513	.000

a. Dependent Variable: Abortion Choices

The adopted model was: $Y = 1.662 + 0.765X_1 + \epsilon$.

Knowledge of abortion laws and policies was found to have a statistically significant positive influence on abortion choices ($B = 0.765$, $\beta = 0.469$, $t = 4.513$, $p = 0.000$). This indicates that an increase in young women’s knowledge of legal frameworks and policy guidelines regarding abortion corresponds with a greater likelihood of making informed abortion decisions. The results underscore the importance of awareness campaigns, health education programs, and policy dissemination to enhance understanding among young women aged 18–24. These findings align with studies by Denno, Plesons, and Chandra-Mouli (2021) and Wahed et al. (2017), which emphasized that knowledge of reproductive health policies directly affects decision-making and access to safe abortion services. The study, therefore, highlights that informed legal knowledge equips young women to navigate abortion options safely, reducing reliance on unsafe practices.

Although the primary model focused on knowledge of abortion laws and policies as the key predictor, additional variables including perceptions and practices were explored during analysis to provide broader contextual understanding of abortion choices.

CONCLUSION

The study concludes that knowledge, perceptions, and practices collectively shape abortion choices among young women in Bungoma County. The findings show that low awareness of abortion laws and policies limits informed decision-making, leading many young women to rely on peers and informal sources, which increases the likelihood of unsafe abortion methods. Cultural and religious beliefs significantly influence perceptions toward abortion, often reinforcing stigma and discouraging young women from seeking safe and legally permissible services. The study also found that abortion practices are largely influenced by financial constraints, access to healthcare facilities, and peer influence, which contribute to the prevalence of unsafe abortion. Ultimately, abortion choices are not driven by a single factor but by an interplay of legal awareness, social norms, economic realities, and availability of professional healthcare. Improving reproductive health outcomes therefore requires coordinated interventions that address legal knowledge, social perception, accessibility, and service delivery simultaneously.

RECOMMENDATIONS

The study recommends that Bungoma County health facilities and the Ministry of Health enhance reproductive health education targeting young women aged 18–24, with emphasis on clarifying the legal conditions under which abortion is permitted in Kenya. This should be supplemented by peer educator programs and collaboration with NGOs and community health volunteers. To address negative perceptions and stigma, healthcare providers should adopt nonjudgmental and culturally sensitive counseling approaches, while community and religious leaders should be engaged to support open and informed discussions on reproductive health. Enhancing safe abortion practices will require improving access to skilled health professionals, reducing service costs, ensuring privacy, and providing youth-friendly services in both public and private facilities. Additionally, structured decision-making support systems such as referral networks, mentorship programs, and post-abortion counseling should be integrated to guide young women toward safe and informed reproductive health choices.

Discussion and Future Research Recommendations

The study highlights that reproductive health decision-making among young women is strongly shaped by legal awareness, cultural norms, economic conditions, and healthcare system dynamics. The findings indicate that limited knowledge of abortion laws restricts informed decision-making, while stigma and negative perceptions discourage the use of safe reproductive health services. Economic constraints and gaps in service accessibility further influence abortion choices.

These findings align with broader evidence that reproductive health outcomes improve when legal awareness is strengthened, stigma is reduced, and services are accessible. The results therefore have important policy implications, particularly for strengthening reproductive health education and legal awareness campaigns targeting young women. They also highlight the need for county-level health system strengthening to improve access to youth-friendly, confidential, and well-informed reproductive health services.

However, the study was limited to young women aged 18–24 in Bungoma County, meaning the findings may not be fully generalizable to other regions or age groups. Future studies should expand to other counties for comparative analysis and consider longitudinal designs to assess changes over time. Further research should also explore the influence of male partners, families, and digital platforms in shaping abortion decision-making.

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