Abortion, except in rare circumstances, is criminalised in Kenya. However, it remains one of the major causes of maternal mortality and morbidity, with poor and young women least able to access adequate care. Each year, an estimated 300,000 Kenyan women undergo induced abortion. Over 2,000 of the abortions result in death while more than 20,000 women are admitted to public hospitals with complications. My PhD thesis analyses discourses of abortion in Kenya, with the aim of unearthing why an issue that is clearly a serious health and social problem remains largely unaddressed. I also make policy recommendations for addressing this issue.

A central argument of this thesis is that it is the neo-patrimonial and patriarchal nature of the state that fundamentally shapes abortion policy and politics in Kenya. Drawing on feminist theories of the state, the thesis applies discourse analysis to explore how the texts produced by major actors in the abortion debate in Kenya were made meaningful and how they contributed to the constitution of women, on the one hand, and abortion, on the other, as social realities. The thesis uses semi-structured interviews with state policymakers, religious leaders, health professionals, and women’s and human rights activists. Other sources of information include a range of other published and unpublished materials, media reports and data from the Kenya national archives.

The main social and political actors in the abortion debate in Kenya can be divided into three groups: pro-abortion actors, anti-abortion actors, and the state. Pro-abortion actors include women’s organisations, a few state organisations and other non-state organisations, all of which have been asking the state to legalize abortion. Anti-abortion groups, galvanised mainly by Christian religious churches, have been working to prevent major policy changes. The state, which I argue is both neo-patrimonial and patriarchal in nature, has concentrated its efforts on minimising political and social disruption by refusing to acknowledge the issue or to substantively tackle the consequences of unsafe abortion.
In an attempt to establish the legitimacy of their positions to the general public and the Kenyan elite and policy makers, both the pro-abortion and anti-abortion actors have developed distinct discourses. Anti-abortion actors deploy three major discourses: that abortion constitutes murder of unborn children; that it negatively affects women’s health; and that it is both immoral and unAfrican. My study however demonstrates that embedded in the explicit anti-abortion discourses are implicit assumptions focused on African women’s roles and lives. The anti-abortion actors’ concerns do not just relate to foetal life and the unAfricanness of abortion, but more importantly to the maintenance of patriarchal heterosexual relationships in which men dominate and control women’s sexuality.

On the other hand, pro-abortion actors, in their quest for legalised abortion, articulate public health and economic discourses through which they demonstrate the negative consequences of unsafe abortion. To this end, pro-abortion discourses select and carefully weave a strategic image of victims of unsafe abortions which presents them as poor and/or younger women, and therefore deserving of sympathy and understanding. Curiously though, feminist discourses that assert a woman’s right to terminate a pregnancy, and have control over her body and life, are largely absent. I argue that this is a strategic choice aimed at galvanising support in an overwhelmingly patriarchal and religious community.

In a manner that validates the feminist view of the state as a patriarchal hierarchy which often acts to reinforce female subordination through laws and policies that enforce male norms, the Kenyan state has been unable and/or unwilling to institute substantive policy changes on abortion. Due to the neo-patrimonial nature of Kenyan politics, the political elite, in an attempt to achieve and retain hegemony in the face of low levels of legitimacy and complex tribal politics, use women’s subordination and the ideology of male domination as unifying factors to galvanise support from men as a group. Consequently, populist policies, especially those targeting control of women’s sexuality - such as the law criminalising abortion - have been sustained, although not enforced. By maintaining but failing to enforce its prohibition on most abortions, the Kenyan state attempts to situate itself as a defender of sexual morality and conservative ideals to appease anti-abortion proponents. On the other hand, state leaders avoid national and international criticism by signing international agreements on women’s rights, yet subsequently fail to implement them.
The study concludes that even with the newly promulgated Constitution of 2010 guaranteeing women legal abortion in specified cases, poor women in Kenya are unlikely to have access to safe abortion. Firstly, abortion remains criminalised in the Penal Code. Secondly, because anti-abortion religious groups are significant providers of health care and education services, they may not only jeopardise provision of the service in their health institutions, but will also continue to influence public opinion on abortion through their church-run schools. As such, there is need for pro-abortion actors to strategically devise ways and policy proposals, which may be acceptable to state leaders (who worry more about loss of political support from religious groups), while building a broader societal consensus on the need to address the devastating consequences of abortion.

My research, which offers a feminist political analysis of the discourses of all the major actors in the abortion debate, makes a significant contribution to the feminist scholarship on abortion politics, with specific reference to Kenya. The findings of this research are also likely to contribute to public debate in Kenya about the issue of access to abortion and thereby influence the policy process on this issue.