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The Catholic Church Response to the Reproductive Healthcare Bill: The Kenya Experience

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Abstract:

The Reproductive Healthcare Bill 2019 is an attempt to legalize and implement part of the provisions for Mpauo Protocol 2012 in Kenya. The Bill is going through the stages of approval in the Kenya Senate. However, the Bill is faced with opposition from different quarters including the Church. The leadership of the church plays a very strategic role in the shaping and mending the moral fabric of the society. It forms one of the keys drivers of ethics in a society. This paper explores the response of the Catholic Church in Kenya towards this Bill. The study sought to explore the response of the Catholic Church in Kenya towards the Reproductive Healthcare Bill 2019. The reproductive Healthcare Bill 2019 is divided into eight parts. This study dealt with three parts; part two on Access to Family Planning Services, part four on Termination of Pregnancy and part seven on Reproductive Health of Adolescents. The study employed a desktop approach where secondary information was searched from books, journals articles and online sources. The study established that the Catholic Church in Kenya upholds the traditional teachings of the Roman Catholic Church with regard. The teachings of the Catholic Church do not uphold any form artificial manipulation of human sexuality but believes in the Natural Law. Further, The Catholic Church views termination of pregnancy as sinful and against the biblical teachings and the Constitution of Kenya. The study also established that the view of the Catholic Church in Kenya regarding Comprehensive Sexuality Education as a foreign ideology that aims at introducing unacceptable, both religious and cultural, vices in the adolescents. While the church position is against the legislation and implementation of the Bill, the study also found out that the Church has provide alternative methods of handling the issues in the Bill. To the Church, these alternative ways are more acceptable and in sync with not only the church teachings, but also with the cultural traditions and the Constitution of Kenya. The study concludes that legislation of this Bill has no constitutional, cultural and religious backing. The backing provisions of the Bill have negative consequences to the intended target and would only benefit the supporters who receive huge funding from the sponsors. Further, the study observes that any change in a system would be successful if it is approved of by the majority for its good intentions. Involvement of key stakeholders, assessing the implications of the change, considering the cultural and religious background of a people will also determine the extent of success.

Keywords: Reproductive health, comprehensive sexuality education, abortion, family planning, Catholic Church

1. Introduction

Church leadership in Kenya historically has a very powerful influence on politics and social life. These religious leaders play a critical role in defining moral and ethical viewpoints. They are strategic in terms of suggesting what is right, wrong, and acceptable or an abomination to their followers. Alongside politicians and educators, religious leaders were identified as critical power brokers in communities and nations. Their pronouncements regarding sex and sexuality, for example, have been quite influential (Chitando and Nickles 2012).

Kenya's reproductive Healthcare bill No. 23 of 2019, which is currently before Kenya's Senate, advocates for: legal and accessible safe abortion; adolescent-friendly family planning services; surrogacy; test-tube babies; as well as comprehensive sexuality education. The Bill is an effort to legislate and implement the global Comprehensive Sexuality Education (CSE) Kenya. This paper delves in the provisions of the bill against the backdrop of the teachings and doctrines of the Catholic Church. Specific issues of concern for the paper, which are contentious for the Catholic Church, are Comprehensive Sex Education (CSE); abortion and access to family planning services; and mandatory reproductive education.

This paper is divided into two parts. The first part gives an overview of the Reproductive Healthcare bill and the grounds provided by its proponents. The second part examines the Church's attitude and responses to the Reproductive Healthcare Bill 2019.

2. The Reproductive Healthcare Bill 2019

Provisions of article 14 on Health and Reproductive Rights of the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa 2012 (Maputo Protocol) provides the basis for Kenya's Reproductive Healthcare bill 2019. The article states that parties shall ensure that the right to health of women, including sexual and

reproductive health is respected and promoted. Further, states parties shall take all appropriate measures to: provide adequate, affordable and accessible health services, including information, education and communication programmes to women especially those in rural areas; establish and strengthen existing pre-natal, delivery and post-natal health and nutritional services for women during pregnancy and while they are breast-feeding; protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.

Kenya's Reproductive Healthcare Bill 2019 has gone through the second reading in parliament. The Proponent of the bill (Hon. Susan Kihika) opines that women rights are human rights. She rebuts the Church's interpretation of the bill to mean that it impresses upon teenagers that sex is for pleasure and that it encourages abortion. According to Hon. Susan Kihika, the bill advocates, in part termination of pregnancy under special circumstances, like when the mother's life is in danger or when the child faces complications incompatible with life outside the womb. She further argues that this part is in sync with the constitution of Kenya that forbids abortion, but recognizes that where a mother's life is in danger, a health professional could abort the pregnancy. To her the reason for the rise in teenage pregnancies is that the teenagers do not understand the consequences of pre-marital sex since the subject of sex is anathema in society. This lack of knowledge is compounded by teenagers' exposure to sexual content through the internet, films and lewd music, but worse, lack of parental guidance.

Other supporters of the Bill such as Esther Pasaris, a local leader for she decides, an international movement advocating for female empowerment in reproductive healthcare, argue that women and girls have the right to make decisions about their bodies and that whether abortion is legalized or not, it is happening. To her, restricted access to abortion disproportionately affects the poor who are often unable to support a child.

Pro-abortion organizations such as IPAS are sponsoring the bill and have held numerous meetings with Senators to monitor its progress in parliament. If passed, any woman who walks into a clinic and gives consent for abortion will be allowed to procure it contrary to the provision of article 26 of Kenya's Constitution. The Bill also provides that any medical profession will be expected to procure an abortion as long as the woman has demanded for it even when it is against their religious beliefs or values. The bill also makes it possible for anyone in the medical field to procure an abortion.

According to Trust for Indigenous Culture and Health (TICH) Executive Director Jedida Maina, the constitution of Kenya provides for safe abortions services where the life or health of the pregnant woman is in danger or in the event of an emergency. She argues for a framework for safe abortion when she says that statistics by the Ministry of Health show about 460, 000 abortions are undertaken every year and about 20, 000 end up in severe complications and 7000 die in such abortions every year. She further argues that the narrative being peddled by the church and religious organisations is not correct regarding abortion as outlined by the constitution. She notes that these (religious) groups are against comprehensive education and information on sexual and reproductive health to adolescents, despite the evidence that shows an increase in the number of unintended pregnancies that has been made worse during the Covid-19 pandemic.

3. Catholic Church's Attitude and Responses to the Reproductive Healthcare Bill 2019

This section discusses the contentious issues in the Kenya's Reproductive Healthcare Bill 2019 as raised by the Catholic Church. The issues are abortion and access to family planning services; and mandatory reproductive education. This section further explores the role and position of the Catholic Church in maintaining the sexual and gender norms of the society.

The Catholic Church in Kenya through the KCCB has reached out to Christians and people of goodwill in the East African nation, urging them to get engaged in the campaign against the bill as a manifestation of their religious and cultural identity (ACI Africa 2020). They urged the Christians to rediscover the value of the family as the domestic Church where social values, virtues and morals for their children and youth are taught, encouraged and supported, arguing that this was the only way to deal with social and moral evils affecting the society. The Church's position is supported by pro-life campaigner, Ella Duru. Speaking to Right to Life UK, Ella Duru noted that the Kenya's Reproductive Healthcare Bill was a brazen attempt by Western abortion organisations to impose abortion, for any reason, up to birth on Kenya. He further noted that for organizations to spend lots of money to force abortion in Kenya when 87% believe it is morally unacceptable was a form of ideological colonialism (Right to Life 2020).

According to ACI Africa (2019) and Vatican News (2020), the Catholic Church in Kenya terms the Reproductive Healthcare Bill 2019 bill as ambivalent and misleading to the general public. They express their concerns about the wording of the Bill which they say is deliberately ambiguous since it speaks of Sexual and Reproductive Health and Rights, when in fact it simply wishes to introduce in Kenya unhealthy practices. The bishops warn that in the past decades, these words have been redefined by various UN agencies to encompass controversial sexual and abortion rights, including for young children. They also contest the meaning given by the Bill to 'pregnancy' as 'the presence of a foetus in the womb,' a definition they say when read along with the proposed law's provisions on termination of pregnancy 'fly in the face' of Article 26 of the Constitution of Kenya which guarantees every person the right to life and hold that the life of a person begins at conception.

Further, the Catholic Bishops assert that the provisions in the Bill amplify the ambiguity of Article 26 of the Kenyan Constitution of Kenya (2010), which allows for abortion only in a medical emergency. The Bishop recalled that this clause was highly contested in the pre-referendum phase on the Constitution in 2010.

3.1. Abortion

According to the Kenya's Reproductive Healthcare Bill 2019, abortion would be available without a time limit on grounds that the life or health of the mother would be endangered by the pregnancy. According to Right to Life (2020) the Bill contradicts Article 26 of the constitution of Kenya which stipulates that life begins at conception and should be protected under the bill of rights. Further, the Bill, rather than bringing clarity to the constitution, it will introduce an extreme abortion law that is not in the best interests of Kenyans and the unborn.

International organisations such as Ipas, who are in support of this Bill in Kenya, have used a legislation change model where they have lobbied for change of law, which consequently, in practice introduces abortion on demand, for any reason. In this model, the organizations lobby Governments to introduce new legislation with similar wording to that in the proposed legislation. This language appears to provide abortion on only narrow grounds, but in practice it will likely allow for abortion on demand to be available up to birth in Kenya through a broad interpretation of the term 'health'.

Supporters of the Bill also place themselves as key advisers on the roll-out of the new abortion service and associated standards and protocols across the country. In this role, they are involved with producing comprehensive guidance for the Government and healthcare providers which outlines that they must interpret language in the new legislation to allow abortion on demand.

Generally, the church has taken strong positions on abortion with a believe that the issue encompasses profound issues of life and death, right and wrong, human relationships and the nature of society, that make it a major religious concern. People involved in an abortion are usually affected very deeply not just emotionally, but often spiritually, as well. They often turn to their faith for advice and comfort, for explanation of their feelings, and to seek atonement and a way to deal with their feelings of guilt. Because abortion affects heart as well as mind, and because it involves life and death, many people find that purely intellectual argument about it is ultimately unsatisfying. For them it's not just a matter that concerns a human being and their conscience, but something that concerns a human being and their God.

The Roman Catholic Church (RCC) has not changed its position on contraception; it still regards the use of any form of artificial birth control as an evil that acts against the law of nature (Catholics for Choice, 2008). Church's opposition to abortion is based on the principle that each and every human life has inherent dignity, and thus must be treated with the respect due to a human person. This is the foundation for the Church's social doctrine, including its teachings on war, the use of capital punishment, euthanasia, health care, poverty and immigration. Conversely, to claim that some live human beings do not deserve respect or should not be treated as 'persons' (based on changeable factors such as age, condition, location, or lack of mental or physical abilities) is to deny the very idea of inherent human rights. Such a claim undermines respect for the lives of many vulnerable people before and after birth (Humane Vitae 1968).

The Catholic code of Canon law 1398 states that a person who procures a completed abortion, incurs a *latae sententiae* [automatic] excommunication. According to Pope Francis abortion is an abominable crime and a direct violation to one of the Ten Commandments that prohibits attempting against life. To Pope Francis every individual has a right towards life, even persons who are yet to be born and that the vulnerable (understood to include the unborn) should be protected. (Info Católica (2014). The Catechism of the Catholic Church (1994) affirms the moral evil of every procured abortion. It states that direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law.

The Catholic Church in Kenya, through the Kenyan Conference of Catholic Bishops (KCCB) has been on the forefront in opposing the Bill. For the Bill to advocate for abortion, the Catholic Church in Kenya argues that the bill goes against the teaching of the Gospel, the Constitution, and the right to life and against the protection of children and of the family (ACI Africa 2019). To the church, the bill is overly against the principles of sanctity and dignity of human life that are upheld by the church. The Church views abortion as the intentional killing of human life, insisting that the life of the unborn is human life while its termination is homicide. Further, abortion is against the constitution and the right to life and the protection of children and the family (Constitution of Kenya 2010). Speaking on behalf of the Catholic Bishops at Sunday Mass on July 5, 2020 (ACIA Africa 2020) Bishop Maurice Muhatia of Nakuru echoed these concerns. He argued that the Bill contravenes the right to life protections enshrined in the Constitution and said that the Kenyan bishops will accept the invitation to argue this case before the Senate.

Catholic Church teachings on abortion agree with the African Traditional teaching on the same. In both, there is no place for abortion. In the African Traditional context, children were regarded as precious, marriage was for procreation, children were seen as survival of race and assurance of personal immortality, polygamy was encouraged as a search for children, responsibility over children wellbeing was a communal affair and there were taboos and rituals for the preservation of the children's life (Mbiti 1969). Abortion was depicted as leading to the destruction of culture and to the erosion of established gender and generational relationships. Abortion is construed as killing. This is set in opposition to 'cultural' values, which are implicitly depicted as preserving life. The juxtaposition of abortion as killing and culture as the preserver of life implies that resistance to abortion is essential to the maintenance of cultural values and the nation.

Another provision of the Bill relating to abortion is an introduction of a three-year jail sentence for any health professional that conscientious objects to being involved with providing an abortion and does not want to be complicit in the abortion process by providing a referral onto another health professional who will provide an abortion. According to the Catholic Bishops in Kenya, this provision in the legislation, in a country where polling results shows large majorities oppose abortion, forcing doctors to be complicit in the abortion process could have a very wide negative impact, forcing many health professionals to act against their conscience. Alternatively, it would cause a likely large group of health professionals who do not wish to be complicit in the abortion process, face jail time (Right to Life UK 2020).

While the Kenyan constitution currently permits abortion when a woman's life or health is in danger and emergency treatment is necessary, the church opines that the wording of the current Reproductive Healthcare bill 2019 broadens this permission. The Catholic church in Kenya is cognizant of the high rates of back street abortions and post-birth infanticide in Kenya. However, the bishops hold that these tragedies can be addressed by ethical means. They propose a proactive approach that focuses on how to prevent the pregnancies from happening through positive means such as mentoring and behaviour change programmes, life skills and human sexuality programmes. The programmes, the bishops say, will include a closer attention to social issues that lead to poverty, illness, fornication, to peer pressure and the reluctance of people to address them (ACIA Africa 2020)

As an alternative to the Reproductive Health Care Bill No. 23 of 2019 that provides justification for the termination of unwanted pregnancies, the Catholic Prelates in Kenya have proposed a proactive approach that focuses on how to prevent the pregnancies from happening through positive means such as mentorship and behavior change programs, life skills and human sexuality programs. To the church, strong family values and personal responsibility on nurturing and safeguarding children can go a long way towards eradicating or significantly reducing child sexual exploitation and the resultant teenage pregnancies that scatter life-goals of our dear children. The church opines that safeguarding of all children is everyone's responsibility. Parents have the God-given privilege and obligation to bring forth life and to nurture every life they bring forth, especially in matters of virtues, values and character building, including age appropriate human sexuality education (ACIA Africa 2020).

3.2. Access to Family Planning Services

The Reproductive Healthcare Bill 2019 obligates national and county government to provide contraceptives and family planning services, including contraceptive options, counselling, information and education. It also seeks to guarantee confidential, comprehensive, non-judgmental and affordable reproductive health services to adolescents between 10 to 17 years of age.

To the Catholic Church, family planning is abortifacient since it prevents conception and implantation of foetus in the uterus. The church upholds that children are a heritage from God and that the fruit of the womb is a reward from heaven. The Church regards the use of any artificial or manufactured contraceptive as gravely sinful (The Catechism of the Catholic Church 1994). Artificial contraceptive methods are held to violate the principal role of marriage by preventing the creation of new life, and are thus a sin against nature. Natural family planning is supported, including sexual abstinence during fertile periods of the woman's cycle (Cook and Dickens 2009).

The Roman Catholic Church strongly maintains that contraception, and many other artificial means of manipulating human sexuality, go against the natural intentions of God (Catholics for Choice, 2008). In his famed 1968 Encyclical on Contraception and Reproductive Ethics (*Humane Vitae*), Pope Paul VI (1968) reaffirmed long-held Church teachings about human nature and new life, and also explained how this wisdom was to be applied in a modern cultural context. His teaching on human nature is anchored on seven precepts: God is the author of life, and the lives He creates are sacred; procreation is the heart of marriage; openness to procreation affirms the dignity of woman; it is not always God's will for a couple to conceive; couples may take advantage of the infertile periods provided by God to temporarily avoid conception; artificial birth control is a recipe for cultural disaster; and change of culture, instead of ignoring the moral law that 'doesn't fit' our culture.

3.3. Mandatory Reproductive Education

According to Agbemenu (2011), Comprehensive Sex Education (CSE), which includes education on abstinence and birth control methods, has proved effective in delaying sexual debut, reducing frequency of sex, reducing the number of sexual partners and increasing condom or contraceptive use. Comprehensive sex education does not encourage teenage sexual activity nor does it lead to early initiation of sexual activity. Instead participating in a comprehensive sex education programme improved adolescent decision-making skills and boosted self-confidence.

Comprehensive sex education teaches that abstinence is the best method for avoiding sexually transmitted infections (STIs) and unintended pregnancy. However, it also teaches the use of condoms and contraception to reduce the risk of unintended pregnancy and of infection with STIs, including HIV/AIDS. In addition, comprehensive sex education programmes (CSEPs) provide education on interpersonal and communication skills and help young people explore their own values, goals, and options (Agbemenu 2011). Part 4l of the Kenya's Reproductive Healthcare Bill 2019 obligates the National Government to integrate into the education syllabus age appropriate information on reproductive health. These possess another controversial component of the Bill as it focuses on the provision of reproductive health services and education for minors aged between 10 and 17 years of age. The Bill requires national and local government to provide contraceptives to adolescents and give them information on reproductive services without parental consent protections. The Bill states further that the government will integrate these measures with a new comprehensive sex education syllabus designed to provide 'age-appropriate' information on reproductive health.

According to the Kenya Catholic Bishops 'age-appropriate' as it is used in the Bill is ineffective in protecting children from exposure to explicit and ideologically corrosive sex education. To the Bishops, the term 'age appropriate' has become the most effective strategy used by sexual rights activists to get comprehensive sexuality adopted in policy and legislation. If passed, they caution, it is the sexual rights activists who are implementing sexuality programs for children who will determine the definition of 'age appropriate,' not the policy makers who believe that the use of the term will protect children.

Catholic Bishops in Kenya have expressed their strong opposition to alleged attempts to introduce Comprehensive Sexuality Education (CSE) in schools aimed at controlling teenage pregnancies in the East African nation. This is to counter the argument by advocates of the Bill who have cited a recent nationwide study by Kenya Health Information Systems which found that more than 150,000 Kenyan girls aged 10-19 have become pregnant during the recent pandemic-related school closures. The Bishops have earned support from Catholic Members of parliament who argue that Reproductive Healthcare Bill 2019 is also the main precursor for the unacceptable Comprehensive Sexuality Education (CSE) which is a tool designed by United Nations Population Fund (UNFPA) to sexualize children by promoting promiscuity, use of contraceptives and seek abortion services among other harmful sexual practices including homosexuality (ACIA Africa 2020).

In its online campaign against CSE, The Catholic Church in Kenya holds that its inclusion in the school curriculum will bring in lesbians, gays and that is going to destroy the moral fiber of the country. To the church the responsibility to teach children values and virtues is vested on the parents and the church itself. The church refers to the curriculum as one of the greatest assaults on the health and innocence of children as it runs counter to Kenya's cultural values. The proposed curriculum is explained to give children the right to decide when and with whom to have sex and it also promotes harmful gender identity ideology, sexual promiscuity and abortion.

Further, the church holds that the CSE curriculum takes a controversial rights-based rather than health-based approach to sex education and that such a curriculum places emphasis on sexual rights over sexual health. The church argues that rolling out CSE without the prior parental involvement, guidance and approval violates the well-established parental rights (ACIA Africa 2020). This is supported by Agbemenu (2011) when he argues that to implement adequate comprehensive sex education for adolescent girls in Kenya, a multilevel system of approach is required. To Agbemenu et.al, one of the keys levels is at the community where the community as a whole realizes the benefit of this education. He notes that greater efforts need to be taken to engage the community in reproductive health dialogue, especially engaging religious institutions which hold so much power over a large percentage of Kenyan citizens. Further, according to Mkumbo & Ingham (2010), there is some evidence that suggests CSE is more effective when the views and attitudes of parents are taken into account. This is in agreement with the Catholic Bishops in Ghana who describe the curriculum as a subtle way to introduce homosexuality to school going children. The church cautions that the introduction of the CSE curriculum only benefits the people supporting it and not the children. To the evidence that Catholic church in Kenya, the supporters of the curriculum are heavily funded and they use the power of the money to force the curriculum into the education system (ACIA Africa 2020).

The Catholic Church in Kenya in collaboration with World Youth Alliance, as an alternative to CSE, has proposed and developed a different syllabus. The proposed curriculum; Human- Dignity Based (HDC), helps young people to gain an understanding of who they are, who they can become and on to behavioral changes, with lessons helping them understand more about human dignity and develop their sense of worth and purpose (ACIA Africa 2020). HDC is viewed as an incredible value-based curriculum that teaches the uniqueness of human beings.

The position of the Kenya Catholic Church on integration of reproductive health in the school curriculum has been supported by other religions. For example, writing in the Standard Newspaper (January 21st 2018), the then Presiding Bishop of Christ is the Answer Ministries (CITAM) Bishop Rev. Dr David Oginde, argues that unlike traditional sex education, Comprehensive Sexual Education (CSE) is highly explicit. With an almost obsessive focus on children obtaining sexual pleasure, CSE promotes promiscuity and high-risk sexual behaviors as healthy and normal. To Oginde, CSE presents children as naturally sexual from birth, therefore any restrictions on their sexual expression or sexual activity violates their sexual rights. Furthermore, in CSE, children have the right to experiment with diverse sexual identities and sexual orientations in order to develop a healthy sexuality. He further states that, CSE is backed by heavy external funding, and some of our dollar-hungry Kenyans have no qualms selling the souls of our children for the morsel. He calls for the government not to buy into this evil scheme. He posits that the Church and parents already appear poised to firmly resist the legislation and implementation of the Bill.

The Kenya Catholic Bishops Ogando reiterate their belief that strong family values and personal responsibility on nurturing and safeguarding children can go a long way towards eradicating or significantly reducing child sexual exploitation and the resultant teenage pregnancies that scatter life-goals of our dear children. Further, they emphasize that Parents have the God-given privilege and obligation to bring forth life and to nurture every life they bring forth, especially in matters of virtues, values and character building, including age appropriate human sexuality education. This goes in line with Svanemyr, Baig and Chandra-Mouli (2015) when they argue that parents and families play a key role in shaping attitudes, norms and values related to gender roles, sexuality and the status of adolescents and young people in the community. Parents can play an important role in communicating with their children about sexuality, relationships and well-being, particularly among younger age groups. Studies have repeatedly shown that favourable parental attitudes influence children's attitudes, whether this is related to acceptance of sexuality education, uptake of HIV testing or contraceptives. Parents and families play a key role in shaping attitudes, norms and values related to gender roles, sexuality and the status of adolescents and young people in the community (Svanemyr et al, 2015).

4. Conclusion

The role of the church in maintaining the moral fabric of a society and also in providing direction in legal and policy issues of the society cannot be ignored. In the current dynamic social, economic and technological times, a society without a means to monitor and measure its social values and norms will find itself lost in the slavery of modernity, having lost its long developed and deep-rooted values and identity. Emerging trends in lifestyle, new political, economic and legal

environments do not warrant blind aping of ideologies. Assessment of a country's own cultural and religious anchorage, capacity to implement policies, environment in which the new ideas are to be implemented and consequences or implications thereof determines the extent to which a system would be successful. It can be established that Comprehensive Sexuality Education, which provides a framework for the Reproductive Healthcare Bill 2019, besides being a foreign ideology, has no religious and cultural backing in the Kenyan context. Successful and effective implementations of CSE requires the good will and buy in from religious leaders since they are the most strategic gatekeepers who must be brought on board. Once religious leaders are convinced about the merits of the initiative, they will be well motivated to promote it.

The Catholic Church in Kenya has come out strongly to voice the religious and cultural concerns in the Reproductive Healthcare Bill 2019. The contentious issues in the bill are termination of pregnancy, within which access to family planning services is implied and the integration of reproductive education in the Kenya's education curricula. Besides dismissing the Bill as foreign, aimed to serve individual interests, being against the natural law and the Constitution of the country, the Catholic Church in Kenya has made counter proposals on how best the issues in the Bill can well deep-rooted handled. These proposals include community involvement in inculcating norms and values to children, parental responsibility on the behaviour of the children and an alternative curriculum ((HDBC) that would be in sync with the constitution, religious ideologies and cultural teachings. Based on the foregoing, there is no basis for legislation and implementation of the Reproductive Healthcare Bill 2019 in Kenya. The Bill in essence violates the provisions of the Constitution of Kenya, in meaning and content, the religious teachings on sanctity of life and also the African Traditional teachings on sexuality and children.

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