

**“ I was afraid that
people might read
it from my face ”**

**Information and women's testimonies
about abortion in Namibia**



**AIDS Rights Alliance for Southern Africa (ARASA)
Namibian Women's Health Network (NWHN)
Namibian Planned Parenthood Association (NAPPA)
Southern Africa HIV and AIDS Information and Dissemination
Service (SAfAIDS)
Women's Solidarity Namibia**

Information and women's testimonies about abortion in Namibia



Interviewer: Jennifer Gatsi Mallet

Note-takers/transcribers: Jennifer Gatsi Mallet and Virginia Kuveya

Editor: Maria de Bruyn

Artwork: Tafadzwa Gatsi

Design and Layout: Godfrey Mashava

Printing: Yanni Communications and Technology

Suggested citation: ARASA/NAPPA/NWHN/SAfAIDS/Women's Solidarity Namibia/ 2011/ *"I was afraid that people might read it from my face."* Information and women's testimonies about unwanted pregnancies and abortion in Namibia. Windhoek, Namibian Women's Health Network

© 2011 Namibia Women's Health Network

ARASA is regional partnership of non-governmental organizations working together to promote a human rights-based response to HIV/AIDS and TB through advocacy, capacity-building and partnership with other organizations in the field of sexual and reproductive health

NAPPA assists people to access sexual and reproductive health (SRH) services, by advocating for these issues from a human rights perspective. We provide intensive peer education programmes at our multi-purpose youth resource centres, where young people receive information on issues such as adolescent pregnancy, and prevention and management of HIV/AIDS. Other issues we advocate for in collaboration with other organizations include gender based violence, and abolition of restrictive abortion laws.

NWHN strengthens the capacity of women, including women living with HIV and disabilities, through advocacy and information, education, skills, and capacity-building on health and human rights to improve their health and empower them to become leaders at the local and national level. NWHN works with women in each of Namibia's 13 regions.

SAfAIDS is a regional non-profit organization that promotes effective and ethical development responses to the HIV/AIDS epidemic and its impact through knowledge management, capacity development, advocacy, policy analysis, networking, building partnerships. promoting dialogue on cutting-edge issues, and documentation.

Women's Solidarity Namibia is a non-governmental organization based in Katutura, which provides legal advocacy and emotional support to women and children who are subject to gender-related violence. The Opportunities Centre seeks to empower individuals through the production of hand-made crafts and providing vocational skills courses.

The Legal Assistance Centre is a public interest law firm based in Windhoek. The LAC only takes on public interest cases. A public interest case is a legal case which will have a wider impact on the community than just assisting the individual concerned.

Sister Namibia is a feminist organisation based in Windhoek, Namibia with the aim of build the feminist movement in Namibia. Its regular activities include publishing the bi-monthly Sister Namibia magazine and distributing it widely to the non-governmental and community based organisations in Namibia, Africa and the world.

Table of contents	Page
Foreword	2
1. Reproductive health in Namibia – selected data	4
1.1. HIV, contraception, sexual violence, maternal mortality	4
1.2. Abortion	5
2. Discussions with women in the Khomas and Hardap Regions about contraception, unwanted pregnancies and abortion	8
2.1. Contraception	8
2.2. Unwanted pregnancies	8
2.3. Why women have abortions	9
2.4. Abortion knowledge	9
2.5. Should abortion be legal?	10
3. Women’s testimonies	11
Joanne	11
Athena	12
Edna	12
Susan	13
Vanessa	14
Jascinta	15
Anne	16
Teresa	17
Lindiwe	18
Elisabeth	20
Leila	22
Claire	23
Madeira	24
Dorine	26
Christophina	27
Marion	29
Elnino	30
Advella	31
Victoria	32
References	34
<u>Appendices</u>	
Appendix 1: Abortion law provisions in Namibia	36
Appendix 2: Namibia’s human rights commitments	41
Appendix 3: Abbreviations	43

FOREWORD

Although current figures are unavailable to the general public, a 1998 survey conducted on unsafe abortions in Namibia (The Namibian Newspaper, 10 November 2010) concluded that unsafe abortions contribute significantly to maternal deaths: 16% in Namibia compared to 12% worldwide.

The Abortion and Sterilisation Act of 1975, which gives women and girls in Namibia the right to terminate a pregnancy only in restricted circumstances, but not, for example, in relation to socio-economic need, remains a largely unacknowledged link to pregnancy-related deaths. This has undoubtedly contributed to the conclusion of an international study, published in 2010, that Namibia's progress in improving maternal health has been "insufficient" [1].

Today, Namibia's government is increasingly putting measures in place to curb the high number of pregnancy-related deaths suffered by women and girls in the country. Nevertheless, discussions around the antiquated pre-independence abortion law have remained limited.

We would like to see those discussions take place. In order to promote such debate, an initiative was undertaken from February to May 2011 to gather women's testimonies about their own experiences with unsafe abortions or those of friends, relatives and community members.

This booklet includes 19 of those stories, involving girls and women who were 12 to 24 years old at the time of the unwanted pregnancy. Real names have not been used to protect the women's identities, nor have we indicated where they lived except for the region.

While the testimonies do not come from a scientifically random sample of women (e.g., we know that older women also have unsafe abortions), they do reflect some of the realities that girls and women in two regions of Namibia are facing when confronted with an unwanted pregnancy that they did not want to carry to term.

The testimonies highlight some of the problems associated with unwanted pregnancies and unsafe abortions, ranging from lack of parent-child communication, lack of access to contraceptives, sexual violence, lack of sexuality education and poverty, to short- and long-term injuries and even death.

In Namibia, there is a widespread belief that having more legal indications for abortion, or making legal abortion easier to obtain, would increase the abortion rate. However, this is not substantiated by research. On the contrary, the World Health Organization (WHO) found that: “with the exception of Eastern Europe, regions with less restrictive abortion laws have low rates of induced abortion; unsafe abortions are nonexistent or the rate is very low.... Conversely, where the laws are restrictive most abortions are unsafe; and the combined induced abortion rates are high...” [2].

Increased access to safe legal abortion not only protects women's health and lives, but also helps lower costs to the health system. A study cited by WHO “found that the cost of management of abortion is lower in a legal setting that allowed elective abortion than in the restrictive legal setting. The cost also reduces when making services accessible at all service levels. The mean per-case cost of abortion care was US\$ 45 in a scenario where abortion was restricted and complications were mainly treated at the tertiary level, however, this was reduced to US\$ 25 when services were available at all service levels and mid-level providers treated approximately 60% of patients” [2].

Many young women participating in Namibia Women's Health Network Youth Outreach programmes have stated that: “family planning in Namibia for young girls is very hostile.” Poor health-care provider attitudes thus increase the risks of unwanted pregnancies and related health issues. The testimonies presented here confirm the fears that adolescents have in seeking reproductive health care, leading them to avoid post-abortion care and sometimes to having repeat abortions.

In addition, the dominant male role in most Namibian households deprives many women of the choice to use contraceptives or to say no to sex. Pregnancies in such circumstances are often unwanted, as is also the case when women feel they are unable to care for the child because of poverty, sickness or other socio-economic pressures.

There is need to undertake further research on this issue, so that we can understand the extent and impact of this problem in Namibia. The time has come to collect reliable data on safe abortions, as well as unsafe abortions and their consequences. The barriers to women's ability to obtain safe legal abortions under the current law must be removed, including people's belief that abortion is completely illegal. And we must re-evaluate the law to ascertain if it supports Namibia's commitments to ensuring women's full reproductive rights.

I wish to thank all the women who participated in the interviews, Ipas for providing funding, and all the partners who are the pillars of our work. Let us continue to strive for success, unstoppable in advocating for women's health and rights.

Jennifer Gatsi Mallet
Director, Namibia Women's Health Network

1.Reproductive health in Namibia – selected data

In 2010, Namibia's population totalled 2,128,471 people, of which 550,652 were women aged 15-49 years (125,752 aged 15-19 years). Total expenditures on health in Namibia equal 6.1% of the gross domestic product [3], with 13% of the overall budget being spent on health [4]. Namibia has 1,150 outreach points, 265 clinics, 44 health centres, 35 district hospitals, 3 intermediate hospitals and 1 national referral hospital with a total of 6,756 hospital beds [5]. Health-care coverage statistics show a total of 774 physicians, with coverage of 3.7 per 10,000 population, and 5,750 midwives and nurses, with coverage of 27.8 per 10,000 population [3].

1.1.HIV, contraception, sexual violence, maternal mortality

In 2009, 95,000 women aged 15 years and older were living with HIV, 16,000 children aged 0-14 years were HIV-positive, and 70,000 children aged 0-17 years had been orphaned due to AIDS [6]. According to the 2006-2007 Demographic Health Survey (DHS), the rate of modern contraceptive use was 45.7% among all women [7], with an overall unmet need for family planning of 20.6% [3].

Seventy-five per cent of women obtain contraceptives from public health facilities [8], but in 2009 only 49% of facilities offering family-planning counselling had written guidelines on site to provide guidance for health-care providers [9]. Emergency contraception should be available at all health facilities as part of services provided to survivors of rape; however, only 29% of surveyed health facilities offering family-planning services in 2009 stated that they provide emergency contraception [9].

Namibia has a high prevalence of domestic and sexual violence, as well as cases of child abuse. A 2006 assessment of the situation revealed that there were 1100-1200 reports of sexual assault in 2003-2005 [10], but it is widely acknowledged that many women never report a rape; only 16% of accused perpetrators are convicted. The same report indicated that just over one-third of the victims are younger than 18 years of age. Only about 12% of perpetrators are strangers to the victims and about 11% of cases involve multiple assailants.

On average, women have 3.6 children each, with a fertility rate of 4.3 children for rural women and 2.8 children for urban women [8]; in 2010, there were 46,443 live births. WHO stated that Namibia's adolescent fertility rate is 74 per 1000 girls aged 15-19 years [3]. The DHS indicated that among women aged 20-24 years, 35.1% had given birth before the age of 20 years. Early childbearing varies per region, 30% of women aged 15-19 years being pregnant or already having a child in Caprivi, compared to 31% in Kunene, 34% in Kavango and 6% in Khomas regions [8].

Statistics on the maternal mortality ratio (MMR) vary widely. The DHS indicated that the MMR in 2007-2007 was 449 per 100,000 live births [7], while statistics published by UN agencies for 2008 gave an MMR of 180 (based on estimates ranging from 93 to 270) [1]. While the UN estimate is lower, their report stated that Namibia is making insufficient progress in improving maternal health, noting that good complete registration is lacking.

1.1. Abortion

The lack of data especially seems to apply to the area of abortion, although it is legally permitted by the 1975 Abortion and Sterilisation Act for the following indications:

- danger to a woman's life,
- danger to a woman's physical or mental health,
- pregnancy due to rape and incest, and
- cases of foetal malformation that could result in a seriously handicapped child.

Very few people seem to be aware of these legal indications. In addition, whereas the law speaks about "medical practitioners" being allowed to provide abortion care, in practice this is interpreted to mean that only physicians are allowed to do so. This may be because of current regulations stating that nurses are prohibited from certain tasks related to complications of pregnancies, but in December 2009 a meeting convened by the National Planning Commission agreed that nurses should be allowed to provide emergency obstetric care [11].

Since by definition medical practitioners include nurses and midwives, consideration could be given to involving them in abortion-related care; WHO has indicated that such midlevel health-care providers can provide safe abortion care [12], and has stated: "Midlevel health workers can be trained to provide safe, early abortion. Training and equipping midlevel workers can help ensure appropriate service availability and accessibility without compromising safety, especially where doctors are few or not readily accessible populations" [13].

The lack of emergency contraceptive use and access to safe legal abortions is undoubtedly contributing to the problem of "baby dumping" (abandonment of new-borns), which is acknowledged to be a serious problem in the country [14]. In April 2008, officials at Windhoek's Gammams Water Treatment Works reported that, on average, each month 13 bodies of new-born infants were found among human waste from toilets [15].

Although a question on abortion was included in the 2006-2007 DHS survey, no data on this was given in the narrative report [16]. A hospital-based study on abortion carried out from November 1995 to October 1998 showed that about 7,147 women were admitted with abortion-related complications; about 16% of maternal deaths during that period were due to unsafe abortions [17]. In 2002, the Minister of Health reported about 40 women travelled to South Africa every month for a legal abortion [18], an option unavailable to women with few economic resources. A WHO report on Maternal and Child Health in Namibia showed that abortion complications accounted for about 38% of treated obstetric complications in 2005 [19].

More recent data did not seem to be available, but the Minister of Health, Dr Richard Kamwi, stated in 2009 that: "about one third of the deaths were due to septic and illegally-induced abortion most likely unsafely performed somewhere.... Fifty-nine per cent of the women dying of abortion related complications were under the age of 25. This is consistent with other reports that increasingly young people resort to unsafe abortion or even commit suicide because of unwanted pregnancy" [20].

In September 2010, Fabian Byomuhangi, UNFPA Country Representative, stated there is limited information on unsafe abortion in the country, but that most community members know of one or more women who have died due to unsafe abortions [21].

One reason that some women have unsafe abortions is because they believe abortion is always illegal. In other cases, women are denied the option of a legal abortion. In 2007, a 16-year-old rape survivor only received permission for a legal abortion after two months of requests with help from the Legal Assistance Centre [22]. In 2009, a young woman who was raped, infected with HIV and became pregnant sought a legal termination of the pregnancy but said: "They told me that abortion was illegal and that I would be arrested if I attempted to do so. I was very young; both my parents are dead; and I did not have work" [23].

The Parliamentary Standing Committee on Human Resources, Social and Community Development issued a report in March 2010 stating that concealment of births rose by about 283% between 2003 and 2007: "Police statistics and information suggest that the problem is a significant one. An investigation of case law on infanticide indicates that charges of murdering a new-born infant are usually combined with charges of concealment of birth" [14].

Women are being prosecuted for illegal abortions in the country, although they are not always imprisoned when found guilty. For example, on 19 July 2010, the High Court of Namibia passed judgement in Oshakati on a woman for abortion, sentencing her to "12 months imprisonment wholly suspended for 5 years on condition that the accused is not convicted of abortion in contravention of section 10 (1)(a) of Act 2 of 1975, committed during the period of suspension" [24].

As the testimonies in this booklet show, fear of arrest prevents some young women from seeking post-abortion care. If they do seek care, they may not receive optimal treatment. WHO recommends use of manual vacuum aspiration (MVA) for post-abortion care but this is scarcely available, with providers instead using dilatation and curettage (D&C), which is not recommended.

In addition, a 2009 survey of health facilities in Namibia showed that post-abortion care was the area of basic obstetric training in which the fewest surveyed providers had received in-service training (only 13% in the previous year and 8% in the 13-35 months prior to the survey) [9].

In 1996, a draft bill was introduced in Parliament to further liberalize the abortion law and there was a great demand among the public for a discussion document on the proposal by the Legal Assistance Centre. Due to perceptions that the most Namibians would not favour the law amendment, the bill was withdrawn after three years despite a lack of opinion polls or surveys confirming that perception [22, 25].

In the past two years, civil society organizations and others have again called for debate on law reform. Work done by NWHN with young people has shown that they believe there should be open discussion about young people's access to contraception, unwanted pregnancies and unsafe abortion [26]. The National Ombudsman [27], National Society of Human Rights [28] and NAPPA have all called for consideration of amendments to the law and an article appeared on the SWAPO website supportive of debate [29]. The Office of the Ombudsman announced that they will organize community discussions on baby dumping in 2011, inviting legal and church experts, community leaders and politicians to participate [30].

While efforts are underway to improve counselling on prevention of unintended pregnancies [31], information on legal abortion is not given to women who have unwanted pregnancies and this in turn leads considerable numbers of adolescents and older women, both married and unwed, to seek unsafe abortions. Maternal morbidity and mortality could be reduced if safe abortion services were provided. A 2009 study in Mexico further showed that providing safe abortion care is cost-effective; it is less expensive than treating the complications of unsafe abortions and the money saved could be re-allocated to other maternal health needs [32].

Implementing the current abortion law to make safe abortion accessible, as well as providing up-to-date post-abortion care with methods recommended by WHO, would benefit women as well as the health system.

1. Discussions in the Khomas and Hardap Regions about contraception, unwanted pregnancies and abortion

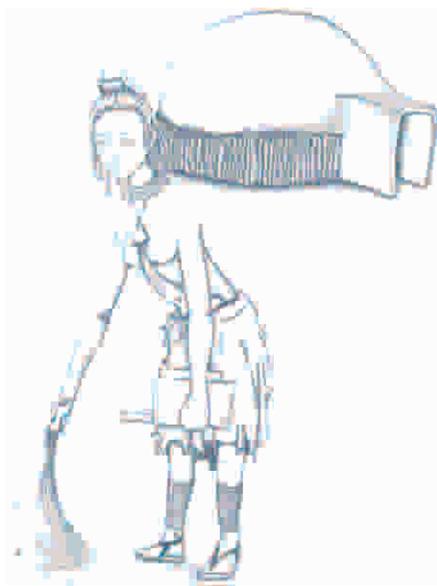
When NWHN began the project, we held three sessions with women to inform them about why we wanted to collect the stories and in order to provide them with an opportunity to make appointments with NWHN for confidential interviews. Two sessions were held in rural and urban Khomas region, one with 20 women ranging in age from about 15 to 40 years (mixed-age group) and a second one with young women aged about 15-19 years. In the Hardap Region, we spoke with 15 women who ranged in age from about 15-35 years.

During these sessions, we talked about why women have unwanted pregnancies, contraception, why women have abortions and what they knew about women's experiences with abortions. Below is some of the information that the women shared, which provides some background on the situation in which the storytellers live.

2.1 Contraception

Women in all three groups said that the ways in which women can prevent pregnancy include condoms, tablets and injections. It was only among the young women in Khomas Region that some had heard about female condoms; the other women all referred to male condoms.

In the mixed-age group, which included women who live in rural areas, no one had heard about emergency contraception and some women were unfamiliar with



contraceptive pills. Some women in the other two groups had also not heard about emergency contraception. A couple of the younger women in Khomas Region had some knowledge about spermicides which can be used together with condoms, but they added that not many people know about that.

1.1. Unwanted pregnancies

The mixed-aged Khomas group explained that women often don't plan to get pregnant, because when a man causes a pregnancy, he often just goes away. Also, if a woman is involved with a married man, the baby cannot be baptized in church. Women often don't have money or a job and are afraid of what would happen with the pregnancy; some are afraid the baby might die during the pregnancy.

In the Hardap Region, the women said that unwanted pregnancies result from rape, condoms bursting, sex coupled with alcohol use, and lack of education. They commented that some women have sex due to peer pressure and that unemployment also causes pregnancies to be unwanted.

The Khomas young women mentioned rape, condoms bursting, have sex while drunk, having irregular menstrual periods, and lack of knowledge about contraceptives as reasons for unwanted pregnancies. They added that young women have sex due to pressure from their peers and partners and because of media influence; sometimes, they just want to experience what it is like to have sex. They added that it can be very difficult for young persons to get contraceptives at the pharmacy. They said: “you don't get it just like that” – it depends on who sent you and your age.

When asked how unwanted pregnancies could be prevented, some of the Hardap Region participants commented that women should drink responsibly and stay away from sex. Some said that women should not give men false hopes, i.e., they don't always give men a clear message so that when a woman does say no, men don't accept it. Others said it would be good if men were given training, especially regarding the need to stop violence against women and rape.

2.3. Why women have abortions

The women in all three groups said that women have abortions because they don't want a baby, perhaps because they are not working or, as some young women said, because they don't even always have money for lunch, let alone enough to be able to afford to raise a child. Some women said that women with unwanted pregnancies feel stuck and some will throw away the baby if they continue the pregnancy.

Several of the young women added that students will not want to risk their education by becoming pregnant; they may be having safer sex and a condom will burst and then they will choose to end the pregnancy, especially if there is no access to emergency contraception. One young woman commented: "We're looking to develop our country; what if it happens to you and you really want to make a difference in Namibia's development?"

2.4. Abortion knowledge

It was only in the young women's group of urban Khomas Region that participants were aware of the circumstances in which a woman can have a legal abortion in Namibia. Some of them had participated in educational sessions where they were informed about this.

The mixed-age group in Khomas remarked that abortion is usually kept secret because women are afraid of being locked up if someone finds out. Women are also afraid of what their elders will think. In addition, if a woman's boyfriend finds out, she may suffer violence. They said that if it were legal, women would not be so afraid and they could go to a clinic where it would be kept confidential. Also, at the clinic you could find out about contraceptives without the elders knowing about it.

Participants in the mixed-age group of Khomas Region said that women cook substances which they then drink to cause abortions. They said it is dangerous when a woman does it at home as she can suffer damage "inside", become infertile or even die. The young women in Khomas Region mentioned that peers had boiled newspapers and beer, mixed brandy with aspirin, or mixed cleaners with petrol and drank that.

They also knew that some women use herbs or sharp objects to cause an abortion, which can result in damage to the womb and women bleeding to death. They, too, said unsafe abortions can make it impossible for women to conceive later and that women can get infections.

A few members of the two Khomas groups believed that some women will have abnormal babies if the abortion doesn't work; a participant in the young women's group gave as an example having a baby with very long legs.

2.5. Should abortion be legal?

Almost all of the women in the three groups concluded that it would be better if women could obtain legal abortions, although there were some differences of opinion about the circumstances in which it should be legal. In the Hardap Region, one participant felt that making legal abortion accessible would encourage sex among schoolchildren; this opinion was shared by one of the participants in the young women's group from Khomas. These participants also said that, rather than have an abortion, women could give up unwanted babies for adoption. Other participants responded that it is not easy for children to be adopted, as shown by the numbers of children in orphanages.

Overall, there was a general consensus that abortion should be permitted in cases of rape and failed contraception. Many women commented that it should be permitted if a woman has health problems, has no money to look after her children, if it is a case of an under-age girl, or if a woman is still breastfeeding. Some women also said it should be allowed for women who have mental illnesses. Many participants felt that if there was access to legal abortion, baby dumping would not be such a problem.

WOMEN'S TESTIMONIES

Joanne

I dropped out of school in Grade 6. My home is in the Khomas region where I grew up. I'm still living with my brothers and sisters; I have had a lot of difficulties and problems with them.

When I was 12 years old and still at school, I was raped and they said it was because of how I am; it was my fault.

Later, I had a sexual relationship with a man from South Africa who was in our area at that time. I couldn't get contraceptives because I was afraid of the Sister In-charge at the clinic. I eventually fell pregnant in 2010 when I was 15 years old; I told the man about my pregnancy; he was married and went back to South Africa. He never communicated with me again.

I knew that I was pregnant because my sister had told me before that if a woman misses her menstrual period and vomits, it means she is pregnant. I started feeling sick and for two weeks, I had fevers, felt hot and cold, had pain in my stomach and vomited. I didn't tell anyone that I was pregnant. I was scared that if my brothers got to know about my pregnancy, they would blame me for being loose. I decided to stop the pregnancy because I was afraid of my brothers and I had no financial assistance.

I did not try to get emergency contraception because I was afraid of the Sister In-Charge at the clinic. I also didn't speak to the health service about abortion for the same reason. I didn't know that abortion is legal in Namibia. One day my friend told me a story about how she ended an unwanted pregnancy that she once had. She didn't know that I was pregnant because I didn't tell her. I decided to use the method that she had told me she used.

When I was three months pregnant, I boiled a lot of newspapers in water together with Sir Edwards and Royale [types of high alcohol content liquors]; then I drank two glasses of the mixture while it was hot. I had gotten the alcohol by saving it when I was with friends who bought me drinks. An hour after drinking it, I started having a lot of pain and began bleeding heavily; clots started coming out. The bleeding continued for about two weeks. I did it all by myself at home secretly, without telling anyone.

I felt sick but avoided showing it. Then I pretended and lied, saying that I was having period pain, so my mother took me to the clinic. I didn't tell the nurse; he was a man and I was afraid.

Nobody examined me; the nurses gave me Panadol® [paracetamol] and told me to come back after three days if that didn't help. I didn't go back, even though they had treated me well; they couldn't shout at me because my mother was there. After that, I began drinking traditional medicine, like Kamaku (devil's claw); I used it for a while and now I'm ok and I have normal periods.

I was afraid that people might eventually read it from my face. I finally told a lady who works at the clinic because I heard people were going to her to get information and they told her their problems. I trust her and she always has time; it is a secret between us and I felt better after telling her.

The lady took me to get family planning, the injection [Depo-Provera]. I take that instead of pills because I am afraid that my brothers would find the pills; also, I might forget to take the pills. I am still afraid that I might be HIV-positive but I haven't had an HIV test.

I would not have an abortion again if I had an unwanted pregnancy unless it was the result of rape or someone was just using me [abusing]. If a friend told me she was pregnant, I would tell her to have the baby if she has financial assistance and is not in an abusive family. But if she doesn't want it, I would tell her to use the same method and I would refer her to the nice lady at the clinic.

I'm telling my story because my heart is still not ok. The more I talk about it, the more comfortable I feel with myself; I feel relieved. And others could learn from my experience.

Athena

I know a young woman named Athena who lives in the Hardap Region and she told me about her experience. When she was 16 years old, she fell pregnant. She didn't want the pregnancy because she was still young, not married and had financial challenges, so she couldn't afford to look after the baby. She was not using emergency contraceptives like the morning-after pill because she didn't know about them, so she decided to carry out an abortion.

At that time, Athena was living in a rural area with her mother who was suffering from mental illness and on medication. She took a lot of her mother's psychiatric pills at once in an attempt to carry out the abortion, but she only fell sick and the pregnancy did not end. Athena got very worried and didn't know what to do. In the end, she decided to go to the city, where she started doing sex work.

One day, Athena decided to go to South Africa and have an abortion there because that's where safe abortion is legal in all instances. She was given a ride by a heavy-truck driver. On the way, she explained her situation to him and why she was going to South Africa. The truck driver persuaded her not to go ahead with the abortion. He eventually drove her back to the city and she ended up carrying the pregnancy to full term.

In the end, Athena gave birth to a child who is mentally ill and also paralyzed because of what she used in her attempts to carry out an illegal abortion. She has now been married for more than five years but seems unable to have children anymore. Athena believes it's because of the medicine that she took in her endeavours to end the pregnancy.

Edna

I am a high school girl living in the Khomas Region of Namibia. One of my classmates, Edna, fell pregnant in the year 2010 when she was 16 years old. I am not sure if she used an emergency contraceptive like the morning-after pill. She didn't want the pregnancy because she was in school. She was not sick and she did not know her HIV status because she didn't go for a test.

Edna decided to carry out an abortion when she was five months pregnant. She knew that in Namibia abortion is legal in only five instances. She learned this from workshops and pamphlets that she got from NAPPA. She told her mum and two of her close friends about her pregnancy and her intention to terminate it.

Financial constraints might have contributed to Edna's decision, because her mother is a single parent, so it would be difficult for her to look after the daughter and her baby. Her mother and the two friends were supportive of her termination plan and helped her carry out the abortion at home.

They boiled old newspapers and mixed the ink with petrol, which they then gave her to drink. She drank the mixture for about a week and it must have cost around N\$16 because they used 2 litres of petrol. Her mother provided the money used for that. After drinking the mixture, Edna was in pain, having stomach cramps. She only took ibuprofen pills [painkillers]. She did not go for follow-up or health care. Her mother used traditional medicine and she treated her well.

Although she lost weight, Edna looked fresh when she came back to school. The abortion failed, however, because she eventually gave birth to a baby boy. So she dropped out of school. I think she wouldn't have an abortion in future, as she is now taking good care of her baby with love. She only told this story to her close friends.



Susan

I knew a girl named Susan who fell pregnant at an early age of 16 years; at that time she was in high school. I don't know how Susan fell pregnant, but I knew she was pregnant because she told me herself. She did not want people to know how far along the pregnancy was. But I learned later that Susan was three to four months pregnant when she noticed the pregnancy. She was not the only pregnant girl in school at that time; there were other three ladies who had decided to keep their pregnancies.

Susan decided to have an abortion because she was afraid of her parents; she also did not want to drop out of school. She heard through her peers that there was an elderly lady in Katutura who does abortions for N\$300, which is cheaper than going to a private hospital.

She went to the elderly lady to seek help to terminate the pregnancy and the lady helped her to abort.

The elderly lady used a metal hanger, which was sharpened at the end point. The method used was putting the sharpened tip of the hanger into her vagina until it was three quarters in. Then she started to poke the opening of the womb and this went on for at least two hours non-stop until she started to see blood spotting. When blood spotting began, the elderly lady told the girl to go home and wait for the blood to come in full as in menstruation. She informed Susan that as soon as more blood started coming, it meant that the abortion had been successful and after this she should go to the clinic for treatment to clean the womb.

Susan left the elderly lady's house to get a taxi to go to her house and while she was on the way to the taxi rank, she collapsed. Bystanders went to her aid and when they saw that she looked very sick, one of the people who came to her aid phoned the ambulance. By the time the ambulance arrived, Susan had died due to loss of blood. She was from a poor family and at the time of her pregnancy she did not know her HIV status.

I only knew about her abortion when she died. My friends who were closer to her, and who had provided the information about the lady in Katutura, told me about how she did the abortion and how she died. It was really sad, but this is not an isolated case as there are so many young girls facing the same predicament. In most cases it's not reported; this young lady's story was not reported either in the local media or on TV. It was only seen by those who saw her collapse as someone who was sick and I am not sure whether at the hospital they even realized that she died of unsafe abortion. Her secret died with her and her friends; even her parents did not know when they were told that Susan died.

Vanessa

I can tell you about Vanessa, who was 22 years old when she fell pregnant. She realized it only after three months. Vanessa was not ready to be a mother and the boyfriend who was involved in the pregnancy was not ready to be the father, so together they decided to arrange an abortion. The boyfriend went to buy pills for an abortion, which cost N\$600, from a trader in the community. The trader is known for providing these pills to girls who want to abort.

Vanessa used the pills and waited for four days, but the abortion did not happen. She informed the boyfriend, who then went to a pharmacy to buy other pills which were recommended to him by his friends who knew that these pills abort fetuses. Unfortunately, the boyfriend did not tell Vanessa the name of the pills. He only told her the pills did cost him N\$1000. He instructed her to take the pills. There were six pills. She had to take two pills early in the morning before eating anything for three days.

On the third day, she started to have painful cramps in her abdomen and soon after she felt the burst of a foetus coming out of her vagina. She was in pain and sweating a lot. She took Panadol® tablets [paracetamol] to stop the pain. When the foetus came out, she put it in a towel and took it to her boyfriend's place. Together, they took the foetus in the bush and threw it away.

Vanessa told me that she does not want to experience this again as it was painful and made her feel very guilty that she had killed her child. She is still in a relationship with the boyfriend. There are many unsafe abortions in Namibia and it is only that people are doing it in secret. Therefore it will be good if abortion in Namibia is legalized in order to save the lives of our people.

Jascinta

My name is Jascinta and I live in the Hardap Region. In 2002, when I was 19 years old and doing Grade 11, I fell pregnant. We were using condoms, so I told my boyfriend that the condom might have burst.

As I'm a woman, I've known my periods, so the moment I missed my period, I knew it was wrong; I didn't do a pregnancy test. After the second month, I told my friend that I knew I was pregnant. I didn't want the pregnancy as I didn't plan to have any children during my school years. I wanted to continue with school and fulfil my education, so I did not want a child. I told my friend about my pregnancy and that I wanted to end it.

My friend accompanied me to the clinic for a [Depo-Provera] injection because I had heard that it works to stop a pregnancy. My friend told me to just try as she was not sure if it works. At the clinic, the nurse gave me a container to collect my urine for a pregnancy test. I used my friend's urine, which tested negative and they gave me an injection. It didn't work. I told my friend's mother about my pregnancy and my attempt to use Depo-Provera for abortion; she also said that it does not work for abortion.

In my attempts to do abortion, I also tried homeopathic pills that are used for constipation, but that also didn't work. I drank a big bottle of concentrated Oros drink, but still it didn't work. I did all that with no one's influence; it was my own decision. I did it all alone at home, all in one week using my pocket money. It was not so expensive; the pills cost about N\$ 6-7 and the drink about N\$11.

I did not tell any of my family members about my pregnancy and attempts to end it. I'm the oldest; maybe my grandmother suspected; you know how old people are. My boyfriend didn't agree with abortion so I didn't tell him, but if it had worked, I would have told him right away.

I didn't know about the morning-after pill and at school, in development studies, we learned that abortion is illegal in our country.

When all the attempts failed, I didn't seek any health care. I just kept the pregnancy and finished my Grade 11 year. Then I stayed at home and gave birth to a baby boy, fortunately without any complications. The child and I are still healthy and the next year I went back to school.

I have been using injectables for six years now. I will never forget trying to do abortion, but feel ok with it. But I wouldn't try again, although if I had succeeded maybe it would be different. My cousin is pregnant right now and I told her to keep the pregnancy and she is going on with it.

I would advise someone I know with an unwanted pregnancy to get a legal abortion. There must be someone with whom she can talk and if she explains well – maybe she has something hidden that only she knows – then that person can arrange an abortion. I know of an elderly lady who did a legal abortion with a doctor; maybe it was private.

Rape is a bad story and if a woman wants abortion then, I must agree with her. But if she knows there is family planning (condoms, injections) and gets pregnant, then I think she can't end the pregnancy. If a condom breaks? I've experienced it and I know it's really bad. Maybe you can try [an abortion] and succeed. You can look for medicinal herbs and cook them and maybe be ok.

In some cases, you will succeed with an illegal abortion but in some cases, it will cost you your life, so it's better to keep the baby. I will tell others that not all attempts to terminate pregnancies are successful. It was only my first pregnancy which I tried to end and failed.

Anne

I am a Namibian woman and I am now 30 years old. In 1996, when I was 16 years of age, I went out to a party at night. A friend offered me a ride back home and raped me on the way there. I was bleeding profusely; when my grandma asked me about it, I told her it was just my menstruation. I continued bleeding lightly for two months and I could tell all was not well with me.



I suspected I had become pregnant. I remembered that some time before, a friend had invited me to watch when she was testing herself for pregnancy. I decided to use the same method. I poured some Dettol [antiseptic cleaning lotion] into a container together with my urine, trying to mix the two, but the two liquids did not form a mixture. The Dettol settled on top of my urine in the container, and then I knew I was pregnant.

I didn't use the morning-after pills because I didn't know about them. At that time, I also didn't know the five cases in which abortion is legal in Namibia. I only learned about them recently from the Namibian Women's Health Network.

When I told the friend who raped me about my pregnancy, he promised that he would be responsible for the child. I didn't tell anyone else about my pregnancy. When I was four months pregnant, he refused responsibility, saying that I was sleeping around with several men. However, I was a virgin when he raped me.

That pregnancy was obviously unwanted and unplanned, so I decided to carry out an abortion on my own. The other reasons that made me decide to terminate the pregnancy were that I had just dropped out of school; I had been abandoned by my mother; I had no money as I was unemployed; and I was young and scared. So the decision to carry out the abortion was only mine; nobody influenced me. My financial situation and those other things I just mentioned forced me into it.

To carry out the abortion, I boiled a lot of newspapers and drank the ink. Then I drank 750 ml of brandy and some wine made from Kamaku, which is also known as Papkan of Devil's Claw. I also drank Sta Soft® [fabric softener] and some highly concentrated bitter Oros juice. To my disappointment, it all didn't work. I was frustrated, so I began drinking all sorts of hot liquor and smoking marijuana continuously, just to get rid of the pregnancy. I was also always wearing very tight jeans to try to squeeze the foetus out.

Finally, I decided to jump from a car to try and force everything out. Soon after this attempt, I started bleeding and went to the clinic. At the clinic, they carried out a pregnancy test on me and the results came out positive. Then I knew I didn't make the pregnancy end.

The bleeding eventually stopped and time was moving on. I did not give up. When I was seven months pregnant, I went out with friends. I ran around a lot with them, did a lot of mountain climbing, a lot of jumping and I was making sure I would land on my tummy to make an impact on the foetus and push it out. All my efforts were in vain. I again started bleeding and I was in pain. I went to the hospital, got an injection to kill the pain and I was put on a drip. My skin was pale, my lips had turned black and I was vomiting.

Still at the hospital at seven months pregnant, I went into labour and eventually gave birth to a pre-term tiny baby girl weighing 1.5 kg. The baby was put in an incubator. For quite some time in the hospital, I didn't want to see the baby or get close to her. I feared that seeing the baby would bring back all the bad memories of what I had gone through, from the rape to all the attempts to terminate the pregnancy.

My sister came and persuaded me to take my baby. I later accepted the situation and took my baby. My daughter is now a teenager and has a dent on her forehead because of the buttons of the tight jeans I was wearing while pregnant. I am proud of her and she is my rose. I regret all the abortion attempts that I went through. I feel bad about it. If it happens that I'm faced with a similar situation right now, I will only go for a safe abortion. If anybody has an unwanted pregnancy and they consult me, I would refer them to the hospital for a safe one.

I never heard from that man again. Some two years later, I got into a relationship and had serious problems having sex with my partner because of my past experience when I was raped. I was always shocked and scared. Due to that experience, I thought sex is always violent and painful. My partner could tell there was something wrong with me, but I didn't tell him. I have never shared my experience with anybody else.

Teresa

[Note: reference was made to emergency contraception in this story, but it is obvious that something else was taken.]

Teresa, one of my friends, was 19 years old when she fell pregnant. At first, when she did not have a menstrual period for four months, she thought it was normal as sometimes she could go for a long time without monthly periods. She realised that she was pregnant only when she did a pregnancy test due to the changes in her body and being nauseous.

Teresa was excited about being pregnant but when she told her boyfriend, he told her he did not want the baby. He also told her that he had another child with another woman. Even though the boyfriend was rich, he said he was not ready for a baby or a family; he told her that he had a kid already with another woman and that was enough for him. Teresa was very disappointed as she wanted to have his baby and she was disappointed on hearing about the other lady who had a child with him.

That is when problems between the two started. This made Teresa want to have an abortion as she felt that there was not going to be any support for the baby from the boyfriend. She went to a private doctor, who was referred to her by her boyfriend, to get the “morning-after pills”. She was given one pack with two pills and costing N\$600. The pills were shaped like stars. She took the pills to her boyfriend and he told her to use the pills. He told her not to tell anybody about the private doctor who provided her the pills and that she must not tell anyone about her pregnancy or the abortion.

Teresa went to her auntie's house where she was staying and did what her boyfriend told her; she kept herself in the room for two days. During this time, she told her auntie that she was having period pains. Her auntie did not ask her any questions, as she accepted what Teresa told her about having period pains.

Teresa started having heavy bleeding on the third day and contacted her boyfriend who came and picked her up. He took her to the same private doctor who gave her the tablets. The private doctor did the D&C at his rooms. The boyfriend paid all the doctor's services.

Teresa's relationship with her boyfriend did not end; they carried on being together. A year after having aborted, she became pregnant again from the boyfriend, but she did not tell him until the pregnancy was five months. The boyfriend left her and her parents were very upset with her. Teresa was lucky that her parents decided to support her throughout the pregnancy. When she gave birth, she went back to school and she will be writing her grade 12 exams this year 2011.

She is also lucky that her boyfriend had the means to consult a private doctor to do the abortion and the cleaning of the womb. I know there are private doctors who do safe abortions, but they are very expensive as they do it knowing that they are breaking the law and it might cost them their profession. Even though the boyfriend left Teresa, she is happy that at least she got support from her family and she is still at school.

Lindiwe

My name is Lindiwe. This is my own story. I was 11 years old when I was raped by my teacher during the last school term. I am now 36 years old. The rape has lived with me since then and will live with me until I die. I feel as if I am a cursed woman.

I started my monthly periods when I had just turned 11 before the rape. My teacher would always give me tasks to do at his house after school lessons. He abused me sexually and was always telling me that if I told anyone, he was going to kill me. So I did not report the rapes.

The rapes continued every time he would send me to do chores at his house after school. I was very afraid. I did not know anything about the morning-after pill. I did the abortion when I was 12 years old the following year.

After some time, I started to notice changes in my body, but I did not understand these changes. I started losing my appetite. From the second month, I start feeling something. I started to see my body growing, but I still did not understand what was happening to me. It was during the second month of not having my periods, when I started to sleep a lot and was having nausea and vomiting, that I decided to tell a friend what was happening to me.

I told a friend of mine I was very close to. She was 13 years old at this time. I did this because of culture, which does not allow young women to talk to their mothers or grandmothers about these issues.

Even though she was only 13, it seemed that my friend was knowledgeable about these things; she is the one who told me that I might be pregnant from the rapes I was getting from the teacher. She said she had seen all the signs related to pregnancy in me. I guess her growing up in a large family of girls and seeing her siblings getting pregnant, with all the side effects of pregnancy, meant that she had more information and knowledge than me.



I had confidence in her and I trusted her because I saw that when I told her, she did not discriminate but was very concerned and caring. I did not go to the clinic to have a pregnancy test; I was scared and very afraid of the teacher and nurses. I also knew if my mother found out that I am pregnant, she would throw me out of my grandmother's house. She would not have believed me, even if I told her that the teacher was raping me and that is how I got pregnant.

During this period, I was hiding my growing stomach by putting on big sweaters. My friend was very understanding and helpful. She told me if I wanted to stop the pregnancy, she could tell me how to do it. My decision to have an abortion was mine; I was influenced by fear of the teacher, what people would say when they saw that I was pregnant, what my mother would do to me, my mother's financial situation which was not good at all: all these thoughts were going through my mind. My only solution at that time was to have an abortion, no matter at what cost.

My friend told me what I needed and how to prepare it. She told me I should mix strong alcohol and Oros crush drink and a plant which we can find in the bush; she told me how the plant looks. Since I was staying with my grandmother, I went through all her traditional medicines in the house and found the one which my friend had described to me. My grandmother was selling traditional medicines to the women in the community and the root was one of those medicines. My friend told me to use strong alcohol, 750 ml of Richelieu Brandy. I stole the bottle from the teacher's house as the teacher was an alcoholic and he had a lot of this stuff. My friend helped me with her pocket money to buy the Oros crush.

She said I had to mix those things and cook them together and then drink that for a whole week. I took her advice. I made a mixture of the brandy, traditional roots from trees (!Gixau, !Khuxa, Kamaku) and Oros bitter crush. I boiled the mixture until it was thick, very dark and bitter. I used a 5-litre tin to make the concoction. I drank the mixture for a whole week, taking a full cup per day.

During this period, I was having very painful stomach aches and getting running stomach [diarrhoea]; I found that I was starting to bleed lightly. At the end of the week, I started to see blood in my pants and I carried on with the concoction for two more weeks, until I started to see big clots of blood which I had never experienced during my monthly periods. I told my grandmother, a very old woman, that I was not feeling well as I had period pains. She gave me the same traditional mixture and this is how I managed to maintain the quantities for those two weeks.

When I told my friend that blood was coming, she told me I must drink another plant called!Khuxa; it was different from the first plant and is one we find in the field. !Khuxa cleans the womb and also hastens abortion. So when I start drinking this one, I found out there was no foetus anymore; it was just a normal blood flow. But there was still some pain; the pain was still there. I was not feeling normal, but I was still drinking the concoction because I really wanted it to be clean. I did not go to the clinic after the abortion because I was scared and afraid of the teacher.

I was very relieved when the abortion took place. I am so grateful to my friend for being supportive and helping me. She really cared about me. Up to now I have never told anyone else about the rape or the abortion. I did not know about my HIV status at that time.

Now, I have been struggling to conceive and I suspect the problems are because of the unsafe abortion. I have never done another abortion as I never fell pregnant again after this experience, even though I have had sexual relationships and have never used family planning.

If anyone comes to me for information on carrying out an abortion, I would tell them they should rather have a safe abortion and look for places that do this, or they should use the morning-after pill since I might be barren now because of the methods I used when I did abortion.

But as long as abortion is not fully legalized, I would not hesitate to give information to those who cannot afford the morning-after pill or who cannot access safe abortion places to take the same concoction which I took. I will definitely give her this information but also caution her, telling about my situation so that she will know the risk she is taking.

Elisabeth

I would like to tell you a story which happened this year, in 2011. The girl, Elisabeth, just passed away a month ago. She was 24 years when she died. As a community counsellor and health worker at the clinic, young girls have gained confidence to talk to me as a fellow peer because I am also a young woman.

Elisabeth told me her story during one of her visits to the clinic for counselling. It was the day when I had to give her the results of an HIV test. She was suffering from something inside her and she wanted me to know what was going on. She asked me to keep it confidential. That day, when she told me the whole story, she was crying the whole time.

Elisabeth told me she was 15 years old when she was raped by her stepfather. She was living in a very abusive environment. The stepfather had been abusing her for quite a long time, raping her. At that time, she was afraid to challenge him or to tell her mother. During that time, her biological father killed her mother and she was left alone with the stepfather.

Elisabeth started getting afraid of the stepfather and then she fell into someone else's hands, a man who was promising to love her. She was very vulnerable. This second man raped her again as she did not consent to having sex; she just needed company to comfort her during her ordeals.

When the stepfather found out that she was raped by another man, he sent her to live with her grandmother; he did this without any explanation but calling her all sorts of dirty names.

For her at this time, however, it was a huge relief to be living with her grandmother again; when she had been growing up, she had also lived with her grandmother. Elisabeth told her grandmother that she had been raped, first by her stepfather when her mother was still alive and then by another man and now she had missed her monthly periods and was suspecting that she might be pregnant.

The grandmother was angry with her stepfather, but there was nothing she could do; she was also angry about the second man who raped Elisabeth. She was very understanding and provided Elisabeth with care. Her grandmother was a traditional midwife and told her that she was two months pregnant. The grandmother went into the forest and came back with different plant roots that she boiled and gave to Elisabeth to drink. I do not know what quantities she drank.

When Elisabeth started taking the medicine, she became very sick; she was vomiting and feeling dizzy. Her grandmother kept on telling her to be strong, as that is how the medicine works. She drank the medicine on an empty stomach according to her grandmother's instructions and took the medicine for two full weeks before she started bleeding.

After the abortion, the stepfather came to the grandmother's place and threatened her grandmother; he told them, he was there to stay. He started raping Elisabeth again and said that if she told her grandmother, he was going to kill the grandmother. Elisabeth fell pregnant again and now she was quite sure that this pregnancy was the stepfather's. She was scared to tell her grandmother that she was pregnant again from her stepfather, so this time she took an overdose of Grandpa tablets, which are strong painkillers, and Oros bitter crush; she had heard from her friends that one can use this mixture to abort.

The abortion was successful for the second time and she was very grateful, as she did not want her stepfather's child. What she did not know at this time was that she was infected with HIV. She never went to the clinic for post-abortion care after the two abortions and this started to cause her some health problems. When she went to the clinic a month after the last abortion, due to the failing health, they did an HIV test and she tested positive.

On the day that she told me her story, Elisabeth was not herself; you could see she was not herself. She was even shaking. At one point, I asked her, "Are you hungry?" I even offered her something to drink, coffee. And then she drank a little bit, but then she said no. Then I asked her if something was wrong in her family, home or something. First, she said yes, but just left it without saying more. Then she told me the story.

Elisabeth finally said to me that she had just a few days left to live. I was thinking that maybe she was drinking or something, so I was asking her about that. And she said, "No, that's how I feel, how I believe. It is just a few days and I will be not in this community any longer." And I thought, "No, I will just refer her back to my supervisor, the nurse, so that maybe she can provide her with professional counselling." But then I felt that today maybe was the last day for us. She never fully recovered and she died a month after telling me her story. We had to bury her last weekend.(2011 March)

Leila

My name is Leila and I am 27 years old. I was born and bred in the Hardap Region. When I was 16 years old, doing Grade 11, I decided to have sex with my boyfriend for the first time. Since I didn't have regular menstruation periods, I didn't suspect anything could be wrong. But then, I started having morning sickness and began vomiting. I got really sick and went to the clinic, where I was told it was a heart problem.

The pregnancy started showing at three months and I didn't tell anybody. I made sure I always wore a jersey, so people didn't see it. When I was growing up, I was staying with my grandmother and my mother and facing a lot of financial challenges. When I discovered that I was pregnant, I became scared of what my mother and other people would say or think about me. I was only a schoolgirl, so I wouldn't be able to provide for the child financially. For these reasons, I decided to carry out an abortion.

I didn't know cases in which abortion is legal in Namibia, so I asked my friends about methods of terminating a pregnancy. They told me but didn't know it was for me because I was careful enough not to tell them that I was pregnant. I boiled a lot of newspapers and drank a cupful of the hot ink. It was bitter and gave me stomach cramps but the pregnancy didn't end. I continued going to school.

After some time, I mixed 250 ml of pesticide with 750 ml of bitter Oros juice (lemon flavour) and drank that. I immediately started sweating and got very sick. To my disappointment, the pregnancy still didn't terminate. I got all those things that I used to try abortion from our house because I didn't have money to buy them.

At seven months of pregnancy, the baby was kicking and I was now playing with my stomach, rubbing it. I suddenly started bleeding. I told a traditional doctor in our area that I was bleeding continuously for a long time and he thought it was menstruation, because I didn't tell him that I was pregnant. He gave me Kamaku (devil's claw). I drank it and immediately my stomach became stiff. I was seriously worried.

I finally told my female teacher at school that I was pregnant and she said I should tell my mother. I told her that it was not possible because I didn't want her to know that at all. The teacher took me to the clinic, where they carried out a pregnancy test on me and the results were positive. I continued wearing my jersey all the time to make sure nobody saw my pregnancy

One day I was bathing when I was eight months pregnant. My mother got into the bathroom and saw my pregnancy. She cried and collapsed out of shock. The whole family gathered for a meeting to discuss me. Everyone was saying nasty things about me. Some were shouting at me saying I was careless. Others were saying I shouldn't have fallen pregnant considering the financial situation that the family was in. They went on to tell me that no one was going to look after my baby as I was unemployed and only a schoolgirl.

I eventually went to stay with my uncle in another town. During the family meeting, I had told my aunt about my attempts to carry out the abortion which failed. She told her friend, who is a nurse at the clinic near my uncle's place where I was then staying. I went to that clinic and the nurse gave me medications which helped to flush out/wash away all the toxins which I had taken as I was trying to terminate the pregnancy. About three weeks before delivery, I attended antenatal lessons at the clinic.

I carried my pregnancy to full term and eventually gave birth to a bouncing baby boy weighing 3.9 kg. I now have very low blood pressure and I suspect it might be because of the poisonous stuff that I took to try and abort. Two girls died at the clinic when I gave birth and I still think that they might have tried to do an illegal abortion and failed because they were pregnant.

I felt very bad after all the attempts to terminate the pregnancy. Now my son is nine years old and I feel like telling him what I did, because I always tell him that my stepfather is his father. I have another four-year-old child and during my pregnancy with her my legs were swelling, which I think might have been caused by my attempts to end the first pregnancy.

Claire

I am a high school girl living in the Khomas region of Namibia. In the year 2010, my friend Claire got pregnant; we were in the same class.

That was her first pregnancy and she was 19 years old. Her mother is very strict, so Claire misbehaved the slightest chance she got and fell pregnant.

Claire did not use any emergency contraceptive. She started feeling sick, had nausea, vomiting and all the signs of pregnancy; then she knew she was really pregnant. Her pregnancy was then one month and some few weeks.

Claire didn't want the pregnancy because she was scared that her mother, who is a single parent, would chase her out of the house. Her boyfriend said the pregnancy was not his so he was supportive of the idea of terminating it.

My friend's financial situation also forced her to think of abortion because she was only a schoolgirl and unemployed. She thinks abortion is illegal in all cases in our country because that's what we are told at school.

Claire told her other friends about her pregnancy and her intention to terminate it. That's how she got ideas and methods on how to do it. They didn't ask her to pay them for giving her ideas. She borrowed money from her friends and bought Ritchell [brandy] and Disprin pills [pain killers]. She boiled the two together and drank one cupful while it was still hot.

Claire said she started bleeding a few moments after drinking the boiled mixture. It was not painful as it came just like normal menstruation. She didn't receive any after care because she was scared that she might be arrested or reported to her mother. She did the abortion at home.

I believe she was satisfied as she said she felt relieved after the abortion. She also said that was the only abortion that she did. She said she almost did it again last month when she thought she was pregnant. Claire is open to talking about her abortion to her friends.

Considering the type of a person she is, I think my friend would advise other people to do an abortion if they have unwanted pregnancies. I would like abortion to be legalized in all cases in our country so that the lives of young women are not at risk through unsafe abortion.

Madeira

I want to tell the story which I heard from my sister on her experience with an unsafe abortion in March 2010. Madeira was 18 years and in grade 10 at the time.

She started a relationship with a well-known soccer player who used to come to our community to teach youngsters soccer. She fell in love with him and they started having a relationship and ended up having sex. She told me she slept with the boyfriend without a condom from the first sexual encounter. The relationship went on for some time until she told him she was not feeling well; that is when the relationship started to have problems. He decided to end it.

At this time my sister did not know that she had fallen pregnant. This was her first pregnancy. It was my mother who first suspected that she might be pregnant when she started to be sick. Madeira was nauseous and vomiting. My mother asked her what was wrong with her and she said she was having period pains. My mother told her that she was going to take her to the clinic. When they went to the clinic, Madeira was examined and my mother asked the health workers to also do a pregnancy test since she was suspecting that her daughter might be pregnant. Madeira also did not know her HIV status but during the clinic visit with my mother, the health workers did not test her for HIV, only for pregnancy.

The pregnancy test came out positive; Madeira was two months pregnant. My mother was angry with her; she told her she was disappointed in her already because she had dropped out of school and now she was pregnant and not married.

My mother asked Madeira who the father was and she told her it was the soccer player who used to come and teach youngsters football.

By this time the soccer player had disappeared and my sister did not have any information on where he stayed in Windhoek. The boyfriend had changed his mobile number; my mother tried to phone him at the number which my sister gave her, but the message said the number did not exist anymore.

My mother asked my sister whether she wanted to keep the baby and my sister said she did not want the baby. She did not have any means of supporting a baby and she did not want to put more burden on my mother; she also wanted to finish her schooling. My mother was very angry with her and threatened to throw her out of the house.

Madeira did not go to the clinic to ask for a safe abortion as she knew abortion was illegal in Namibia and she might get arrested. She decided to do the abortion without telling my mother or myself. When she did the abortion, she was by herself at home since my mother was not at home during the days because she worked as a cleaner.

Madeira told her friends that she was pregnant and asked them to help her abort. Her friends provided her with the information on what to take to do the abortion. They told her to mix 2 litres of Sta Soft® [cloth softener], 500 ml of Oros bitter crush, African herbs (Kamaku – devil's claw) and Livensensand boil it and drink the whole concoction at the same time. She cooked it for two hours over a low fire so as to make it bitter and strong. She drank 2 litres the first day and nothing happened; she only felt weak.

From day two, she reduced the measurements of the mixture to 500 ml every day. She decided to carry on with the concoction for five days. On the last day, the pregnancy started to abort as she noticed blood spots on her panties and she was really having heavy, painful stomach cramps. Finally it aborted. During this period, Madeira was having cramps but she did not let anybody in the house know that she was having painful cramps. She did not take any painkillers during this time. When she aborted, she did not go back to the clinic to be cleaned; she used devil's claw to clean her stomach. Her health is fine now.

Madeira did the abortion without anyone influencing her, including her friends; they only provided the information on what to use and helped her with money to buy Livensens and devil's claw. They also stole the Oros bitter crush at the boarding school where they were boarders and Madeira stole the Sta Soft® from home. Her friends were from school and the same age as her. Two of them had done abortions using the same mixture and it worked for them. One of the friends did her abortion when she was two months pregnant and the other was four months pregnant. They also got the information from fellow friends. Madeira's decision to have an unsafe abortion was influenced by the situation at home, which was very hostile. My mother was not supportive at all and did not want to know or discuss how she was going to keep or abort the baby.

Since the abortion, in December of last year my sister started using family planning to protect herself from pregnancy. She was very happy that she managed to abort and she can carry on with her school. If it was not for her friends, who told my mother and myself, we would not have known that she had aborted. When she did the abortion, she only told my mother that she had started bleeding heavily and my mother thought it was a miscarriage. When my mother asked Madeira to go back to the clinic, she told my mother that she would go but she never went. She lied to my mother and told her that she went and the health workers told her that she had a miscarriage.

Even though my mother was angry with her being pregnant, she was happy and relieved that my sister had a miscarriage and the burden was lifted from her. I also supported the decision my sister made as it now meant she can finish her school and have a brighter future.

I asked Madeira how she felt about the abortion. She said she felt relieved and if she falls pregnant again she will do it again, and she will also provide the information to her fellow peers if she is asked. She does not talk openly about her experience as it is so stigmatized and one can be arrested. Recently, there was another young girl who had an unwanted pregnancy and she is still in school. She asked my sister if she can be helped with abortion and my sister gave her information on what to use.

The young lady is still pregnant, which means she did not take the information and I do not know why.

This is why Namibia should legalise abortion. My sister was lucky she did not have problems or die. The young lady who is now pregnant – her future looks bleak. I will support 100% legalizing abortion, as we people from the communities know exactly the scale of unsafe abortions happening in our communities. I wish the leaders and churches would listen to us and legalise abortion.

Dorine

In our neighbourhood in the Khomas Region, there is a girl, Dorine, who was 15 years old in 2006. That year she was doing Grade 7 when she fell pregnant. She didn't want the pregnancy because she got it through bad influence from her peers. Dorine also didn't want her parents to be angry with her because she was still young and studying. She comes from a poor to medium-income family.

When Dorine missed her period and started experiencing all the sicknesses that indicate pregnancy, she told her friends. Her friends told her to do a pregnancy test, which she did. The results were positive. She didn't do an HIV test. Dorine didn't seek any health care as she was scared that they might tell her parents.

Dorine thought abortion was illegal in Namibia so she decided to carry out an abortion herself. Only her friends influenced her decision because her parents didn't know about her pregnancy. The abortion was administered by her friends at one of their places. They mixed Jik® [bleach] with warm water and petrol and gave it to her to drink. I'm not sure about the quantities that they used.

Dorine got some of the things they used from her home and some of it came from the friends' houses. A few hours after drinking the mixture, she started bleeding and feeling pain. She took Panadol® [paracetamol] for the pain. She didn't go for health after care, but she was treated well by her friends who did the abortion. She only told her close friends about it.

Dorine was satisfied and she is healthy now. She cried with both pain and happiness that the abortion was successful. That was not her only abortion, as she did four or five more abortions. This is caused by peer pressure, which made her become a prostitute in order to get money. She does it so that she can fit in with her friends who are doing the same thing.

Her last pregnancy was known by her boyfriend and parents, who threatened that if she terminated it they would not support her and that they would chase her away from home. So she gave birth to a baby girl. Even now, she doesn't regret all the abortions that she did.

Christophina

I am going to tell you about a family member, my cousin Christophina, who experienced an unsafe abortion. This happened four years ago when my cousin was 16 years old. My cousin was raped by a man under a tree. During the time of rape, the man's wife was looking for him and she found him raping my cousin. She started shouting at him and asking him to go back home with her. Together with his wife, the man left my cousin under the tree crying, with blood between her legs.

This is how my cousin told the story to the family when she finally made her way home after the man and his wife had left her under the tree. Christophina said she was coming back from school, passing through a field with trees near a shebeen when she was grabbed by a man. He pushed her down and told her he wanted to have sex with her. She refused and then he put a hand over her mouth so that she would not cry for help while he raped her. He was very strong and started to tear her clothes; he removed her pants and forced his penis into her. She froze as she was in pain when it happened.

He was still busy on top of her, when Christophina heard the woman's voice shouting at her husband to get up from the girl. The man got up and before they left they threatened to kill Christophina if she told anybody about this. The man was her uncle, her father's older brother. She also knew that her uncle was HIV-positive as the whole community knew he was infected.

When the couple left her under the tree, my cousin went home and slept under the blankets as she was much traumatized. Christophina did not know anything about the morning-after pill. She was depressed about what had happened to her and was very worried about what people were going to say if they found out about the rape. Her concern was more about being associated with HIV infection as the whole community knew that her uncle was HIV-positive. She was scared that if she told anyone, they would think that she is HIV-positive and her name would be on the list of “HIV people.”

No one was at home at that time. Christophina did not have the courage to tell anyone and she kept this secret all to herself. It was only after five days that she tried to tell her mother that she was raped. Her mother did not believe her; she was drunk and she did not give Christophina information on what to do. So Christophina got pregnant from the rape.

After one month, Christophina started being sick, but still she did not tell anyone that she was raped. She lost weight and was vomiting. She was like someone who doesn't want to be seen by others; she just stayed indoors and felt depressed. When her parents started to be worried about her, they asked her to go to the clinic with them as they were suspecting that she might be under heavy depression and need help. They did not suspect at all that she might be pregnant because her mother had not believed her when Christophina tried to tell her about the rape. They thought of my cousin as a very obedient girl, who did not have boyfriends; she was very studious, always reading schoolbooks and doing her homework.

Christophina agreed to go to the clinic with her parents; at that time, she also did not think she was pregnant. During the physical examination by the health workers, they suspected that the girl might be pregnant. They informed the parents about their suspicions and asked them if they could do a pregnancy test. It was at this point that my cousin broke down and started to tell them about the rape ordeal without saying who raped her. When the nurses heard about the rape, they also did an HIV test.

Both results were positive. Christophina was six weeks pregnant; this was going to be her first pregnancy. She was also HIV-positive. My cousin (and even me) did not know about PEP [post-exposure prophylaxis] and she was not given PEP when they tested her for pregnancy and HIV.

The nurses advised Christophina's parents to report the rape case to the police. They did not report the case, however; they took my cousin back home to ask her in detail about who raped her and then found out that it was her uncle. They told my cousin that this must be kept in the family as they did not want to see the uncle go to jail and it would tarnish their family in the community. The case was not reported and the man is still walking free.



After the visit to the clinic, Christophina's mother decided that my cousin should abort the baby. My cousin agreed as she did not want a baby born out of rape and she was also young and wanted to finish her schooling. Christophina's family is very poor; my cousin's father is the only breadwinner and he only works seasonally. Her mother definitely influenced her to abort as there was no money to look after the baby.

Neither Christophina nor her mother knew that abortion is legal in Namibia; what they knew was that abortion is illegal. I also did not know that there are some cases when abortion is legal until I got the information from Namibia Women's Health Network.

Old people – women – in our community go to the bush to collect medicinal plants and at the same time they collect the roots with which they can perform an abortion when asked. Most people in the community know about this, but it is still very difficult for young people to ask the older women to perform this due to culture. Christophina was lucky that her mother was one of those women who knew the plant.

Her mother used roots from trees in the forest; she dried the roots for three days and when they were dry, she boiled them. After being boiled, the water from the roots is dark green. She gave Christophina the water to drink when it was still hot. Christophina said it was very bitter.

The quantity of the boiled root was 2 litres and Christophina was asked to drink a normal teacup at a time, until she drank the whole 2 litres. She carried on drinking the 2 litres per day for four days before the bleeding started. It started as spots and gradually started to get stronger and stronger. Christophina had a lot of pain at the bottom of her stomach, like she was having period pain. Her mother gave her Panadol® [paracetamol] as a painkiller. After Christophina aborted, her mother gave her Kamaku (devil's claw) to clean the stomach. They never went to the clinic for a thorough cleaning because of stigma.

Christophina stayed indoors and did not go to school during this entire ordeal. Her mother informed the school that her daughter was sick. Christophina's mother and father treated her well and I think it's because my cousin did not tell anyone about the family secret.

Christophina told me that she was happy that the abortion went well, but the rape trauma will live with her forever. She is trying to cope with her HIV status; she is now on ARVs [antiretroviral drugs].

She dropped out of school and fell pregnant again from a relationship she had; she now has a child who is nearly three years old. Christophina was under the PMTCT programme [prevention of mother-to-child transmission] and her child is HIV-negative. Even though she is not married to her boyfriend, Christophina seems to have a better life now. She does not talk openly about her experience; even her boyfriend does not know about it. It's only her family members who know. She told me about her ordeal herself as we are very close and are in the same age group.

I do not know what Christophina would advise other young women facing the same ordeal she faced because I did not ask her. What I can say is that she is not the same young girl I grew up with; she is very reserved and I can see that she has unsolved issues, but there is nothing I can do for her as this is a family issue.

Marion

My sister, Marion, was 24 years old in the year 2008. At that time, she was working in a town known as Tsumeb, here in Namibia. She was impregnated by her boyfriend and did not use emergency contraceptives. She did not want the pregnancy, as she was afraid that people would talk too much and say nasty things, especially the uncle that she was staying with. She was not sick but just scared. That being the case, she decided to carry out an abortion when she was already six months pregnant. She didn't know the cases in which abortion is legal in this country.

Marion told a 17-year-old cousin and friends who were aged around 23 years about her pregnancy issue and her intention to end it. They supported her. They told my sister to take Revlon® hair relaxer cream and bitter lemon juice. She also boiled newspapers and Epsom salts and drank that. She started tying her stomach with belts and her friends and cousin were helping her to try and squeeze the pregnancy out. When they carried out the abortion, they didn't have any hygienic conditions like using hand gloves since they did it at home. Marion was in pain but she did not consult any health provider; I don't know whether she received any after care.

Everything that was used for the abortion must have cost around N\$200. Marion bought everything herself because she was working and she also got some money from her uncle, which was meant for food and electricity. Her friends and cousin did not make any payment demands for their services.

My sister was not satisfied because the attempts to carry out the abortion did not work, so she ended up carrying the pregnancy to full term. Unfortunately, she gave birth to a disabled baby boy. The baby suffers from brain damage with too much fluid in the brain. He is mentally challenged and cannot do anything for himself. You could conclude that it might have been caused by chemicals in her attempts to terminate the pregnancy.

All this time, my sister was looking after her boyfriend as she was working and he was unemployed. He then got a job; when my sister gave birth to her disabled child and lost her job, he left her. My sister has a stubborn character and doesn't talk about her attempted abortion. I think she might abort again or even advise others to do an abortion because of her character.

I feel people should think about other people who might be affected before they do anything. It is now a burden looking after her and her disabled child. It's causing squabbles in the family. For instance, my mother is always quarrelling with my stepfather because of her. Abortion should just be legalized to reduce the rate of unsafe abortions. There are more advantages than disadvantages to legalizing abortion.

Elnino

In the Khomas Region of Namibia, I knew of a girl called Elnino. She was 18 years old, doing Grade 9, when she fell pregnant. Her boyfriend bought two pills at N\$150 each from someone who was working in the Ministry of Health. She used those pills to carry out an abortion and she was successful. The pregnancy was about three weeks old when she terminated it.

After some time, Elnino fell pregnant again with another boyfriend. Her friends contributed N\$1 each to buy a pregnancy test for her. The test confirmed that she was pregnant. This time she used a very strong disinfectant to end the pregnancy, 500 ml in quantity. She boiled the disinfectant with newspapers and drank the mixture three times a day for a week.

One day when we were at school, she went to the toilet and sat there in a pool of blood because she was now bleeding heavily, dark clots of blood. Her friends kept it a secret until everyone went home; then an ambulance was called to take her to the clinic.

Elnino was not treated well at the clinic. The nurse shouted verbal insults at her. There was no confidentiality at all. All the people around heard from the nurse that Elnino had done an illegal abortion. She was then taken to the state hospital where she received after care. She eventually dropped out of school.

Elnino's friends supported her to do the abortion. She seems healthy though. She says it was painful but she doesn't regret it. It was not her only abortion and she does not believe in family planning. She talks openly about her abortions with her gay friends. Elnino even offers to assist those who want a backdoor abortion for a fee. She often asks why abortion is not legalized in all cases in our country. She is now a sex worker. She also comes from a poor family, which might be the reason why she behaves the way she does.

I have actually discovered that most sex workers come from single parent (mother)-headed households without a father figure. The government should legalize commercial sex work and abortion in all cases. There is need for correct information to be provided to avoid misconceptions and peer pressure.

Advella

My name is Advella and I was born and bred in the Hardap Region. In 1999, I was 17 years old and doing Grade 12 as a boarder. I had been in a relationship for a year at that time. My boyfriend and I thought our relationship was old enough, so we stopped using condoms when we were having sex.

In November that year, I missed my period and found out I was pregnant. I went to the clinic to get some family planning tablets, but I didn't know anything about emergency contraception so I didn't ask for that. The nurse carried out a pregnancy test on me and the results came out positive. It was confirmed that I was one month pregnant. I was just feeling sick all the time; especially in the morning I felt nausea.

I didn't want the pregnancy because I wanted to continue with my studies and I didn't want to disappoint my parents. For that reason, I decided to carry out an abortion. I didn't tell anyone at home about my pregnancy and my intention to terminate it, even my boyfriend. I only told a friend of mine, who shared with me how she carried out an abortion on her own. She partly influenced my decision to abort.

I didn't have much money except my little pocket money. I decided to carry out the abortion with my friend's help while I was at the school hostel. I drank 750 ml of bitter Oros drink, but I only vomited and nothing happened. My friend suggested that I try 750 ml of Gordon Dry Gin®. I drank it all up, finishing the whole bottle at once while holding my nose closed. Immediately I felt drunk and went to sleep since it was a Saturday afternoon.

I anxiously waited for my period to come but it didn't. So I asked another friend for advice and she gave me a different suggestion. I mixed white vinegar with Sta Soft® [fabric conditioner] in a 750 ml jar. I drank the mixture continuously until it was finished. To my disappointment, I just got very sick but nothing happened again.

One of the teachers noticed that all was not well with me and asked me about it. I said I was fine and immediately pretended to be alright. I started jumping heavily from the hostel stairs to force the pregnancy out. I did this for three to four days and then I started bleeding lightly.

When I was in the classroom, I started feeling serious pain in my stomach and back. I couldn't even stand up. A friend told a lady teacher who took me to the clinic. At the clinic, they tested me for

pregnancy and the results confirmed that I was three months pregnant by that time. The teachers were angry with me and said nasty things to me.

They called and told my mother, who came and got angry with me. She shouted at me, saying I played with school and wasted her hard-earned money which she had suffered to get. I told her who my boyfriend was and she called him because he was known to our family. He is the only person who was supportive. He comforted me and simply asked me why I didn't tell him I was pregnant. He emphasized that I should not terminate the pregnancy, so I eventually carried it to full term. In the year 2000, I gave birth to a baby boy and I love my son.

In 2001, when my son was only 1 year 4 months, I fell pregnant again. This time I realized it when I was only two weeks pregnant. It was a serious disappointment to me because my baby was still too young and I was struggling to look after him. So I felt I was definitely not going to be able to look after two babies if I was already struggling with only one.

I did not tell anyone, even the boyfriend who impregnated me. I quietly decided to carry out an abortion on my own. For three days, I boiled a lot of newspapers and drank the bitter ink while it was hot. On the fourth day, I started bleeding heavily and this lasted for more than a week. So this time I was successful.

After ending the pregnancy, I felt very bad, but I told myself that it was for a good reason; that's why in South Africa abortion is legal. I did the abortion for a good reason, which South Africa might have also considered when they legalized abortion.

From that time until now, I am experiencing terrible period pain which I never used to have; I strongly feel it must have been caused by that unsafe abortion. Since that time, I don't want to be among people when I am menstruating, especially on the first day because my menstrual blood smells very bad. I also think that was caused by the abortion.

If I know anyone who has an unwanted pregnancy or if anyone consults me, I would advise them to go for safe abortion because I know the pain of the unsafe one; I will not advise them to go the same route I did. If I would have an unwanted pregnancy in future, I will only go for a legal safe abortion. I would also refer friends to organizations like Namibia Women's Health Network and NAPPA.

Victoria

My best friend, Victoria, was very intelligent; she was at the University of Namibia (UNAM) studying engineering. In her second year, Victoria was found dead in the hostel after she had an unsafe abortion. I was shocked to hear of her death.

Victoria's parents are the ones who told me she had had an unsafe abortion and that is what killed her according to the post-mortem examination. Her parents told me that the doctors at the Katutura hospital, where her body was taken from UNAM, told them that she had taken an overdose of fatal tablets. Her parents were not told what kind of tablets she took but that it was a concoction of tablets.

Neither Victoria's parents nor myself even suspected that she was pregnant. I was with her the day before she did the unsafe abortion and she did not tell me of her pregnancy. I did not suspect that anything was wrong with her as she was her usual self. It really pained me that such an intelligent young girl, only 19 years old, should die because there was no other option for her to terminate the pregnancy in a safe environment. My heart is still in pain.

I wish our government would legalize abortion as a lot of young girls' lives are at stake. I also wish they would do research to find out how many young lives are dying because of unsafe abortion, how many young women are having emotional scars which they will live with for the rest of their lives because of the methods they used to perform unsafe abortions, how many young people might be barren because of unsafe abortions. They should not just blame the young girls; they should look at the root cause!

References

1. World Health Organization. 2010. *Trends in maternal mortality: 1990 to 2008. Estimates developed by WHO, UNICEF, UNFPA and The World Bank*. Geneva, WHO; http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf
2. World Health Organization. 2011. *Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*. 6th edition. Geneva, WHO; http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf
3. World Health Organization. 2011. *World health statistics 2011*. Geneva, WHO; http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf
4. Hon. Hansina Christian. 30 September 2009. *Country presentation on achievements and challenges since September 2008: Namibia*. Regional Meeting of Parliamentary Committees on Health in Southern and Eastern Africa, Kampala, Uganda; <http://ppdafrica.org/docs/2009SEAPACOH/hansima.pdf>
5. Government of Namibia, Ministry of Justice. 2010. *Third report of Namibia to the African Commission on Human and People's Rights*; <http://reliefweb.int/sites/reliefweb.int/files/resources/3rd%20report.pdf>
6. UNAIDS. 2011. Namibia. Geneva, UNAIDS; <http://www.unaids.org/en/regionscountries/countries/namibia>
7. USAID. January 2011. *USAID Country Health Statistical Report Namibia*. Washington, DC, USAID; <http://dolphn.aimglobalhealth.org/pdf/Namibia.pdf>
8. USAID. *Policy brief. Fertility and Family Planning. 2006-07 Namibia Demographic and Health Survey*. Washington, DC, USAID
9. Ministry of Health and Social Services (MoHSS) [Namibia] and ICF Macro. 2010. *Namibia Health Facility Census 2009: key findings on family planning, maternal and child health, and malaria*. Windhoek, Namibia. MoHSS and ICF Macro; <http://www.measuredhs.com/pubs/pdf/SR181/SR181.pdf>
10. Dianne Hubbard. 2006. *Rape in Namibia. An assessment of the operation of the Combating of Rape Act 8 of 2000*. Windhoek, Legal Assistance Centre; <http://www.lac.org.na/projects/grap/Pdf/rapesum.pdf>
11. World Health Organization. February 2010. *Newsbreak Health MDGs Namibia*. Issue 5; <http://www.afro.who.int/en/namibia/namibia-publications/bulletins.html?limit=20&order=hits&dir=DESC>
12. World Health Organization. 2008. *Mid-level health-care providers are a safe alternative to doctors for first-trimester abortions in developing countries*. Social science research policy briefs. WHO/RHR/HRP/08.15. Geneva, WHO; http://whqlibdoc.who.int/hq/2008/WHO_RHR_HRP_08.15_eng.pdf
13. World Health Organization. 2003. *Safe abortion: technical and policy guidance for health systems*. Geneva, WHO; <http://whqlibdoc.who.int/publications/2003/9241590343.pdf>
14. Denver Kisting. 11 March 2010. Namibia: baby dumping a growing social problem in country. *The Namibian*, <http://allafrica.com/stories/printable/201003110112.html>
15. Moses Magadza. 13 May 2009. NAMIBIA: Gender legislation futile if not implemented. *IPS News*; <http://ipsnews.net/africa/nota.asp?idnews=46321>
16. Ministry of Health and Social Services/Macro International. August 2008. *Namibia Demographic and Health Survey 2006-07*. Windhoek, MOHSS and Calverton, MD, Macro International; <http://www.measuredhs.com/pubs/pdf/FR204/FR204c.pdf>
17. Natasha Tibinyane. January-May 2003. Abortion law reform ruled out for now. *Sister Namibia*, pp. 16-17; http://findarticles.com/p/articles/mi_hb281/is_1-2_15/ai_n29029011/

18. Dianne Hubbard. 2007. Gender and sexuality: The law reform landscape. In: *Unravelling taboos. Gender and sexuality in Namibia*. Eds. Suzanne LaFont and Diane Hubbard. Windhoek, Legal Assistance Centre, pp. 99-128; <http://www.lac.org.na/projects/grap/Pdf/unravellingt.pdf>
19. World Health Organization. 2009. *Maternal and child health in Namibia*. Windhoek, WHO Country Office in Namibia; http://www.who.int/pmnch/topics/maternal/mch_namibia.pdf
20. Patience Nyangove. 7 October 2009. Illegal abortions common despite risks. *IPS News*; <http://ipsnews.net/africa/nota.asp?idnews=48759>
21. Fabian Byomuhangi. 2010. *Statement of Mr. Fabian Byomuhangi, UNFPA Country Representative, at the unsafe abortion and family planning awareness event*. Polytechnic of Namibia, on Wednesday 8 September, 2010. Windhoek, Polytechnic of Namibia; [http://ir.polytechnic.edu.na/dspace/bitstream/10628/187/1/Statement%20of%20Mr.%20Fabian%20Byomuhangi,%20UNFPA%20Country%20Representative%20-%20Unsafe%20Abortion%20and%20Awareness%20and%20Family%20Planing%20Day.pdf](http://ir.polytechnic.edu.na/dspace/bitstream/10628/187/1/Statement%20of%20Mr.%20Fabian%20Byomuhangi,%20UNFPA%20Country%20Representative%20-%20Unsafe%20Abortion%20and%20Awareness%20and%20Family%20Planning%20Day.pdf)
22. Suzanne LaFont. 2007. An overview of gender and sexuality in Namibia. In: *Unravelling taboos. Gender and sexuality in Namibia*. Eds. Suzanne LaFont and Diane Hubbard. Windhoek, Legal Assistance Centre, pp. 1-19; <http://www.lac.org.na/projects/grap/Pdf/unravellingt.pdf>
23. Adam Hartman. 21 January 2011. Young woman wants 'rape baby' back. *The Namibian*; [http://www.namibian.com.na/index.php?id=28&tx_ttnews\[tt_news\]=77041&no_cache=1](http://www.namibian.com.na/index.php?id=28&tx_ttnews[tt_news]=77041&no_cache=1)
24. J. Liebenberg and J. Tommasi. 19 July 2010. *High Court Review case No. 127/2010*; <http://www.superiorcourts.org.na/high/docs/judgments/creviews/the%20state%20vs%20titus%20maula.pdf>
25. Dianne Hubbard. 1999. *Gender and law reform in Namibia*. Paper prepared for Consultation Meeting on Gender and Governance Royal Tropical Institute Amsterdam, 23-24 September 1999. Windhoek, Legal Assistance Centre; <http://www.lac.org.na/projects/grap/Pdf/lawreform.pdf>
26. Maria de Bruyn and Jennifer Gatsi Mallet. 2011. *Expanding reproductive rights knowledge and advocacy with HIV-positive women and their allies in Namibia. An action-oriented initiative. Summary report*. Chapel Hill, NC, Iipas; http://www.ipas.org/Publications/asset_upload_file747_5851.pdf
27. J.R. Walters. 26 April 2010. *Statement by JR Walters at the occasion of the launch of the human rights report 2009 of the National Society for Human Rights*; <http://www.namweb.net/de/content/statement-j-r-walters-occasion-launch-human-rights-report-2009-national-society-human-rights>
28. Brigitte Weidlich. 28 April 2010. Abortion debate must continue – Ombudsman. *The Namibian*. http://www.namibian.com.na/index.php?id=28&tx_ttnews%5Btt_news%5D=67264&no_cache=1
29. Asser Ntinda. 2010. *Land Grapping*. http://www.swapoparty.org/zoom_in_16.html and http://www.swapoparty.org/namibia_today/what_people_say_and_zoom_in_036.pdf
30. Selma Ikela. 16 December 2010. Baby deaths cry out for action; *Namibian Sun*; <http://mobi.namibiansun.com/story/baby-deaths-cry-out-action>
31. PEPFAR. 19 March 2010. *Namibia COP REPORT FY 2010*. Washington, DC, PEPFAR; <http://www.pepfar.gov/documents/organization/145729.pdf>

Appendix 1: Abortion law provisions in Namibia

NAMIBIA. The Abortion and Sterilization Act (1975), as amended through Act 48 of 1982.

2. No person shall procure an abortion otherwise than in accordance with the provisions of this Act.

3. (1) Abortion may be procured by a medical practitioner only, and then only--

(a) where the continued pregnancy endangers the life of the woman concerned or constitutes serious threat to her physical health, and two other medical practitioners have certified in writing that, in their opinion, the continued pregnancy so endangers the life of the woman concerned or so constitutes a serious threat to her physical health and abortion is necessary to ensure the life or physical health of the woman;

(b) where the continued pregnancy constitutes a serious threat to the mental health of the woman concerned, and two other medical practitioners have certified in writing that, in their opinion, the continued pregnancy creates the danger of permanent damage to the woman's mental health and abortion is necessary to ensure the mental health of the woman;

(c) where there exists a serious risk that the child to be born will suffer from a physical or mental defect of such a nature that he will be irreparably seriously handicapped, and two other medical practitioners have certified in writing that, in their opinion, there exists, on scientific grounds, such a risk; or

(d) where the fetus is alleged to have been conceived in consequence of unlawful carnal intercourse, and two other medical practitioners have certified in writing after such interrogation of the woman concerned as they or any of them have considered necessary, that in their opinion the pregnancy is due to the alleged unlawful intercourse; or

(e) where the fetus has been conceived in consequence of illegitimate carnal intercourse, and two other medical practitioners have certified in writing that the woman concerned is due to a permanent mental handicap or defect unable to comprehend the consequential implications of or bear the parental responsibility for the fruit of coitus.

(2) (a) A medical practitioner who has issued a certificate referred to in subsection (1) shall in no way participate in or assist with the abortion in question, and such a certificate, or such certificates issued for the same purpose, shall not be valid if issued by members of the same partnership or by persons in the employ of the same employer.

(b) The provisions of paragraph (a) shall not apply to the performance by any person of his functions in the service of the State.

(5) (1) an abortion may be procured and a sterilization contemplated in section 4 may be performed only at a State-controlled institution or an institution designated in writing for the purpose by the Minister in terms of subsection (2).

(2) The Minister may designate any institution for the purposes of subsection (1), and subject to such conditions and requirements as he may consider necessary or expedient for achieving the objects of this Act, and may, if in his opinion it is justified, at any time withdraw any such designation.

(3) A decision of the Minister in terms of subsection (2) shall be final.

(6) (1) an abortion shall not be procured and a sterilization contemplated in section 4 shall not be performed without the written authority of--

(a) in the case of a State-controlled institution, the medical practitioner in charge of such institution or a medical practitioner designated for the purpose by the first-mentioned medical practitioner; or

(b) in the case of an institution designated in terms of section 5 (2), a medical practitioner designated for the purpose by the person managing such institution, granted on application to such medical practitioner in accordance with subsection (2).

(2) An application for authority in terms of subsection (1) shall be made in the prescribed form by the medical practitioner who is to procure the abortion in question or perform the sterilization in question, and shall be accompanied--

(a) in the case of an intended abortion--

(i) in the circumstances contemplated in subsection (4), by the certificate referred to in that subsection;

(ii) by the certificate or certificates referred to in section 3 issued by two medical practitioners;

* * *

(3) If a medical practitioner has issued a certificate for the purposes of section 3(1) and he is at any time such a medical practitioner as is referred to in subsection (1) of this section, he shall not be precluded from granting any relevant authority for the purposes of the said subsection.

(4) Where the pregnancy is alleged to be the result of unlawful carnal intercourse, the abortion shall not be procured unless there is produced to the medical practitioner whose written authority is required in terms of subsection (1) a certificate, issued by a magistrate of the district in which the offence in question is alleged to have been committed, to the effect that--

(a) he has satisfied himself--

(i) that a complaint relating to the alleged unlawful carnal intercourse in question has been lodged with the Police or, if such a complaint has not been so lodged, that there is a good and acceptable reason why a complaint has not been so lodged;

(ii) after an examination of any relevant documents submitted to him by the Police and after such interrogation of the woman concerned or any other person as he may consider necessary, that, on a balance of probability, unlawful carnal intercourse with the woman concerned had taken place;

(iii) in the case of alleged incest, the woman concerned is within the prohibited degree related to the person with whom she is alleged to have committed incest; and

(b) the woman concerned alleges, in an affidavit submitted to the magistrate or in a statement under oath to the magistrate, that the pregnancy is the result of that unlawful intercourse.

(5) [deleted by Act No. 48 of 1982].

(6) If an application complying with the requirements of this section is made to any medical practitioner referred to in subsection (1), such medical practitioner may institute such investigation as he may deem necessary in order to satisfy himself that the application complies with the requirements of section 3 or 4, as the case may be, and if the medical practitioner concerned is so satisfied, he shall grant the authority in question.

(7) (1) A medical practitioner who under section 6(1) grants authority for an abortion or a sterilization, shall, in the prescribed manner and within the prescribed period after the abortion or sterilization, by registered post report confidentially to the Director-General the granting of such authority and set forth--

(a) the name, age, marital state, race and, in the case of a sterilization, the sex of the patient concerned;

(b) the place where and the date on which the abortion was procured or the sterilization was performed, and, in the case of an abortion, the reasons therefor;

(c) the names and qualifications of the medical practitioners and the name of the magistrate who issued the certificate or certificates in terms of section 3, 4 or 6, as the case may be;

(d) the name of the medical practitioner who procured the abortion or performed the sterilization;

(e) where the consent of any person other than the patient was required for the abortion or the sterilization, the name of the person who consented thereto, and the capacity in which he granted his consent.

(2) The Director-General may call upon a medical practitioner required to make a report in terms of subsection (1) or a medical practitioner referred to in subsection (1)(d) to furnish such additional information as he may require.

(3) The person in charge of an institution where an operation connected with an abortion or the removal of the residue of a pregnancy is performed, shall keep or cause to be kept a record of the prescribed particulars in respect of any such operation in that institution, and shall--

(a) when called upon to do so, make such records available, for inspection, to the Director-general or a person authorized thereto by him in writing; and

(b) transmit to the Director-general at the time prescribed the prescribed information with reference to any such opinion.

(8) [Regulation-making authority]

(9) A medical practitioner (other than a medical practitioner referred to in section 6(1)), a nurse or any other person employed in any other capacity at an institution referred to in section 5(1) shall, notwithstanding any contract or the provisions of any other law, not be obliged to participate in or assist with any abortion contemplated in section 3 or any sterilization contemplated in section 4.

(10) Any person--

(a) who is not a medical practitioner and procures an abortion;

(b) who is a medical practitioner and--

(i) procures an abortion without an appropriate certificate or certificates issued by two medical practitioners in terms of section 3(1)(a), (b), (c), (d) or (e); or

(ii) procures an abortion or performs a sterilization--

(aa) at an institution other than an institution referred to in section 5;
or

(bb) without appropriate written authority referred to in section 6(1);

(c) who performs a sterilization in contravention of section 4;

(d) who issues a false certificate for the purposes of section 3(1)(a), (b), (c), (d) or (e) or 4(1)(a);

(e) who grants any written authority referred to in section 6(1) without being in possession of an appropriate certificate referred to in section 6(4),

shall be guilty of an offence and liable on conviction to a fine not exceeding five thousand rand or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment.

(2) Any person--

(a) who grants a written authority contemplated in section 6(1) on an application which does not substantially comply with the requirements of an application as prescribed;

(b) who contravenes a provision of section 7(1) or (3);

(c) who fails to furnish the additional information required of him under section 7(2);

(d) who fails to comply with any provision of this Act not mentioned in this section,

shall be guilty of an offence and liable on conviction to a fine not exceeding two hundred and fifty rand or to imprisonment for a period not exceeding three months or to both such fine and such imprisonment.

Appendix 2: Namibia's human rights commitments

Namibia has ratified a number of international human rights treaties which entail obligations of States to address issues such as gender equality, violence against women, and reproductive rights. These include:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Convention on the Rights of the Child
- Covenant on Civil and Political Rights
- Covenant on Cultural, Economic and Social Rights
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

In addition, Namibia has ratified the Protocol to the African Charter on Human and People's Rights on the Rights of Women, which in Article 14 guarantees women the right to abortion:

Protocol to the African charter on Human and Peoples' Rights on the Rights of Women in Africa

Article 14:1: "States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes:

- a) the right to control their fertility;
- b) the right to decide whether to have children, the number of children and the spacing of children;
- c) the right to choose any method of contraception;
- d) the right to self protection and to be protected against sexually transmitted infections, including HIV/AIDS;
- e) the right to be informed on one's health status and on the health status of one's partner, particularly if affected with sexually transmitted infections, including HIV/AIDS, in accordance with internationally recognised standards and best practices;
- g) the right to have family planning education."

Article 14.2: "States Parties shall take all appropriate measures to:

- a) provide adequate, affordable and accessible health services, including information, education and communication programmes to women especially those in rural areas;

- b) establish and strengthen existing pre-natal, delivery and post-natal health and nutritional services for women during pregnancy and while they are breast-feeding;
- c) 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.”

The CEDAW Treaty Monitoring Committee has twice made recommendations to the government concerning unsafe abortion and maternal mortality.

CEDAW Committee Concluding Observations, 2007

Paragraph 24: “The Committee expresses its concern about the lack of access of women to adequate health-care services, including to sexual and reproductive health services. It remains concerned at the widespread use of unsafe illegal abortions, with consequent risks on women's life and health. The Committee is also concerned about the steady increase in the number of HIV/AIDS infected women, who account for 53 per cent of all reported new HIV cases. The Committee further expresses its concern over the increasing rate of maternal mortality and the fact that reliable data on this subject is not available.”

Paragraph 25: “The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It also recommends the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children, as well as access to safe abortion in accordance with domestic legislation. It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention paid to the prevention of early pregnancy and the control of sexually transmitted diseases and HIV/AIDS.

The Committee also calls upon the State party to ensure that its National Strategic Plan (MTP III) 2004-2009 is effectively implemented and its results monitored and that the socio-economic factors that contribute to HIV infection among women are properly addressed. The Committee urges the State party to improve women's access to maternal health services, including antenatal, post-natal, obstetric and delivery services. It encourages the State party to take steps to ensure accurate recording of maternal deaths and to obtain assistance for this from the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO)."

CEDAW Committee Concluding Observations, 1997

Paragraphs 111 and 127: "The Committee was also concerned about the high number of illegal abortions in Namibia and the high rate of maternal mortality, and the fact that the inadequacy of the existing law on abortion contributed to the problem....The Committee recommended that the Government of Namibia adopt the necessary measures to review the laws containing punitive measures against women who had undergone illegal abortions."

Namibia also submitted a report to the Human Rights Council in 2010 for its Universal Periodic Review of compliance with human rights obligations. During the UPR hearing, Slovenia "expressed concerns about trafficking in children, child prostitution and child labour, and the lack of access of women to adequate health-care services, including to sexual and reproductive health services, wide-spread illegal abortion and increasing rates of HIV/AIDS infected women and of maternal mortality."

Appendix 3: Abbreviations

ARASA	AIDS Rights Alliance for Southern Africa
ARVs	Antiretroviral drugs
D&C	Dilatation and curettage
DHS	Demographic Health Survey
LAC	Legal Assistance Center
MOHSS	Ministry of Health and Social Services
MVA	Manual vacuum aspiration
NAPPA	Namibian Planned Parenthood Association
NWHN	Namibian Women's Health Network
PEP	Post-exposure prophylaxis
PMTCT	Prevention of mother-to-child transmission
SAfAIDS	Southern Africa HIV and AIDS Information and Dissemination Service
UN	United Nations
UNAM	University of Namibia
UNFPA	United Nations Population Fund
WHO	World Health Organization



Womens Leadership Centre

© 2011 Namibian Women's Health Network

22 Johann Albrecht Street
Windhoek, Namibia
e-mail: j.gatsi@criaasadc.org