

EXPLORING FACTORS ASSOCIATED WITH ABORTION IN WALVIS BAY
COMMUNITY IN ERONGO REGION, NAMIBIA

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AMIR ESKANDER SHAKER

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MAIN SUPERVISOR: DR. P. ANGULA (UNAM)

CO- SUPERVISOR: DR. H. IITA (UNAM)

ABSTRACT

Walvis Bay is one of Namibia's districts, which recently recorded a significant increase in the number of threatened abortion cases. For the period 2009 to 2015, Walvis Bay town recorded an average 2000 abortion cases per year which accounts for 4 to 6 cases per day for women aged between 15-28 years old (Erongo Health Directorate's Annual Report: 2014). Ninety-eight percent of the diagnostic abortion (Threatened Abortion) conducted at Walvis Bay hospital, were treated with dilatation and curettage in order to safely complete the abortion process whilst remaining 2% was treated for other pregnancy disorders. The increase in abortions and increase of maternal death due to bleeding is a big concern in the harbour town. Thus, the increase in teenage abortion is becoming a public health concern that needs to be addressed.

The study purpose of the study was to explore factors associated with abortion in Walvis Bay community. It was essential for a study to be conducted in order to investigate the factors leading women to engage in unsafe abortions, and find an amicable solution to help them access maternal health services, and help policy makers to find solutions to address the abortion problem in the region.

A qualitative, phenomenological approach was applied. The researcher conducted in depth interviews with key informants including community members, health care workers and teenagers who had abortion. Population for the study was Walvis Bay community of which key informants were made up of patients (abortion victims), Social workers, doctors, nurses, community and religious leaders, secondary school teachers and police officers working at women and child protection welfare. A non-

probability purposive sampling was used to recruit the participants and a total of eight participants were recruited and participated in the study.

The study findings revealed that there are several factors that contribute to abortion such as burden to look after the baby while the mother is still at school, humiliation by peers, fathers do not want the responsibility of pregnancies, some ladies have affairs with married men, and some have multiple partners. These are some of the factors that make young women to go for illegal abortion. Therefore, the researcher recommended that health education programme should be strengthened to improve awareness, the use of family planning, support system and creation of adoption centres.

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I would like to thank Ms. Eva Shitaatala who has contributed through editing the document; I remain indebted to her expertise and support.

DEDICATION

I will dedicate this thesis to my family especially to my late beloved father who encouraged me to study Master of Public Health and to my beloved Mom for their patience and encouragement from the beginning of the study.

DECLARATION

By submitting this thesis, I declare that the entire work contained therein is my own and is my original work, I also declare that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Name and Surname Amir Shaker Signature..... Date.....

LIST OF ACRONYMS

ANC	Ante Natal clinic
B.C.	Before Christ
CDC	Centres for Disease Control and Prevention
CI	Councillor
D&C	Dilatation and curettage
HBM	Health Belief Model
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
KAPs	Knowledge, Attitudes, and Practices
MCH	maternal, child health
MOHSS	Ministry of Health and Social Services
PCPNC	Pregnancy, childbirth, postpartum and new-born care
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
STDs	Sexually Transmitted Diseases

TRA	Theory of Reasoned Action
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
WBSH	Walvis Bay State Hospital
WHO	World Health Organization

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CHAPTER 1

1. INTRODUCTION

1.1 BACKGROUND

Globally, abortion is regarded as a threat to maternal health because of the danger it poses to women. The World Health Organization (WHO) defines abortion as “termination of the pregnancy before twenty weeks gestation period or while a foetus weighs less than 500g”. It is estimated that abortion has contributed to approximately 13% maternal deaths particularly in countries where abortion is classified to be illegal or where there is difficulty in accessing maternal health services, which results in global maternal crisis. WHO (2018)

Maternal health is an immense global agenda item. The inclusion of maternal health in the UN Sustainable Development Goals (SDGs) signifies prioritization of the importance of maintaining and ensuring healthy living while promoting well-being for all people at all ages. This includes access to good maternal health services globally and reducing the maternal deaths during pregnancies.

Despite the significant reductions in the overall abortion cases, there has been a constant increment in abortion cases recorded amongst women aged 15 to 44 probably because of many young women being exposed to sexual activities. Between the year 1990 and 2008 there has been a recordable reduction in abortion-related deaths accounting from 69 000 in 1990 to 56 000 in 2003 and 47 000 in 2008 which shows an improved maternal service delivery according to the World Health Organization

(2008). For the same period, the trend has not only triggered an improvement in maternal service delivery but it has also minimized the overall maternal mortality by 18 800 from 546 000 to 358 000 amongst countries that were understudied.

Despite the positive impact being recorded within that period, there is a significant increased number of abortions amongst women aged 15–44 years within that period. According to the abortion rate, there are 14 abortions per every 1000 women contributing to 19.7 million cases recorded in 2003. Many of these cases could have been prevented yet they continue to pose undue risks to women's health and lives.

Safe abortion in many developing countries is limited due to legal restrictions. In the Namibian context as in accordance to Act 2 of 1975, abortion is only permitted for medical reasons and complications during pregnancies leaving abortion for any other reasons to be considered illegal. This is not only evident in Namibia but also in many African countries (Fetters et al, 2017; Karibu et al, 2016). Legal restrictions of abortion laws force many women with unplanned or unwanted pregnancies to consult non-medical practitioners in order to terminate their pregnancies. In the process, many of them contract serious health conditions and complications that potentially lead to death and chronic illnesses. These restrictions highly affect and victimize teenagers that are unexperienced first timers and often hide their pregnancies until it can no longer be kept a secret or until faced with complications. Many of them eventually end up at the hospital with signs of heavy bleeding resulting from reasons unknown to them (Hess, 2007, Tong et al, 2012; Awoyemi & Novignon, 2014; Karibu et al).

According to the Namibian family health assessment, abortion is considered as a sensitive topic, which many people refrain from openly discussing. As a result, many families fail to plan properly, to care and prepare women with unplanned pregnancies

because they undergo social pressure causing victims to suffer from psychological problems and mental related conditions (MoHSS, 2000).

Walvis Bay is one of Namibia's districts, which recently recorded a significant increase in the number of threatened abortion cases. For the period 2010 to 2014, Walvis Bay town recorded an average 2000 abortion cases per year which accounts for 4 to 6 cases per day for women aged between 15-28 years old (Erongo Health Directorate's Annual Report: 2014). Ninety-eight percent of the diagnostic abortion cases conducted at Walvis Bay hospital are treated with dilatation and curettage in order to complete the abortion process whilst the remainder of 2% are treated for other pregnancy disorders. Thus, the increase in teenage abortion is becoming a public health concern that needs to be addressed.

Actually, abortions due to unplanned or unwanted pregnancies hamper the public sector and increase risks for maternal morbidity and mortality.

Unwanted pregnancy, may lead to abortion if it is less than twenty weeks or baby dumping if, the pregnancy is more than twenty weeks. Unwanted pregnancy, which result from social and economic conditions, or result from behavioural changes between partners, increases the abortion rate as well as the dumping of babies, which leads to young women facing the criminal act as according to the law in Namibia, it is a crime. Of late, the local newspapers and local media are full of news of women arrested due to baby dumping or illegal abortion (Hartman, 2019).

According to Hartman (2019), 13 babies aborted, 20 dumped, 12 women arrested, all of these statistics from the police records in the coastal area of Namibia (Walvis Bay, Swakopmund). The above statistics as mentioned from the police of the coastal area were recorded between January 2019 and July 2019 and does not reflect the reality in

the coastal area. The statistics from state hospital in Walvis Bay shows more than 5 cases/ day were recorded in clinics and hospital in Walvis Bay with the diagnosis of threatened abortion. Because of confidentiality, the statistics from state hospital are not shared with the media, so we can see a big gap in the reporting of the exact condition in Walvis Bay community.

The increasing reports of baby dumping and abortions remains a huge concern in the local Walvis Bay community. Moreover, it feeds into the fear of reporting and openly discussing unwanted pregnancies and this leads to more cases not being reported, and can ultimately lead to unknown death of women.

If the remaining products of abortion are not evacuated, it results in serious infections leading to septicaemia, which can kill the affected woman. Lack of education in that regard, affects the public sector and sharing news in the local media without good education, leads to misinformation, which seriously affects the health of young women, especially teenage women. Lack of family planning among many Namibia couples, forces many sexually active women to have unintended pregnancy which is considered as one of the reasons women abort their pregnancy (MoHSS, 2000; Karibu et al, 2016). Many families do not engage in abortion talks, this poses pressure on the women and encourages them to have abortion in secrecy.

Furthermore, the burden caused by the perceived stigma around unwanted pregnancies and abortion in many communities particularly Ethiopia, South Africa and El Salvador is one of the factors that lead to many women terminating their pregnancies contributing 90% to the overall maternal mortality (WHO (2008); Awoyemi & Novignon, 2014; Collins et al, (2014)).

1.2. PROBLEM STATEMENT

The perceived challenges are responsible for an increase in teenage abortions; the trend in Walvis Bay is alarming. There are several challenges associated with the increase in abortions such as the 1) restrictiveness in current abortion law in Namibia; 2) lack of family planning and 3) social pressure caused by stigma around teenage pregnancy, cultural beliefs and religion.

Considering teenage abortion in the early 2000, Walvis Bay contributed 5% to the total 7147 abortion cases in Namibia (MoHSS, 2000). In the recent years (2009 to 2014), the Ministry of Health and Social Services recorded an increase in the abortion cases in the coastal town and 75% of teenage pregnancy were recorded from Walvis Bay, which caused a serious concern among policy and decision makers. An increased tally is not only a serious concern in Walvis Bay town but also a continuous threat to the entire public health in the region and the nation at large.

Abortion in Namibia is only allowed to save the mother's life, physical and mental health and for any other reason it is considered illegal. As a result, such restriction only makes abortion facilities accessible to the specified target groups. Many other women are forced to seek abortion services elsewhere and engaged in unsafe abortion procedures due to the fear of being legally incriminated as per the Namibian laws. Previous studies conducted in Kenya, South Africa and Zambia confirms that restrictiveness of abortion laws does not only prevent but also encourage women to engage in unsafe abortions (Karibu et al, 2016; Fetters et al, 2017). Some of these women travel as far as neighbouring countries in order to access safe abortion services to terminate their pregnancy. This can be costly to women and some victims may not be able to afford it.

Currently, the restrictiveness in abortion laws globally is being questioned because it disregards women rights to access abortion facilities, for those who wish to terminate their pregnancy for reasons known to them. Lack of inclusivity and provision of abortion services in Namibia is reason enough to review the Act, in order to holistically consider aspects not currently addressed and amicably seek solutions towards managing unsafe abortion (Act 2: 1975; Klick & Stratmann, 2008; Fetters et al 2017). There is a dire need to consider social factors in the national policy in order to eliminate barriers forcing many young women to seek pregnancy termination solutions outside health facilities.

Together with cultural factors, social factors are the core of Namibian societal system and without a good support system; this may result in gender discrimination, religious restrictions abortion-related stigma preventing more women to seek medical help early. Consequently, abortion can lead women to suffer from post-abortion emotions or result in maternal death (Pedersen, 2008; Klutsey & Ankomah, 2014).

Post-abortion traumas in young women lead them into hiding until they become psychologically better to face the community. According to World Health Organization (WHO), abortion can lead to maternal death as it represents 13% of maternal death cases and in addition, it is a risk for the reproductive system of teenage girls.

Therefore, the burden around the increased teenage abortion in Walvis Bay would remain a threat and a public concern if it remains unaddressed. Many women will continue engaging in unsafe abortion thereby deteriorating their health. The challenge calls for action and a desire to understand and explore the factors associated with

teenage pregnancy in Walvis Bay in order to promote access to safe abortion (Tabi, 2002; Orner et al, 2011; Sydsjö, 2014).

Therefore, the researcher intended to answer this question: What is the perception of the Walvis Bay community about abortion among young women?

1.3. THE PURPOSE OF THE STUDY

The study purpose was to explore factors associated with abortion in Walvis Bay community. It was essential for a study to be conducted in order to investigate the factors leading women to engage in unsafe abortions, and find an amicable solution to help them access maternal health services, and help policy makers to find solutions to address the abortion problem in the region. This study explored factors associated with abortion amongst adolescent girls and mature woman of childbearing ages in Walvis Bay community.

1.4. OBJECTIVES OF THE STUDY

The specific objectives of this study were to:

- a) Explore the individual, interpersonal and environmental factors/ motivation behind the abortion decision-making process amongst Walvis Bay women.
- b) Explore subjective experiences of women who have aborted and investigate immediate post-abortion emotions.
- c) Recommend practical solutions on how to manage increased abortion cases in Walvis Bay and Namibia at large.

1.5. SIGNIFICANCE OF THE STUDY

The identified explored factors will contribute to the understanding of abortion in Namibia and recommend how to overcome the concerned challenges.

Secondly, the study findings will serve as a guide for politicians and policymakers on how to appropriately deal with abortion while seeking to decrease the risk of maternal death linked to abortion and improve the maternal health. The study findings might help in understanding factors associated with increased abortion cases in Walvis Bay while combating the stigma around abortion in Namibia. Furthermore, the study also revealed the perceived behaviours of the community on teenage pregnancies and abortion in general which will be the basis of creating awareness. The study findings will help to give guide to young mothers on how to live better and plan.

1.6. STUDY LIMITATION

The limitations of this study included the following aspects related to the representativeness of the study sample, the validity of self-reported measures and the purposive nature of the data collected and analysed. Due the sensitivity of the topic, participants may refrain from truly being open about their honest past experiences thus creating a biased data representation. There were also participants such as mayor and councillor of Walvis Bay and other political informants that were listed to be participants but were not reached due to their busy schedule and other unspecified reasons. Teenagers less than eighteen years were also excluded because they are not eligible to give consent by law. Some patient admitted in hospital as abortion cases refused to take part in the study thus made data representation a problem.

1.7. DELIMITATION

The study feasibility was limited to one town due to the cumbersome data collection process, which is time consuming. Thus, this study only focused on abortion in Walvis

Bay town. Consideration to the legal age was considered and only participants aged 18 and above were consented to participate in this study for a representative sample. Each participant was subjected to a debrief counselling before partaking the interview to avoid emotion turmoil.

1.8 DEFINITION OF KEY OF KEY CONCEPTS

1.8.1. Abortion is the termination of a pregnancy prior to 20 weeks' gestation or a foetus born weighing less than 500g. (MOHSS, 2000)

1.8.2. Abortion law permits, prohibits, restricts, or otherwise regulates the availability of abortion. (MOHSS, Abortion and sterilization Act, 1975)

1.8.3. Incest is a carnal intercourse between two persons who are related to each other and due to such relationship incompetent to marry each other. (MOHSS, Abortion and sterilization Act, 1975)

1.8.4. Induced abortion is medically safe, WHO-recommended methods used by trained persons. It can be less safe if only one of those two criteria are met and least safe when neither is met. (research, 2012)

1.8.5. Medical abortion is the use of pharmacological drugs to terminate pregnancy. Sometimes, it is also referred to as non-surgical abortion or medication abortion. (research, 2012)

1.8.6. Osmotic dilators are short, thin rods made of seaweed or synthetic material that is placed in the cervix to absorb moisture and expand, gradually dilating the cervix

1.8.7. Safe abortions as those carried out with a WHO recommended method that is appropriate to the pregnancy duration, and if the person providing or supporting the abortion is trained. (research, 2012)

1.8.8. Sterilization means a surgical operation performed for making the person on whom it is performed, incapable of procreation, but does not include castration. (MOHSS, Abortion and sterilization Act, 1975)

1.8.9. Surgical abortion is the use of trans-cervical procedures for terminating pregnancy, including vacuum aspiration, and dilatation and evacuation (D&E). (research, 2012)

1.8.10. Unlawful carnal intercourse refers to rape, incest and unlawful carnal intercourse with a female idiot or imbecile in contravention of section 15 of the Immorality Act, 1957 (Act No. 23 of 1957),

1.8.11. Unmet need women who want to stop or delay childbearing but are not using any method of contraception are defined as having an unmet need for contraception.

1.8.12. Unsafe abortions are those carried out by an individual who does not have the necessary training, or in an environment not conforming to minimal medical standards, or both. (research, 2012)

1.8.13. Septicaemia is a condition where the patient deteriorated due to untreated infection as it is generalized in all the body through infected blood stream.

1.8.14. Remain products: Sometimes after abortion, the patient represented by bleeding which means that there are remained products inside the uterus and it needs to be cleaned.

1.8.15. Incomplete abortion: remain products inside the women uterus. (MOHSS, Abortion in Namibia, 2000)

1.8.16. Threatened abortion: it means there are bleeding the first trimester of the pregnancy, which threatened the pregnancy. (MOHSS, Abortion in Namibia, 2000)

1.8.17. D&C: dilatation and curettage, which used to be done in hospital to clean or remove the remained products of abortion.

SUMMARY

This chapter covered the introduction and background of the study. It highlighted the problem statement, the study purpose as well as research question and objectives. It further explained the significance of the study, the limitations as well as delimitation. Research ethics principles that guided the study was explained.

CHAPTER TWO

2. LITERATURE REVIEW AND THE THEORETICAL FRAMEWORK

This chapter explored the existing literature on perception of unsafe abortion particularly in Africa. It further covered the aspects relating to abortion legality, stigma, and strength of existing facilities, religion and other implicating factors affecting women such as maternal death. It also further looks into methods of safe and unsafe abortion and the motivating factors that drive women to abort their pregnancies. Lastly, it covered impacts and challenges pose by abortion laws specifically in Southern Africa.

2.1. INTRODUCTION

Abortion is the termination of pregnancy after, accompanied by death of embryo or foetus spontaneously expelled during the first 12 weeks of gestation. There are numbers of different methods of abortion namely surgical and medical abortion, whereby a medical abortion is carried out using aborted medicine while a surgical one is done using a minor operation with either curettage or suction. There are many recognised reasons why women might decide to have an abortion including persona circumstances; risk to the wellbeing of existing children, a health risk to the mother, high chance of baby will have serious genetic or physical abnormalities.

Longdom.org (2020)

Literature has indicated that unsafe abortion is a threat to women's health particularly in developing countries. In 2008, the World Health Organization estimated that about 25 million abortions occurred globally were unsafe accounting for 45% of the overall

abortion cases. Africa is the highest contributor of unsafe abortion. Up to 98% abortion, occurrences in Africa are unsafe (World Health Organisation, 2008; Guttmacher: 2017).

The World Health Organisation classifies unsafe abortion into two categories depending on the personnel who performed it. Such categories include: abortion performed by trained personnel using an unsafe or outdated method or by an untrained person albeit using a safe method. An untrained person using dangerous methods by introducing foreign objects and use of herbal concoctions in the vagina to terminate the pregnancy (Awoyemi & Novignon, 2014; Fetters et al, 2017) can also perform unsafe abortion. See the summarized methods also summarized in section 2.8.

During self-induced abortion, many women deliberately act to end their pregnancies risking their health resulting in acute or long-term maternal health implications. Abortion causes physical hurt and mental conditions to women and failure to remove all pregnancy tissue from the uterus may cause hemorrhage, vaginal, cervical and uterine injury, and infections (Karibu et al, 2016).

According to foundation of life (2019) they identified the risks associated with abortion either surgically or medially. The physical consequences include mild which are abdominal pain and cramps, nausea, vomiting and diarrhea and severe ones that are heavy bleeding, infection, incomplete abortion, damage to cervix, scarring of uterine lining and perforation of uterus, damage to internal organs, risk of preterm birth for subsequent pregnancy. While psychological and emotional impacts of abortion on women can appear within days or after many years. These appears in a form of guilt feeling or post-traumatic stress disorder characterized by eating disorders, relationship problems, guilt, depression, flashbacks of even, suicidal thoughts, sexual dysfunction, alcohol and drug abuse.

2.3. ABORTION IN AFRICA

In general, the African continent contributes up to 98% of the 25 million unsafe abortion cases occurred in developing countries. This signifies that 10 per 1000 women in Africa die of abortion related deaths. To date, Africa is the continent with the highest number of abortion-related deaths. At least, 16,000 of maternal deaths occurring in 2014 were unsafe, causing unsafe abortion to remain a serious public health issue in the region. During that year, Africa contributed US\$232 million spent on providing post abortion care in developing countries.

In Namibia, studies show that there are many reasons why women in Africa still engage in unsafe abortion practice. Furthermore, access to abortion services in Africa is also linked to the controversy surrounding the subject. This includes various aspects such as religion, moral, ethical, practical, and political grounds. These reasons are explored in section 2.5 of this study.

Lack of access to safe abortion care is increasing in parts of the developing world where it was once available only to the most privileged. To understand the legal provision of safe abortion, the medical fraternity needs to understand the circumstances under which safe abortion services in our public health facilities should be provided.

2.4. ABORTION LAWS IN AFRICA

Considering abortion law description; the law permits, prohibits, restricts, and or otherwise regulates the availability of abortion in any society. Currently in Africa, there is no law where abortion related services are completely outlawed. However, women in the region are gloomily unable to access safe abortion services due to

restrictiveness in the respective national laws. There are three countries where abortion is permitted without restrictions. This includes countries such as Cape Verde, South Africa and Tunisia. The rest of the countries only permit abortion to either: save life of woman; preserve physical and mental health and socio-economic reasons or restrict it completely.

Abortion law in Zambia took a transition since it was enacted in 1972. In the beginning, the Act only permitted abortion if pregnancy caused a risk to the life of the pregnant woman or risk of injury to the physical or mental health of the pregnant woman or risk of injury to the physical or mental health on basis of fetal malformation. Today, the law also permits abortion based on pregnancies posing great risk to the pregnant woman's environment or her age. Recent amendments also allowed for abortion in cases of rape and incest (Fetters et al, 2017). Table 1 below summarizes the reasons for abortion in African countries and the extent of the legality as far as abortion is concerned (Guttmacher, 2018).

2.4.1 Legality of abortions as according to Guttmacher Institute: 2018

Each country has its own laws on which situation abortion can be permitted as follows:

Abortion laws in Angola, Congo Brazzaville, Congo-Kinshasa, Egypt, Gabon, Guinea-Bissau, Madagascar, Mauritania, Sao Tome & Principe and Senegal prohibit abortion altogether without exceptions, While Ivory coast, Libya, Malawi, Nigeria, Somalia, Tanzania, Uganda allow abortion to save a woman life but Mali and South Sudan allow it only in case of rape and incest.

In the same study also revealed that Comoros, Djibouti, Burundi, Kenya allow abortion to save the life of a woman and preserve physical health in any circumstances,

while Benin, Burkina Faso, Central African Republic, Guinea, Ethiopia, Lesotho, Rwanda, Togo and Zimbabwe only specific for rape, incest and foetal anomaly with Chad & Niger allow it for foetal anomaly only. The same study also mentioned that Morocco and Equatorial Guinea need spouse or parental authorization

The study also revealed countries that allow abortion to save a life of a woman/preserve physical or mental health in case of rape, incest and foetal anomaly they are Algeria, Botswana, Gambia, Ghana, Liberia Mauritius, Mozambique, Namibia, Seychelles, Sierra Leone while Swaziland and Eritrea allow it only for rape and incest.

Zambia was the only country that allow abortion to save life of a woman/preserve physical or mental health/socio-economic reasons in an event of foetal anomaly while Cape Verde, South Africa and Tunisia allow it without any restriction.

2.5. ABORTION STUDIES CONDUCTED IN AFRICA

Despite knowing the dangers of unsafe abortion, African women continue to engage in unsafe abortions. Case studies recorded in Ghana, Nigeria, Kenya and Zambia concluded that there are numerous reasons why women engage in such acts. For instance, women abort due to cultural believes which is attributed to social pressure, stigma around teenage pregnancy, unmet needs, financial reasons, morality, religious and restrictive abortion policies. The following sub sections illustrate the perspectives around abortion in different parts of Africa.

2.5.1. Financial Limitations

Limited financial resource invested in maternal health services is the main reason for increased maternal mortality in Ghana. According to Klutsey & Ankomah, (2014), Ghana has maternal mortality rate of 350 deaths per 100 000 in women aged 15–49. Only 15% is caused by induced abortion while the rest is caused by unsafe abortions. Lack of sufficient resources within the existing health structure causes many lives to perish. Increased demand for maternal services poses a burden on the system causing public health challenges in society and crippling the health facilities. Many of these facilities also lack capacity to handle the pressure, this increases unsafe abortion cases.

2.5.2. Restrictiveness of abortion Laws

According to table 1-1, only few countries in Africa permit abortion without restriction. Additionally, Zambia permits abortion to save a woman 's life, physical and mental wellbeing, and social factors. Countries like Angola, Congo-Brazzaville, Congo-Kinshasa, Egypt, Gabon, Guinea-Bissau, Madagascar, Mauritania, São Tomé and Príncipe, Senegal prohibits abortion under no circumstance. Such limitation and restriction pose pressure on women and dehumanize them.

The data from Kenya shows that the law only allows abortion to save women's life and health. Due to abortion restrictions in the abortion law, a study has found a positive correlative link between strict laws and the perceived stigma around teenage pregnancy and pregnancy amongst unmarried women (Karibu et al (2016).

Consequently, such scenarios prevent women engaged un-marital sexual activities to access sexual and reproductive health services and get effective contraception.

Instead, many young women with unintended pregnancies resort to unsafe abortion.

Lack of access to reproductive health facility in Kenya contributes to limited uptake

of effective contraceptive. Indirectly, this leaves many young women at risk of subsequent unintended pregnancies, which later they abort. To date, unsafe abortion is the leading cause of death in particular amongst women aged 10–24 years (Karibu et al (2016).

Many of these cases include multiple induced abortions, which exacerbates risk of poor health outcomes. Thus, there is an emphasis to stress the importance of post-abortion care to ensure that young clients receive contraceptive counseling and effective pregnancy prevention methods before discharge from the health care facility to prevent arising and reoccurrence of unintended pregnancies.

2.5.3. Technical Challenges of liberal abortion Policies in Zambia

Zambia is a recognized as liberal state particularly when it comes to abortion policies. According to Table 1, abortion laws in the country permits women to abort their pregnancies in order to save a woman's life and preserve physical or mental health and socio-economic reasons. However, the reality concerning the flexibility of such laws is far more complicated due to numerous technical barriers arising from the implementation. Thus, unsafe abortion remains a crucial problem causing death and many disabilities amongst women in Zambia.

Unsafe abortions conducted in Zambia are very risky, using methods such as ingesting toxins like detergent and inserting cassava sticks in the cervix. Such methods threaten female health (Fetter et al, 2017). Based on the gynecologic admissions recorded between 2003 and 2008, 30% were linked to complications of unsafe abortion. This signifies that six of every 1,000 women die of abortion related death.

For medical purposes, abortions in Zambia use the recommended World Health Organization's mifepristone and misoprostol combined regimen. This is a highly effective method of pregnancy termination and it is coupled with low complication rates if conducted during 9 weeks of gestation. The use of such medications offers women a non-surgical method of inducing abortion.

2.5.4. Access to stock abortion medication

Generally, medical abortion is expensive. In the past, South Africa and Tunisia used to be the only registered countries to stock abortion medications. However, due to increased demand countries such as Zambia, Ghana, Mozambique, Ethiopia and Kenya were later registered for importation of abortion medication (WHO (2008); Awoyemi & Novignon, 2014; Collins et al, (2014)); Karibu et al; 2016 Fetter et al, 2017).

Many other countries remain without access to such medication due to restrictive abortion laws, lack of affordability of such medication, and reluctance by policy makers to allow the provision of mifepristone, has contributed few developing countries making this drug available.

Similarly, in Nigeria, women seeking abortions remain with minimal access to abortion information and services. Even when they wish to access the information, they tend to shy away from the health facilities, as the social stigma around abortion is high. Many women suffer in silence from post-abortion feelings such as having no feelings, not wanting to think about the abortion, relief, feeling of sadness and loss. Studies conducted in the country highlight the need for educational efforts to make women aware of their reproductive rights and to increase their reproductive

knowledge pertaining to abortion. Besides the government, public education on abortion may also be improved by efforts from abortion providers, Advocacy groups and related NGOs (Awoyemi & Novignon, 2014).

2.6. ABORTION IN THE NAMIBIA CONTEXT

Abortion and Sterilization Act 2 of 1975 is the regulatory framework governing abortion in Namibia. The Act defines the circumstances under which abortion may be procured on a woman or in which a person who is incapable of consenting or incompetent to consent to sterilization, may be sterilized; and provides for incidental matters. Currently, the law only permits women to abort for medical reasons, complicated pregnancies or to save the mother's life, rape incidents, incest and foetal anomaly. Abortion conducted for any other reason is restricted and mothers subject to prosecution for such acts. Dr N Iyambo (1994)

Due to such restrictiveness, only women permitted under the law are eligible to access abortion services in Namibia. This forces women with unplanned or unwanted pregnancies to seek abortion services from non-medical practitioners/unregistered personnel in order to terminate their pregnancies. Such situation not only causes women to engage in unsafe abortions but also allow them to contract serious health complications leading to death (Fetters et al, 2017; Karibu et al, 2016).

The highly affected and victimized teenagers are inexperienced and as first timers, they often hide their pregnancy until it can no longer be kept secret or until faced with complications. Many of them eventually end up at the hospital with signs of heavy bleeding resulting from reasons unknown to them (Hess, 2007, Tong et al, 2012; Awoyemi & Novignon, 2014; Karibu et al). Namibia is currently challenged with teenage pregnancies. About 76% of Namibian teens aged between 15–19 years

are sexually active and do not use modern contraceptives. As a result, they contract teenage pregnancies causing them to drop out of school at a young age. In 2013 alone, more than 46 000 teenagers fell pregnant which approximately 127 girls fall pregnant every day (UNICEF, 2013).

According to Maemeko et al., (2018), many young girls engage in sexual activities at a tender age because of lack parental care and control at home, lack of some material needs, poor peer guidance, lack of sex education, and the influence of alcohol and drug abuse. Consequently, these impacts affect academic performance due to pregnancy increasing dropout cases in schools because of pregnancy related issues and negative feeling on schooling. Many of these cases occur in rural areas where young girls are uninformed about consequences of teenage pregnancy and contribute to low academic performance.

The national assessment on family health reveals that abortion is a very sensitive topic in many households, families and many members of the society refrain from talking about abortion. Such situation contributes to many women with unplanned pregnancies to hide their pregnancies until it is too late to abort. In further causes, women undergo a social pressure causing victims to suffer from psychological problems and mental related conditions (MoHSS, 2000). Thus, every year Namibia encounters about 7147 abortion cases. These cases are unevenly distributed across the country. For instance, for the period from 2010 to 2014 Walvis Bay recorded an increase in number of abortion cases with an average of 1400-2000 abortion cases accounting 4 to 6 cases a day. These cases involve mainly women aged between 15-28 years old (MoHSS, 2014). Ninety eight percent of these cases are diagnosed as threatened abortion at local hospital.

2.7. USE OF CONTRACEPTIVES

The use of contraceptives has always been viewed independently from abortion, however the two are linked. In Africa, contraceptive methods are viewed as apprehensive because of the perceived side effects, while abortion is undergone, often at significant personal risk, and raise the specter of social stigma and motivation for better contraceptive practice. Male partners feature importantly in decisions related to pregnancy and management of unwanted pregnancies, which may lead to decision of abortion. Psychosocial barriers of the effectiveness on the use of contraceptives and pregnancy affect decision-making that can inform and structure future investigation (Awoyemi & Novignon, 2014; Collins et al, 2014).

2.8. RECOMMENDED ABORTION METHODS

The World Health Organization recommends that safe abortion should be carried out in an authorized maternal health facility and by a trained health professional using medical and surgical approach. Safe abortion is allowed under two ways:

2.8.1. Medical procedure

This approach uses two types of abortion pills called mifepristone and misoprostol pills or combination of both which are taken orally by the patient. The combination use of both medications is effective and can complete up to 96-98% abortion cases. Each medication induces abortion and can be used up to 24 weeks of pregnancy. The medical profession prescribes different doses and regimens depending on the duration of pregnancy. Mifepristone pill works by blocking the hormone progesterone. Without progesterone, the lining of the uterus breaks down and the pregnancy cannot continue. As an abortion drug, misoprostol is not as effective as

the combination of mifepristone and misoprostol. Therefore, women may need to take a repeat dose several times to achieve a complete abortion. Most women seem to know when the abortion is complete, or within a few days that they are still pregnant.

In terms of availability, Misoprostol is commonly available because it also has other medical uses unlike Mifepristone, which is strictly available for abortion purposes. Mifepristone is currently available in about 60 countries in the world. Table 2-1 below summarises the advantages and disadvantages of using medical approach for abortion.

2.8.1.1 Advantages and disadvantages of Medical Abortion method (WHO recommended)

Advantages are that there is no surgical procedure involved, it is more like spontaneous miscarriage when a woman take a pill and abortion can safely take place at home through 10 weeks of pregnancy. It is also regarded as safer to use this method in clinical setting especially in second trimester, as it can be administered by other medical personnel who are not doctors' example by registered nurses.

Disadvantages of medical abortion includes that it takes longer for abortion to complete such as several hours to days, there is a risk of bleeding within the first one to two days and some may persist for several weeks and there is also associated unpleasant symptoms such as abdominal cramps, nausea and vomiting.

2.8.2. Surgical Procedure

This is a trans-cervical procedure for terminating pregnancy. The procedure involves a minor operation using vacuum aspiration or dilatation and evacuation.

The vacuum aspiration method removes the pregnancy by gentle suction. The process can be carried using local anaesthetic, sedation or general anaesthetic. Ideally, this method can take place up to 14 weeks for local anaesthetic and 15 weeks for general anaesthetics. In comparison to other methods, vacuum aspiration has quicker recovery time and under normal circumstances, one can leave the clinic.

Dilatation and evacuation are the method that is applied to a mother who is 15 and 24 weeks pregnant. During this process, the pregnancy is removed using narrow forceps through the neck of the womb. This process at least needs one-day cervical preparation before the surgery takes place.

2.9. UNSAFE ABORTION METHODS DAMAGING THE WOMEN HEALTH

The Guttmacher Institute defines unsafe abortion methods as traditional methods performed by untrained providers to end unwanted pregnancies. It can also be the use of modern methods conducted by untrained personnel or vice versa. These methods have failed many women particularly in developing countries resulting in severe maternal complications or death. Many of these causes occur outside the hospital facilities and in secrecy as the providers are not authorized to do so. Strict laws in developing countries also encourage the use of such facilities, as many women do not want to be prosecuted for illegal abortion (Guttmacher: 2017).

There are six recognized categories of unsafe abortion methods under which women end their pregnancies. Unsafe abortion is conducted by inserting foreign objects either in their vagina or in cervix, inserting chemical fluids, ingestion of poisonous substances, manipulation of the abdomen, engaging in physical injurious activities and blowing air into the uterus to induce labor (Awoyemi & Novignon, 2014).

Types of unsafe abortion methods and their categories:

This includes insertion of foreign objects in the vagina or cervix example Cassava sticks, parsley stems, tree roots, crushed herbs, ground seeds, chicken bones, pencils, coat hangers, knitting needles and potassium permanganate tablets. Some women also place liquid into the vagina such as saline solutions, concentrated herbal solution prepared with water and alcohol, soapy solution and bleach.

Women also ingest/ drink excessive alcohol, laundry bluing fabric softeners, bleach acid, methylated spirits, castor oil and blood tonic. They also ingest pharmaceutical products such as Aspirin, Painkillers, flu medicine, laxatives, Chloroquine, Nivaquine, Quinine, Panadol, Ergometrine (ergot alkaloids), oral hormonal medications or injectable Oxytocin.

Other methods include manipulation of the abdomen by locating the fetal mass through external palpation then attempt to dislodge it by massage or beating the lower abdomen. They can also engage in traumatic or injurious physical activities such as jumping from the stairs or roof, falling, lifting of heavy objects or exercise vigorously. Other method includes folk technique whereby a tube is inserted through the vagina to the cervix to blow air into the uterus to induce labor or placing a hot stone on the abdomen to melt the fetus.

2.10. CONSEQUENCES OF UNSAFE ABORTION

Engaging in unsafe abortion acts, lead to many acute and long-term physical, psychological challenges. However, the outcome of complications linked to unsafe abortion depends on not only the availability and quality of emergency abortion care and women's willingness to turn to medical services. Furthermore, it also depends on readiness of medical staff to deal promptly with the complications. Globally more than 5 million women are admitted to hospital due unsafe abortions. (WHO, 2019)

Unsafe abortion is a significant cause of death and ill health in women in developing world and has a number of other significant consequences that are much less widely recognized include the economic consequences, the immediate costs of providing medical care for abortion related complications, the cost of medical care for long term health consequences, lost productivity to the country, the impact on families and community and social consequences that affect women and families. (Singh, 2016)

Unsafe abortion victims are treated mainly due to infection, excessive bleeding, embolism, ripping or perforation of the uterus, anaesthesia complications, convulsions, haemorrhage, cervical injury, and endotoxin shock. Women with incomplete abortion suffer from post abortion sepsis, and genital trauma. Infertility is one of the major health challenges affecting women who have aborted in the past. Approximately 10 million women worldwide suffer from infertility. Studies have shown the trend in women who have aborted more than once (Karibu et al, 2016).

Despite the health challenges, women who engage in unsafe abortion in countries with strict abortion laws are also at risks of prosecution. Many of them do not seek medical care after they undergo abortion and suffer complications because they fear abuse, ill-treatment or legal reprisals. As a result, they suffer in silence and eventually die.

2.11. FACTORS CONTRIBUTING TO WOMEN TO HAVE ABORTION

There is more than one reason why women engage in abortion activities. Studies conducted in several African countries justify that these reasons are far more complex than simply intension of not wanting to become pregnant (Oginni, 2017;

Mote et al., 2010; Jayaweera et al., 2018; Frederico et al., 2018). As a result, the decision by women to have an abortion is motivated by more than one factor.

Apart from the obvious reasons, developing countries have the highest contributing factors associated with abortion. The specific factors include social and political obstacles caused by personal, environmental and intrapersonal reasons mentioned below (Desai et al., 2017).

According to Sanchez-Siancas et al. (2018) Several factors were identified that may influence the decision of opting induced abortion, these factors include age, low level of education, age at sexual intercourse and number of sexual partners and lack of social support.

2.11.1. Personal Reasons

Personal reasons are linked to both direct and indirect personal experiences. For some women, personal reasons can be associated with a natural career trajectory. Whilst for others abortion may be linked to prior exposure, to those willing to provide illegal abortion services. The following are the personal reasons why women engage in abortion activities (Lee et al., 2004; Haddad & Nour, 2009): this were not wanting to become a mother, previous bad experience with pregnancy, already have a child and not willing to have another, want to study or career development, lack of finance to support the child, depression caused by pregnancy, lack of access to family planning at the health facilities as well as sexual active women.

2.11.2. Intrapersonal and interpersonal reasons

According to (Vihn, 2015), Intrapersonal factors include increasing permissive attitudes and practice of premarital sex, lack of knowledge on contraception and low self-efficacy among females while Interpersonal factors include poor communication among partners, parents and youths on sexuality-related issues and peer-influences. Intrapersonal reasons are associated with other people influencing women to have an abortion. Family members, partners and other peers usually influence these decisive reasons. For instance; Lack of support for the pregnant women thus often leave them vulnerable and depressed, then they will seek to terminate their pregnancy. Women also terminate their pregnancy due to the responsible man's inability to approve and recognise the unborn baby. As a result, women seek abortion to avoid having a fatherless child. There was also recognised pressure from family members also leads women to abort. This can be either a sister convincing the women to do so or a parent whose expectation of their children and falling pregnant leads to disappointments and some parents forces their children to seek abortion. Decision by the partner can cause the woman to abort. For instance, if the partner's behaviour change, married or not wanting a child.

Interpersonal factors include lack of support from one's partner and parental support was found to be a factor leading to women decision to abort. Frederico et al. (2018)

2.11.3. Social and Environmental Reasons

These are environmental, social, cultural, moral and religious reasons leading women to abortion. Rape and incest are common environmental reasons forcing women to abort (Sihvo, et al., 2003; Oginni et al., 2017).

Morally, abortion is a choice. However, health care provider in many societies influences lead women to abortion. The legality of abortion in some countries promote provision of abortion care to victims of abortion.

Whilst in areas where abortion is restricted, health facilities limit their involvement in providing pre- and post-abortion counselling or basic nursing duties and lack of willingness by the health facilities to provide direct abortion care leading women to seek unsafe abortions (Schuster, 2005).

Many African communities are very religious. This makes it a highly influencing factor in providing abortion services to women. According to the Christianity and Islam, religious abortion is associated with killing/murder. Thus, in such environment's abortion is restricted based on religious grounds and any woman attempting to do so is often labelled as a "murderer" or "baby killer" and instead women are advised to "preserve and not take life" instead of committing abortion.

2.12. KEY ISSUES TO COVER WITH THE WOMAN AFTER ABORTION

WHO recommends the following advice to be discussed with any woman during abortion process (Guttmacher: 2016).

2.12.1. Self-care

As part of the self-care, it is essential that any woman who aborts get good and enough rest. Through abortion may result in vaginal bleeding for several weeks. It may also arise that many women may encounter pain resulting from uterus contraction. This pain can be treated with painkillers. However, if the pain perseveres it is crucial for the victim to seek medical help.

It is important that during this stage those women should maintain a hygienic lifestyle that includes changing pads every 4 to 6 hours. Wash pad or dispose of it safely. Wash perineum. Secondly, victims should refrain from sexual intercourse or put anything into the vagina until bleeding stops and practice safe sex to avoid contracting STI or HIV. Maintain communication with the health work and stick to regular checks as per their recommendation

2.12.2. Family Planning

Victims of abortions are vulnerable and can fall pregnant easily once they engage in sexual activities so it is recommended that the victim should maintain an interval of six months before next pregnancy in order to preserve their health (Sensory et al., 2018). Due to lack of family planning in some health facilities, it became as a reason for women seeking abortion due to unwanted pregnancies.

Thus, it is essential that women who aborted receive family planning advice from the health facility and on the appropriate contraceptives suitable for them to prevent unwanted pregnancy. Use of condoms is recommended to prevent infection such STIs and HIV/AIDS. The provision of such contraceptives can commence immediately if there are no complications from the abortion.

2.12.3. Social support

Social support, defined as the perception and authenticity that one is cared for, has assistance available from other people and that one is part of a supportive social network. Is usually associated with a set of interpersonal relationships that facilitate functional and informative support related to person's health and condition.

(SACHEZ-Siancas LE, 2018)

Many women who have aborted are vulnerable, and often have trust issues. Therefore, it is important that a health professional (social workers) providing advice, form an alliance with them. During this process, it is expected of service providers to build a relationship with the women involved, actively listen to them, reflect and respect them with empathy.

There is a system in place in Walvis Bay State hospital that every woman admitted with abortion or social workers to explore reasons and help them with advice must interview cases related to pre-abortion.

2.13. THE EFFECTIVENESS ANALYSIS AND IMPACT OF LIBERAL ABORTION

This specifically deals with abortion law regulations in selected countries, their effectiveness, impacts, and challenges specifically focus in Southern Africa.

2.13.1 The laws regarding abortion in Southern Africa:

The implementation of liberal abortion law in South Africa demonstrate the possibility of countries with limited resources to provide safer termination of pregnancy services whilst reducing the number of maternal deaths from unwanted pregnancies and unsafe abortion practices.

Abortion in South Africa is governed by Choice on Termination of pregnancy Act No.92 that was enacted in 1996 and implemented in 1997. This Act preceded the initial Abortion and Sterilization Act, 1975 (Act No.2 of 1975) which was designed

under the apartheid regime and restricted many South Africa women to access abortion services.

The purpose of this Act is to broaden conditions under which a pregnancy can be terminated. Abortion in South Africa is still a volatile topic affecting many groups. Initially, stakeholders were not fully consulted however; continuous consultations and workshops are still underway. This includes consultation with religious groups, men, traditional leaders for the promotion of reproductive health, contraception and support. To date, abortion service has now largely been decentralized in many districts in South Africa.

The provision under this Act makes it possible for any woman of any age to access abortion services anywhere in South Africa, as long she is less than 13 weeks pregnant. An exception to pregnancies between 13 and 20 weeks, abortion is only permitted if the pregnancy poses a threat to physical or mental health; the baby is at risk of severe mental or physical abnormalities; the pregnancy is a result of an incest or rape; and if the victim is of personal opinion that her economic or social situation is sufficient reason for the termination of pregnancy (Mhlanga, 2003).

The intention of the Law also is to provide abortions free services particularly at state hospitals and clinics accessible to all women. However, at private doctor or a private hospital, abortion is available at a cost. Under the provision of this Act, only authorized medical professionals are permitted to execute the procedure. For instance, only medical doctors may perform abortions and trained nurses (who have received special training may perform abortions up to the 12th week of pregnancy). Despite the circumstance, other health workers are only permitted to assist with the procedure in order to save the patient's life. Legally all health workers are obligated

to inform a woman of her rights and refer her to another health worker or facility where she can get the abortion.

2.13.2 Challenges experienced in South Africa abortion law were:

Due to the transition and readiness required for the implementation, it took one year before the Act was fully implemented. The health system had to prepare and train health workers. During the transition period, the health system encountered challenges. At the beginning, there was a lack of sufficient trained health personnel. In some provinces, the service remained centralized until the hospital had enough trained health workers to decentralize the service to remote clinics etc. During this period, the hospitals had provided transportation for the women to access the clinics.

Before the Law was enacted, many women began seeking abortion service at the hospitals. Such sudden freedom to choose resulted in many women flocking, in order to access the service. Mutually, some health workers objected to participating in the termination of pregnancies. The workers felt that the Act did not protect their rights of not participating on grounds of religion or personal conviction.

The approach under which abortion medication was obtained was cumbersome and only certain health professionals would access the abortion medication. As a result, access to abortion medication remained challenging while frustrating women due delays and deliberate obstruction to pregnancy termination services. In some instances, the Health Professions Council had to remind doctors that their duty was to attend to the woman who is bleeding. Despite the system successfully working for women in their first trimester, the health facilities struggled providing services to

women with second trimester abortions as the procedure requires a gestational age admission, and the Act allows only doctors to perform the procedure.

2.13.3 Impact of South Africa abortion laws:

Generally, there has been a dramatic increase in the number of pregnancy terminations in public health care institutions as well as the private sector. Since the implementation, approximately 30,000 abortions were performed (Mosley et al., 2017; Guttmacher, 1998). Equally, the number of women treated for severe complications because of incomplete abortions has also declined significantly. In 1997, only nine deaths secondary to failed abortions were reported.

Regardless of good success, half of abortions conducted in some regions remain unsafe. In particular women of African descent, who are of lower socioeconomic status and are living with HIV. This signifies that there is a need to provide, adequate social and financial support for the implementation of this, much-needed legislation is still necessary to ensure the reproductive health of South African women (Lince-Deroche et al., 2018; Mosley et al., 2017).

While in Zimbabwe, abortion is covered under the Termination of Pregnancy Act (No. 29 of 1977). The Act permits abortion if the continuation of pregnancy endangers the life of the woman; poses a serious threat or permanent impairment to her physical health; or where there is a serious risk that if the child to be born would suffer from a physical or mental defect of such a nature as to be severely handicapped; where there is a reasonable possibility that the foetus is conceived as a result of unlawful intercourse.

The provisions of the Act authorize abortion to be conducted by a medical practitioner in a designated institution. Before the procedure is executed, a written permission must be obtained from the superintendent of such an institution. Any unauthorized person who performs abortion violates the Act, commits an offence and is punishable by the law.

Such a person is subjected to 5,000 Zimbabwe dollars fine and/or imprisonment for a period not exceeding five years.

Zimbabwe was reported to have the lowest abortion rates. “In 2016, about 66,800 induced abortions occurred in Zimbabwe. This translates to a rate of 18 abortions for every 1,000 women aged 15–49” (Guttmacher Institute, 2019). Such low rates occur because of the Ministry of Health and Child Care efforts to increase access to and improve post abortion care. To date up to 85% women have access to post abortion care and only 19% die from abortion related complications.

However, due to the ongoing economic insecurity in the country, the health system is unable to provide post abortion services. Lack of finance, lack of transportation and distance to a health facility causes many women to experience challenges in obtaining post abortion care. Nowadays it takes more than three days before they can access a complete care. In some rural areas, post abortion care is not available; this makes it difficult for women in villages to access the services.

Although, post abortion is meant to be free in the public hospital’s women are asked to pay for care prior to treatment. This causes a delay in service provision. Many first-trimester post abortion cases are treated using surgical procedures. This procedure is usually expensive and is not recommended by the World Health

Organization (WHO) or national guidelines as it carries greater risk for further complications (Maternowska et al., 2015; Sully et al., 2018).

2.13.4 SUMMARY

This literature chapter presented information on different perspectives of abortion and contributing factors at global, regional and local level. The chapter covers the approved safe abortion methods, which include medical, surgical, and different types of unsafe abortion methods used by women to abort. It also specified the factors that motivating women to have abortion and the consequences of those unsafe abortion. It further included the abortion studies conducted in Africa including Namibia and effectiveness analysis and impact of liberal abortion laws specific for Southern Africa with its challenges for implementation. The chapter also further looks at key issues affecting women during the abortion such self-care, family planning and social support.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 INTRODUCTION

The main purpose of the research methodology is to give details regarding procedures used in conducting the study (Kothari 2008). The chapter outlines the methodology, research design, target population, Sampling, Research instruments Data Collection, and finally Data Analysis

3.2. RESEARCH DESIGN:

This study was exploring the factors associated with adolescent's abortion in Walvis Bay community using a qualitative study approach. A phenomenological method was used to further explore the experiences and perception of participants affected by abortion. According to Gumberg Library a Phenomenology study explores what people experienced and focuses on their experience of a phenomenon under study, thus help us to understand people's lived experiences while researcher's perception is set aside in order to enter into the life world of participants without presuppositions. (Rodriquez, 2018)

This approach was suitable as the researcher wanted to get more insight into the phenomenon, of exploring factors associate with abortion among Walvis Bay community.

3.3. POPULATION

A research population is defined as comprehensive group of individuals, institutions, objects known to have common characteristics that are of interest of researcher, all individuals or objects within a certain population usually have a common, binding characteristics or traits. (Explorable.com, 2009)

The general population for this study was the Walvis Bay community from which the sample was selected purposively. The selected key informants are comprised of

patients (abortion victims), social workers from local hospital, health care providers (doctors, nurses), community and religious leaders, and secondary school teachers, and police officers who work for women/child protection center.

3.4. SAMPLE AND SAMPLING

Due to the nature of the study, a non-probability and purposive sample was selected from the entire Walvis Bay community. The study included a sample of local key informants who were willing to participate and as recommended by (Etikan, 2016). The sample comprises of local community leaders, school teachers of secondary schools, health professionals (doctors, nurses, and social workers), police officers and abortion victims.

A sample of the first eight patients from Walvis Bay health facility were selected to participate in the study. Secondly, the health care workers at the hospital who were interested in participating and had time to conduct interviews, included social workers, nurses and doctors were recruited to participate in the study. With the permission of the school principal, the study was engaging secondary school teachers.

Inclusion criteria:

Inclusion criteria are defined as set of predefined characteristics used to identify subjects who will be included in a research study thus together with exclusion criteria make up the selection or eligibility criteria used to rule in or out the target population for a research study. (Salkind, 2010)

The Walvis Bay community (social workers, community leaders, secondary school 's teachers, pastors), and patients (adolescents) who are 18 years old and above admitted for abortion's problem were conducted.

Exclusion criteria:

Exclusion criteria include all participants that meet all the requirements of the study but still the researcher cannot include them in the study due to various reasons, either not available, not willing to participate or because of emotional, medical or physical conditions that influence the results of the study. (Salkind, 2010)

The community members or health care workers who are unwilling or unavailable to participate in the study and all teenagers below the age of 18 years were excluded from the study.

3.5 RESEARCH METHODS:

According to University of Newcastle library, Research method is defined as a strategy, process or technique utilized in the data collection or evidence for analysis in order to uncover new information or create better understanding of a topic.

In this study, a combination of focus group discussion and individual interviews were employed. Three group discussions made, two with healthcare workers with two participants at a time and third focus group discussion made up of law enforcement officials with two participants. There were also six (one on one) interviews made specifically for Teacher and five abortion patients.

3.6. RESEARCH INSTRUMENTS

The researcher used the interview guides for individual's in-depth interviews as well as for focus group discussions. The interview guides based on research questions and they helped the researcher to direct the conversation, to know how to ask questions and their sequence. Although the researcher used the interview guide, probing for more information applied.

The interview guide focused on the aspects such as perceptions of community members on abortion, the contributing factors and suggestions on how to address the issue of abortion in Walvis Bay community.

3.7. THE RESEARCH ETHICS

This study observed all ethical principles of research as per UNAM guidelines. Generally, the study adhered to anonymity, confidentiality, and informed consent, respect of human participants and their privacy and trustworthiness. Furthermore, special consideration for respect of each participant's autonomy, beneficence, no maleficence and justice were also be considered. Below is the description of each principle that applied:

3.6.1 Beneficence and non-maleficence

According to (Jahn, 2011), the principle of beneficence is a moral obligation to act for the benefit of others by protect and defend the right of others, prevent harm and remove conditions that will cause harm, while non-maleficence is an obligation not to inflict harm on others.

The concept of beneficence and non-maleficence were applied by talking to the participants especially patients in private, their information was kept anonymous and confidential by using code which only researcher kept, they were also not forced to participate in the study and thus this was done on their own free will. Information also collected in a non-judgemental manner and participants were free to decline if they feel uncomfortable. The social worker conducted a debrief session with each participant to avoid any potential trauma associated with negative emotions that could arise during the discussion

3.6.2 Autonomy

According to (Jahn, 2011) Respect for autonomy is a norm that obliges us to respect the decisions of adults who have decision-making capacity. Autonomy was applied also by informing participants that even if they have signed the consent form, they must be aware that they have a right to freely withdraw from the study at any time, without giving a reason and able to request that the data they have given be removed from the study

3.6.3 Justice

According to (Jahn, 2011), Justice obliges to ensure equitable distribution of benefits, risks, costs and resources. In the study, it applied by fair selection of the participants to be included in the study according to the inclusive and exclusive criteria regardless of their social, cultural, political, economically, religious or educational background. Respect Norms of the participants: this study will respect each participant's beliefs or race or any different. No means of any discrimination related to participants race or tribes and education level and accept the diversity of the participant's education, thoughts and beliefs imposed on any participant to allow them to freely express themselves.

3.6.4 Confidentiality

According to (Swain, 2015), Confidentiality is defined as the principle or legal right that researcher will hold secret all information related to the participants and only reveal it when the participant give consent permitting disclosure or when obliged by law. Confidentiality applied by anonymity of information and the use of code, the audios were saved in a secure recorder with a password, information collected is to be used only for fulfilling the degree, and all publications will be anonymous.

3.6.5. Informed Consent:

Informed consent defined as a voluntary agreement to participate in a research after the subjects has an understanding of the research, risks and benefits but not merely signing of the form. (Manti, 2018) Participation in this study was free and participants allowed withdrawing from the study anytime. Before participating in the study, consent from each participant obtained. Each participant provided with an **information Sheet** with information about the study. That written according to the appropriate reading age for the specific group of target participants. The information sheet included personal information about the researcher, what the researcher is planning to do, why and where, identification of purpose of the study and identification of sponsoring institution. Participants informed about how/why they selected to take part and their right to stop participating if they so wish without fear of punishment or repercussion. **Consent form** for participation taken from individuals above the age 18 years. The consent from each participant acquired before takes part. This means that they should know exactly what they have to do, and what the risks are, before they agree to take part. The researcher should consider the acceptable levels of harm or risk as a limitation of the study

3.6.6. Anonymity, Confidentiality & Privacy: due to the sensitivity of the study

Permission for conduct the study obtained from UNAM as well as permission to conduct research from MOHSS. The privacy of each participant respected by use of fake names to avoid revealing their identity and maintain their privacy. The data revealed during the study is kept be treated with confidentiality and used strictly for fulfilling this degree. Confidentiality is important for the data collection and the participants so it is a big concern when starting any research and the researcher has to provide assurance to the participants about the data collected and how it will be used

and for what purpose and at all times of the process of research's stages, confidentiality and anonymity has to be maintained (Creswell, 2014).

TRUSTWORTHINESS

Trustworthiness is a method of establishing rigor in a qualitative research without sacrificing relevance. In this study, trustworthiness ensured through the following criteria:

Credibility:

According to (Connelly, 2016) Credibility of the study refers to the confidence in the truth of the study and therefore the findings. Each interview conducted in the presence of a female social worker or nurse to smoothen up the prolonged engagement with participants. The social worker conducted a debrief session with each participant to avoid any potential trauma associated with negative emotions that could arise from the discussion.

Transferability:

The nature of transferability is the extent to which findings are useful to persons in other settings, thus readers actually determine how applicable the findings are to the situations. (Polit, 2014)

Background information of participants provided to the researcher with information to allow other researchers to assess the findings.

Confirmability:

Confirmability is the neutrality or the degree findings are consistent and could be repeated thus is analogous to objectivity in quantitative research) (Polit, 2014). With consent, the researcher used tape recording during the interviews to ensure the integrity of the interview and to confirm the inclusion of everything said during the interview.

3.7. DATA COLLECTION PROCEDURE

One on one interview conducted with participants who includes teachers, health care workers and some community leaders as well as with patients who had abortions. For the participants who were not available for face-to-face interviews, telephonically interviews conducted. With consent from each participant, all interviews recorded as evidence or a reference point for future use. The recorded interviews transcribed verbatim. In situations where participants refused to record, the researcher wrote notes on all critical points.

Discrete one on one interviews with patients who had abortion in the hospital conducted in the presence of the social worker before they were discharged. These interviews conducted for patients over 18 years old. Each interview session lasted 20-30 minutes long, which was quite enough to ask all proposed questions. Participants informed and made aware of the objectives of the study and asked to sign the consent. They informed of their rights and discreteness that their information treated with confidentiality. They assured that data would be only for study purpose without revealing the identity of the participants.

Additional to interviews, focus group discussions conducted with health care workers and law enforcement personnel. The focus group discussions consisted of one medical doctor, two nurses, two social workers and two law enforcement officers. Interviews

and discussions directed to explain the significance of such studies in the community and opinion of the teachers if they are facing problems like abortion with some students and how they reacted to it and how they were advising their students. Data collected until saturation with three focus group discussions and six interviews.

3.8. DATA ANALYSIS

The data collected during the study was qualitatively analysed as outlined by (Graneheim & Ludman, 2003). Data sorted and classified by categories of participants. Saturated data was analysed using formulated inferences and hypotheses related to factors associated with adolescent abortion in Walvis Bay community. Reviews of related literature used to compare and draw same or similar problems and then the recommendations made. The analysis of data excluded non-relevant data and wrong data, as after collection and analysis all the data evaluated for any wrong or non-significant data.

Data analysis was further analysed using content analysis, which characterized the selection of an appropriate unit of analysis and the development of meaningful units. It also involved processes such as condensation and abstraction of text, leading to the creation of categories and sub-categories. Finally, themes and sub-themes linked the underlying meaning in the categories (Watson & Webster, 2002; Graneheim & Ludman, 2003).

Text transcript used to analyse data from focus group discussions and interviews made with individual patients.

In analysing the data from focus group discussions, the interview text sorted in to content areas and read through several times to develop an understanding. The text divided into meaning units that condensed, abstracted and labelled with codes. The

various codes compared based on differences and similarities, and finally sorted in to sub-categories and categories.

In analysing, the data from the interview, notes transcribed verbatim and the text read several times to obtain a sense of whole. The interview notes from the two separate interviews divided in to meaning units. Considering context, each meaning unit condensed in to a description close to the text, and if possible, the meaning unit condensed in to an interpretation of the underlying meaning of the text. The condensed meaning units abstracted in to sub-themes that merged in to themes, after discussing with the supervisors and consulting the reviewed literature that was in this study.

The themes and sub-themes indicated in the table below (table 1 and 2). Four main themes of findings are individual & interpersonal factors; Environmental Motivating factors; Post-Abortion Experience and Possible solutions as per thematic areas in the data collection instrument. All these themes have sub-themes and categories that emerged from the findings and detailed below.

Table 1 Thematic and Sub-Thematic Categories

THEME	SUBTHEME
Individual & interpersonal factors behind abortion	Fear
	Shame
	Crime committers
	Killers/Murderers
	Relationship problems
	Lack of Values or Ethics
Socio-economic and cultural influences Factors behind abortion	Peer Pressure
	Poverty
	Economic Reason

	Cultural Believes
	Religious Believes
	Abortion Illegality
	Individual rights
	Multiple Relationships
	Lack of family planning services
Physical & emotional impact of Abortion on the woman	Abdominal Pain
	Heavy bleeding
	Mental issue
	Physical damage
	Emotional
	Infertility
Possible solutions to manage increased abortion in Walvis Bay	Legalization
	Community awareness and education
	Improved maternal health services available and encourage safe sex
	Improved policy
	Introduction of religious education in schools
	Family planning education safe sex

Table 2 Participants coding

Participants coding				
NO.	PARTICIPANT CODE	AGE	GENDER	PROFESSION
VICTIMS (V)				
1	V01 (013)	37	Female	Domestic worker
2	V02 (018)	28	Female	Unemployed
3	V03 (009)	24	Female	Factory worker
4	V04 (011)	22	Female	Unemployed
5	V05 (012)	33	Female	Factory worker
COMMUNITY MEMBERS (CM)				
6	CM 02 (019)	34	Female	Doctor
7	CM03 (006)	28	Female	Social Worker
8	CM04 (007)	31	Female	Nurse (GW)
9	CM05 (005)	27	Female	Nurse
10	CM08 (002)	42	Female	Teacher/Principal
11	CM 10 (019)	52	Female	Senior social worker
LAW ENFORCEMENT OFFICER(Women and Child welfare)				
12	LEO01 (015)	32	Male	Police Officer
13	LEO02 (014)	37	Female	Chief Police Officer

Table 3 Individual and interpersonal factors behind abortion

Individual and interpersonal factors behind abortion									
Participant code	Age	Gender	Profession	THEME 1: Individual & interpersonal factors					
				Fear	Shame	Crime committers	Killers	Individual rights	Lack of ethical values
V01 (013)	37	F	Domestic worker	Y	Y	Y	Y	N	Y
V02 (018)	28	F	Unemployed	N	Y	Y	Y	N	Y
V03 (009)	24	F	Factory worker	N	N	Y	Y	N	Y
V04 (011)	22	F	Unemployed	Y	N	N	N	Y	N
V05 (012)	33	F	Factory worker	N	N	Y	Y	N	Y
CM 02 (019)	34	F	Doctor	Y	Y	Y	Y	Y	Y
CM03 (006)	28	F	Social Worker	Y	Y	Y	Y	N	Y
CM04 (007)	31	F	Nurse (GW)	Y	Y	Y	N	N	Y
CM05 (005)	27	F	Nurse	Y	Y	Y	Y	Y	Y
CM08 (002)	42	F	Teacher/Principal	Y	Y	Y	Y	N	Y
LEO01 (015)	32	M	Police Officer	Y	Y	Y	N	N	N
LEO02 (014)	37	F	Chief Police Officer Women and Child welfare	Y	Y	Y	Y	Y	Y

Most of participants agreed that crime committers, fear, sham, lack of ethical values are the major individual and interpersonal factors behind abortion.

Minority of the participants agreed that individual rights and killers could be the individual and interpersonal factors behind abortion.

Table 4

Participant code	THEME 2: Motivating factors for abortion								
	peer pressure	poverty	economic reason	cultural believes	religious belief	abortion illegality	relationship problems	multiple relationships	lack of family planning services
V01 (013)	N	Y	Y	Y	Y	Y	Y	N	Y
V02 (018)	N	Y	Y	Y	Y	Y	Y	N	Y
V03 (009)	N	Y	Y	Y	Y	Y	Y	Y	Y
V04 (011)	Y	N	Y	N	N	Y	N	N	N
V05 (012)	Y	Y	N	Y	Y	Y	N	N	Y
CM 02 (019)	Y	Y	Y	Y	Y	Y	Y	Y	Y
CM03 (006)	Y	Y	Y	Y	Y	Y	Y	Y	Y
CM04 (007)	Y	Y	Y	Y	Y	Y	Y	N	Y
CM05 (005)	Y	Y	Y	Y	Y	Y	Y	Y	Y
CM08 (002)	Y	Y	Y	Y	Y	Y	Y	N	N
LEO01 (015)	Y	Y	Y	Y	Y	Y	Y	Y	Y
LEO02 (014)	Y	Y	Y	Y	Y	Y	Y	Y	Y

From the above table I found all the participants agreed that the motivating factors for abortion are the illegality of it in the country, poverty, religious believes and lack of family planning in the health facilities.

Majority of the participants agreed of other motivating factors of abortion like relationship problems and cultural believes.

Minority of the participants agreed that peer pressure and multiple relationship could be as motivating factors for abortion.

Table 2 Physical and emotional impact of abortion on women:

Participant code	Profession	Theme 3: Physical and emotional impact of abortion on women					
		Abdominal Pain	Heavy bleeding	Mental issue	Physical damage	Emotional damage	Infertility
V01 (013)	Domestic worker	Y	Y	Y	Y	Y	Y
V02 (018)	Unemployed	Y	Y	Y	Y	Y	Y
V03 (009)	Factory worker	Y	Y	Y	Y	Y	Y
V04 (011)	Unemployed	Y	Y	N	Y	Y	N
V05 (012)	Factory worker	Y	Y	Y	Y	Y	N
CM 02 (019)	Doctor	N	Y	Y	Y	Y	Y
CM03 (006)	Social Worker	Y	Y	Y	Y	Y	Y
CM04 (007)	Nurse (GW)	Y	Y	Y	Y	Y	Y
CM05 (005)	Nurse	Y	Y	Y	Y	Y	Y
CM08 (002)	Teacher/Principal	N	N	N	Y	Y	N
LEO01 (015)	Police Officer	N	N	Y	Y	Y	Y
LEO02 (014)	Chief Police Officer Women and Child welfare	N	N	Y	N	Y	N

I found from the above table that all of the participants agreed that emotional impact play a big role in life of the victims.

Majority of the participants agreed that physical damage and mental impact has a role on the life of the victims.

Moreover, infertility, abdominal pains and heavy bleeding has a minor impact on the victims according to the participants

Table 6 Possible Solutions for abortion in Walvis Bay

Possible Solutions for abortion in Walvis Bay							
PARTICIPANT CODE	AGE	THEME 4: Possible solutions for abortion in Walvis Bay					
		Legalization	Community awareness and education	Improved maternal health services available and encourage safe sex	Improved policy	Introduction of religious education in schools	Family planning education safe sex
V01 (013)	37	N	N	Y	N	Y	Y
V02 (018)	28	N	Y	Y	N	Y	Y
V03 (009)	24	N	Y	Y	Y	Y	Y
V04 (011)	22	Y	Y	Y	N	N	Y
V05 (012)	33	N	N	N	N	Y	N
CM 02 (019)	34	N	Y	Y	Y	Y	Y
CM03 (006)	28	N	N	Y	Y	Y	Y
CM04 (007)	31	N	Y	Y	Y	Y	Y
CM05 (005)	27	Y	Y	Y	Y	Y	Y
CM08 (002)	42	N	Y	N	N	Y	N
LEO01 (015)	32	Y	Y	Y	Y	N	Y
LEO02 (014)	37	Y	Y	Y	Y	N	Y

From the above table I found majority of participants agreed that availability of improved maternal health services, encouraging safe sex and availability of Family planning in health facility has a big possibility of solution according to their opinion.

Number of participants agreed for religious education in schools and community awareness could be as possible solution for abortion demand.

Minority of participants agreed that there is a need for legalisation and policy change in the country as possible solution.

3.8 Summary

In this chapter data collection was carried out interviews which were targeted mostly on the stakeholders or simply those who are directly involved in the matters to do with abortion, i.e. law enforcement officers, health personnel, teachers and/ or principals, victims of abortion and the community in general.

A summary on those who took part in those interviews provided together with their exact responses to the various questions, which posed to them under the data analysis section.

CHAPTER FOUR

4. FINDINGS AND DISCUSSIONS

4.1 INTRODUCTION

This Chapter discusses the results obtained from data collected with interviews and focus group discussions with various respondents in assessing factors associated with abortion in Walvis Bay. The study findings presented based on the emerged themes and sub-themes.

4.2. PARTICIPANTS' DESCRIPTION

Thirteen participants were interviewed consisted of one from education sector, five health care workers, two law enforcement officers' and five patients' abortion victims. Their age ranges between 18- 60 years of age. There were more women as compared to men participated. The patient's occupation ranges from unemployment to informal employment.

With regard to participants, one teacher, two nurses, one medical doctor, two police officers, two social workers, two were unemployed, two factory workers and one domestic worker. Adding to that, five of the participants fall in the age range of 21-30 years, six were in the age range of 31-40 years, one was in the age range of 41-50 years and one was in the age range of 51-60 years of age. Table 10 below has descriptive details of participants as summarized above.

Table 2 Participants coding

NO.	PARTICIPANT CODE	AGE	GENDER	PROFESSION
VICTIMS (V)				

1	V01 (013)	37	Female	Domestic worker
2	V02 (018)	28	Female	Unemployed
3	V03 (009)	24	Female	Factory worker
4	V04 (011)	22	Female	Unemployed
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COMMUNITY MEMBERS (CM)				
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9	CM05 (005)	27	Female	Nurse
10	CM08 (002)	42	Female	Teacher/Principal
11	CM 10 (019)	52	Female	Senior social worker
LAW ENFORCEMENT OFFICER				
12	LEO01 (015)	32	Male	Police Officer
13	LEO02 (014)	37	Female	Chief Police Officer Women and Child welfare

4.3. INDIVIDUAL & INTERPERSONAL FACTORS FOR ABORTION

This theme has four sub-themes, which are fear, shame, crime committers, emotional, stress and rejection from partner and lack of moral values.

4.3.1. Fear

It came out during the interviews that some learners/ teenagers are afraid to inform their parents about their pregnancy. Some do not want to burden with responsibilities, and they opt for abortion. This is evident from these statements by a teacher who expressed that:

” learners are young and do not want to be burdened.”

“Maybe sometimes, they do not want to inform the parents or they are just ashamed.”

Social workers as evident from the statement supported the same sediment: *“Some of them fear their parents’ reactions. Their main concern is, if their father or mothers find out that they are pregnant, they are afraid of what the parent will say or do. “It was further expressed that; they are scared of the responsibility they have to face after pregnancy. The study findings further revealed that the social background for some participants is very dire, making it difficult for them to raise their children. Many of them come from a single- parent-home, or they raised by guardians, may think that they are already a burden, and may not want to remain being a burden to them. This is evident from one abortion victim who shared that” one of the victims of abortion*

who was in grade ten said, she couldn't cope with the pregnancy- hence her reason to abort."

According to a study done in Ghana by Atakro , it is report that many participants stated that pregnancy before marriage is not acceptable in their society thus women that got pregnant before marriage were often stigmatized I, their community. So, sex outside marriage is regarded as fornication and children born outside wedlock are regarded as bastards. (Atakro Cofidence, 2019)

4.3.2. Shame

The interview also continues to reveal that sometimes pupils/ teenagers feel like they cannot go to school while they are pregnant, so the only time they can go to school is after removing their pregnancies. This was expressed by an abortion victim that, *"being in class while pregnant will cause humiliation by their peers"*. This is the reason why they have to terminate their pregnancies. Apart from that one more participant who is a nurse, expressed that *"sometimes, teenagers come to the clinic, and crying feeling they don't want to lose the pregnancy, there is a lot of pressure from the schools like being laughed at"*. Although they are sexually active, they don't want to go through being laughed at". The same also highlighted by a victim about the concerns of the responsibility that comes with pregnancy and the shame caused by their peers when they gossip about them at school or in their communities. This also supported by a teacher participant who that revealed that, *"learners commit abortion because of parents' shame, and pressure from parents that they are disappoint"*.

(Atakro Cofidence, 2019) Revealed that many participants indicated that many pregnant young women would always want to prevent disappointment and resentment from their parents/guardians about their unplanned pregnancy.

As many of them live under the care of their parents and would want to maintain the cordial relationship with them as evident by this *statement*: “*I did not know what my parents will think of me getting pregnant while in school. Infarct my mom always emphasises on getting married as a virgin and she still think I am a virgin*”.

4.3.3. Crime committers

From the study, it was revealed that the community is regarding the people that had an abortion as crime committers.’ Many abortion victims’ participants expressed that they did not try to abort the pregnancy but rather happen spontaneously.” *I was not aware that I was pregnant until visited the clinic bleeding and the nurse did some test including pregnancy test and sugar level. Only then, I found out that I was actually pregnant.* Another victim also revealed that she had no plans of having a child and she was not using family planning. Regardless of the circumstances participant revealed that, “*I considered my pregnancy to be a mistake but I did not use anything to abort the pregnancy*”. The same participant also revealed that she thought the bleeding was her menstruation period, which expected to start Sunday.

This same concept also revealed by another victim who revealed that she had a spontaneous abortion because she knew she was pregnant and started bleeding while at work. She also revealed that she did not use or do anything that could possibly cause her to abort, though in people eyes they regard every woman that have an abortion to have caused it herself.

In addition to the above, one victim revealed, “*She is aware that Marijuuana is illegal and can harm her and her unborn baby but she was just being ignorant.* She also revealed that using the drugs could have been the reason she started bleeding. Besides knowing that abortion and using drugs prohibited, the same victim stated that, having

an abortion was the only way for parents not to find out that she was pregnant and did not want to put burden on her parents.

The same concept was also shared by another victim who revealed that *“She was not ready to fall pregnant because she already has three more children and due to the pain, she was experiencing it was better to have an abortion”*.

A participant who is a police officer also revealed that most women deliberately induce abortion in order to get rid of pregnancy and with intention that they will not be caught.

4.3.4 Emotional, rejection from partner:

The study revealed that pressure on a woman by a partner who is not willing to support and to be a father lead to psychological stress and burden of pregnancy on a woman. This revealed by one victim who expressed *“I wanted to have a second child, but due to constant emotional and stress from my boyfriend because he does not want the child”*. She also revealed how her partner constantly forcing and pushing her to have an abortion of which she said he repeatedly chat and talk about the same thing thus the only solution was to get rid of the pregnancy. It revealed that though there was stress and pressure from the partner, the pain and bleeding started spontaneously without any use of chemical agents.

Some victims revealed that their partners rejected them as soon as they inform them that they are pregnant. *“Many of us were involved with older men/sugar daddies who already had families and they would not want added responsibility, because they meet these ladies in secret and hide it from their families.*

So, if he finds out that you are pregnant it is obvious that he will leave you and also push you in having an abortion to avoid public from finding out”.

(Atakro Cofidence, 2019) Also revealed that most of the women inducing abortion are single and unsupported by their partners, there forced to have an abortion because they cannot afford the financial burden that come with pregnancy.

4.3.5. Lack of Values or Ethics

There is a saying that say's "education start from home", ethics, moral values are learned at home when a child is growing if this is not done in a proper way the young will learn everything in the street and follow whatever the friends or people in the surroundings are doing. (board, 2019)

Majority of participants in Atakro study (Atakro Cofidence, 2019) revealed that abortion is against their taboo and doctrine teaching religiously regardless whether safe or unsafe and believe it is a form of abomination. *Abortion is not permitted in my religion because it is an offence against God. It is killing of a human being, which can even lead you to jail. It is a sin to have sex outside wedlock or with someone, you are not married to. People must change, as abortion is a disgrace to the family where person is from and that indicate bad upbringing.*

It revealed in the study by more than one victim that when your boyfriend is married or have another relationship you regarded as immoral. *"I believe that pressure from my boyfriend could lead to abortion as he did not want to take responsibility"*. Moreover, while another victim she expressed that *"many of those girls were involved with older men/sugar daddies who already had families and they would not want added responsibility, because they meet these ladies in secret and hide it from their families.*

So, if he finds out that you are pregnant it is obvious that he will leave you and also push you in having an abortion to avoid public from finding out". Social worker also revealed that most of the fathers of this unwanted pregnancy are married.

4.4. IMPACT OF ABORTION ON A WOMAN

It came out of the study about the complications experienced by the participants after they had an abortion regardless whether it was spontaneous or induced that most of them lost a lot of blood and bleed for some days to weeks. A victim participant who actually collapsed in the hospital due to shock and ended up getting blood transfusion because she lost a lot of blood in the process revealed that:

"I was having heavy bleeding like menstruation for five days with clots but they did not do sonar for me in the hospital". Instead I was told that I was pregnant though I been having on and off bleeding for five months".

Most of them also revealed have had experience pain and they both admitted and discharged. Even though all victims started abortion process before admission some still needed to have the remaining product evacuated from the uterus and medical method used as the participants revealed.

"When I was at the hospital the doctor told me that I had aborted and they inserted tablets in my vagina to remove the remaining products of pregnancy, I was feeling more pain and too much bleeding". I then collapsed in the toilet and nurses helped me and doctor gave me some papers to sign for blood transfusion".

The participated social worker, nurses and a doctor revealed that all patients received psychological counselling from a social worker before leaving the hospital to help them cope after the event.

4.5. ENVIRONMENTAL MOTIVATING FACTORS

4.5.1. Poverty

The participated victims alluded that poverty is one of the greatest contributors, thus they are unable to take care of their babies. They do not have money and they do not earn income. *“While somebody else is accommodating you, you also have a baby to take care of and they do not have means to take care of yourself, let alone your baby”*. This also supported by most of participants that poverty is a motivator of abortion. Some victims revealed about their worry of who will help them take care of themselves and their babies. *“Sometimes, you are in school and your life haven’t even started and already you will have the responsibility to take care of someone who will need financial needs etc. and you don’t even have a financial background”*. While other victims revealed that, the socio-economic factors where the person feel like they do not have the resources to look after the child are associated with abortion. The study also revealed that unemployed women who had boyfriends used to pressure them to have abortion as they are not prepared to take care of babies because of lack of money. Participated police officer stated that most of patients that aborted come to the hospital with bleeding as they did something outside to push out their pregnancies. Participants Health professionals revealed that most women that grow up in poverty lack education on contraceptives and they are unable to protect themselves and they also not in position to demand safe sex. A participant social worker confirms that *“poverty also make many young women to engage in sexual activities for good and monetary gains and most of them get pregnant while not planning to have children with these partners”*.

Many participants in study in Ghana stated that socio-economic conditions made them indulge in unsafe abortion practices. Respondents cited financial difficulties, schooling and non-readiness to cater for a child. (Atakro Confidence, 2019)

I cannot look after a baby if I carry it to term. There was no question about keeping the baby because I am going to University next year. Nurses said apart from criminal things and stigma, money is an issue for these young pregnant women.

4.5.2. Multiple relationships

This was revealed by a victim who had an affair with a married man, *The moment I told him that I was pregnant; the man told me that his wife would get angry if she found out, thus I was left with no other option but to abort the baby.* Then, she went to the police station and said she would not abort the baby. The same concept also supported by another victim participant who revealed that *” if the lady temporarily slept with someone who’s not her partner and discovered that she was pregnant, she would choose to go for abortion”.* Then she cannot cope with having two babies at the same time. One victim stated that the pregnancy was for someone who was already married and do not want to keep their pregnancy because the men would not leave their families to be with them. This also supported by another participant who stated, *“Sometimes if a lady dates someone who is married, the initiative comes from the guy because he is married”.* Other factors revealed by victim include, *that they only found out later that the pregnancy belonged to someone who is a close relative - either the father, uncle or brother. Normally they want to have an abortion because they have not told anyone about it.* Furthermore, a teacher and social worker also supported that schoolgirls or women are involved in relationships not only with their peers but also with older men or people that are working in the mines. *They are trying to catch up with life.* Police officer stated that most of these women are

involved with many men that even supply them with drugs. *There are some girls who are involved with guys who can support this kind of life and supply them with drugs and sometimes the abortion victims find themselves not knowing who the actual father of the baby is due to multiple relationships*".

4.5.3. Lack of support

It come out from the study that women who have no support from their family and partners would rather opt to abort the baby rather than to be alone and pregnant. The social worker stated that, *"Like in many communities men are irresponsible and most of them make women pregnant and reject them"*.

It conveyed that most of the abortion victims say that they are motivated to do it because nobody would be there to support them. *Once you fall pregnant, they realize that they have no means to support the baby so they decided to go and abort the baby.* The same concept was acknowledged by teacher and social workers who stated that *"when it comes to the younger ones, they are worried about how their parents would react once when discover that they are pregnant"*. The other reasons involve relationship issues. Victims alluded that *"A lady is rejected by the man who impregnated her and she wouldn't to have a fatherless baby"*. Teacher revealed that school kids could continue with school even when they are pregnant, the education system makes provision for them to continue with school while they are pregnant but they resort to abortion avoiding that period of dropping out. Participants also argues that those young women have no support in the community especially school girls as they are sexually active and need to appear good with nice mobile phones and dresses. Therefore, they used to find sugar daddies who can supply them with what they need for sex then they become pregnant. Police officers and teacher revealed that *Sugar*

daddies encourage them to have abortion as they are threatened. If they refuse, they will lose all the support.

4.5.4. Health complications

Adding to the above, mental health can also contribute to abortion. A victim shared an experience where *she heard a girl who was mental unwell and was pregnant and was given abortion at the hospital, legal abortion on her because the doctors were of the opinion that she will not be able to deliver the baby on her own.* While another participant, who is a health care worker revealed “*one can have an abortion done by a doctor at the hospital if pregnancy pose danger to mother or baby or if it was a result of rape*”. Other victim participants highlighted that they were motivated to abort because of the pain they experienced while they were losing blood. A victim is revealed that *she expressed that when a person is raped, she is motivated to abort*”.

4.5.5. Pressure from the partner

Apart from the above, Police officer expressed that “*abortion victims are pressed by the males, and they drink a lot and are sexually active*”. However, some of them are aborting. Nurses revealed that “*When we talk to them to take contraceptives, they don't take them because they are receiving pressure from the men who say they want more children So, the girls fall pregnant with unwanted pregnancy, which they could have avoided with family planning. But they don't go to the clinic because they don't want to be seen getting contraceptives*”. A victim also revealed how her boyfriend forced her to abort, as he is not ready for a second child.

4.5.6. Relationship problems

Some Victims said that they opt for abortion because their partners left them when they are pregnant or the relationship is not going well, so bringing a child in between will just make things worse specially to support when the relationship ends.

Participant also supported financial and relationship problems can be motivators of abortion. Moreover, “Adding to the above, another Police officer shared that some ladies go for abortion with because of conflict between partners. More victims also supported that relationship problems are also motivators to abortion. *“Maybe you are in a relationship, when you and your partner breakup, you don’t see the need of having his kid thus you left with no choice but to abort.* May be can also be that you are having a reproductive problem that you do not know of until after you fall pregnant. This can be the cause of an abortion or miscarriage.

4.5.7. Society standards

A victim stated that *“society in which women live can also influence and push women into having sexual intercourse with certain prominent people and many young women grow up in this community had witness this and is regarded as normal because everyone is doing it with no control”*. *“We learn values from where we live”*. Nurses, social workers and teacher also reported the same sentiments.

Apart from the above, most participants regardless of occupation also highlighted that because of poverty, sometimes parents sell their children just to be able to support the family or put bread on the table. Sometimes, the parents are show a bad example to the child. They encourage the children to have sex, before marriage and claim that it is ok.

4.6 RECOMMENDATIONS/POSSIBLE SOLUTIONS:

4.6.1 Improve awareness and education

Teacher emphasized on strengthen reproductive health education among learners. *“It is important to strengthen life skills and to include family planning, safe sex, pregnancy and it’ complication”*. She also emphasizes on strengthen policy on reproductive health in schools. She also focused on empowering girls to take care of themselves.

A male police officer revealed that there is a need to be done in educating women because there is too much focus on STD’s prevention with little focus on contraceptives.

Parent’s need to talk to their children about sex especially the danger of having unsafe safe and also they should start discussing with their children about contraceptives without judgement”. Education also needed to correct myths with some parents who believe that using contraceptives while young may lead to infertility”. He also emphasizes at dissemination of information leaflet about contraceptives availability and methods to put in many places because not everyone goes to the clinic.

A nurse participant revealed that there are contradictions about information children taught at home and in school. *“At home children are taught to abstain but taught contraceptives at school”*. Children are using technology and even watch porn on their phones that’s influence their behaviors and thus engage in sexual activities at younger age. I believe we preached enough about abstaining from sex but it is not working. *“Better focus more on available methods of contraceptive and also to strengthen Bible study in school so that children can be taught not to have sex before*

marriage and that abortion is a sin". Same nurse also suggested using other youth to disseminate information (example peer education or community campaigns).

A nurse working in General ward suggest that lets teach women about benefits of child spacing especially for the body to recover, strengthen health education and discourage sex without using a condom, teach women and their partners about condom use, morning after-pill and available contraceptives. *"Educate women, their associates, families, boyfriends and husbands so that they can understand and discourage women from having unwanted pregnancy and abortions. If we don't educate everyone, we will not succeed in reducing abortions"*.

4.6.2 Legalize abortion:

One of victim suggests legalizing abortion so that people can have safe abortion especially if there is a valid reason to do it. A nurse supported the same concept. *"It is better to legalize abortion and discourage unsafe abortion and educate women that unsafe abortion can lead to complications such as perforation of uterus and anemias"* The same participant also said abortion is against her religious belief. While one victim did not agree with legalizing abortion. *"Legalizing abortion is immoral and the effects may come to hunt you in future"*.

4.6.3 Promoting of good moral values:

Teacher Suggest parents to take more responsibility in educating children about right and wrong because they left this responsibility to the teachers. *"Parents need to be strict in order to install good values in their children"*. Absent fathers from most homes also are contributory.

Social worker suggest that we need to start mother-daughter bonding so that mothers can build that good relationship with their daughters and discuss issues such as sex,

contraceptives and pregnancy. *“Many problems started because there is no bond between children and their parents, thus children are not free to open up to their parents while Some parents are one living reckless lives in front of their children thus children imitate them, setting a bad example for their kids”*. Social workers also suggest churches to help teach moral values. *“Churches can also be involved to teach about spiritual aspect but nowadays even churches are not to be trusted”*.

4.6.4 Rendering support:

Nurse suggests rendering moral support to women after getting pregnant because people do abortion when they feel neglected. *“Let’s encourage them to have their babies rather than abort them”*. Another nurse also stated that community do not give female a lot of affection and at home, they not encouraged to build self-confidence. *“It is easy to be deceived by anyone who seems affectionate if one didn’t receive affection at home”*. *“Most parents are too busy working and do not pay attention at what their children are doing or watching online”*. She also emphasizes at avoid judgment at clinics especially when teenagers come asking for contraceptives.

A victim stated that there is no one supporting them or even listen to their needs. *“You cannot even talk to your teacher or parents about being pregnant because you will be expelled from school and if you go to the clinic and tell the nurse about abortion you will be arrested”*.

4.6.5 Establishing adoption centers:

The chief police officer suggests that building enough adoption centers were women that do not want babes can take them would lead to significant reduction on abortion cases. *“Women need to be educated that abortion is not the only way and many shy*

away from going to the hospital, thus health care practitioners need to maintain a high level of confidentiality for patients to trust them”.

A police officer suggest that we should discourage abortion by supporting the victims and inform them about the available government policies about adoption. *“Women should be told about the program by Ministry of Gender that allow women to give their children for adoption if they not willing to raise them”.*

4.6.6 Promoting the availability of contraceptives in health centers:

Encourage the safe sex and promote contraceptive use by promoting availability and accessibility. *A victim stated that it is very important to be educated about the available contraceptives with their partners, to prevent pregnancy because mostly they use condoms only until they tested Negative for HIV/AIDS.*

A Doctor suggest that all types of contraceptives should be made available at the clinic especially injectable and pills because most of the time they are not in stock. *“There is a need to make morning after pills available at the health facility so that when women had unprotected sex she can come and have access to emergency contraceptives”.*

4.6.7 Introducing stiff laws that prohibit abortions:

A nurse suggest that policy-makers should find a way to prevent unsafe abortion. *“They should something to stop these backdoor abortions because spent a lot of resources when these women go for surgery to clean retained products of conception. One police officer suggested by “Government should intensify the law so that people will be scared to conduct such acts”.*

4.7. SUMMARY

In this chapter, an analysis on the data findings carried out. This includes picking out the different perceived stigma that is associated with abortion, the motivating factors behind it and the effects that comes with it- i.e., Impact of abortion.

All these information was extracted from the interviews which were carried out on the people who are directly involved in the matters of abortion, i.e., law enforcement officers, health personnel, teachers and/ or principals, victims of abortion and the community in general.

CHAPTER FIVE

5. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter concludes on the analyses and interpretations that concluded in Chapter 4. The findings are used and linked with the findings to make some recommendations as part of the objectives of the study. Recommendations about further research areas related to this study also identified and proposed.

5.2 DISCUSSION OF STUDY FINDINGS:

This study assessed the individual, interpersonal and environmental factors that motivate women in Walvis Bay to abort their unborn babies, it also further explores the subjective experience of this women and investigate the immediate post abortion emotions and lastly recommend practical solution on how to reduce abortion cases in Walvis Bay. Motivating factors discussed by dividing them into five themes that extracted from the data.

5.2.1 Individual and interpersonal factors:

There were multiple factors that identified under this heading, factors such as fear, shame, crime committers, killers/murders, individual rights and lack of ethical values. As it was discussed in chapter four 14/17 participants responded that abortion is committed due to fear of parents and rejection from their peers when they learn that they are pregnant. There was also 14/17 that felt ashamed of being pregnant especially the learner that still going to school and the one that have a small baby to be pregnant again. A study by Awogemi and Novigon (2014) revealed a burden of perceived

stigma around unwanted pregnancy and abortion in Ethiopia, South Africa was one of the leading factors to termination of pregnancy and this led to 90% maternal mortality. Abortion also done in secret as it regarded as a crime because it is not legal in Namibia for fear of prosecuted and to be called killers or murders by the community. 7/17 (41%) reported that it is their individual right to have an abortion while 14/17 (82%) believe that unwanted pregnancy was because they lack ethical values that make one to abort the child because all Christian are taught that thou shall not kill. Literature also the strictness of abortion law and stigma around teenage pregnancy and pregnancy among unmarried increasing abortion rate in a study done in Kenya. Karibu et al (2016).

5.2.2 Environmental factors:

This concept includes peer pressure, poverty, economic reason, cultural believes, abortion illegality, relationships problems and lack of family planning services.

It is reported from the study that women abort due to several reasons, 9/17 (75%) due to peer pressure, 11/17 (92%) revealed poverty as a driving factor because they not able to support the child because they are unemployed or they do not have enough means of supporting the baby this goes hand in hand with economic reason. Cultural and religious believes each had 11/17 (92%) whereby women express that it is not acceptable to be pregnant before marriage. The study also revealed that 12/17 reported that because abortion is not legal in Namibia this force women who not ready to have children to have unsafe abortion. This same concept also found in countries whose laws permit abortion in certain circumstances only. Guttmacher (2018). Some women 10/17 also reported that relationship problems and pressure from their partners also drive them to have and abortion and the remaining 6/17 said that they either have

multiple partners and they do not know who the father is or they had sex for monetary gain or those with partner's that are already married. It is evident that many unsafe abortions are committed due to socio-economic, lack of education, religious factors, Atakro (2019) cited lack of support from the partners as it from a study in Ghana

5.2.3 Possible solutions:

The following were discussed in the study to reduce the increasing numbers of unsafe abortion in the district by legalizing abortion, community awareness and education regarding pregnancy, contraceptives and danger of unsafe abortion, improve maternal health services available and encourage safe sex, improve policies, introduction of religious education in schools and availability of family planning and sex education.

5.3 CONCLUSION:

Several factors contributed to unsafe abortion in Walvis Bay. In this study, the following individual, interpersonal and environmental factors that motivate women to do abortion were fear of being rejected by their parents, family members.

Peers, shame of being pregnant among their peers and outside wedlock, lack of ethical values and moral education.

Peer pressure, socio- economic reason, cultural and religious beliefs, relationship problems, multiple partners and lack of family planning services among the driving factors for abortion. There were also physical, emotional and mental effects that participants cited about abortion include bleeding minimal and life threatening, pain, depression and feeling of loss were identified, this show diverse effect of abortion on different women. The following suggestions were recommended by the researcher

and the health facility to deal with alarming state of abortion include, change of abortion policies and religious and moral education need to be integrated in the school curriculum to target the girl child while still in school. School health need to be strengthened to include sex education and offering of contraceptives to learners and to bring contraceptives closer to the people. Adolescence friendly clinic and childcare lines need to support so that adolescence can be freely access family planning without fear of prejudice and judgements. Government need to acquire and make all types of contraceptives available in all clinics and health centres closer to the people and to make long reversible contraceptives such as Implants and intra-uterine device available to the women. There is also a need to investigate among the community the person who is helping the women commit abortion.

5.4 RECOMMENDATIONS

5.4.1 IMPROVE AWARENESS/ EDUCATING

Recommendations by stakeholders such as Ministry of education, Ministry of gender and social welfare was to strengthen sexual and reproductive health education in school include promoting and supply of contraceptives including condom use. To empower parents to discuss sexual education with their children and to encourage them to practice safe sex. MOHSS cannot tackle abortion issues in isolation thus need input and incorporation with other line ministries. Provide correct information via media such as TV, radio and newspapers in order to correct myths and to attract women and empower them to make right informed choices.

It is also suggested to have at least two group health education one in morning and another for afternoon rather than one that is currently happening so, patients who go there in afternoon can benefit from such education. A suggestion also made to visit churches and other community gatherings in order to get information to the people this will need MOHSS to recruit more health extension officers and community workers. Bring back my future is my choice in school and supply them with teaching materials.

5.4.2 LEGALIZING

The researchers' view is to legalize abortion in order to reduce the amount on unsafe abortion that is currently happening but also to put up laws regulating when and where women can have access to safe abortion in order to avoid the devastating consequences of backdoor abortion. Perhaps law makers can learn from other African countries that actually permitting legal abortions such as South Africa because even now when abortion is regarded as illegal it is still happening. This need to be deliberated on in parliament.

5.4.3 PROMOTING GOOD MORAL VALUES

Parents and community, we were born and nurtured determine what kind of people we will grow up into, thus emphasize on promote good upbringing and acceptable cultural norms. Parents, religious leaders should be part of this. Teach our boy child to respect and encourage women to be important person in the society. Promote equality among all gender especially in making decisions on reproductive health and reduce gender-based violence that make women and girls child not able to partake in reproductive decisions.

5.4.4 RENDERING SUPPORT

Male champion clinics need to be strengthened so that men informed to support their partners especially when they are pregnant and to take part in family planning services together with their partners. Law also needs to be reinforced for non-supportive male partners to pay child support and maintenance so that women do not resort to abortion as means of escape solution. Parents and teachers who are in contact with pregnant teenagers need to be educated in order to accept them and not always blaming them. They also need to get involved in case the woman has to go back to school. Employers should register all their employees for social security so that their female employees do not lose income when on maternity leave.

Encourage churches to partake in counseling of pregnant women because many abort because they are scared to be judged when they are found to be pregnant, we know we cannot change the doctrine of church but the reality is that people are having sex regardless of knowing the 6th commandment.

5.4.5 ESTABLISHING ADOPTION CENTERS

There are adoption centers available but information needs to be given to the community about the availability of these services, the current tight rules and protocol to follow about adoption need to be looked into. Women need to be educated and perhaps there should be an open center where women can stay while pregnant as a safe haven and deliver there in order to remove the stigma especially from community and family members if a lady who was known to be pregnant give up their child.

Ministry of gender and social welfare should carry out periodic promotion and sensitization about adoption and provide a toll-free anonymous call line.

5.4.6 PROMOTING THE AVAILABILITY OF CONTRACEPTIVES IN HEALTH CENTERS

MOHSS should have enough supply of all forms of contraceptives available at all government health facilities and prevent run out of supply. Researcher also suggests the provision of long acting contraception such as implants, injectable and intra-uterine device to all regions and training of healthcare workers on their appropriate use. Also, need to include these contraceptives during outreach, school health visit and community campaigns. Availability of emergency contraceptives also needed and encourage women to use them. Nurses to provide contraceptives to any teenagers visiting the health facility seeking for the service in adolescent friendly manner and without involvement of parents or guardians. Government should also make condoms available in other places rather than the clinic that work 24 hours and closer to the people such as bars, clubs, schools, sport grounds, service stations and cinema free of charge.

5.4.7 INTRODUCING STIFF LAWS THAT PROHIBITS ABORTION

The researcher is of the opinion of government to make law-governing abortion with the input from different stakeholders such line ministries, parliamentarians, health care workers opinions, political leaders, religious leaders, women and young women that will regulate issues on abortion and reproductive health. The aim is to promote life and wellbeing of both our citizens. There is also dilemma on determining which abortion is criminal and which is not. And also, to make special rules on where health care practitioner can rely on while dealing with abortion victims, keeping confidentiality of patient-doctor relationship and obligation by law to report criminal act.

5.5. SUGGESTIONS FOR FURTHER STUDIES

It recommended that a study be undertaken to cover more communities for a comparison to be made on the success of different ways employed to address abortion cases and stigma around abortion, however this study cover all aspects around abortion in Walvis Bay community.

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APPENDIX

APPENDIX 1

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

ANNEX 5



TITLE OF THE RESEARCH PROJECT: EXPLORING FACTORS
ASSOCIATED WITH ABORTION IN WALVIS BAY COMMUNITY

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: AMIR E. SHAKER

ADDRESS: WALVIS BAY, STATE HOSPITAL

CONTACT NUMBER 0812241344

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly

understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Research Ethics Committee at The University of Namibia and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Namibian National Research Ethics Guidelines.

1. What is this research study all about?

a) Where will the study be conducted; are there other sites; total number of participants to be recruited at your site and altogether.

The study will be conducted at Walvis Bay state hospital, secondary school, key informants' participants with 20 participants.

b) Explain in participant friendly language what your project aims to do and why you are doing it?

I want to research about the perception of Walvis Bay community regarding abortion among teenagers as I found those cases increasing in Walvis Bay from statistics and experience, I have as a medical practitioner. The purpose of this study is to explore factors associated with abortion in Walvis Bay community. It was observed cases of threatened abortion ranging between 1400 and 2000 cases in the year, they were admitted and reported in Walvis Bay state hospital (2009-2014), teenagers represent about 75% of the total. According to World Health Organization (WHO), abortion can lead to maternal death as it represents 13% of maternal death cases and in addition, it is a risk for the reproductive system

of teenagers and adolescents. The results of this study will be released in a thesis. Your personal details will not be released only averaged information.

c) Explain all procedures.

d) Explain any randomization process that may occur.

Any patient admitted and willing to participate in the research process.

Any community councillor or teachers, or health care workers who are available and willing to participate in the research process.

e) Explain the use of any medication, if applicable. NOT APPLICABLE

2. Why have you been invited to participate?

a) Explain this question clearly.

You are invited to participate as you are a health care worker working in Walvis Bay state hospital and you are also residing in Walvis Bay and this problem is so much important to investigate and to find solution for it (Health care workers)

You are invited if you are a patient admitted with this problem and I want to help you find out about any related conditions that may be raised to reach to this condition and to help the community to make proper decisions. (Patients)

You are invited, as you are resident in Walvis Bay and this problem affecting the health of young ladies. We have to investigate and to have all deep issues burning in the community to help that young generation and reduce maternal death and baby dumping (community councillors, teachers, religious leaders...)

3. What will your responsibilities be?

a) Explain this question clearly.

My responsibilities as a researcher is to search by collecting data and investigating more than analysing those data to reach a result which can benefit the whole community and save lives.

b) Explain the duration the participant is expected to participate in the study (i.e. 2 hours, 4 days, etc.)

The duration of the interview, will depend on the participant's availability but it will be between than 30-45 minutes

4. Will you benefit from taking part in this research?

a) Explain all benefits objectively. If there are, no personal benefits then indicate who is likely to benefit from this research e.g. future patients.

- 1. To save life of the young mothers, save pregnancy and proper planning.**
- 2. To stop abortion or illegal abortion by exploring the risk factors.**
- 3. To open discussion about possibility of opening clinic or orphan home to help patients or victims.**
- 4. To give guidance to the police makers about these problems**
- 5. To explore deeper about all aspects related to this problem in the community.**

5. Are there any risks involved in you taking part in this research?

a) Identify any risks objectively.

There is no risk for myself and no risk for participants to take part in these interviews.

6. If you do not agree to take part, what alternatives do you have?

b) Clearly indicate in broad terms what alternative treatment is available and where it can be accessed, if applicable. NOT APPLICABLE AS THERE IS NO OBLIGATION TO TAKE PART OR TO WITHDRAW.

Please understand that your participation is voluntary and you are not being forced to take part in this study. The choice of whether to participate or not is yours alone. However, I would really appreciate if you could share your thoughts with me. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop at any time and discontinue your participation. If you refuse to participate or withdraw at any stage, there will be no penalties and you will not be prejudiced in any way.

7. Who will have access to your medical records? (Where applicable)

a) Explain that the information collected will be treated as confidential and protected. If it is used in a publication or thesis, the identity of the participant will remain anonymous. Clearly indicate who will have access to the information.

I will not be recording your name anywhere on interview notes, and no one will be able to link you to the answers you give. Only the researcher and his supervisors will have access to the unlinked information. All individual information will remain confidential.

The interview will take more or less 30 minutes to complete. Some questions may be of a personal and/ or sensitive nature. You may choose not to answer these questions. I will also be asking some questions that you may not have thought about before and which involve thinking about the past or the future. I know that you cannot be certain about the answers to these questions, but I am asking you to think about them. When it comes to answering these questions there is no right or wrong answers. If you feel that you need to talk to me after I left you can contact me on this number 0812241344. After

completion of this study, I would like to come back and give you feedback about my study results and future actions.

8. What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?

- a) *Clarify issues related to insurance cover if applicable. If any pharmaceutical agents are involved, will compensation be according to ABPI guidelines? (Association of British Pharmaceutical Industry compensation guidelines for research related injury, which is regarded as the international gold standard). If yes, please include the details here. If no, then explain what compensation will be available and under what conditions.*

NOT APPLICABLE

1. Will you be paid to take part in this study and are there any costs involved?

NOT APPLICABLE

9. Is there anything else that you should know or do?

- a) *You should inform your family practitioner or usual doctor that you are taking part in a research study. (Include if applicable) **NOT APPLICABLE***

- b) *You should also inform your medical insurance company that you are participating in a research study. (Include if applicable) **NOT APPLICABLE***

- c) *You can contact Dr at tel if you have any further queries or encounter any problems. **NOT APPLICABLE***

- d) *You can contact the Centre for Research and Publications at +264 061 2063061; pclaassen@unam.na if you have any concerns or complaints that have not been adequately addressed by the investigator.*

e) *You will receive a copy of this information and consent form for your own records.*

10. Declaration by participant

By signing below, I ----- agree to take part in a research study entitled *above*.

I declare that:

- a) I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- b) I have had a chance to ask questions and all my questions have been adequately answered.
- c) I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- d) I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- e) I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*)

2019.

.....

Signature of participant

.....

Signature of witness

11. Declaration by investigator

I (*AMIR SHAKER*) declare that:

- I explained the information in this document to
.....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. *(If an interpreter is used then the interpreter must sign the declaration below.*

Signed at (*place*) on (*date*)
2019.

.....

Signature of investigator

.....

Signature of witness

12. Declaration by interpreter

I, ----- declare that:

- I assisted the investigator AMIR SHAKER to explain the information in this document to (*name of participant*)
..... using the language medium of (Oshiwambo, Otjiherero, Afrikaans, etc.)

APPENDIX 2

INTERVIEW GUIDE QUESTIONS FOR THE RESEARCH PROPOSAL EXPLORING THE FACTORS ASSOCIATED WITH ABORTION IN WALVIS BAY COMMUNITY

Questions for

1. Community leaders, teachers & Pastors

- 1.1. In your opinion, what are the factors associated with teenage abortion in Walvis Bay?
- 1.2. Please mention some of the facilities where do you think teenagers go to have abortion?
- 1.3. Before going through this procedure, do you think is it essential for teenagers to engage their parents and/or spouse before their decision? Please explain why?
- 1.4. What is your opinion abortion legalization in Namibia? Also explain what impact it has on abortion particularly teenage abortion?
- 1.5. What do you think of religion, culture and social believes have on abortion?
- 1.6. What support system do you think the community can give to help solve teenage abortion in Walvis Bay? Describe your role as community that can influence abortion in our society?

2. Health Professionals: Nurses, Doctors and Social workers

- 2.1. What are the main barriers that prevent young woman from accessing safe abortion services in Walvis Bay?

- 2.2. Describe the state in which many of victims of unsafe when they arrive at the hospital?
- 2.3. Can you please describe the abortion services does the hospital and you provided to the victims upon arrival at the hospital? (E.g. manual vacuum aspiration, medical abortion). Also include the main concerns associated with current service provision?
- 2.4. At the moment, does the hospital have special equipment for the provision of abortion services to young women? If so, what? When providing surgical abortion, do you use a different pain relief protocol for young women? If so, how is it different?
- 2.5. In your opinion is this service sufficient, what extra support, if any, should be given to the young woman who suffered unsafe abortion procedure?
- 2.6. Please explain how does the current law impact on your ability to provide abortion services to young women the hospital?
- 2.7. What are some of the main differences in providing abortion related service to a young woman as compared to an adult woman?
- 2.8. Describe the type of training you received if an, aimed at on the special provision of youth-friendly services?
- 2.9. Currently how does the hospital follow-up on the young women who are treated with unsafe abortion?
- 2.10. In your opinion, what can be done to encourage youth in Walvis Bay to engage in safe abortion procedure?

3. Abortion Victims: teenagers/youth

- 3.1. Describe how were you admitted in the hospital for abortion? Explain the state in which you were admitted, who admitted you and when did it happen.
- 3.2. Why did you decide to abort your pregnancy? Explain some of the reasons that lead you to terminate the pregnancy?
- 3.3. Can you please explain how did you find information about abortion service you used? Also include reasons why you did not come to the hospital first.
- 3.4. Please describe the procedure you went through to abort your pregnancy. Was it medical or traditional? (State of bedding, if gloves were used, sanitary facilities, presence of pests)
- 3.5. Did they suffer any complications from the procedure? Please explain how you felt during the process
- 3.6. Please describe the place that you procured the abortion.
- 3.7. How did you finance the procedure? Who and how did you raise the money for the procedure?
- 3.8. If any, please describe the type of counselling you received before or after the abortion procedure? Both at the hospital and the place where the abortion first took place.
- 3.9. How would you rate the service you received during your abortion procedure and why? Would you recommend it to someone else?
- 3.10. How would you avoid going through this process again? (please include specific measures you would take prevent unwanted pregnancy and unsafe abortions etc)

APPENDIX 3

Informed consent for participating in the research of EXPLORING THE PERCEPTION OF THE WALVIS BAY COMMUNITY ON ABORTION AMONG TEENAGERS AND EXPERIENCE OF TEENAGERS

I, the undersigned, confirm that (please tick box as appropriate):

1.	I have read and understood the information about the research, as provided in the Information Sheet dated _____.	<input type="checkbox"/>
2.	I have been given the opportunity to ask questions about the project and my participation.	<input type="checkbox"/>
3.	I voluntarily agree to participate in the research.	<input type="checkbox"/>
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	<input type="checkbox"/>
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymization of data, etc.) to me.	<input type="checkbox"/>
6.	Consent for interviews, audio, other forms of data collection have been explained and provided to me.	<input type="checkbox"/>

7.	The use of the data in research, publications, sharing and archiving has been explained to me.	<input type="checkbox"/>
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data	<input type="checkbox"/>
9.	I, along with the Researcher, agree to sign and date this informed consent form	

Participant:

Name of Participant

Signature

Date

Researcher:

Name of Researcher

Signature

Date

APPENDIX 4

INTERVIEWS

Members of the community

- i. **Code: 002:** Educator: Teacher/Principal; Female

Knowledge on abortion: Yes I know

Reason for abortion: They are young and do not want to be burdened with abortion. Maybe sometimes they do not want to inform the parents or ashamed. Scared of the responsibility they have to face after pregnancy, also the social background is very dire, making it difficult for them to raise the children. Many of them come from a single home parent or raised by guardian and may consider it that they are already a burden and may not want to remain being a burden to them.

Risks of Abortion: I believe that the life skills teacher educates them on abortion as they teach them on sexual education. It is also part of the curriculum. I believe they are informed of the danger of abortion just that they may not take it seriously, because if you are in that situation you are panic stricken you look at the easiest situation and thus why they result to abortion.

Reasons from abortion: I believe pressure from the boyfriend can lead to abortion because he does not want to take responsibility. The fact is also that many of these girls are involved with older men/sugar daddies and already they have families. And they will not want added responsibility. Making these girls pregnant is also a sign of infidelity and they will not want it know that they are busy with younger girls.

How can we prevent abortion in the community: It starts with education. You see as an educator we are not the primary educators of a child; the parents are.

It starts at home, and currently the value system is no longer there. If the value system is in place and the parents teaching them about strict moral values and they start leaving by moral codes and that's what lacking in our society. And currently we are the one teaching them what they were supposed to learn at home. Such as valuing yourself, you are important: in many homes they don't learn these things. We have fragmented not core families. You don't find families where fathers raise their children and many of these children find themselves falling pregnant rather than children who comes from families where parents instil values. It starts with moral values and it starts with no sex before marriage and enjoy being a child and there is enough time being an adult. We suffer as teachers because there is no longer a value system in place. Religion is important particularly as we are predominantly Christian. And Christian plays a role in instilling moral values but I don't think it's important. I have seen many religious people doing wrong things. Sex before marriage is not religion. In school we do not speak about religion as we use to teach it in the past, nowadays we teach them about different religion because we are a circular country and we have to accommodate other religions. The circumstance has changed. Our school use to be very strict but now we are not allowed too. Nowadays the teaching of moral education has also changed. The spiritual impact has also changed. So, if we bring it back it might impact the moral behaviour positively.

It important to teach health education in schools so that many of the students can learn how to take a good care of themselves. Let it be part a course in life skills. Important of family planning teaching

The pregnancy policy is going to change; pregnancy scholars will have to leave school for delivery and have to take care of their child and many times, they will come back because they will be used to staying at home. We are hoping that the policy will be a deterrent for ladies not to fall pregnant and not abort. The life skills teacher will call in the Economic and brokenness affects the family. We see how many children life

Legalization: I am pro-life; there should be really a dire need for the legalization of abortion such as foetus abnormalities. I feel it is important that we instil good moral values and educate them to make right choices. Mitigating circumstance should be serious to legalize it.

There is a lot we need to do in our society to and it is everyone's responsibility to ensure this good value system because the cycle of brokenness continues if we do not educate him or her. We have many girls that drop out and young aged ones have difficult returning to school. However, I have many of the senior ones they do return because they understand that they are responsible for taking care of their child. I have three of them that drop out the previous year and returned to school and finish. We let them stay until few days before delivery if they are health or let them come in for exams and let them go home.

ii. **Code 005**, Nurse, female

Factors associated with abortion: In my opinion, I think the woman slept with someone who is not their partner just temporal and they discover that they are pregnant. For some of them she might have a small child/ baby but is not using contraceptive while having sex. Then she cannot cope having two babies at the same time. For some they tell me that the pregnancy is for someone who

is married and they do not want to keep their pregnancy because the man will not leave his family to be with her. For some when they test positive for pregnancy they even ask if there is anything, they can do to terminate the pregnancy because they do not want to keep it as because it is a temporal partner, they do not want to have another baby at home, or it is for someone who is married. Those are so far that I can remember.

Economic reasons also: one day when I was working at Walvis Bay clinic there was one student who I tested positive then she said that I could not quit school. She was studying at NIMT and she told me that she could not go at school she has to stay down for one year because I will not have other source of funds to continue school after. She had somebody who helped her with registration but if she quits she will not have some to support her if she quits.

Psychological: I do not think so but maybe few cases. Most of the time it's just those reasons I have mention such as; economic reasons, they are in schools or being impregnated by someone married or have a small baby. I have not met a case that involves psychological problem. The case I have received are for high school age (15-18) or at tertiary level. Many of them are just having fear of their parents. For those that are in school it is the parents who will take of their child and there are still under the care of their parents.

Most of them when they test positive they ask the nurse if there is nothing that they can do to remove the pregnancy and you have to explain to them that abortion is illegal in Namibia if they have to do it. You explain to them that there is not facility that offers it in Namibia. You will also have to give them health education that abortion is only allowed for cases such as rape, incest and mental health. Most of them you don't find them coming back to the clinic

maybe they go to have abortion and the you advise them to come back ANC but only few come back maybe go back door abortion. There are people in the communities that give them medicine to abort. Think there are also many cases of back door abortions here in Walvis Bay because it's not many abortions related to medical reasons are conducted here in Walvis Bay. Also, there are many cases daily admission for people with incomplete abortion here and have to be taken to theatre for surgery. They are normally admitted for heavy bleeding.

Normally, they don't tell you how they do it. For those who are free to talk they will tell you that I was told to go somewhere. And most of them that talk they don't know that abortion is illegal but for those who know they will not tell you. Those that talk will say that my friend told me about and to go to this person and they gave me a pill to insert or inserted in the vagina themselves. The other methods that they are using are mixing cleaning materials like jik and they drink it. Some of them especially from Okavango side they use roots from plants they insert it in the vagina and they have abortion.

Safe abortion: I don't really want to say that abortion can be legalized but the best thing is to educate them on the disadvantages of unsafe abortion that they may have damaged uterus that they may not be able to conceive again or may end up with severe or chronic conditions such as anaemia. Biblical abortion is not right and I think them best think is to educate them on the available family planning methods which will also prevent unwanted pregnancies. To me legalizing it is unethical. Give health education to the communities and methods available.

Currently I think we are not doing enough to educate people because we only educating those that come to the hospital or the clinic but we can also have like meetings in the communities where we talk about several health issues because it's not everybody that comes to the health facility and get that information. Sometimes the health education in the health facility is giving in the morning and if the patient comes in the morning will not get information that they need. I think it's better that we go to the community so that the community can be sensitized and get information. I think the can be done through the school health activities in schools and for the youth it can be done through NAMPA or peer educators who educates the youth in the communities or through the meetings organized at the youth centres. At the community level it can be done through the municipalities such as water meetings, the ministry can ask that they are included in these meetings because most of the elders will be there and can be reached through these platforms. Men also plays a role in women having abortion because sometimes the ladies will say that the man is denying the child and they don't want to have fatherless children. Thus, why they go for abortion which is caused by the men s attitude. Sometimes they also don't want to go through pregnancy alone. Also, absent parents cause their children to go through life alone and learn thing from the world or also parents don't want to talk about sex with their young ones. And they will hear things such as sex from others will experiment it but if the parents talk about it even if they hear about it they will not experiment.

I think policy makers should think of something to stop this backdoor abortion and it's also government resources that are used to take these ladies for DMC to prevent surgery, paper work etc.

iii. **Code 007:** Female, Nurse (general ward)

Factors affecting abortion: There are many factors that we have discussed among ourselves. There is no research done. We don't know whether these are just the factors that we feel or evidence based. For most of us what we have realized is that most of these people are factory workers and those who work under harsh conditions. Most of them during the first trimester one has to take it slow. But we know that most of these workers work long hours and sometimes don't have enough rest. When they get home they still have to continue with life and after 12 long hours you can do much. The time you spend on your feet working and that's what they say. We also thought that most of them say that they work hard. Another thing is that when most of the people come here they don't know that they are pregnant and when they come to the health facility they realized that they are pregnant, possibly they are not taking the necessary precaution to save their pregnancy. Sometimes, they are high blood pressure for instance and she didn't know that she was pregnant. She continued taking her normal chronic high blood pressure. The younger ones don't really take precaution while they are pregnant because also as a young person you are not supposed to have sex. So, they don't openly take care often they hide their pregnancy and you wouldn't know if you are pregnant. Although they are thought at school the signs and symptoms, most of them wouldn't know as they also need to be taught at home about these

things because all women experience pregnancy differently. Every person experience pregnancy differently but if we can teach out kids that when you experience these signs then you are pregnant then most of them would be aware. Even me as your mother I experience this sign when I was pregnant then they would know. Some of them don't experience morning sickness when they are pregnant. Sometimes they are not taught the early signs and symptoms of pregnancy they are only taught that when you are pregnant you will have a big stomach and this and get fat. Some people don't experience morning sickness in their early stage and for them if you don't experience this then you are not pregnant and they continue life as usual. Since our teenagers don't know that they are pregnant they wouldn't take the necessary precautions to take care of themselves and their pregnancy. Another thing is that people who work as manual labour such as security guards standing long time, carry this and move up and down they are also prone because during the first 3 months you are supposed to slow down your activities for your body to be able to carry the pregnancy. Another thing that we also discussed is that maybe people are really inducing the abortions themselves but now we can never find the evidence unless we find the tablet or other methods that they are using. We don't really know that they are inducing the abortion unless we find the tablets on them when they come here. And also, maybe they are using other methods as the people are coming up with new ways to abort always.

It can be the poverty that we are living in maybe she already has kids that she doesn't know how to take care off or other people taking care of them for her. Then now with this one who is going to take care of her. Maybe you are in a relationship, when you and your partner breakup then you don't see the need

for this kid then you have an abortion. Maybe it can also be that you are having a reproductive problem that you don't know off then you fall pregnant, it is just causing an abortion or miscarriage. We have people whom are coming with even 2 or three abortions in the last two years. Sometimes the person is coming and everything seems perfect including the hormones but we don't know what is really happening. We also have tried to find where the problem is but we just can't investigate. Sometimes the person already has so many kids and she's on her third abortion. Maybe her uterus got tired and can no longer maintain pregnancy. Maybe also family line, in a family we are raise to get married and kids. So maybe this is your third child and you know what people are going to say especially the words they are doing to throw at you saying a single mother of so many kids. Then you will rather let go of this child and then let people harshly judge you.

Also, for the teenagers they are scared where will they leave this child and with who. Also, how will their lives been after they give birth to these kids. Sometimes you are in school and your life haven't even started and already you will have the responsibility to take care of someone who will need financial needs etc and you don't even have a financial background.

Even people who are financially stable have these miscarriages because maybe this pregnancy is not fitting in the financial plan at that time. Maybe they were still planning to have a few things before they have a child. Also, you cheated or then the man is married and he cannot have this kid with you. So, you have to abort the kid. Sometimes it can be because of stress, sometimes when patients come and would say that they have been stress lately and she will abort because the body cannot keep the baby.

Education plays a role but not significantly. Like we said if you don't know what the signs and symptoms or how to take care of your body then it will have an impact. Maybe also if you have not been educated about family planning as well then you would abort because you don't know or plan to have a baby.

To reduce abortion, we try to give them health education from a medical point of view. For instance, you also find out that when people give birth one after each other it also causes abortion. So we usually give them education of spacing that once you have an abortion wait at least one year before you fall pregnant again and let the body heal properly and have time to readjust, let the hormones be in tune and be stabilized so that the next time you fall pregnant your body is ready. We also have to educate the communities on the early signs of pregnancies and how to plan their families. Also, the risk of unprotected sex rather than just HIV/AIDS and STDs infections. If you and I are HIV negative we wouldn't really use a condom or use a morning after pill or have an abortion which is still illegal in Namibia. We should also find out from the community what's causing them to have an abortion an abortion because we can guess always but until we can take time and talk to these women to find out what is really causing them to have an abortion/miscarriage maybe we will find out what's really causing them to have abortion we would not know. Educate also women and their associates, employer, families, boyfriend and husbands so that they can understand when the woman says that she's in her first trimester and she needs to rest or can't have sex then they can understand. Because if we don't educate everyone then we fail the women.

In communities where we live we don't get a lot of affection at home and you don't get to be told that you are good, you are loved etc. so when someone comes a lot and tell you that you are loved even if you are married, a thug, we also look for comfort. This doesn't only happen to women it also happens to boys and man. This means that at an early stage then you already struggle with these things. So, this happens to so many broken families. Also, sometimes you are your parents' only child and you know how they will react ones they find out that you are pregnant. Or your parents are very busy and you only spend time alone, then you see many of these things on the internet. Social media plays a role in this particularly watching American media, you see that a school girl fall pregnant they just go to the family clinic have an abortion and go home. No one has to know about it but here the moment you go to the clinic and ask that you want to have an abortion you will be arrested and people will also look at you with different eyes. So, I feel also that the limited way that we have for birth control is also pushing people to have abortion the illegal way. I can't talk to my mother; I can't talk to my teacher because once they find out they will expel you out of school the etc. the moment you just decide to make your own decision.

Also, the stress of being pregnant when you are a teenager, unemployed and someone depending on other people the more people look at you different and start saying things to you. It's just too stressful to be pregnant.

Legalizing abortion needs to be done with a lot of education. Otherwise it damages people. You can only have so many abortions before it messes up with your reproductive system. In the current states where we are as Namibian I don't think we are geared to have abortion legalized yet. We are not educated

enough. We are really not educated enough to assist people to choose whether to continue with the pregnancy or not. People will choose to induce abortion to the silliest of reasons. We need to run a campaign of no-stigmatization when people are coming for family planning and encouraging family planning usage and making it more available starting with morning after pills and also making injection readily available before we give them the choice to have abortion. We also need to talk and educate people about other options such as you can continue with the pregnancy and give up the child later for adoption these are options that are available and that you don't have to keep the child till birth when you can give it up for adoption. There also might be family members who have been trying to have children but they can't have. So, they may want to adopt yours. We also have to mobilize the people on where to go for adoption and publish the details on where do go for such services. Also tell teenagers that you have unprotected sex, then come to the hospital and take morning after pills. Also make these pills available in state hospitals. But also, they say that morning after pills can only work up to a certain stage. It was published few months ago.

iv. **Code 006**, female, Social worker

In my opinion and with the experience with clients. It's not easy for them to say that they were intentionally involved with abortion. There are those who would tell you that they are involved in abortion that these are the intentions mainly due to that there is conflict between partners. Sometimes the lady is dating someone who is married and sometimes the initiation comes from the guy because he's married. Sometimes the victim is scared to tell the parents; she scares how the mother or the father will react after they find out. Other

factors include that I only found out now, that the pregnancy belongs to someone who is very close maybe the father, uncle or brother. Normally they want to have an abortion because they have not told anyone about it. Mainly relationships; breakups or the man is mainly mistreating her and not wanting to have with the father of the unborn baby any longer.

Normally, school girls or ladies are involved in relationships not only with their peers but also with older men or guys that are older working in the mines. They are trying to catch up with life. Sometimes they are even involved in drugs, there are some girls who involved with guys who can support this kind of life and supply them with drugs.

Lack of education also contributes to abortion, sometimes in my office there are these ladies who knows what to do if you don't know what to do if they don't want a child. Also, where to get help in such cases. Sometimes they don't need to tell their parents and can get help from the social worker and the parents can be told in the way that they can later help the pregnancies, or child. It helps also that sometimes we call in the guy so that we can counsel theme together. I would say also lack of awareness.

Also, the victims know the danger of unsafe abortion but they take chances knowing that it will serve it purpose. The time that they are doing it, it's to the end result not how it will affect them. So, they don't think that it will lead to death or not being able to have children in the future but only think of the quick solution.

Poverty is also associated with abortion although you don't really find a lady saying that they are not really doing to abort because I don't have a job, or

unemployed and cannot afford to support. But they have done it because they are either not ready, or the father said that it's not his child and they are scared to bring this child in the world fatherless. Also, it could be that they wanted to raise the child together but now the plans changed.

I think there are people in the community who are helping these girls drinking newspaper water, oros, but pills are the most common by inserting it in the vagina to remove the child. They outsource from people in the community to supply them with pills. There is a black market where they buy pills and there are ladies who do these things and they even insert it themselves. As I said, they don't care because focus is the end result. When they are desperate to remove the pregnancy they will do all sort of things to remove it. They don't care about money (how much it cost). They will even do work to earn money to pay for it. Sometimes the father of the unborn baby is involved. They fund the process and don't really look at the consequences. I think much of the things have been done already to reduce the impact of abortion even through life skill. More awareness needs to be done. We have to continue the talk of abortion, abstinence. People also need to know about adoption people who are looking for children. Women also need to know self-worthy in relations awareness to prevent abortion. More awareness about all factors of life. Also, we need to take the information to the people we visit schools what we lack is flyers that people can take home. We need to issue them pamphlets we don't have community presentations, we visit churches but we don't issue them with information leaflet to inform them. Also have quarterly hold community meetings that are properly advertised. Information pamphlets should also be translated in the local languages because sometimes the information is

available but people don't understand because of language barrier. If it's in English people throw it in the dust bins. Most of abortion comes from the low-income people, abortion comes from people who can't sustain themselves like learners and unemployed not people who can support themselves. So, the information needs to be dispatched at churches, community halls, shebeens, schools, clinics etc.

Normally you don't find abortion in married couples so people need to be taught morals and also be taught when you can support the child not fall pregnant because you have a man. To legalize abortion is a difficult question but personally I think that both sides. Legalized or not legalized it's going to happen still. I will not want it to be legalized. But if you look at other factors such as black market, unwanted pregnancy which lead women to abort. With this one can say that it should be legalized to minimize of maternal death. Legalization should be controlled and to prevent misuse

v. **Code 019**, Dr, Female

As far as I know there is not safe abortion facility in Walvis Bay because abortion is not legal in Namibia expect for medical reasons which is another process. There is not available service in Walvis Bay.

I think there is a few things that they are doing to induce abortion. I have seen few patients having used tablets which often then don't want to tell you who is selling them the tablets. So, they take the tablets to induce the pregnancy. Some of them would disclose. I have a young girl who used a scissor to open her uterus. So that someone uses equipment to enforce trauma. Then I have heard of women who give false information for family planning I just

completed my periods yesterday and take medication or a lot of contraceptives at once to induce abortion.

Most of them when they come to the hospital they would say that they just started bleeding and would not say they had abortion. In general, the ones that come to the hospital comes with the issue of miscarriage or incomplete abortion but there are those who come with sepsis and fever. Others would come with anaemia that they have lost a lot of blood and have to transfuse them immediately. The condition on presentation on the condition of bleeding. Some would come immediately others cause with severe conditions. A lot of pain comes with abdominal pain.

From what I have observed the people that have miscarriage and they really wanted to have they tend to be very sad that they have lost the baby but others they may only show sickness signs but when the procedure is all complete they seem ok. They may not even require a social worker for counselling.

I would call us offering abortion services, when people with all sort of abortion. We look at them like all the other patients if they need fluids right away or something for pain. Then we run all the tests to confirm what the patients said. Then you do the ultra- sound scan to see what's happening the in the uterine cavity if the pregnancy is still there then we treat them symptomatically and admit them for bedrest. We also have to local tests and see if wound is open and we would admit them for bedrest. Or we may discharge them to have rest at home. Those that come with severe conditions you see on the sonar that there is no pregnancy rather that the products of conception. We normally evacuate by taking Cytotec or curative theatre

evacuation. Then they get antibiotics depending on the condition. E.g. oral antibiotics.

We often have Cytotec pills because we also use it for other conditions such as post mortem haemorrhage or for any patient who is at risk having uterine atony. We often have it. The surgical equipment is often there. The equipment is usually there but it's often the medication to induce the patient, sometimes we find ourselves out of the duster pump which is the combination that we use sometimes. That runs out of stock sometimes, and we use alternatives. The equipment is ok but the medication we run out. The dilation aspiration we don't have that.

If even if the patient comes in with bleeding for as long as they if we have not confirmed most of them we give them paracetamol. If the person is having severe pain then we give pethidine (injection). Get a lot of these patients and we cannot refer all of them to the social worker because only have one social worker. We only look at those who we think have they are having emotional problem and refer them to the social worker.

It's a multi-factorial situation there are many reasons why they do it. Every time you speak to a lady they tell you several reasons. The common ones are: Socio-economic factors where the person feel like I don't have the resources to look after the child. When it comes to the younger ones they are worried about what their parents are going say when they discover that they are pregnant.

The other reasons involve relationships issues a lady is rejected by their pregnancy father and they don't want to have fatherless child. And other will say that they want to continue with school and can't be pregnant although the

education system makes provision for them to continue with school though they are pregnant. Then they resort to abortion avoiding that period of dropping out.

Prevention is better than cure. Looking at the situation where we have women falling pregnant unwillingly that is because of lack of contraceptive at our health facilities. There are times when we just don't have this prescription at our health facilities. We don't have condoms sometimes. We also run out. Maybe we can support them by making sure that things like contraceptive pills are really available to these ladies all the time. We also should educate the health workers to avoid them from being judgmental to the patients especially the younger ones when they are seeking family planning. They judging and questioning them asking them questions like why are you asking for that why are you having sex at a young age. I think we should train them to move away from such practices that avoid them from coming to receive the pills.

Legalization of abortion is a bit tricky. I know that even in countries where abortion is legal, they are aware that unsafe abortion is still there. So, I don't believe that that will be the solution to the problem. Secondly, I am personally against it but I can only speak for myself not the country. I think we can empower girl children by ensuring that to choose the contraceptives options available. We also have to expand the choices available to them as most of the methods are not available. I think encouraging use of contraceptive before we consider legalizing abortion.

We have first had to look at the reasons why they want to have an abortion and address that before we look at we recommend abortion. Reasons like socio-economic reasons they are not going to go away and government is

already having an intervention to give allowance to these children so it's not so much. In Walvis Bay we also cases where we women also give away their children for adoption.

3.7.2. VICTIMS

- i. **Code:013;** Gender: female, Age: 37, Occupation: domestic worker, No. of kids: 3 children; Pregnancy: 4th pregnancies,

Background/Answers: I only found out that I was pregnant yesterday when I came to the clinic as I was bleeding from 14th to the 17th of this month. I started bleeding on Saturday and then Sunday I went to the clinic. The nurse took some tests including the sugar level then she tells me that.

I have somebody I communicate with. My partner and I did not know that I was pregnant. I was not planning of having a child and I was not using family planning. The pregnancy was a mistake.

No, I did not use anything to abort the pregnancy. I only used orange medication from the pharmacy, the one you put in the water to drink. Not even Panadol I drank. I was only taking flu medicine. The bleeding was already there as I was expecting my period until Sunday when I was told that I am pregnant. I was thinking that maybe I have infection but then she told me that I was pregnant.

I think maybe the infection caused the bleeding. I also lift heavy things as I work for an old lady which maybe me bleed. They did not do sonar yet and not told me if the pregnancy is out. If they told me that I lost the baby it's not ok. It's not something good but I have also not plan to have kid. None of the fathers are supporting the kids. I work 6 days in a week. I met boyfriend in a

bar and I went with him and we did it. First, we did it we use a condom but that night we did it without a condom and I was drunk. He didn't know I was pregnant and I didn't tell him because we did not exchange numbers, we just did it. This is very risky.

I stay with my youngest daughter here in Walvis Bay. Nobody counsels me about pregnancy and abortion in the hospital. I think it's better to have an abortion in the hospital instead of the street. Legalizing abortion will help so many people. I have not heard anybody doing abortion. I do not socialize a lot because sometimes I sleep at work as I have to take care of the lady.

When people abort, they use herbs and traditional ways. Sometimes they drink it or insert. I don't know how to abort. Not even my child. She's 17 years. If my daughter falls pregnant, I will tell her not to abort and keep the baby. We will support each other and I would let her have an abortion because that might be the only child she had. If she's involved in sex, I will tell her to use of contraception, condoms until he can support you.

ii. **Code 011**, Female, unemployed 22, never been pregnant before (4 weeks)

What happened is that I just started bleeding yesterday and I have no idea what happened because I smoke so maybe it's what caused it. I really don't know. I didn't plan to have a baby but it happened so. My boyfriend is happy and excited about this pregnancy.

I didn't do an abortion; I am bleeding probably because I smoke. Maybe because of that. I smoked the previous night. I don't smoke cigarettes but I

smoke marijuana or weed. For a long time, I am smoking. I know that marijuana would harm my body and the baby but I was just being ignorant. I am guessing that this is the reason for the bleeding not that somebody is hurting me. I just started having pain then it started bleeding a little then it stopped.

Here in Walvis Bay I stay with my parents. Both my parents are working. They are aware that I have a boyfriend but they are not aware that I am pregnant until yesterday. My parents are ok about it and they don't have a problem. Also, because I have 3 sisters. My one sister is 5months pregnant, one is in high school and one is working and married. The pregnant sister she not working but studying to become a nurse and my parents are supporting her with her studies. They are not asking the boyfriend to support her and they are very supportive of it. When they found out about my sister being pregnant, they were happy and excited to have a grandchild.

They don't know that I am smoking though. They only found out yesterday that I am pregnant too and they didn't ask me a lot yet. My boyfriend is working and he's 5 years older than me. He is in Windhoek and I visit him from time to time. My boyfriend doesn't smoke and he doesn't know that I do smoke too. When he found out know he was just calling me worried about what's happening. Now I am only having pain no blood clots coming out. Its just sometimes blood is coming out. So, at the hospital they told me that if I bleed, I should come back to the hospital. That's when I did and I went back and they admitted me. I didn't do sonar yet. I have never used family planning before and my boyfriend and I we didn't talk about it before. We use condoms sometimes but on those specific dates we didn't. My partner and I tested for

HIV/AIDS and we are both negative. We plan to do this before we do anything.

Marijuana is not expensive and I use money that I get from my parents to buy it. I think smoking is the only think that is causing bleeding nothing else. I didn't use anything at all and I didn't lift anything heavy. Not so much blood came out its just once then I came to the hospital then it's just spotty afterwards.

Nobody counsel me about the pregnancy because I haven't been at the clinic yet. Only at school, its normal topic that we talked about abortion. Like also talking about pills what they are using and how to use them. In Walvis Bay they talk a lot about them. They said you drink them and also insert it in the vagina to abort. I only know about abortion. Nowadays people will not go I think people will not go to the hospital to ask for abortion because it is illegal in Namibia.

I think if there is a way that way that there can be a center where women can go to have an abortion it will be better to do so than in the street. I think it's also better to legalize abortion because one way or the other they will go in the street and have abortion. And to avoid unwanted pregnancy we should use contraceptives, I guess. Nobody ever counselled me about contraceptives before also because the only contraceptive I have used its only condoms. I do know about other methods such as the loop and the pills and injection. I didn't use these contraceptives because people always have somethings to say. Like for the injection they say that it makes you fat and unregularly period cycles so I said not just because of the side effects. Also, in the long run you won't be able to have children if you use it for a long time. I hear this information

from the people in the street but I didn't google it. But I google the injection and it says in the long run you won't be able to have children. When I started smoking it was just like a joke. My friends were smoking and I just wanted to try. Smoking weed makes you feel high and slow.

- iii. **Code:018;** Gender: female, Age: 28, Occupation: Unemployed, No. of kids: 3 children Pregnancy: 4th pregnancies,
- Has three children and one current pregnancy. We both support the children because I stay with the father of my children. He's not aware because I am also not. I use family planning just maybe in 8 months I did not use it. I use injection for 2 months. I did not use family planning for 8 months because it's not in the hospital. When I went there, I was told there is nothing and I did not use it because do not have money to buy from the pharmacy. Then I didn't buy, then I thought I am fine. I didn't have sex because I see that the menstruation is coming. Only this month when menstruation comes its stay long but other months its fine. I stop using family planning because I was told there is no contraceptive at the hospital and I have no money to go buy. Then I confused the date and thus why I fall pregnant and yes, my boyfriend knows about it. Sometimes we use a condom when we are having sex but sometimes not. For me if the baby is coming and I take it. Sometimes I have pain and the pain is coming long time and till now. I go to the hospital and I am treated for that pain. I went to the North in one clinic and the medication does not work. So, I decided the injection doesn't work because it gives me pain. Like now I went to the clinic 3 times for pain and now I went to the hospital and they told

me that I am pregnant and I said I don't know maybe I am pregnant. Maybe the pain is coming from the infection that I am having for long time.

I am paining in the stomach here for 5 days. I have treatment they gave me but the pain is coming every day. The think bit me from the buttocks and the stick the thing didn't come out. Then pain is coming since I was 10 years old. Now like yesterday the pain was coming the whole day and the leg is shaking. Yes, I have blood coming out. Now for 5 days blood is coming like menstruation but not a lot. The blood is like clots and they did not do sonar. They just say I am pregnant and maybe they do the sonar today. But also, for 5 months I receive normal menstruation with clots. Like now only small clots. My period starts on the 21 July and now it came 21st August. But the menstruation is gone only pain is still. When I deliver my last child, I made oshitumba (cyst) here. They give me treatment antibiotics for 21 days and they said if that doesn't go out then I should go for them to operate. And I did not go back. The pain is still here.

Aborting the pregnancy

Yes, I think I am aborting because of infection and pain but I did not use anything else. No, I did not plan to become pregnant but I am ready if I become pregnant. This time I have pain like the baby is coming out. For the first 3 pregnancies I did not experience this pain but now every time is pain and clots coming out during menstruation.

Nobody counsels me about pregnancy, abortion and this pain. And now the hospital does not have contraceptive thus why I fall pregnant. I think now its fine to abort everything because the pain is too much and I am not ready to fall pregnant. I don't know how people do abortion in the community.

Legality of abortion:

I don't know what to say, I have not seen someone make abortion. Me if I fall pregnant, I will not abort. I like to keep the baby. Now it's just the pain the pain but I will like to keep my baby because is my baby. If I am pregnant maybe it is two or three weeks because I really don't remember and I know when I am pregnant. I did not feel anything. We accept it

Abort

People who abort are not good. Because when you have sex you know you will fall pregnant and it is your child that you will abort. You don't throw your own blood. If you don't want them to fall pregnancy, use contraceptive and if you are pregnant, I counsel her to keep the pregnancy.

iv. **Code 012**, Age 33, female, factory worker, 2 kids, 3rd pregnancy

I am leaving with my family. My boyfriend is not living with me. I have my own salary. I am only taking care of them because their father passed away. This pregnancy belongs to a new boyfriend. I am pregnant for a month and three weeks. The bleeding started last week Tuesday. It just started when blood cloths started coming out of my vagina then I called my supervisor so that she can refer me to the nurse because we have a nurse at work. Then I asked her if it is good if a pregnant lady is bleeding. Then she said it is not good then she referred me to the clinic. Then I was escorted by my colleague to the town clinic and at the clinic they said that they will refer me to the doctor. After 2 when the doctor saw me, she admitted me in the hospital. From there I came to the hospital I was still bleeding then the doctor said I should for the sonar. Then the doctor said she cannot see everything then I must wait

for the sonar specialist to come. When the expert came, she told me that the baby is hurt. Then he told me to come back to the room. Here the doctor who admitted me told me that they are going to put tablets in me for the pregnancy to come out and the Friday I was feeling the pain when they inserted the pill in my womb. Then I went to the toilet the blood just started coming out and it was heavy bleeding. Then I went back to the room and I put something on the floor for the blood. After a while I started feeling like that again then I went back to the toilet. Then I collapse one of the nurses came and help me. Then she put me on wheel chair and took me to the room, then the placenta was also a little bit out then she told me to wait and also go to the theatre to clean then later DR Lee came gave me some forms to sign then they took me there to clean me up and also gave me blood transfusion because I lost so much blood. Then I came back to the room.

When I was at the clinic I spoke to my boyfriend and told him that I was bleeding then he said that maybe something happened to the baby. I could tell him because I didn't know. Up to now I haven't told him.

Then when I came to the hospital, I told him that the doctor was doing to operate and after I told him that the baby was dead. He told me that he was not happy about it.

We are together with my boyfriend for 8 years. And he decided that I must give him a baby. Yes, I was using family planning and I stopped to give him a baby. Also, my sister said that I should just give him a baby because he is also supporting my other kids.

I stopped family planning also because it was not available. I will use family planning if it is available. I initially wanted a baby but after this I am not sure I still want one. I am afraid that the same problem will happen.

I didn't use anything but sometimes when I go to work my supervisor wants me to and forces that I do heavy work. Sometimes its fine you to carry 10kg boxes. Sometimes they force me. Like for three days she forced me to load 10kg boxes about twenty racks per day. I went to the nurse but she told me that according to the Labour act pregnancy is not a sickness I must work. I think because of carrying heavy things I had an abortion. Because it also uses to give me back pains and I feel cold because those areas are close to the freezers then my whole body would feel cold. They don't give cold protective clothes to everyone only to some people. I think my pregnancy came out because of heavy work and because of stress. It is just the working conditions that made be lose my baby then there is nothing I could do.

I also continued working because my one friend at work advised me to continue working and not to quit. She said even people with big pregnancies they work. Also, at work there is a lot of stress and I am only happy when I am at home. I really wanted this baby (crying)

Nobody counsels me about abortion even here in the hospital. My boyfriend didn't give me any stress, he was supportive from the beginning only stress from work. There was also one time when I was going to work and I was late. So, I got onto the bus with a mug of tea. Then the driver said I should throw it outside. When I came back, he through closed the door immediately pressing my stomach. After that my stomach started having pain and the following day, I started bleeding. That day I was paining and I didn't sleep. Then I told her

what happened then she asked me if I told the nurse but I didn't tell her because there is a lot of people who saw what happened and he let the door closed on me for the good 10 minutes. He told me he wanted me to go report him at work. I told my boyfriend about it and he told me that maybe I was the one who's stubborn but I told him that the guy was violent but anyways I still had to go back to the bus because is the only bus for all the employees.

It is not good to abort because you are killing the baby. If you are having problems with the boyfriend and he is not assisting you maybe you must go to the social worker to assist you. So that you can save the baby. I don't know what they are doing when they are aborting maybe they get in touch with people who are working in the pharmacy. So that they get the things to do an abortion. Maybe the workers know what to use.

Some people say they go to the traditional healer. There was also a neighbor lady who said she used a pill to remove the pregnancy and she was caught. The lady's sister saw everything and reported to the police.

Some people don't want to raise kids and they just want to enjoy life. So, it is better if you don't want to have children to use family planning then killing an innocent soul. Use a condom.

Legalizing abortion will not help the situation because it comes with emotional attachment and it will always come back to you.

- v. **Code: 009;** Gender: female, Age: 24, Occupation: factory worker, No. of Kids: 1 child, Pregnancy: 2th pregnancies,

I have one kid and this was my second my pregnancies. I was only pregnant for two weeks. I started to pain, I thought I was bleeding but it was just pain.

When I went to shower I just saw blood on my washing clothes. I thought it was normal when I went to bed I just thought I was bleeding then I went to the hospital. At the hospital they gave me Panadol and I went home. In the morning the pain and bleeding became strong then I came back to the hospital then they admitted me. Pain continued to be strong then the lady DR sends me to the sonar and told me that I lost my pregnancies and admitted me again.

Decision about the pregnancy

Yes, I want a kid, and I wanted an extra kid. But the boyfriend who impregnated me was giving me peer pressure and he didn't want the kid. Every time he is calling me and talking about me he is just talking about abortion and abortion and I was just stressing thinking about these things he is telling me on the SMS and phone about abortion.

Decision about abortion:

I just told him that I will not do abortion whether he likes it or not. After it I just realized I have lost the kid to bleeding and I did use anything to abort the kid. I even told my boyfriend whether you buy me the pills I will not use them. I told him that if I am pregnant, I am pregnant and I will keep my kid. If you don't want it just moves on. I already have a kid and I will take care of this one also. I am working and I will support my child, I don't need money from you or anything. The money is enough and my first born is supported by his father. The father of the unborn baby did not want a kid and every time we are having sex he doesn't want to use a condom. Every time just want me to use abortion. It's like he just wants to kill me.

When I went to the clinic there was no family planning. So, when I fell pregnant he just told me, let's have abortion and then I will buy you

contraceptive from the pharmacy. He also told me that he will buy me abortion pills then I will just put it in my vagina. I even told him that you know too much for a guy, and don't make me do something that I have not tried. After that I have just lost the baby and I don't even want to tell him that I have lost the baby. At home I started bleeding at home: I did not use anything. It's just the stress. Even the pills that he brought for me I didn't use them. He brought the pills on Friday when I got admitted and the pills are at home. My friend whom I came with to the hospital is the only one I told that my boyfriend wants me to have an abortion. She told me that I shouldn't even think about it because she will report me to the social workers that I want to have an abortion.

The bleeding started 4 days for I came to the hospital. Then they send me home and when I woke up it was just blood everywhere then I went back. I didn't use the pill and their only stresses that make me abort. It's my first-time having abortion and I am feeling sad that I lost the kid because I was very happy when I found out that I was pregnant. Now I feel better when a medical person talks to me about abortion. Because when my boyfriend talks to me about abortion he said that I must just put it in and should not move around. I should just sleep and I will not bleed a lot. It will just bleed like menstruation and I won't have pain. But when I got the pills I did not ask any advice from the Dr No one counsel me. If the baby would have survived, I don't think the boyfriend will support me. I think my boyfriend doesn't want to have responsibilities.

If I fall pregnant by the same guy, I will tell him that I don't want to talk to me about abortion like he did with the first pregnancy. And I want to keep the

baby. And if you tell me to do it again I will open a case against it. I am 23 and I stay with my mom and she knows about the pregnancy/abortion. She told me that you will keep the baby because we also grew up without fathers.

3.7.3. LAW ENFORCEMENT OFFICERS

- i. **Code 015;** Police Officer, 38 years old Male,

Factors affecting teenage abortion in Walvis Bay

Most of them say that nobody to support them. Once they fall pregnant, they are thinking of don't have means to support the baby so they decided to go and abort the baby. Some of them they have fear, they are thinking of their parents. If her father or mother finds out that they are pregnant, they are afraid of what the parent will say. Sometimes they think and are afraid of what their friends will say. Then when they think of the all the problems what they have and decide to end their pregnancy. Mostly when they are not receiving support from the boyfriend, parents and friends then they think how they will take care of the baby.

Sometimes they feel like they cannot go to school while they are pregnant, so the only time they can go to school they have to remove their pregnancy. Me being in class while pregnant I will be laughed at so this is one of the reasons why they have to terminate the pregnancy.

Poverty also contributes, thus why I say that they are unable to take care of the baby. They don't have money and they don't have income, somebody else is accommodating you while I having another baby, I don't have means to take care of myself plus the baby.

Mental health can also contribute to abortion. I remember we had an abortion for a girl who is not mentally well and we had to do a legal abortion on her because the Drs were of the opinion that she won't be able to deliver the baby on her own. Mental well, we have children who are not mentally.

Abortion methodology

In most cases they use tablets, to insert in their vagina and to drink. I had a case where this lady uses a stick in and insert it in another lady's vagina and it is a special still and she had an abortion. Sometimes they boil beer and drink it. Some they boil sta'soft and mix it with beer and drink it to have an abortion. I think for tablets they buy the tablets; there are people who are advertising that they are selling abortion tablets. Some they google on internet or ask their friends that they are pregnant and that they want to have an abortion. There was this lady that I ask how she did abortion. She said no she just googled on the internet how to abort a baby using home remedies and she found a list and thus why she found and bough beer which she boiled and just drink it.

1. *Informal and Facilities in Walvis Bay*

There was only one person that we knew who was selling pills and was arrested 2 to 3 years ago. There are rumors of one lady who I arrested, the one that insert sticks in the vagina. There were reports from the community that there is this lady in Kuisebmond were people are going to terminate their pregnancy. People use to go there. And she charges N\$ 500 or 800 to insert stick and terminate the pregnancy. Those are the ones that I come across and

the one for the tablet was arrested and the one for the stick I arrested her after she did an abortion on one lady

Those tablets they are buying them for N\$ 600 or N\$800. I had a case for one lady from Swakop who order from Windhoek and she paid N\$ 600. The one for Walvis Bay was charging N\$ 600 for 4 tablets then they give you instruction how to use them. Like the one for Swakopmund was told that two of them she must drink them and 2 she must insert in her vagina and immediately once she starts paining, she must go to the hospital and say that she had a miscarriage. Even the one who inserts the stick in the vagina, she tells them that the moment you see little blood coming out from the vagina then you remove it and go to the hospital and tell the nurse that they had a miscarriage.

Decisions

In few cases they engage their boyfriend that they have pregnancy and they want to remove it. Sometime they encourage them, even give them money to buy the tablets. We had a case of one lady who came here tell us she is pregnant that her boyfriend wants her to abort. He even gave her money but she doesn't want to abort it. They normally talk to their friends and boyfriends but hardly to their parents because they will stop them. If they tell their parents that I am pregnant and I want to remove the pregnancy the parents will immediately say stop.

We even had one lady who went to cheat with a married man, the moment she told him that she was pregnant; the man told her that her wife will get angry

if she finds out. She made her abort the baby. Then she came at the police station and said she cannot abort the baby.

Legality on abortion:

It's better to legalize abortion. I think it's time make abortion legal because we cannot have people doing abortion. We have people doing abortion, we have fetus being discovered while others not. I think it will be wise for the government to legalize abortion. I don't see anything wrong with it. Legalizing it will make people who are doing abortion to go to a safer place to do abortion and it will also reduce the burden of these children dropped without being cared for. Three day we had 3 ladies who brought their babies here they say they don't want to keep their babies. So, they give away their baby. In my opinion if they had a choice, they could have aborted their pregnancies and could not have babies. Abortion in controlled environment helps them to be safe, good health and reduce the pressure they have when they go for unsafe abortion. You do illegal abortion then you die. We were told that there was one lady who did illegal abortion and she couldn't have babies. She is unable to fall pregnant. If she could have done abortion in a controlled environment. At the time when she wants to have children, she could fall pregnant. I think it's time we should legalize abortion.

Religion, culture

Culture and religion they are on the same foot and they are against abortion. Because religious wise abortion is killing and the bible says that you must not kill. Culturally it's also the same. The moment you fall pregnant you are

carrying a baby inside you and when you commit abortion you commit sin. They believe it's not right. The moment you talk about legalizing abortion they will automatically object. Terminating a pregnancy is murder and in some cultures it's a taboo. When you terminate a pregnancy people will look at you and they will label you.

Support system to end teenage abortion

I don't think education will do. Because there were some programmes that were made by schools telling kids not to do abortion. I think what they are not doing is to tell people that when they are having sex, they must use condoms to avoid unwanted pregnancies. We focus too much on STDs instead of telling them to avoid unwanted pregnancies. We must encourage them to use contraceptives and start talking about sex with teenagers. Parents in this culture don't talk about sex. Not even amongst themselves. If parents can talk to their children about sex at home and the danger of having sex while you are young it will be helpful. Some people believe that if you use contraceptives at a very young age, you may not fall pregnant when you want to. Maybe we must encourage them to use condoms and teach them the effects contraceptives have on them. Information is available at clinics however we still have people who are shy of taking condoms and contraceptives at the clinics.

Discourage abortion by supporting the victims by informing them of the government structures and options available for them. For example, telling them about the programme by the ministry of gender; that after giving birth you can give away your child for adoption. We need to encourage them when they go for a test and be counselled and if you don't want your child you can give

away for adoption. The same must be done for the community to inform them of available.

If we have legal abortion in this country, we can encourage people to go for abortion. Because illegal abortion people always do it in fear but if we have legal abortion people, we not engage in unsafe abortion but go to the hospitals and do it. They only engage in unsafe abortion because it's not legal.

As police officer, I will convict Dr who tries to help people do abortion because it's currently illegal until it legalized. Although I support legalization, it is still illegal in Namibia to abort so any person who does it will be committing a crime unfortunately.

ii. **Code 014;** female, police officer (chief women and child abuse)

Factors for abortion

I think that the factors will be most not only affecting teenagers but also affecting adults and if it can be made legally in Namibia then we can save more babies. Let me say, sometimes they find themselves not know who the father of the baby is caused by multiple relationships. Sometimes being rejected by the father of the child, that's it's not my pregnancy. Sometimes it's poverty. Sometimes they are ashamed by other kids at school or their family.

Perceived places of abortion: Just in the street, buying pills or maybe hearing somebody is helping remove the pregnancy. Sometimes drinking substances that unknown to us or solutions that cannot be identified by the doctors or the police officers. Sometimes the traditional healer also helps the victims by

telling them to take herbal stuff but mostly it happens in the street and many people take tablets/pills.

Sometimes boyfriend or men are involved by telling or advising them to do abortion or bring them pills. Sometimes it's married men/sugar daddies, giving the tablets to give the girl. What I know is that there is no hospital in Walvis Bay that is offering abortion pills to the kids. The suspect will say that they only did not meet the person but only through the phone. Received a number. They only communicate with on the phone pay them through e-wallet or eft. Then the parcel will be delivered by courier. Sometimes the person is out of town like Windhoek or Oshikango. I don't think the victims should engage anybody in making abortion decisions. But on several occasions, they engage their friends to help with such decision but mostly with people who impregnate them.

Benefit of legalization: I think it's better to legalize it to stop the maternal death and black market

Social & culture: It depends on the person and they believe. For some it's a taboo to abort. If your child has to have an abortion and if it comes to the police. Communities think it's not good to have an abortion because it's killing. But often the girls they don't come out to talk about it instead they only think of abortion.

What can be done to solve abortion? I think we can tell them that should establish a center where we can take these unwanted kids. Also, advice the

victims not to abort and know that it's not the only solution. But sometimes they shy away because they don't want to be questioned. So, it's a matter of confidentiality. The health professionals to maintain confidentiality. Encourage safe sex and visit the clinic for contraceptives to avoid unwanted sex. Abstain from sex until you are ready. Sometimes there are challenges such lack contraceptives in clinics also affects and also lead to unwanted pregnancy and educate people



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ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: OSHAC /472/2019 Date: 21 June, 2019

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: Exploring Factors Associated With Abortion In Walvis Bay Community

Researcher: AMIR ESKANDER SHAKER

Student Number: 201401596

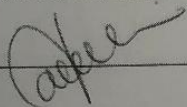
Supervisor(s) *Dr. P. Angula (Main) Dr. H. Iita (Co)*

Take note of the following:

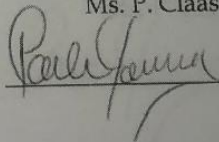
- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
 - (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 - (ii) Request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.

Dr. E. de Villiers: HREC Chairperson



Ms. P. Claassen: HREC Secretary





REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 203 2537
Fax: 061 – 222558
E-mail: btjivambi@mhss.gov.na

OFFICE OF THE EXECUTIVE DIRECTOR

Ref: 17/3/3 AES
Enquiries: Mr. Ben Tjivambi

Date: 03 July 2019

Dr. Amir E. Shaker
PO Box 1995
Walvisbay
Namibia

Dear Dr. Shaker

Re: Exploring the factors associated with abortion in Walvis Bay Community

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for academic purpose;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

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- 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
- 3.5 Preliminary findings to be submitted upon completion of the study;
- 3.6 Final report to be submitted upon completion of the study;
- 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and not of the MoHSS.

Yours sincerely,


MR. BEN ANGOMBE
EXECUTIVE DIRECTOR

