A COMPARATIVE STUDY OF MEN AND WOMEN'S ATTITUDES TOWARDS THE LEGALIZATION OF AVAILABILITY OF ABORTION ON DEMAND: THE CASE OF YOUTH CENTRES IN KATUTURA, WINDHOEK

A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE DEGREE OF

MASTER OF GENDER AND DEVELOPMENT STUDIES

UNIVERSITY OF NAMIBIA

BY

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SEPTEMBER 2017

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Abstract

Unwanted pregnancy and unsafe abortions are two of the most controversial topics in Namibia. Due to these controversies, the debate on the legalization of the availability of abortion on demand should be brought back into the spotlight.

The aim of this research was to unveil men's and women's attitudes towards the legalization of the availability of abortion on demand. The target group were youth from five Katutura youth centres. The data were collected with the use of closed-ended questionnaires.

The reviewed literature indicates that abortions have always existed throughout human history. Nonetheless, the literature indicates that restrictive abortion laws have been proven to fail in regulating abortion. The findings confirmed the occurrence of illegal abortions in Namibia. The study has revealed that despite the reality of illegal abortions, respondents would not necessarily advocate for abortion to be legalized on demand. The statistics of the respondents who would advocate for abortion on demand were significantly low; however, the percentage for females was higher than that of males. The study found that despite the knowledge of the risks associated with illegal abortions and the struggle that women and girls go through to terminate unwanted pregnancies, the majority of respondents would still advocate for the current restrictive abortion laws. It further revealed that the target group would not necessarily advocate for abortion on demand. This confirms previous government assertions that most Namibians would not favour a change in the law. On the other hand, a significant number of respondents revealed that the current restrictions on abortion have only proven to be a failure. The results are therefore contradictory.

This study has attempted to bring to light the importance of legalizing abortion on demand as part of promoting maternal health. Abortion remains a controversial issue. Based on the findings of the

study, the researcher recommends that there is a need to educate society about the actual dangers that are associated with unsafe and illegal abortions. The study further recommends that there is a need to advocate for women's reproductive rights. Women need to control their fertility and whether or not to have a baby still remains a struggle as it is not a choice.

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Declarations

I, Sarah Mwatilifange, declare hereby that this is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

…… Date ……..

Sarah N. N. Mwatilifange

Acknowledgements

First and foremost, I would like to thank the Lord God Almighty for the wisdom, strength and courage He has given me during the course of my study and my research.

I would like to express my profound gratitude to my supervisor Dr Lucy Edwards-Jauch for her guidance, expertise and push in the right direction. I would also like to express my deepest gratitude to my mentor and language editor Dr Nelson Mlambo. I would like to acknowledge that I am indebted to their assistance, guidance, valuable insights and expertise.

Moreover, I would like to thank the Namibian Parliament Library for the assistance. A special thanks to Maria Ndapandula Ndikwetepo from the Namibia Statistics Agency for her dedication and for making time for me in her busy schedule. I am truly grateful.

Lastly, I would like to thank my mother, Mrs Hendrina Mwatilifange for her support and encouragement throughout my studies.

All the above people have made it possible for me to complete my thesis. Thank you all once again, as I would not have made it otherwise.

Dedication

This thesis is dedicated to the girls and women who have suffered greatly or lost their lives as a result of the restrictive abortion law in Namibia.

Abbreviations / Acronyms

WHO	World Health Organization
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
CEDAW	Committee on the Elimination of Discrimination Against Women
UN	United Nations

Basic concepts and definitions

Abortion	The expulsion of the foetus from the womb during the first 28 weeks of pregnancy (Wahab & Ajadi, 2009)
Abortion on demand:	The absence of restrictive legal statuses giving a woman the right to terminate a pregnancy at her request (Mosby's Medical Dictionary, 2009)
Illegal abortion	An abortion performed contrary to the laws regulating abortion (Mosby's Medical Dictionary, 2009)
Unsafe abortion	A procedure for terminating an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (Mesce & Clifton, 2011)

CHAPTER 1: INTRODUCTION

There has been paucity of information on discussions about the legalization of abortion on demand in Namibia. This study therefore aimed to fill the knowledge gap, specifically from the perspective of the attitudes of men and women from selected Katutura youth centres regarding abortion on demand. International studies have drawn from western contexts. However, this study concentrated on the Namibian context.

This knowledge gap has resulted in several unanswered questions, such as the legalization of abortion on demand. Not much has been done in this area and the views and attitudes on the legalization of abortion on demand had not been documented before the present one.

1.1 Background of the study

Namibia has a very restrictive abortion law which hinders safe and affordable abortion. Because of this, women go to great lengths to terminate their unwanted pregnancies through backstreet abortionists. This inevitably puts women's health at risk and negatively influences maternal health. Namibia may not have fully met its Millennium Development Goal as targeted for 2015, partly due to the high maternal mortality rates. The United Nations Development Plan states that one of the main causes of maternal deaths is abortion related complications (United Nations Development Programme, 2014), whereas Xoagus-Eises, Brown and Makaya (2012) attribute 20.7% of these complications directly to unsafe abortions. These complications include haemorrhaging, sepsis, peritonitis, and trauma to the cervix/uterus or abdomen (WHO, 2012).

This study was concerned with the gender aspect of abortion. Although abortion affects both men and women differently, women are affected more because they experience the complexities of an unwanted pregnancy directly.

1.2 Statement of the problem

Namibia still follows the apartheid era Abortion and Sterilization Act of 1975, which only allows abortion under the following conditions: when the woman's life is in danger; when the pregnancy may cause serious harm to the mother's mental health; when there is a risk that the child will have serious mental or physical problems that will be permanent; if the pregnancy is a result of rape; or if the pregnancy is a result of incest, as this is illegal sexual intercourse (Hubbard, n.d.).

In the mid-nineties, the State was reluctant to amend the 1975 Abortion and Sterilization Act, as it argued that most Namibians would not support the legalization of abortion on demand. However, this was never confirmed and the Abortion and Sterilization Bill was withdrawn after three years (De Bruyn, 2011). There is still very little discussion on abortion in Namibia, despite the fact that unsafe and illegal abortions are being performed, which puts women's health at great risk. Due to the lack of discussion, it is difficult to gauge the public opinion on the matter and this research therefore was aimed at ascertaining young men's and women's attitudes towards the legalization of the availability of abortion on demand.

1.3 Research aims

Firstly, this research aimed to compare men's and women's attitudes towards the legalization of the availability of abortion on demand. Secondly, it aimed to compare these attitudes with those expressed by politicians during parliamentary debates on the topic. Lastly, the aim was to analyse

the extent to which these attitudes are consistent with Namibia's human rights and other protocols which Namibia is signatory to.

1.4 Significance of the study

This study can contribute to an informed debate around the legalization of the availability of abortion on demand and perhaps create awareness for policy makers.

1.5 Outline of the chapters

This thesis consists of six chapters. Chapter 1 covers the introduction to the research topic. The chapter also entails the background of the study, statement of the problem, research aims, and the significance of the study. Chapter 2 is the literature review. It contains various views on abortion, the legality and illegality of abortion and the implications of men and women regarding abortion as well as abortion being a gender issue. This chapter also reveals international experiences and theories on abortion.

Chapter 3 explains the research methodology used in the study. In this chapter, the researcher outlines the instruments used to collect and capture data, the research population profile, sampling, ethical considerations, as well as how the empirical data were processed and analysed.

Chapter 4 presents the empirical findings. It gives a complete description of the data collected, and these data are presented in tables. This chapter also discloses knowledge on the occurrences of illegal and unsafe abortions, attitudes on the restrictions and access to abortion, unwanted pregnancies and baby dumping and the question which is the bone of contention, whether or not to legalize abortion on demand.

Chapter 5 is the discussion chapter. It is within this chapter that an in-depth discussion of the empirical findings is presented. Comparisons and relations to the literature are also made.

Chapter 6 concludes the thesis and gives recommendations. It also includes a summary of the findings and what future researchers may look at regarding the legalization of abortion on demand.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This literature review chapter addresses women's reproductive rights and health. It also sheds light on Namibia's obligations to maternal health, specifically the Millennium Development Goals, Sustainable Development Goals and the protocols and conventions that Namibia is signatory to. Furthermore, it analyses the pro-choice and pro-life abortion debates as well as the theoretical debate and religious controversies surrounding the topic.

2.2 Abortion and gender equality

Abortion is heavily restricted in Namibia. This however does not stop women and girls from terminating unwanted pregnancies. This has a negative impact on maternal health. Unsafe abortion is one of the leading causes of maternal deaths in Namibia. This can be prevented if abortion on demand is legalized. The lack of access to safe abortion should be acknowledged as a serious violation of women's human rights as well as reproductive rights. Witbooi (2016) sees the restrictions on abortion as a denial of women's reproductive justice, and compares it to gender based violence, as only women are affected by this restriction.

Paramount to gender equality is women's right to abortion. This is so because without control over their reproductive lives, women cannot be equal to men (Smith, 2013). Restrictions on abortion only marginalize women, especially poor women. This then becomes a class issue. Smith (2013) argues that whenever restrictions are placed upon abortion, not all women suffer; in fact, some women do not suffer at all. How much a woman is affected by the abortion restriction depends on her socio-economic position.

All women need to have access to safe abortion services in order to have the same freedoms among each other as a sex group and also be able to share equality with men with regard to reproductive life (British Broadcasting Corporation, 2014). Women therefore need the ability to make independent decisions regarding an unwanted pregnancy without the state's intervention. This is particularly so because if women have the right to choose whether or not to have a child, then they have equality with men on gender basis, because men do not get pregnant and are therefore not restricted in the same way (ibid).

The criminalization of abortion amounts to sex-based discrimination against women. Abortion affects men and women differently. It is women who experience the complexities of unwanted pregnancies and feel the accompanying emotions. Men are simply observers and can never truly know the bodily experiences and emotions that come with unwanted pregnancies.

Stark (2013), stresses that the burdens of pregnancy fall on women and not men. The law against abortion on demand would impact on women in a way that it does not impact on men because of gender roles. Such laws are unjust. It can therefore be said that restrictions on abortion are a form of controlling and disciplining the female bodies.

The British Broadcasting Corporation (2014) argues that abortion is an important element of women's rights. Moreover, women need to exercise the right to abort in order to have the same freedoms as men; therefore pregnancy should not limit women's rights, freedoms or choices.

The concept of gender equality is still at its infancy stage in Namibia and women are yet to realize their full reproductive rights and truly come to know the true meaning of gender justice.

2.3 The legal basis of abortion on demand

Central to the abortion debate is the 1973 classic case of Roe v Wade. This case is known for having had a profound and pragmatic impact on women's daily lives (Hadley, 1996). This case entails the struggle of an unmarried woman known as Roe who wanted to have a safe and legal abortion to end her pregnancy (Planned Parenthood, 2014). The Texas court first recognised the constitutional right to privacy as broad enough to encompass a woman's decision to terminate her pregnancy (ibid). The Texas court ruled that a woman's right to make her own decisions about a pregnancy deserves the highest level of constitutional protection (ibid). The court further established that the state could not interfere with certain personal decisions such as wanting to terminate a pregnancy (ibid). The Roe v Wade case established women's right to abortion that extended nationwide in the United States of America (Hadley, 1996; Planned Parenthood, 2014).

Moore (1990) argues that abortion is probably the oldest, most common, and universal method by which women have controlled their fertility, even long before the law regulated it. Women who are determined to end their pregnancies have always known a variety of ways to do so (ibid) therefore, restricting abortion does not in any way end it or fully regulate it. It can be said that neither the law nor the structure of religion will stop a woman who desperately needs an abortion from committing an illegal and unsafe abortion (ibid). Restricting abortion only disadvantages and further marginalizes women as these restrictive laws have only proven to succeed in making abortion painful and dangerous (ibid).

Forcing a woman to carry on with an unwanted pregnancy may inevitably result in a child being raised in exactly the same circumstances which the mother or parents have sought so desperately to avoid (Moore, 1990). A source states that she would rather take the risks of having a backstreet

abortion than to have a child that she knows she cannot provide or care for (Heita, 2013). These unwanted pregnancies inevitably face the predicament of children being born unwanted and consequently dumped, abandoned, becoming victims of infanticide, and they may consequently be prone to delinquency if they are to grow up in total negligence. It is argued that it is unethical to ban abortion, because doing so denies the freedom of choice to women and it forces them to unwillingly bear unwanted children (British Broadcasting Cooperation, 2014).

2.4 Restrictive abortion around Africa

According to WHO, about 21.6 million women had unsafe abortions in 2002, and these abortions were responsible for the death of nearly 47 000 women (Centre for Reproductive Rights, 2011).

The Centre for Reproductive Rights (2013) indicates that abortion laws often appear in penal codes and procuring an abortion may carry criminal sanctions. Even so, it is observed that all countries in the Middle East-North Africa region allow abortions if the mother's life is at risk, which is similar to Namibia and furthermore, 4 out of 18 permit abortions in cases of rape or incest. Similar trends are seen in sub-Saharan Africa, where 98% of the countries allow abortions to save the mother's life, but only 33% permit abortion in cases of rape or incest. Moreover, it is only Tunisia, Cape Verde and South Africa who allow abortions for any reason (Theodorou & Sandstrom, 2015).

2.5 Theoretical discourses on abortion

The core arguments surrounding abortion attitudes are the pro-life and pro-choice debates on whether or not the life of the foetus should be given greater importance over the pregnant mother's will. Furthermore, the arguments revolve around whose right outweighs the other's, between the mother and the foetus.

2.5.1 Pro-life debate

Abortion is one of the most controversial issues in both religious and feminist debates. Central to the abortion debate is the concept of religion and morality. The Roman Catholic Church is perceived to be the most outspoken anti-abortion church in the world. Furthermore, the church is committed to protecting and advocating life from the moment of conception, as this is believed to be the moral thing to do (British Broadcasting Cooperation, 2009).

2.5.1.1 Christianity

Religious discourses such as Christianity are against abortion as they perceive pregnancy to be a miracle of life. Christians do not believe in reincarnation; rather, they believe that the soul only gets that one chance to life (British Broadcasting Cooperation, 2009). However, the Bible itself is virtually silent on abortion (Leone, de Koster & Barbour, 1995). The Bible has no specifications on abortion nor on intentionally terminating a foetus, nor does it say that abortion is sinful (ibid.). Up until 1588, abortion was accepted by the Catholic Church. Thereafter, Pope Sixtus V classified it as murder; this then became the official position of the Roman Catholic Church (ibid.).

2.5.1.2 Buddhism

Buddhism has no written law on abortion, but it is perceived as wrong to break the first rule of Buddhism, which is “to do no harm” (Education for Choice, 2011). It is believed that life begins at the very moment of conception (Cline, 2014). Ironically, it is supposed that there are different levels of life and not all life is equal. This then gives room for abortion exemptions (ibid.).

2.5.1.3 Judaism

Judaism allows abortion for the sake of the mother's life. Secondly, it is believed that there is no soul in the first forty days (Cline, 2014). The foetus is perceived to have lower moral status than the mother (ibid). Judaism does not necessarily consider abortion to be equivalent to murder. This is because the right of the baby is only recognised once the baby has left the mother's body (Education for Choice, 2011). On the other hand, Liberal/Reformed Judaism gives a woman and her partner the power to make a decision on whether or not to have an abortion. It however forbids abortion for "trivial reasons" (ibid.).

2.5.1.4 Islam

Islam condemns abortion (Cline, 2014). The Islamic law teaches that abortion is a sin. The magnitude of this sin increases as the pregnancy progresses (Education for Choice, 2011). Egypt and Iran practice the Islamic faith but they completely prohibit abortion, despite the fact that Islam permits abortion if it is done to save a mother's life or health (Education for Choice, 2011).

2.5.1.5 Jehovah's Witness

Jehovah's Witnesses perceive abortion to be morally wrong and they therefore strictly prohibit it, regardless of the circumstance (Education for Choice, 2011).

2.5.1.6 Hinduism

Hinduism heavily restricts abortion but approves of it when it is done to save a mother's life (Education for Choice, 2011). One of the classic Hindu texts compares abortion to killing a priest, while another considers abortion to be a worse sin than killing one's parents (British Broadcasting Cooperation, 2009). In practice, however, "abortion is practiced in Hindu culture in India, because religion is overruled by cultural preferences for sons" (ibid., p. 1). Additionally, the Hindu doctrine

is centred on reincarnation. Abortion is believed to create a major karmic setback for the soul, because the soul experiences great suffering. It is deprived of the opportunity that its potential human experience would have given it to earn good karma (ibid.). Nonetheless, abortion would only deprive the soul of one of its many chances to life that it would have had (ibid.).

Similar to Christian views, pro-life activists argue that abortion is murder and that it is wrong to destroy human life as no one can deny that the unborn child is a distinct and alive being (Moore, 1990). It is therefore unjust to deprive the unborn child of its fundamental right to life on the basis of its age, size or condition of dependency (Leone, de Koster & Barbour, 1995). A foetus is undeniably a potential person, but it is only capable of feeling pain after 30 weeks (Moore, 1990). It is believed that abortion violates the foetus's interests in developing its capabilities, as the foetus is already on the path to full human life (Leone, de Koster & Barbour, 1995). However, it is very hard to make sense of the idea that a foetus has an interest of its own (ibid.). A foetus did not ask to be in this world; therefore, talking about its interest to life is irrelevant.

2.5.2 Pro-choice debate

The argument of a foetus being a potential person is refuted by pro-choice activists claiming that no one can say that placing a hen's egg (a potential hen) into boiling water is the same as dropping a live hen into the pan (Warren, 1991). Furthermore, these activists (pro-choice) fail to understand how a foetus is given greater moral right than an actual person, who is the pregnant mother (ibid.). It is only after birth that it is possible for the infant to be granted equitable rights (ibid.). Only a baby (human offspring that has been born) is an autonomous being (ibid.). McKelle (2014) argues that a baby and a foetus are not perceived as equitable, due to the fact that a baby can survive

without using its mother as a life support system. It is for this reason that McKelle (2014) does not perceive abortion as killing but rather as removing a part of your own body.

Pro-choice activists argue that inside a single human skin, there is only room for one being with full rights, as it is impossible in practice to grant equal moral rights to the foetus without denying those same rights to the woman (Warren, 1991). It is impossible for the foetus to share the same entitlements of rights as someone who lives independently. McKinley (2000) concurs that one cannot have two entities with equal rights occupying one body; therefore it is not possible to refer to abortion as murder, as the zygote is not an independent person. Although some may believe that life begins at conception, scientists still have no consensus on when human life actually begins and pro-choice activists question if abortion can be viewed as murder when no one can with complete certainty determine when life begins (Moore, 1990).

Pro-choice activists argue that during the early stages of the pregnancy, the zygote is merely a potential person that is unconditionally dependent on another human being for its continual existence, almost in a parasitic manner; therefore, it has no rights before birth as it is not human (McKinley, 2000). In the early stages of pregnancy, the zygote is nothing more than a fertilized human egg (Cherry, 2015), hence abortion is not murder as it is not an independent person (McKinley, 2000).

No one has the right to use another's body as a life support system without her consent (Leone, de Koster & Barbour, 1995). Therefore, the right to control one's own body is regarded as a key moral right. If women are not allowed to abort an unwanted pregnancy, they are deprived of this right (British Broadcasting Cooperation, 2014). Every individual has the right over what happens to their body, free from unwarranted governmental intrusion into matters so fundamentally affecting

a person as the decision whether to bear or beget a child (Leone, de Koster & Barbour, 1995). A woman, thus, has the right to decide what she can and cannot do to her body and to decide whether the foetus remains in her body. This gives her the right to abort if she so wishes (British Broadcasting Cooperation, 2014). Pro-choice feminists like Betty Friedan and Gloria Steinem have publicly advocated abortion, while Ellie Smeal and Kate Michelman have celebrated abortion as a fundamental right and assert that without it, other rights of women may be undermined and even lost (Clark, 2003).

Women ought to be given freedom of choice over their bodies, just like women can freely and without the consent of the state decide to go for plastic surgery or any other cosmetic surgery or even sterilization. The argument proffered by Lutchen (2011) is that the ability of women to control what happens to and in their bodies should in no way be limited or influenced by the state as it is the women's civil right to have this freedom of choice as abortion legalization is one of the most important social policies of the 21st century. The state should therefore grant women the freedom and right and help them to promote these freedoms and rights. From a pro-choice perspective, the fact that a woman is pregnant does not necessarily mean that she wants to have the baby, nor does it mean that she is mentally, financially or emotionally ready or in a position to take on the new responsibility. Pro-life activists do not, however, rationally consider or evaluate what an unwanted pregnancy does to a woman.

2.6 Feminism

The term feminism is used to describe a political movement or theory aimed at establishing equal rights on the grounds of sex (Soanes & Hawker, 2006). Feminism has altered predominant perspectives in a wide range of areas within society, which include women's right to bodily

integrity and autonomy (Anonymous, n.d.). Foster (2005) suggests that earlier feminists of the first wave referred to abortion as ‘disgusting’. Not all feminists have supported the notion of abortion.

Central to feminism is the recognition of equality between men and women in all spheres of life. Feminism challenges traditional gender roles, norms and expectations, thus perceiving motherhood as a choice and not an obligation. Biological factors are of no significance in gender equality; therefore women’s bodily experiences and biological functions should not restrain their access to equal enjoyment with men.

The Stanford Encyclopaedia of Philosophy (2014) describes childbearing as a source of great joy and as the root of profound suffering. This is because, historically, men have been thought to exert gargantuan power over women’s bodies through controlling women’s sexuality and reproduction (Stanford Encyclopaedia of Philosophy, 2013).

2.6.1 Radical feminist perspective on abortion

A systematic review of available literature shows that radical feminists like Firestone (1998) stress that unlike men; women are victims of their biology. Firestone perceives pregnancy to be a temporal deformation of the female body. This deformation results in childbirth and motherhood. Women are punished through painful childbearing and subjugation by their husbands; this inevitably ties women’s bodily experiences to their oppression (Carr & Stewart-van Leeuwen, 1996). De Beauvoir describes mothers as mere fertile organisms because of their biological functions (Stanford Encyclopaedia of Philosophy, 2014). Feminist Betty Friedan criticizes the idea that a woman can only find fulfilment through childbearing. She further stresses how women are victims of a false belief system that requires them to find identity and meaning in their lives through having children (Anonymous, n.d.). The biological functions such as child birth

marginalize women as they cannot fully realize their reproductive rights, should they decide to disrupt the pregnancy for whatever reason. Firestone (1998) advocates laboratory incubators to carry out human reproduction in order for the female body to escape its oppressive biology. Reproduction is not necessarily viewed as a choice, but rather an obligatory action and a woman's nature. Female bodies experience repressive biological functions that male bodies do not; hence the need to liberate the female body from its oppressive nature.

Radical feminists argue that female bodies do not solely exist to give birth; it should be an option and a freedom of choice. Women should not be slaves of their own biology. Women can be trusted to make decisions regarding their own bodies, pregnancies, families and lives (Arthur & Cawthorne, 2013).

2.6.2 Liberal feminist perspective on abortion

Liberal feminists assure that all people are equal in all spheres of life and that they thus have autonomous choices. Liberal feminists assume that women and men share a common humanity.

Liberal feminists advocate liberal laws surrounding the female body and control over it. It is for this reason that they argue that the state has no right to force a woman to donate the use of her body to another, even if the other is in extreme need (Stanford Encyclopaedia of Philosophy, 2013). Women's choices are heavily influenced by the restrictive laws on abortion; it is for this reason that this perspective holds the state responsible for unconscious discrimination against female bodies. Clearly, women's control over what happens inside their bodies is restricted by the abortion laws, leaving men in full control over their bodies. It is for this reason that Weston (2011) argues that liberal feminists call for men and women to have equal rights such as the freedom to control one's own body and to be free from coercive interference. Moreover, she argues that liberation is

individualistic as it comes from being free to make one's own decisions, free from the coercive interference of others. Furedi (2000) argues that abortion on demand is central to women's liberation and that women need control over their fertility in order to participate on an equal basis in society as men. This evidently means that a woman's decision whether or not to have a baby should be hers and hers alone; the state should not interfere with the individual's choice. This is linked to human rights and legal reforms to ensure sexual and reproductive rights and health.

2.6.3 Socialist feminist perspective on abortion

Socialist feminists perceive abortion to be a political battlefield, whereby women are confronted by social structures that deny them control over their reproductive lives (Solidarity Organization, 2009). They disregard conservative notions that perceive sex for pleasure without procreation to be wrong (ibid).

Socialist feminists stress that a woman's decision to have an abortion is hers alone, because only she can truly judge the impact of her childbearing (Solidarity Organization, 2009). Socialist feminists challenge any claims about the universal experience of abortion, as terminating a pregnancy has different meanings for different women (ibid). This is because women's experiences are influenced by race, religion, social class and age, amongst other factors. This makes abortion a private issue.

Social feminists advocate reproductive justice and stress the importance of individual rights and choices (Solidarity Organization, 2009). Nonetheless, they acknowledge that all women need access to safe and legal abortion, as real choice means the right to have children or not to have children (ibid).

Women have always been oppressed throughout history and their rights have been violated and have not been given any sort of importance, even in Namibian societies. Engels (1972), in his book, "*The origin of the family, private property and the state*", argues that as the man took command in the home, the woman was degraded and reduced to servitude and she became the slave of his lust and a mere instrument for the production of his children. According to Engels, the traditional marriage was a form of men controlling women's sexuality and fertility, as the wife was perceived to be the property of her husband. This control of the wife's sexuality was believed to ensure paternity and that all the children born were biologically the husband's and they could therefore inherit his estate.

There are men who abandon their partners or threaten to do so and therefore indirectly encourage abortion (Coyle, 2009) and this makes men culprits in forcing women into unsafe abortions. This is a form of preying off women's emotions and manipulating their decisions on whether or not to carry the pregnancy to full term. There are also cases whereby men are not ready to take the responsibilities that come with being a father. This is common among men who have multiple sexual partners and do not want to be tied down to a woman just because she will bear him a child. Adulterous men and women may also see abortion as a way to cover up their transgression and infidelity from their spouses. Adulterous men may consequently force their mistresses to undergo illegal and unsafe abortion to avoid the societal embarrassment and stigma that accompanies extramarital relationships that come to light.

Young men may also perceive a pregnancy to be a threat to their education or future plans and may force their partners to terminate the pregnancy, without necessarily considering the dangers that accompany illegal and unsafe abortion.

Some men oppose abortion and make their views clear, but ultimately they are at the mercy of their partner's decision. Men may be affected by the women's decision to have an abortion, but it is ultimately the woman's decision over her body. Nevertheless, men's views cannot be ignored because pregnancy comes about as a consequence of unprotected heterosexual intercourse. This gives men a say in the abortion matter, although it does not necessarily give them the platform to influence the woman's decision regarding what happens to her body.

2.7 Human rights framework

Similar to liberal feminism is the human rights framework. This is so because both advocate sexual and reproductive rights and the health of women.

Sexual and reproductive rights include an individual's right to decide whether or not to reproduce, the right to plan a family, terminate a pregnancy, use contraceptives, learn about sex education, or gain access to reproductive health (Reuters, 2014). These rights also include women's rights to control their fertility, to decide whether to have children or the number or spacing of children (Centre for Reproductive Rights, 2009). It is for these reasons that abortion should be a personal choice and not a legal issue. Romero and Houlihan (2012) argue that a woman's decision to continue with a pregnancy, to end a pregnancy, to raise a child or not to raise a child should never have a negative impact on her access to the full rights that are accorded to her. Lowen (2007) argues that the ability of a woman to have control over her body is critical to civil rights; take away her reproductive choice and you step onto a slippery slope. Women's reproductive rights thus need to be vindicated, as the state has breached its human rights obligations and it is insensitive to women. The state has the responsibility to provide the equal protection, enjoyment and fulfilment of human rights and reproductive rights towards all its citizens. The Centre for Reproductive

Rights (2009) alleges that governments violate these rights by making abortion services inaccessible for the women who need or want it. From a human rights perspective, women should have the ability and right to choose what happens in and to their bodies and they should have the ability to control their reproductive rights and reproductive health, because realizing these rights is fundamental to human rights. The United Nations human rights bodies have framed maternal death due to unsafe abortion as a violation of women's rights (Centre for Reproductive Rights, 2011). Making abortion restricted simply discriminates against women and portrays them as deviant criminals. Grimes et al. (2006) point out that ending the silent pandemic of unsafe abortion is an urgent health and human rights imperative.

2.8 Abortion laws in Namibia

Holmes (1992) states that abortion is first and foremost a human rights and social justice issue; therefore, no amount of equal opportunity legislation will ever give women equality if we do not trust them to make fundamental decisions about their sexual and reproductive lives. The Committee on Economic, Social and Cultural Rights links unsafe abortion to high maternal rates (Centre for Reproductive Rights, 2008).

Hubbard (1997) reveals that the Netherlands has the world's lowest abortion rates and abortion on request has been allowed during the first 12 weeks of pregnancy since 1979. This evidently means that legalizing abortion can prove to be a success. In Africa, countries such as Tunisia, Togo and South Africa perform abortion on request during the early stages of pregnancy. Hubbard (1997) further states that Tunisia has proven to have low abortion rates on request, as well as the incidents of suicides by pregnant women. On the other hand, Zimbabwe, like Namibia, restricts abortion. Nonetheless, it is estimated that 70 000 illegal abortions occur each year in Zimbabwe and abortion

is said to be the major cause of death among women (Hubbard, 1997). Moreover, in 2013, Zimbabwe reported more than 300 illegal abortion cases in just seven months (Nampa-Reuters, 2015). It is possible that Namibia could be following in the same way. In 2002, the then Minister of Health and Social Services, Dr Libertine Amadhila stated that statistics indicated that backstreet abortions in Namibia were on the rise (LeBeau, 2007). Namibia's restrictive abortion law, however, hinders safe and affordable abortion. If abortion on demand could be legalized, it would guarantee the protection of a woman's life and health, consequently upholding the right to freedom of choice and the right to life (Goggin, 1993). Edwards-Jauch (2014) stresses that restrictive abortion laws should be weighed against maternal morbidity emanating from complications related to illegal and unsafe abortion. Edwards-Jauch (2014), states that the law reform in the area of reproductive rights has been slow. Furthermore, two out of three births are unwanted but the law does not cater for unwanted pregnancies (ibid).

Ntinda (2009) argues that Namibia's first draft Abortion and Sterilization Bill would have consequently resulted in legalizing abortion on demand up to the first 12 weeks of pregnancy. He argued that it would curb the baby dumping phenomenon and control unsafe and illegal abortions. In 2004, the Ministry of Gender Equality and Child Welfare recommended that the legalization of abortion be put on the agenda of the Cabinet for discussion as the problem of baby dumping was on the increase and young people were still undergoing backstreet abortions (LeBeau, 2007). However, it was believed that most Namibians would not favour the law; thus this resulted in the Bill being withdrawn after 3 years despite a lack of confirmation on this belief (De Bruyn, 2011).

During the early 90s, the government tried to broaden the law to a system of deadlines in which pregnancy could be terminated in the first 12 weeks. It was then that the Sterilization and

Termination Bill was introduced in 1996. However, the government had to withdraw the Bill due to the opposition of the more conservative sectors of the public and the parliament itself (Map of sexual and reproductive health and rights in Africa and Spain, n.d.). The termination of the Bill was also heavily influenced by the church's "religionising" of the Bill and calling the state to withdraw it (Ntinda, 2009). This was despite the fact that Namibia is a secular state.

It has been almost two whole decades since independent Namibia has been following the old 1975 Abortion and Sterilization Act that was inherited from South Africa. Ironically, the state does not seem to notice that it is now time for an amendment to be made. South Africa itself has amended its law in favour of women's decisions over their reproductive health. Just because a law is passed does not necessarily mean that it is just or beneficial to all. The Committee on Economic, Social and Cultural Rights has recognized that restrictive abortion laws contribute to the problem of unsafe abortions and high rates of maternal mortality (Centre for Reproductive Rights, 2008).

Regmi (2001) argues that The Beijing Platform of Action states that the human rights of women include the right to have control over their bodies and decide freely and responsibly on matters related to their sexuality and reproductive rights, including the ability to decide whether they want to continue a pregnancy or terminate it. Furthermore, failure in this regard would mean that the state is failing its women and in turn perpetuating violence against women and the girl child as the state is consequently forcing them to carry unwanted pregnancies or conduct illegal/unsafe abortions (ibid). This violates the fundamental human rights of women. Namibia has, without doubt, failed to adhere to some of the fundamental international human rights laws that advocate women enjoying rights over their reproductive health without endangering their lives, because of the mere fact that criminalizing abortion is already a violation of women's right to reproductive

health. Ironically, Namibia has ratified the Protocol of the African Charter on Human and People's Rights on the rights of women, of which Article 14 guarantees women the right to abortion and the right to decide whether to have children or not (De Bruyn, 2011).

Regmi (2001) states that legalizing abortion is a necessary pre-requisite to women's rights to the highest attainable health standards, as women often compromise their health and resort to unsafe abortions performed in non-medical settings because of the restrictive abortion laws. Criminalizing abortion does not control or stop it, but rather forces women to undergo backstreet abortions and thereby putting themselves in the hands of unskilled individuals who might leave them sick, extremely hurt, or even dead. Mauna Ernesto is a classic case of illegal abortion in Namibia. She was faced with the predicament of choosing between progressing with her pregnancy or her relationship with her boyfriend. She claims that even the thought of abortion scared her, but she was told that there was a woman in Wanaheda, a suburb in Windhoek, who specialized in illegal abortions. She had two failed attempts, which were drug induced. This allegedly caused her discomfort for weeks. The abortionist claimed that the pills had expired, hence the failed attempts; as she bragged to have had a hundred percent success rate prior to Mauna's abortion attempts (Haingura, 2012). Her pregnancy, however, managed to go full term; hence her baby being a miracle baby.

2.9 Millennium Development Goals

The heavy restrictions on abortion in Namibia create a serious health problem. The Committee on Economic, Social and Cultural Rights has expressed concern over the relationship between the high rates of maternal mortality and illegal, unsafe abortions (Centre for Reproductive Rights, 2008).

Namibia has obligations to meet the Millennium Development Goals (MDGs) and ensure that maternal health and health services are scrutinized and to ensure a reduction of maternal mortality in line with the MDG 5 targets. Namibia might fail to fully meet its 5th MDG goal on maternal mortality. Unsafe abortions should therefore be prevented through the promotion of safe abortion services; this is so because eliminating unsafe abortions is one of the key components of the World Health Organization's global reproductive health strategy (WHO, 2012). This strategy is grounded in international human rights treaties and the global consensus declarations that call for the respect, protection and fulfilment of human rights, including legal and policy aspects of all provisions of safe abortion, which require that women should be able to access legal abortion services regardless of their ability to pay (WHO, 2012).

The United Nations Entity for Gender Equality and the Empowerment of Women developed a post-2015 MDG evaluation framework (UNDP, 2014). This framework was designed to evaluate the failures of the MDGs, as well as to assess the results emanating from the implementation of the MDGs (ibid). In September 2015 at the Sustainable Development Summit, UN member states adopted the 2030 Agenda for Sustainable Development (UNDP, 2015). On the agenda, Sustainable Development Goals (SDGs) were adopted in order to build on the MDGs, to ensure that all MDG goals are met by 2030 (UNDP, 2015).

2.10 Sustainable Development Goals

The MDGs expired at the end of 2015 and they were succeeded by the Sustainable Development Goals (SDGs). There was a need to set new goals as the "goal of reducing maternal mortality was unlikely to be met by Africa and much of Asia" (United Nations, 2015, p. 2).

It is specifically the third goal (Good Health – Ensuring healthy lives and promote well-being for all at all ages) that links to maternal health. This, however, does not directly address abortion. It is under this goal that the UN National Assembly drew attention to reducing the global maternal mortality ratio to less than 70 per 100 000 live births by 2030 (United Nations, 2015).

Namibia's National Planning Commission (2012) argues that health is one of the government's top priorities. This is demonstrated by the fact that the Ministry of Health and Social Services received the fourth largest share of the National Budget 2010/2011. In the 2017/2018 National Budget, the Ministry of Health and Social Services received the third highest budget allocation of any ministry (Ministry of Finance, 2017). However, the government's spending on health has been perceived as low by global standards (Namibia's National Planning Commission, 2012). This implies that the Namibian government needs to re-evaluate its priorities in order to meet the third goal of the SDGs with reference to decreasing maternal mortality rates by 2030. This concern for maternal mortality rate is evident in the 2013 to 2015 statistics, whereby an approximate of 13 000 women sought healthcare for spontaneous abortion of which 30% was in Khomas region (ibid.).

Namibia might fail to meet the third SDG goal on maternal mortality, as recent reports by the Ministry of Health and Social Services state that 7335 abortion related cases were reported between April and December 2016 at state facilities alone (Namibian Broadcasting Cooperation, 2017). Of these 7335 abortion cases, only 138 were of medical nature, making the rest non-medical or illegal street abortions (ibid.). It is probable that there is a large number of backstreet abortion cases that went unreported. Thus the county is not doing well in terms of maternal health, and that being so, the Minister of Health and Social Services, Dr Bernard Haufiku has called for the revision of the law criminalising abortion after the unprecedented abortion cases that were reported between April

and December 2016 alone (Tjihenuna, 2017). There is a need to ensure universal access to sexual and reproductive health services, family planning, information and education and the integration of reproductive health into national strategies and programmes (United Nations, 2015).

2.11 Namibia's international obligation regarding sexual and reproductive health rights

Namibia still goes by the apartheid Abortion and Sterilization Act of 1975. According to the Legal Assistance Centre, the Namibian Abortion and Sterilization Act of 1975 limits legal and safe abortions to seven criteria, namely, when (1) the woman's life is in danger; (2) the pregnancy may cause serious harm to the woman's physical health; (3) the pregnancy may cause serious harm to the mother's mental health; (4) there is a strong risk that the child will have serious mental or physical problems that will be permanent; (5) the pregnancy is a result of rape, as it is sexual intercourse without consent; (6) the pregnancy is a result of incest, as it is illegal sexual intercourse; and (7) the pregnancy is a result of sexual intercourse with a woman who has a mental disorder so severe that she did not understand what she was doing, as this too is considered as illegal sexual intercourse (Hubbard, n.d.).

At the same time, the country has seen a spite of illegal and unsafe abortions, as suggested by Smit (2010). It can be said that the Namibian constitution is deliberately limiting women's rights and freedoms. This proves that there is a link between the Namibian constitution and the practice of misogyny, although Article 10 of the Namibian Constitution advocates equality and freedom from discrimination (Legal Assistance Centre, n.d.).

Criminalizing abortion demonstrates a profound injustice and lack of respect for women's choices over whether or not to carry on with an unwanted pregnancy. This, without doubt, restricts their liberty as a sex group. For instance, the state is deliberately turning women into criminals by

defying one of the principles of the Namibian National Gender Policy, 2010-2020, which states that women's rights are human rights (Ministry of Gender Equality and Child Welfare, 2010). The state is also contradicting its very constitution. Article 10 of the constitution advocates equality for all its citizens and is against discrimination on the basis of sex (Ministry of Gender Equality and Child Welfare, 2010). It can therefore be said that restricting abortion is sex based discrimination. Furthermore, the African Commission on Human and People's Rights prohibits and condemns all forms of harmful practices which negatively affect the human rights of women (Legal Assistant Centre, 2005).

Namibia, among other protocols and conventions, is signatory to the Beijing Declaration and Platform for Action, the Protocol of the African Charter on Human and People's Rights on the Rights of Women in Africa, the International Covenant on Civil and Political Rights, the Commission on Human and People's Rights, as well as the Universal Declaration of Human Rights. All these human rights conventions and protocols advocate and recognise the inherent dignity and inalienable rights of all the members of the human race. Article 8 of the Republic of Namibia's constitution advocates human dignity by stating that the dignity of all persons shall be inviolable (Legal Assistance Centre, n.d.). It further states that no persons shall be subject to torture, cruel, inhumane, degrading treatment or punishment (Legal Assistance Centre, n.d.). Namibia has, thus, failed to comply with these fundamental human rights provisions. These rights are universal, interrelated, interdependent and indivisible, and the state as a duty bearer should make provisions for women.

2.12 Abortion and attitude

Attitudes denote a set of emotions, beliefs and behaviours towards a particular thing or issue (Cherry, 2017). Attitudes often form as a result of experience, social factors (how people are expected to behave), or as a result of learning (classical conditioning, operant conditioning and observation (ibid).

With regards to abortion and attitudes in the Namibian context, Health Economic and HIV/AIDS Research Division (2016) states that there has not been any research on the public opinion around abortion. It is generally believed that Namibians are not in support of abortion (ibid.), yet no research has been done to establish this speculation. However, a quantitative study on abortion and attitudes done by Cartel et al. (2009) suggests that sex is a predictor of abortion attitudes. On the contrary, Hertel and Russel (1999) found that male and female attitudes in support for pro-life and pro-choice were similar. Similarly, other quantitative studies found no significant difference between male and female attitudes towards abortion; thus concluding that sex is not necessarily a predictor for abortion attitudes (Blunt & Steeper, 2007; Strickler & Danigelis, 2002; Navendra 2010; Høvik & Hestvik, 2014).

2.13 Abortion on demand

Abortion on demand ought to be recognized in Namibia, as its restrictions have only proven to fail women as a sex group. This is confirmed by the countless baby dumping and infanticide cases reported every other day.

According to WHO (2012), it was as early as 1967 that the World Health Assembly identified unsafe abortion as a serious health concern. However, Namibia seems to have turned a blind eye

to this serious health concern, as women who have undergone backstreet abortions are more likely to be looked at as wrongdoers and their desperate cry for help goes in vain. This punitive aspect of the law is only experienced by women, hence it is being viewed as a selective practice. The Namibian state dictates that women are to carry a pregnancy to term, if she does not fall within the existing legal categories under which abortion is permitted. This consequently deprives women of their reproductive autonomy and choice. This is a clear indication of gender discrimination. It can be said that legal restrictions of abortion do not result in fewer abortion, the idea is to shift previously clandestine, unsafe abortion procedures to legal and safe ones (ibid.) It is for this reason that numerous declarations and resolutions signed over the past decades indicate a growing consensus that unsafe abortion is a significant cause of maternal death and that it can be prevented by promoting safe abortion services (WHO, 2012).

It is of great importance that abortion restrictions be reconsidered for the benefit of women's health. Women deserve to be granted a period to decide whether or not to carry a pregnancy. It is for this reason that a consensus must be reached, regarding the public health impact that unsafe abortion has in the Namibian society. Abortion on demand could be what Namibia needs in order to achieve the third goal of the SDGs.

2.14 Abortion and the Namibian society

Culture and tradition is the playground of profound injustices when it comes to acknowledging women's human or sexual and reproductive rights. Women do not have to compromise these rights for the sake of maintaining social order. Giving women power over their bodies and reproductive choices is perceived as disruptive to social order. Kühn (2009) asserts that despite international values, indigenous societies often resist attempts to implement such laws when they threaten to

constrain traditional norms that are deeply embedded in the realm of cultural identity. Nhlapo (2013) argues that African women are expected to become wives at some stage in their lives and as wives they are required to be first and foremost mothers. However, Khaxas and Frank (2010) state that women have the right to sexual reproductive autonomy and choices to freely and independently choose whether and when to have children. Undoubtedly, women's identity does not revolve around being a mother and a wife; these aspects should not dictate their lives. Factors such as career might even be more fulfilling and self-actualizing for women compared to being a wife or a mother. In most circumstances, women alone are faced with the challenge of confronting their culture and social institutions when it comes to cultural practices that violate their rights and discriminate against them. It is the male bodies that are expected to govern female bodies. A woman is to completely subject herself and give over her sexuality to her husband as well as be obliged to fulfil his sexual needs when he wants to have sexual intercourse. Mwiya (as cited in Sister Namibia, 2013), points out that we are told that it is not possible for a husband to rape his wife, having sex is part of her duties. This clearly means that contraceptives play no role in forced sexual intercourse, which can lead to an unintended and unwanted pregnancy (WHO, 2012). If a wife is not ready to have another child or is not planning to have any more children, she is consequently faced with the obligation to continue with the unwanted pregnancy. Nevertheless, we cannot ignore the fact that implementing human or reproductive rights through force is like trying to fit a circular block into a square slot; it simply will not fit (Kühn, 2009).

2.15 Consequences of restrictive abortion laws in Namibia

According to a study done in 2000 by the Ministry of Health and Social Services, the occurrences of unwanted pregnancies and the need for safe abortion services in Namibia is confirmed by the

abortion services requests received from Sister Namibia (a feminist organization) and from the Katutura Multi-Purpose Centre (Ministry of Health and Social Services, 2000). Furthermore, it has been documented that the Marie Stopes Abortion clinics in Johannesburg, Cape Town and Durban have reported that 500 Namibian women come to South Africa to make use of their abortion services annually (Ministry of Health and Social Services, 2000). Restricted abortion laws have increased 'abortion tourism' by Namibian women and girls to South Africa. If Namibian abortion laws were not restrictive, women and girls would not need to travel to South Africa to safely terminate unwanted pregnancies and consequently spend a lot of money on the procedure and travel costs (Muraranganda, 2014). Namibian women have been reported to spend close to N$ 10 000, just to have an unwanted pregnancy terminated (Muraranganganda, 2014). These are obviously financially well off women and girls who have the privilege and resources to travel to South Africa to safely and legally get an abortion done, leaving poor women at the mercy of backstreet abortionists and self-induced methods. This consequently endangers their lives and health as they may see unsafe and illegal abortion as their only option (Hubbard, 1997).

Strict abortion laws have only proven to kill women and girls and they bear the sole responsibility for all the incidences of unsafe abortion as a result of unwanted pregnancies. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is an international convention adopted by the United Nations General Assembly and is known as the international bill of rights for women (Anonymous, n.d.). The Committee on the Elimination of Discrimination Against Women (1997) is concerned about the high number of illegal abortions in Namibia, the high rates of maternal mortality and the inadequacy of the existing law on abortion. Furthermore, CEDAW stresses on Namibia's lack of reliable data to enable a subsequent impact to be measured regarding the link between illegal abortion and maternal mortality (Map of sexual and reproductive

health and rights in Africa and Spain, n.d.). The CEDAW committee has also consistently expressed its concerns about restrictive laws that criminalize abortion (Centre for Reproductive Rights, 2011); because pregnant women and girls are left to the mercy of unskilled practitioners. It is easier to legalize abortion on demand than to have an increasing number of maternal deaths linked to incomplete or back street abortions. Ozbeklik (2007) argues that legalizing abortion might significantly have an impact on reducing maternal deaths. Women all over the world experience unwanted pregnancies and some seek to terminate the pregnancy by safe medical means, if possible, but often by whatever means available (Wahab & Ajadi, 2009).

Making abortion legal and accessible does not necessarily increase the demand; thus, governments need not to worry that the costs of making abortion safe will overburden the health care system. Furthermore, the treatment of abortion complications will only burden the public health system in the developing world; therefore ensuring women's access to safe abortion services could lower medical costs (Grimes et al., 2006).

Undoubtedly, the state should respect a woman's right to make decisions regarding her reproductive life (Centre for Reproductive Rights, 2011), and if this is not realized, then her body becomes an external entity that she has no control over. The Namibian state is being selective on which reproductive rights to acknowledge, despite the numerous conventions and protocols. The state is therefore responsible to provide access to facilities, services and care that will enable women and girls to terminate their pregnancies safely and without putting their lives or health at risk. If legal abortions can exist in neighbouring South Africa, why not legalize it in Namibia as well? This health problem could be dealt with by simply providing safe and legal abortions to Namibian women and girls who wish to terminate their pregnancies, as confirmed by the Protocol

to the African Charter on Human and People's Rights on the rights of women in Africa (Centre for Reproductive Rights, 2011).

Women have always had abortions and will continue to do so, irrespective of prevailing laws, religion or social norms, nor even proscriptions (Grimes et al., 2006). Where abortion is restricted by laws as is the case in Namibia, girls and women who can afford to pay private physicians have the upper hand in their health and have less chances of having complications as opposed to poor women and girls who desperately look for any method to terminate their pregnancies.

These methods are usually crude and include the use of herbs reputed to pose as abortifacient properties. These herbs can endanger the women's reproductive health and could lead to serious as well as life threatening complications such as the perforation of the uterus and death (Adetoun & Adesola, 2011). Crude abortion methods also include drinking several unknown substances and mixtures, taking tablets, and or inserting sharp objects into the uterus. Women use these methods without necessarily putting their health first as the need to terminate the pregnancy becomes overwhelming. It has been documented that traditional practitioners vigorously pummel the woman's lower abdomen to disrupt the pregnancy, which can cause the uterus to rapture, killing the woman (WHO, 2012). Some methods include flushing the vagina with caustic liquids such as bleach, prolonged and hard massaging to manipulate the uterus or repeated blows to the stomach (Mesce & Clifton, 2011).

Young girls and women are known to have gone to great lengths to terminate unwanted pregnancies, sometimes even resorting to suicide and 59% of these are women younger than 25 years (De Bruyn, 2011). Young girls are also victims of backstreet abortion and they may feel forced to do so as a result of shame, embarrassment, stigma, and worries about being unable to

support the child financially, not knowing how to look after the baby, lack of emotional support from parents and family or the baby's father, thus leaving abortion as the only option left for them (Legal Assistance Centre, 2008).

According to Mesce and Clifton (2011), in Africa, about a quarter of the unsafe abortions are among teenagers aged 15 to 19. It is an alarming concern that such young lives are at the mercy of unskilled, money hungry backstreet abortion practitioners. According to Grimes et al. (2006), it has been documented that girls and women seek backstreet abortion methods which involve foreign bodies being inserted into their uterus to disrupt the pregnancy, which often damages the uterus and internal organs. The absorption of soap solutions into the woman's circulation could cause renal toxicity and death. Putting potassium permanganate tablets in the vagina is also common, but it does not necessarily induce abortion. It however could cause severe chemical burns to the vagina, sometimes eroding to the bowel. Coat hangers and knitting needles are also inserted into the womb (Grimes et al., 2006).

A study in Namibia shows that women have also resorted to drinking boiled whisky, battery acid, boiled newspaper water with jik, ingesting a mixture of shoe polish, beer, powder soap or Revlon hair relaxer, amongst others (Ministry of Health and Social Services, 2000). These primitive abortion methods clearly show the desperation of women and girls to terminate unwanted pregnancies. The possibilities of having complications and incomplete abortions are countless, as the illegality aspect of performing these abortions would inevitably come with unhygienic environments or equipment. Complications that may arise as a result of unsafe or illegal abortions may include some tissues remaining behind, resulting in stomach pain, bleeding or even death (Namibia Planned Parenthood Association, n.d.).

The World Health Organization (2012) argues that each year, 22 million unsafe abortions are estimated to take place and nearly 98% of them occur in developing countries, while 5 million women are estimated to suffer disability as a result of complications due to unsafe abortions. This is, without doubt, alarming. It was as early as 1967 that the World Health Assembly identified unsafe abortion as a serious public problem in many countries (WHO, 2012), including Namibia. Baby dumping can consequently be a result of abortion being heavily restricted in Namibia; nevertheless, baby dumping is unnecessary. The statistics of babies found dumped is alarming and most certainly disturbing and this should therefore not be allowed to continue. Lewis (2013) reports that 40 babies are dumped or flushed down toilets every month in Windhoek alone. The Ombudsman argues that the increase in the number of girls and young women dumping their new-borns in plastic bags and toilets should re-open the consideration for providing safe and legal abortion (Weidlich, 2010).

Magdalena Sepulveda Carmona, the United Nations' special rapporteur on extreme poverty and human rights pointed out that the criminalization of abortion on demand has been linked to the increasing phenomenon of infanticide and baby dumping (Shipanga, 2013). As much as pro-life activists advocate saving a life (of the foetus), it is, without doubt, much better to spare these 'lives' from the cruelty of baby dumping that awaits them, during a period whereby they are nothing more than a few cells. If the mother has already decided on the fate of the foetus, why let the 'life' come into this world only to die in an inhumane way and experience the most despicable way of being thrown away and left to starve to death in riverbeds, thrown into garbage bins, flushed down toilets, having their throats slit, strangled or completely mutilated by their mother or even dogs. Evidently, no one can deny that a desperate girl or woman who does not want to continue with a pregnancy or have a baby, can most certainly find a way to get rid of the baby, regardless of the current

restrictive laws. Surely, catastrophic consequences are to be expected when women are forced to carry on with unwanted pregnancies. Lewis (2013) argues that the act of dumping a child seems heartless and cruel, but some women may see it as the only alternative.

Namibia's restrictive abortion laws have only proven to turn women into criminals, limit and hinder women's human and reproductive rights, as well as impede women from making their own decisions regarding their bodies and unwanted pregnancies. This might be what has led to the events in Table 2.1 and Table 2.2 below.

Table 2.1: Abortion and outcomes of unwanted pregnancies in Namibia

In 1993, a 32-year old nurse died from backstreet abortion, after she got injected with an unknown substance (Sister Namibia, October-November, 1993).
In 1994, two women were charged with culpable homicide after having given a girl a mixture to drink. The mixture was intended to cause an abortion but killed the pregnant mother instead (Information from the Prosecutor-General's Office, 1994).
In June 1995, a 17-year old girl was sentenced after having stabbed her new born baby to death (*The Namibian*, 22 June, 1995).
In August 1995, a 23-year old woman was sentenced after having placed her three-day old baby in a plastic bag and abandoned him in a riverbed (*The Namibian*, 3 June, 1996).
A 24-year old woman was also sentenced after having strangled her month old baby (*The Namibian*, 3 June, 1996).
A woman murdered her new born by slitting his throat (*The Namibian*, 8 September, 1995).

In June 1996, a baby's body was found mutilated by dogs (*The Namibian*, 3 June, 1996).
In July 1996, a woman set her new born baby on fire (*Windhoek Observer*, 13 July, 1996).
A decomposing body of a baby boy was found at the municipal dumping site north of Swakopmund (*The Namibian*, 22 October, 2007).
A new born was buried alive (*The Namibian*, 17 September, 2007).

Adapted from Hubbard (1997) and Legal Assistance Centre (2008). Illegal abortion attempts and infanticide incidences

The events chronicled above demonstrate that the women who do not want to continue with a pregnancy, let alone keep their babies, can go to great lengths to get rid of the baby even after birth, since they did not get a chance to get rid of the foetus before birth. A legal and safe abortion would have been a solution and all the above events could have been avoided.

This phenomenon of infanticide and baby dumping has not stopped since the mid-90s. In fact, the cases reported in Namibia have escalated. For instance, a body of a baby (third in less than five days), was found dumped between Wanaheda and Hakahana in Windhoek, while the Gammams Water Care Works pulled out a baby's body (Haidula, 2014). The Windhoek police found a body of a baby boy wrapped in a plastic bag at a dumping site (The Namibian, 15 May, 2015). According to the *Informante* newspaper (26 June - 2 July, 2014), a body of a dead baby girl was discovered in a dustbin at Valombola Vocational Training Centre. In 2003, NAMPA published a report stating that 40 babies and foetuses are dumped or flushed down the toilet every month and these facts were supported by a 2010 report from UNICEF (Keyon, 2014). Again, these incidences could have easily been avoided by the provision of legal and safe abortion services.

Advocating safe houses or orphanages to keep unwanted babies is impractical as they will be brought up in orphanages that are already crowded. This could prove to be costly to the state. Radford-Ruether and Daly (2004) lament that orphanages are already filled with children who come into the world without the most minimal opportunities for love or development. Kanguootui (2015), reports that the number of orphans and vulnerable children in Namibia have increased; moreover, it costs the state N$250 per child, which amounts to N$38 436 250 per month. This is a clear indication that the state is already spending so much money as it is. There is thus no need to add unnecessary costs and to raise taxes for something which can be easily solved. On the other hand, adoption is not necessarily an option for unwanted pregnancies. This is because it is impractical to force a woman or girl to carry a foetus to term, only to give it away, let alone live the rest of her life knowing that she has a child somewhere. It is for this reason that the National Abortion Campaign (2000) in England stresses that a woman should never be forced to bear children for other people to adopt.

2.16 Review of current newspaper articles on the abortion debate in Namibia

The Namibian constitution, which is the country's supreme law, pledges to promote the dignity of individuals and the unity and integrity of the Namibian nation (Legal Assistance Centre, 2005). The concept of integrity represents that which cannot be taken away (Preamble) and the core aim is to "foster respect for international law and treaty obligations" (Article 96).

Three newspaper articles from *The Namibian* newspaper were intensely reviewed to establish the history of the abortion debate in Namibia and its relation to human rights and the protocols and conventions that Namibia is signatory to. The articles were broken down into a number of selected paragraphs and phrases.

2.16.1 Article 1: "Abortion is a woman's right" (April 28, 2010).

This article was written and reported by Negonga as a response and to applaud the Ombudsman for raising the issue of abortion and the need to continue the abortion debate.

- "*Our legal system regards the unborn foetus as being a legal person only three months after conception. This is because the foetus cannot live independently outside the womb of the mother*. *The right of the pregnant mother should therefore outweigh that of the foetus".*

It is hard to establish whether there can be equal rights for the foetus and the pregnant woman/girl or whether one should have more rights over the other. One may argue that a legal abortion may be granted on demand before three months' pregnancy. As the phrase above points out, Namibia's legal system regards a foetus as a legal person only at three months during the pregnancy. Nonetheless, Hubbard (n.d.) argues that people do not agree on how to balance the rights of the mother against that of the unborn child. Irrefutably, if one argues for the foetus's right to life, the pregnant woman's/girl's right to decide whether or not to have the baby may be ignored. This is so because both the foetus and the pregnant woman/girl cannot have equal rights as they will inevitably come in conflict. This is where the bone of contention lies. There exists a paradox which creates tension and controversies either way, when it comes to attributing rights between the foetus and the pregnant woman/girl.

It goes without saying that governments are mere observers in terms of a woman's/girl's unwanted pregnancy. Only the pregnant woman/girl can truly know the complications or consequences that might come about as a result of an unwanted pregnancy. Only she gets to live the experience of the continuation of an unwanted pregnancy. Surely this is a cruel and inhumane treatment towards women. The Namibian government, as the custodian of reproductive rights, cannot guarantee that

women are not exposed to risks of unsafe abortions because of the restrictions that come with the abortion of unwanted pregnancies. It is for these reasons that the Centre for Reproductive Rights (2011) stresses that states are there to ensure that they remove barriers that interfere with women's access to health services, such as legal restrictions on abortion and ensuring access to high quality abortion services. Conversely, this right to health requires the removal of all barriers interfering with sexual and reproductive rights. The greatest barrier in the Namibian context appears to be the restrictive abortion laws.

- *"Making abortions illegal does not stop them from happening, it simply makes the termination unsafe and more women die"*

The fourth World Conference on Women urged governments to consider reviewing laws containing punitive measures against women who have undergone illegal abortions (Centre for Reproductive Rights, 2011), However, if abortion on demand was to be legalized, it would give women/girls an opportunity to have safe and legal abortions. Having to carry an unwanted pregnancy to full term is punishment enough for these women/girls. There is no logic in forcing a woman or a girl to carry a pregnancy to term when it is unwanted and she has already decided on the fate of the pregnancy. It could end in one of three ways, (1) illegal and unsafe abortion, (2) full term pregnancy but baby ends up being dumped or possibly (3) full term pregnancy to a child who was not wanted from the moment of conception. Similarly, the Thomson Reuters Foundation (2013), stresses that criminalizing abortion does not stop the practice, but instead it forces women to exercise illegal and unsafe abortion. The Thomson Reuters Foundation (2013) sees this as a profound violation of human rights (ibid.). Equally, the Centre for Reproductive Rights (2013) contends that it is widely acknowledged that in countries in which abortion is restricted by law, women seek abortion covertly and often under conditions that are unsafe and life threatening.

Furthermore, women face the predicament of serving a prison sentence of up to 5 years or pay a fine of N$ 5 000 or even both if found to have had an illegal abortion (Hubbard, n.d.). It is only logical that the state should allow women to have safe and legal abortion instead of letting them continue with this senseless loss of lives as desperate women embark on the quest to terminate unwanted pregnancies in whatever way they come across.

The above phrase infringes on female rights to determine the number and spacing of one's children, as supported by the Maputo Protocol, Article 14 (1)(b), Paragraph 233 of the Beijing Platform (Centre for Reproductive Rights, 2011). Bonkole, Singh, and Haas (1999) reveal that worldwide, the most commonly reported reason women have abortion is to postpone or stop child bearing. Obviously, the grounds for abortion needs vary; thus, they should be catered for accordingly. In 2000, the Committee on Economic, Social and Cultural Rights recognized the right to control one's health and body; this includes sexual and reproductive freedom and the right to be free from interference (Centre of Reproductive Rights, 2011). Article 14 of the Committee on Economic, Social and Cultural Rights on health and reproductive rights states that, (1) "State parties shall ensure that the right to health of a woman includes sexual and reproductive health, and this right shall be respected and promoted (ibid). This includes":

a. The right to control their fertility and ability to have children;
b. The right to decide whether to have children, the number of children and the spacing of children.

Similarly, the phrase also includes the right to be free from cruel, inhumane or degrading treatment as indicated by Article 5 of the Universal Declaration of Human Rights and Article 4 of the Maputo Protocol (Centre for Reproductive Rights, 2011).

- "*The fact of the matter is that Namibia is a secular country and we do not have to listen to religious fanatics"*

This phrase argues for the right to modify customs that discriminate against women. This right is advocated by Article 2(2) of the Maputo Protocol, and Paragraphs 107, 224 and 230 of the Beijing Platform (Centre for Reproductive Rights, 2011).

As stated above, Namibia is a secular state. Religion cannot, by any means, restrict or control to what extent one can exercise their human rights, let alone one's reproductive rights. This is a matter of grave importance that has to break all barriers of society. Bishop Dr Zephaniah Kameeta, formerly head of the Evangelical Lutheran Church in Namibia questioned if there should first be a mass-dumping of babies and killing of women, before something is done (Smith, 2010). This confirms that there are religious leaders who do not necessarily condemn abortion. This ascertains that there is a way around abortion, even when it comes to the most dominant religious discourses in Namibia like the Evangelical Lutheran Church in Namibia. Religious discourses cannot be used as an excuse to keep the current restrictions on abortion in a secular state.

Nonetheless, abortion is said to be a woman's private and individual matter and this is so because "the right to decide freely and responsibly the number and spacing of one's children is a matter of profound privacy (Centre for Reproductive Rights, 2011, p. 3). The Centre for Reproductive Rights (2011) further stresses that the decisions one makes about one's reproductive capacity lie squarely in the domain of private decision making. Moreover, denying women access to legal abortion services is seen as a subjective interference in the private lives of women. It should not be ignored that women undergo profound suffering and anguish when legal abortion services are inaccessible (Centre for Reproductive Rights, 2011). This all comes back to the gender discrimination aspect.

With conviction, these forms of anguish, distress and suffering are to be acknowledged as the state's cruel and inhumane treatment of female bodies.

2.16.2 Article 2: "Abortion ban risks women's lives" (November 10, 2010)

This article was written and reported by J. M. Smith on 10 November 2010.

- *''While Namibia's government is increasingly putting measures in place to curb the high number of pregnancy-related deaths, discussions around an antiquated pre-independence abortion law remains absent."*

Cupido (1994) argues that statistics tend to be unofficial estimates, which makes it difficult to get an idea of what the true picture looks like. This is true as it is often difficult to have accurate statistics of unsafe or illegal abortions and it is possible that most cases may go unreported due to the illegality of the phenomena. Several studies recommend that the legal reform ought to help address the negative public health consequences of restrictive abortion laws (Ministry of Health and Social Services, 2000). The reality on the ground seems to go unnoticed while other unrelated laws are given greater importance. Hardly any campaigns, public notices or dialogues on how to go about finding a solution to curb illegal and unsafe abortions are done by the state.

In addition, the Universal Declaration of Human Rights asserts the principle of non-discrimination and proclaims that all human beings are equal in dignity and rights and that everyone is entitled to all the rights and freedoms without distinction of any kind, including any distinction as to sex (Legal Assistance Centre, 2005). This issue of abortion is another indication of profound sex discrimination in Namibia. Furthermore, the Namibian state and the policy makers should acknowledge the fact that only women get pregnant and only female bodies are forced to go through extremes to get rid of unwanted pregnancies. All these biological experiences are

unknown to male bodies and this brings back yet again the gender aspect. Unlike other laws, restricted abortion laws only exist to police female bodies. One has to ask, could it possibly be that the state is an accomplice in consciously aiding the increase of maternal mortality rates linked to illegal abortions due to restrictive abortion laws or is the state an accomplice as a result of total ignorance?

- *"Research suggests that legalizing abortion can dramatically lower the maternal mortality rates considering that unsafe abortion is 700 times more likely to result in death than a safe one. Following the legalization of abortion in South Africa, deaths from unsafe abortions have decreased by 91%."*

The Centre for Reproductive Rights (2013) stresses that several United Nations human rights bodies have framed maternal deaths due to unsafe abortions as a violation of women's right to life. Smith (2011) conveys that a study done in the late 90s found that more than 7 000 women were admitted with abortion related complications in four continuous years. Surely, this is more than enough to warrant the public and state's attention and to bring about a change on abortion related cases. This means that the state seemingly overlooked important factors such as maternal health. This is a clear indication that the state has disregarded the fifth Millennium Development Goal as well as the right to reproductive health as advocated for by the Universal Declaration of Human Rights, Article 25; Economic, Social and Cultural Rights Covenant, Article 12; Maputo Protocol, Article 14; and Beijing Platform, Paragraphs 89, 92, 106 and 223 (Centre for Reproductive Rights, 2013).

Furthermore, contrary to common belief, the liberal legislation of abortion was not found to increase abortion rates. For instance, the Netherlands has a non-restrictive abortion law, free

abortion services and has reported the lowest abortion rates in the world (Ministry of Health and Social Services, 2000). Surely, the success of the Netherlands can serve as an example for Namibia.

- "*In Africa, it is estimated that 80 women die every day as a result of the measures they take to terminate an unwanted pregnancy."*

According to WHO, every day at least 1 600 women die from pregnancy related complications, which means that about 500 000 women are dying every year (Ministry of Health and Social Services, 2000). Unmistakably, the Namibian state chose to rather bear witness to women dying or facing indescribable health risks as a consequence of unsafe and illegal abortions, than to have an amendment done to the law. It seems that the law is more important than women's health. The Namibia Review (1994), stresses that women should not have to risk their lives for something which is really a basic human right. All the above points serve to substantiate the importance and need for the legalization of abortion on demand.

Article 1 of the Beijing Platform speaks against discrimination against women, as it is fundamentally unjust and constitutes an offence against human dignity (United Nations Women, 2014). One cannot deny that restricted abortion laws are gender based, because these laws do not in any way affect the male body.

According to Article 2 of the Beijing Platform,

> "All appropriate measures shall be taken to abolish existing laws, customs, regulations and practices which are discriminatory against women, and to establish adequate legal protection for equal rights of men and women, in particular, the

> principle of equality of rights shall be embodied in the constitution or otherwise guaranteed by law." (United Nations Women, 2014, p. 63)

Namibia has signed the Beijing Platform, yet it strongly reinforces restrictive laws on abortion that subsequently only affect the bodies and health of women. This means that Namibia restricts access to abortion, knowing the consequences that come with the constraints. Laws are meant to serve and protect societies, not to be used as accessories to ignominy females.

When it comes to Article 14 of the Beijing Platform, a Namibian woman/girl cannot truly enjoy her right to health as a citizen. Women and girls are at a serious disadvantage because, unlike men and boys, they have a limited degree of reproductive freedom when it comes to the issue of unwanted pregnancies, reproductive health, spacing of children and deciding on the number of children. The state is intentionally redefining these rights from entitlements to privileges of the limited cases that are legalized by law.

The fact that the full enjoyment of reproductive rights is sex orientated should not be allowed to continue in an independent and modern Namibian society. Even though times have changed, one wonders why the Namibian society and the state are still stuck with a pre-colonial South African law that restricts abortion on demand.

2.16.3 Article 3: "The abortion discussion" (August 8, 2014)

This article was reported and written by J. Kenyon on 8 August, 2014.

- "*There have been many baby dumping incidences in Namibia to warrant a discussion on whether or not abortion should be legalized."*

Illegal abortions are a form of revolution against the current restrictive abortion laws. Despite the restrictions, illegal and unsafe abortions cannot be regulated as they are often done covertly; neither can the incidences of baby dumping. Smit (2010) argues that the ominous number of baby dumping cases in Namibia has become a great concern; thereby raising the question about legalizing abortion as a solution. The then Minister of Health and Social Services, Dr Richard Kamwi, commented that in his opinion, there is a need to legalize abortion considering the high statistics of baby dumping (ibid.). The possibility of legalizing abortion on demand should therefore be brought back on the table as the evidence on the ground seems to indicate that the current restrictive abortion laws have only proven to be a complete failure. They have only contributed to high mortality rates as contested by Smith (2011). Smith (2011) further describes how restricted reproductive rights remain key contributors to the rate of unsafe abortions and the importance of re-evaluating the current law. Moreover, Smith (2011) points out how a book was launched in which girls as young as 12 and women shared their personal accounts of the traumas they endured during unwanted pregnancies, their choices to terminate those pregnancies and how some have died in the quest to terminate those pregnancies (Smith, 2011). Moreover, the Namibian Women's Health Network (NWHN) stresses that one of the primary concerns highlighted by young women is that family planning for young girls is very hostile and that the healthcare providers' attitudes have helped increase the risks of unwanted pregnancies (Smith, 2011). These signs are enough evidence to prove that the current restricted abortion laws have been a failure and are an indication that the future of maternal health in Namibia is in danger.

The state seems to be deliberately turning a blind eye on the matter at hand, despite the evidence that has been documented over the years. Unfortunately, not much, if anything at all, has been done to successfully curb baby dumping, nor to bring to everyone's attention the possibility of

legalizing abortion as an alternative to baby dumping. Baby dumping could probably be related to women being forced to carry an unwanted pregnancy to term by the current restrictive abortion laws. If the woman does not want to keep the baby, there is very little that the state can do after she has already decided on the fate of the unborn baby.

- *"The global sexual health organization, the Guttmacher Institute reports that it is generally safe in cases where abortion is permitted on broad legal grounds. Where it is highly restricted, it is typically unsafe."*

This also applies to the Namibian context. A study done in Namibia by the Ministry of Health and Social Services between the periods of November 1995 to October 1998 found that a total of 7147 women were reported to have been admitted into several gynaecological/female wards countrywide as a result of unsafe abortions (Ministry of Health and Social Services, 2000). This was more than enough reason to warrant a discussion on legalizing abortion on demand, as the study revealed the consequences of illegal and unsafe abortion practices.

The Centre for Reproductive Rights (2011) argues that safe abortion services protect women's right to health. This is because the right to health can be interpreted as that which requires governments to "take appropriate measures to ensure that women have the ability to make crucial decisions about their reproductive lives such as determining whether or not to continue a pregnancy and to guarantee that women are not exposed to unsafe abortions" (Centre of Reproductive Rights, 2011, p. 3). The Namibian government cannot however guarantee that women are not exposed to unsafe abortion because of the current restrictive abortion laws.

- *"The positive effects of policy change are clearly visible in South Africa. In 1997, the nation legalized abortion and the same year the annual number of abortion-related deaths fell by 91%."*

Namibia inherited the colonial Abortion and Sterilization Act of 1975 from South Africa. Namibia has not amended their abortion laws like South Africa, to benefit its women.

The literature proves that illegal abortions are timeless. The Namibian state does not seem to acknowledge the alarming cases of women and girls who have been documented to have lost their lives and their state of health in the quest to terminate unwanted pregnancies.

Namibia is signatory to the Protocol on the African Charter on Human and People's Rights on the Rights of Women in Africa, also known as the Maputo Protocol. It explicitly recognizes that the right to health includes access to safe and legal abortion but only under similar conditions as those that already exist in Namibia (Centre for Reproductive Rights, 2011).

CEDAW has recognized laws that criminalize medical procedures only needed by women and argues that to punish women who undergo these procedures is a barrier to women's access to appropriate health care. Furthermore, restricting abortion has the effect of denying women access to a procedure that may be necessary for the full enjoyment of the right to health (Centre for Reproductive Rights, 2011). It is for these reasons that the Centre for Reproductive Rights (2011) stresses that denying women access to abortion is a form of gender discrimination because only they are exposed to the countless risks not experienced by men. It can be said that "laws that deny access to abortion, whatever their objectives, have the discriminatory purpose of both denigrating and undermining women's capacity to make responsible decisions about their bodies" (Centre for Reproductive Rights, 2011, p, 3), and the same cannot be said for men. It has been documented

that CEDAW has unfailingly expressed its concerns about restrictive laws that criminalize abortion (Centre for Reproductive Rights, 2011). Clearly, restrictive abortion laws have a high degree of injustice towards the female body and, without doubt, reflect discrimination. CEDAW (Article 1, Part 1), assures that the term "discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. Surely, the restrictive abortion laws have discriminatory clauses all over them, and this means that the Namibian state can do away with this discrimination if it is to legalize abortion on demand.

2.17 Unwanted pregnancies

A woman must have the option to end an unwanted pregnancy and should not be coerced into a pregnancy or childbirth (Hadley, 1996). The state has no right to force a woman into carrying on with an unwanted pregnancy. Regmi (2001) argues that to prevent women from deciding for themselves and forcing them into carrying an unwanted pregnancy is a violation of reproductive rights. When a pregnancy is unwanted, its continuation can take a heavy toll on the woman's physical and emotional well-being (Centre for Reproductive Rights, 2011). This is because an unwanted pregnancy permanently alters the lives of women (Sister Namibia, 2013). Furthermore, if a woman is not allowed to have an abortion, she is not only forced to continue with the pregnancy until birth, but she is also expected by society to look after the child from birth and for the rest of its life (British Broadcasting Cooperation, 2014).

Regmi (2001) states that Paragraph 97 of the Beijing Platform of Action recognizes that unsafe abortions threaten the lives of a large number of women, thereby presenting a grave public health problem as it is primarily the poorest and the youngest who take this risk. Back street abortions are on the rise, thus putting women and girls at great health risk (Hubbard, 2007). These health risks include haemorrhage, sepsis, peritonitis, trauma to the cervix, vagina, uterus or abdomen, and so forth (WHO, 2012).

Unsafe abortion is a cry for help from girls and women who do not want to be subjected to carrying on with an unwanted or unplanned pregnancy. In addition to this concern, women and young girls are hospitalized for chemicals they take during illegal abortions. All this inevitably means that there is a significant number of young women who do not want to carry on with the pregnancies and this in turn leads to numerous babies being dumped, neglected and left to starve to death, have their throats slit, strangled, mutilated, murdered and so forth (Hubbard, 1997).

2.18 Contraceptive coverage

Contraceptives and family planning have not been a solution as the coverage is not sufficient. Annually approximately 33 million women worldwide experience an accidental pregnancy while using some sort of contraceptive method (WHO, 2012). Mesce and Clifton (2011) argue that no contraception is 100% effective; some contraceptives fail even with precision. Legalizing abortion on demand would mean a second chance for women and girls when contraceptives fail (Ntinda, 2009), thus giving them freedom to choose whether or not to continue with the pregnancy.

The table below reveals the percentage distribution of married women's contraceptive methods currently used in Namibia.

Table 2.2: Contraceptive use in Namibia by married women

Age	IUD	Pill	Contraceptive patch	Injectable	Male condom	Female condom	Withdrawal	Not currently using
15-19	0	3.1	0	23.3	5.8	0	0	62.8
20-24	1	4.7	1.7	35.5	10.3	0	0	46.3
25-29	0.5	7.6	1.3	35.8	11.9	0	0.1	41.5

Adapted from the Namibia Statistics Agency, Namibia Demographic and Health Survey (2014)

The statistics in the table above demonstrate the lack of commitment to using contraception. It is evident from the table that the above contraceptives are seldom used and there is a significant percentage of those who are currently not using any form of contraceptives, which is alarming. Although it is a personal choice whether or not to use contraception, it may consequently result in numerous unwanted or unplanned pregnancies.

2.19 Cultural beliefs and contraception in Namibia

Women are expected to fulfil a sex role and it is also perceived as a marital responsibility, it is therefore perceived inconvenient to create conflicts regarding condom use. This would mean that women face additional challenges to practicing safer sex behaviour due to gender relations issues and because of cultural and social influences. Women are considered less likely to initiate condom usage in intimate relationships due to the differences in perceived or actual power within their intimate relationships (Salina, 2000). For instance, when it comes to sexual relations, women and girls are confronted with negotiating condom use with their male partners, thus putting themselves at the mercy of their partner's choice of whether or not to use a condom. This is because sex

without a condom is perceived to be an important tool to prove fidelity as women who insist on condom use may be seen to be promiscuous. Seidler (1989), however, notes that sex is the way in which men prove their masculinity and their sexual relations become an arena in which they have to prove themselves. Sex then becomes a power tool in relationships.

The Namibia Statistics Agency (2014) claims that many girls who become pregnant have to leave school and this becomes a long-term implication for them as individuals, their families and their communities. As for young girls, it is probable that continuing with an unwanted pregnancy and leaving school would mean forcing the girls to grow up faster and mature to take on the "mother" role. It could be for that reason that the prevention of unintended adolescent pregnancy is top priority on the agenda of the Namibian government (Namibia Statistics Agency, 2014).

2.20 Summary

This chapter has, through a review of relevant literature, attempted to bring to light the importance of legalizing abortion on demand as part of promoting maternal health and reproductive rights. The restriction of abortion should be recognized as a profound violation of women's human rights and reproductive rights.

The literature has proven that a significant number of women are forced to carry on with having unwanted pregnancies regardless of their desire not to do so. Women therefore face a huge challenge when it comes to bedroom politics and power struggles. Abortion remains a controversial issue and women need to control their fertility and whether or not to have a baby still remains a struggle as it is yet to become a choice.

CHAPTER 3: METHODOLOGY

3.1 Introduction

Methodology denotes the strategies of research used in the study for gathering information and analysing data (University of Michigan, 2013). This methodology chapter outlines the various methodologies and empirical theory used in the study. The chapter also discusses the research aims, research population, sampling methods used, procedure and instruments used, as well as data analysis, research ethics and the limitations of the study.

3.2 Research design

This was a comparative study of men's and women's attitudes towards the legalization for the availability of abortion on demand. The quantitative approach was used to reveal the attitudes of men and women on the legalization of abortion on demand.

3.3 Research aims

The aims of this research were to compare and explore men's and women's attitudes towards the legalization for the availability of abortion on demand. In addition, it aimed to compare these attitudes with those expressed in the *Hansard* (parliamentary transcripts). The last aim was to analyse the extent to which these attitudes are consistent with the human rights and protocols that Namibia is signatory to.

3.4 Population

The term population refers to a target group under investigation from which a sample is to be drawn (University of Southern Carolina, 2016). The target population were young men and women

of Katutura youth centres. The population comprised of males and females between the ages of 18 and 30. This age group was appropriate for this study because it is in this age group that individuals face the developmental tasks of forming intimate relationships (Santrock, 2009).

3.5 Sampling method

The University of Southern Carolina (2016) defines a sample as a portion of the population that will be represented in the study. This study made use of random sampling to guarantee that each member of the population had an equal chance of being selected (Australian Bureau of Statistics, 2006). Systematic sampling was used, whereby there was an interval of every 5th person entering the centre. This method required that the first respondent be selected at random as a starting point and thereafter, every 5th person was asked to participate. This comprised 10 males and 10 females at each centre respectively.

This study made use of five clusters of youth centres in Katutura, namely, Katutura Community Art Centre (KCAC), Katutura Multipurpose Centre, KAYEC Trust, United Nations Plaza and the Yetuyama Centre. Twenty random samples were selected from each centre. Systematic selection procedure was then used, whereby every fifth person was selected.

3.6 Sample size

A sample size is defined as the number of participants in a study (University of Michigan, 2013). Since the size of the target population was not known, a baseline sample size was calculated based on the following assumptions:

a) Level of confidence = 95%
b) Margin of error = 10%

c) The proportion to be estimated = 50%

Therefore, using the formula

$$n = \frac{z^2 * p * q}{E^2} = \frac{1.96^2 * 0.5 * 0.5}{0.1^2} = 96$$

The sample size was 100 participants, which was equally divided between males and females, i.e., 50 males and 50 females.

3.7 Procedure

The study made use of questionnaires. A questionnaire is a tool used to gather information from individuals in a research study (University of Michigan, 2013). Questionnaires were distributed to respondents and they were self-administered. All questions were explained and the researcher went through all the questions with the respondents. This was done to ensure that respondents knew exactly what was expected of them and to avoid unnecessary answers or comments that would be irrelevant to the study. This also guaranteed that all questionnaires were returned.

3.8 Pilot study

A pilot study is a small scale research that is considered prior to the final research (University of Michigan, 2013). This is done in order for the researcher to identify possible weaknesses with the proposed sampling frame, methodology or data collection (ibid). A pilot study was conducted to ensure reliability and validity and in order to ensure that the questionnaires and interviews were able to measure what they were designed to measure and to make room for amendments where needed.

3.9 Research instruments

A closed-ended questionnaire was used as it proved to be easier to make comparisons of responses and to statistically analyse and code less articulate respondents (Environment, n.d.). The quantitative component made use of closed-ended questionnaires with predetermined responses. The questionnaires entailed three major categories, namely, a demographic section, a knowledge section, and an attitude section.

3.10 Data analysis

The Business Dictionary (2016) defines data analysis as a process of evaluating data, using analytical and logical reasoning to examine each component of the data provided.

The computer software, Statistical Package for Social Sciences (SPSS) was used for data entry, data cleaning, coding and statistical tests such as Chi-square tests (0.05 with 95% confidence). Variables were defined and presented in the form of cross tabulations and frequency tables.

3.11 Research ethics

Research ethics are defined as "the application of moral rules and professional codes of conduct to the collection, analysis, reporting and publication of information about the research subjects" (Cengage Learning, 2016). There was no fabrication of data. Respondents' full consent was sought out and each respondent knew that they could discontinue with their participation at any moment and without giving reasons (Santrock, 2009). Those who took part in this study did so voluntarily hence there was no coercion for them to take part in the study. Respondents' anonymity and confidentiality was maintained, therefore their identities or personal details were not revealed, nor made possible for the information to be linked to respondents (Sarantakos, 2013).

There was an ethical dilemma, whereby as significant number of male respondents narrated of either knowing several females who had died attempting an illegal abortion or had an illegal abortion. Only one female respondent narrated of knowing someone who had an illegal abortion, but stated that due to the sensitive nature of the topic, they would rather pretend not to know anyone who had had an illegal abortion in Namibia. What stood out was a female respondent's narration of knowing a gentleman who had provided a successful illegal abortion service with the use of an unknown pill. This gentleman gave the pill in exchange for sexual intercourse. This abuse of power could however not be reported due to the anonymity clause.

3.12 Limitation of the study

This study was limited to people in Katutura youth centres who were interviewed, and not the general youth of Windhoek, or Namibia. Secondly, this study was restricted to men and women of the ages 18 to 30 and hence it might not be representative of the whole spectrum of the Katutura youth population. Thirdly, this study was limited by the lack of Namibian-based literature on the topic.

A pilot study was done at Lafrenz Shopping mall and there was a significant number of respondents who took along the questionnaires. For the main study, the researcher took along an assistant to help monitor the respondents and to prevent them from leaving with the questionnaires.

Lastly, the Parliament Library contains all the parliamentary transcripts (Hansard) and all debates of the house of the Namibian Parliament. During the research investigation, the Parliament Library found no records of Hansard containing the abortion debate that was held in parliament as reflected in the literature. The literature has suggested that in 2002, the then Minister of Health and Social Services, Dr Libertine Amadhila had brought up the abortion debate in parliament (LeBeau, 2007).

However, there were no records of parliamentary transcripts; hence the study could not compare respondents' attitudes with those expressed in the supposed parliamentary transcripts.

3.13 Summary

This chapter discussed the research methodology process that the research undertook. It clearly spelt out the research methods and ethics used to obtain and analyse data.

CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

In this chapter, the researcher presents the statistical findings of the study. The results were generated from a sample of 100 respondents. These respondents ranged from 18 to 30 years of age.

4.2 Quantitative data analysis

The study primarily made use of quantitative data, which was obtained by the use of closed-ended questionnaires. The outcome represents a comparative study of men's and women's attitudes towards the legalization of abortion on demand from youth centres in Katutura, Windhoek.

The youth centres that were selected were KAYEC Youth Trust, Yetuyama Centre, Katutura Multipurpose Centre, Katutura Community Arts Centre and the United Nations Plaza.

4.2.1 Demographic Characteristics of the research sample

Table 4.1: Respondents' home language by sex

Home Language	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Oshiwambo	34	68.0	33	66.0	67	67.0
Otjiherero	6	12.0	8	16.0	14	14.0
Afrikaans	2	4.0	2	4.0	4	4.0
Khoekhoegowab	5	10.0	4	8.0	9	9.0
English	3	6.0	2	4.0	5	5.0
Others	0	0.0	1	2.0	1	1.0
Total	50	100	50	100	100	100

The demographic statistics reveal that the majority of respondents were Oshiwambo speaking individuals (67%), followed by Otjiherero speaking persons (14%), Khoekhoegowab speaking individuals (9%), English speaking persons (5%) and Afrikaans speaking individuals (4%). Only 1% gave no response.

4.2.2 Religious background

The research also revealed that 90% of the respondents were influenced by the Christian faith, followed by a mere 3% of Muslims, 2% were Atheists and 1% indicated that they were following traditional beliefs.

Table 4.2: Ages of the respondents by sex

Age Group	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
18-21 Years	22	44.0	27	54.0	49	49.0
22-25 Years	18	36.0	15	30.0	33	33.0
26-30 Years	10	20.0	8	16.0	18	18.0
Total	50	100.0	50	100.0	100	100.0

The majority of respondents were between the age of 18 and 21 years old, which accounted for 49%, followed by the age group of between 22 to 25 year olds which accounted for 32%, 20 and those aged between 26 and 30 years old were only 19%. This illustrates that all age groups intended for the study were represented.

4.2.3 Highest level of education completed

Respondents were asked to about their highest level of education. Table 4.3 below shows the results.

Table 4.3: Respondents' highest level of education completed by sex

Highest level of education completed	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
No Formal education	2	4.0	0	0.0	2	2.0
Grade 1 to 7	1	2.0	0	0.0	1	1.0
Grade 8 to 10	11	22.0	10	20.0	21	21.0
Grade 11 to 12	15	30.0	17	34.0	32	32.0
Vocational Training	7	14.0	9	18.0	16	16.0
Tertiary education	14	28.0	14	28.0	28	28.0
Total	50	100.0	50	100.0	100	100.0

The table above shows the respondents' highest level of education completed. Respondents revealed their highest eduactional level acquired at the time of the study. Only 32% of the respondents had completed higher secondary school (i.e., 30% of the males and 34% of the females). While 28% of the respondents either had tertiary qualifications (i.e., 28% of the males and 28% of the females). About 16% were in vocational training (i.e., 14% of the males and 18% of the females). Only 24% of the respondents had a Grade 10 certificate or lower. In this category, only one male (i.e., 2% of the males) was in the Grades 1 to 7 range, while 22% of the males and 20% of the females were in the Grades 8 to 10 range.

4.2.4 The meaning of abortion

Below are responses as per the respondents' knowledge on the research topic. No responses were dismissed as there were no wrong or right answers.

Table 4.4: Respondents' knowledge of the meaning of abortion by sex

Perceived definition of the term abortion	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Termination of a pregnancy	12	22.0	10	20.0	22	22.0
Deliberate termination of a pregnancy	35	70.0	38	76.0	73	73.0
Don't know	2	4.0	2	4.0	4	4.0
No response	1	2.0	0	0.00	1	1.0
Total	50	100.0	50	100.0	100	100.0

The majority of the respondents (73%) defined abortion as the deliberate termination of an unwanted pregnancy, while 22% defined abortion simply as the termination of a pregnancy. Only 4% said that they did not know what abortion is. This indicates that 95% of the respondents had knowledge on what abortion is.

4.2.5 Occurrences of illegal abortions in Namibia

Respondents were asked about their knowledge of the occurrences of illegal (backstreet) abortions in Namibia. Table 4.5 below shows the results.

Table 4.5: Respondents' knowledge of occurrences of illegal abortions in Namibia by sex

Knowledge of occurrences of illegal abortions	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (illegal abortions occur)	43	86.0	38	76.0	81	81.0
No (illegal abortions do not occur)	3	6.0	5	10.0	8	8.0
Don't know	4	8.0	6	12.0	10	10.0
No response	0	0.0	1	2.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

The table above depicts participants' knowledge on the occurrences of illegal abortions in Namibia. About 81% of the respondents claimed that illegal abortions occur in Namibia (i.e., 86% of the males and 76% of the females). A mere 8% indicated that illegal abortions do not occur. However, 10% claimed to have no knowledge of illegal abortion occurrences.

The Chi-square test found no significant relationship between sex and respondents' knowledge of occurrences of illegal abortions in Namibia ($\chi^2 = 2.209$, $p=0.530$).

4.2.6 Occurrence of unsafe abortions in Namibia

Respondents were asked about their knowledge of the occurrences of unsafe abortions in Namibia. Table 4.6 below shows the results.

Table 4.6: Respondents' knowledge of occurrences of unsafe abortions in Namibia by sex

Knowledge of occurrences of unsafe abortions	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (unsafe abortions occur)	44	88.0	39	78.0	83	83.0
No (unsafe abortions do not occur)	2	4.0	4	8.0	6	6.0
Don't know	4	8.0	5	10.0	9	9.0
No response	0	0.0%	2	4.0	2	2.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that the majority of respondents (83%) acknowledged that unsafe abortions do occur in Namibia (this being 88% of the males and 78% of the females respectively). This again confirms that more males have knowledge about occurrences of unsafe abortions as compared to females as previously observed. Merely 6% of the respondents contrasted the occurrence of unsafe abortions. Approximately 9% of respondents claimed not having any knowledge of the occurrence of unsafe abortions in Namibia, while 2% represented missing cases.

The Chi-square test found no significant relationship between sex and respondents' knowledge of occurrences of unsafe abortions in Namibia ($\chi^2 = 3.079$, p=0.380).

4.2.7 Women having illegal abortions in Namibia

Respondents were asked about their knowledge of someone who has had an illegal (backstreet) abortion in Namibia. Table 4.7 below shows the results.

Table 4.7: Respondents' knowledge of someone who has had an illegal abortion in Namibia by sex

Knowledge of someone who has had an illegal (backstreet) abortion in Namibia	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (know of someone)	21	42.0	24	48.0	45	45.0
No (don't know of anyone)	29	58.0	26	52.0	55	55.0
Total	50	100.0	50	100.0	100	100.0

According to the table above, 47% of the females and 53% of the males attested to knowing someone who has had an illegal abortion performed in Namibia. On the contrary, 53% of males and 47% of females stated that they did not know of anyone who has had an illegal (backstreet) abortion. This shows that a significant number of individuals sought illegal abortions. This concurs with 83% of respondents who acknowledged the occurrences of unsafe abortions in Namibia.

The statistical analysis found no significant relationship between sex and knowledge of someone who has had an illegal abortion in Namibia ($\chi^2 = 0.364$, p=0.546).

4.2.8 Abortion complications

Respondents were asked follow-up questions about their knowledge on whether they knew of abortion complications that took place as a result of an illegal (backstreet) abortion. Table 4.8 below shows the results.

Table 4.8: Respondents' knowledge about abortion complications by sex

Knowledge of complications brought about by an illegal (backstreet) abortion	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (know of complication that occurred)	12	24.0	20	40.0	32	32.0
No (/no complication that occurred)	6	12.0	4	8.0	10	10.0
Don't know (don't know if any complications occurred)	3	6.0	0	0.0	3	3.0
Not applicable	29	58.0	26	52.0	55	55.0
Total	50	100.0	50	100.0	100	100.0

Only 32% of the respondents confirmed that there were complications involved in illegal abortions (males 37.5% and females 62.5%), whereas 10% asserted that there were no complications involved (males 60% and females 40%). Finally, an astounding 55% of the respondents said "not applicable", while only 3% claimed not having knowledge of possible complications that might have occurred during the illegal abortions.

The Chi-square test revealed that there was no significant relationship or association between sex and respondents' knowledge about abortion complications ($\chi^2 = 5.564$, $p=0.135$).

4.2.9 Occurrences of legal abortions in Namibia

Respondents were asked about their knowledge on the occurrences of legal abortions in Namibia. Table 4.9 below shows the results.

Table 4.9: Respondents' knowledge of occurrences of legal abortions in Namibia by sex

Knowledge of someone who has had a legal (medical) abortion in Namibia	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (know of someone)	8	16.0	16	32.0	24	24.0
No (don't know of anyone)	42	84.0%	34	68.0	76	76.0
Total	50	100.0	50	100.0	100	100.0

Occurrences of legal abortions in Namibia are not known as about 76% of respondents claimed not to know anyone who had had a legal abortion in Namibia (i.e., 45% of the females and 55% of the males). On the other hand, only 24% of the respondents claimed having knowledge of someone who had had an abortion done legally in Namibia (i.e., males 33% and females 67%).

The statistical analysis revealed that the Chi-square test found no significant relationship or association between sex and respondents' knowledge of occurrences of legal abortion in Namibia ($\chi^2 = 3.509$, $p=0.061$).

4.2.10 Illegal abortionists in Namibia

Respondents were asked about their knowledge of someone who could perform an illegal abortion in Namibia. Table 4.10 below shows the results.

Table 4.10: Respondents' knowledge of someone who could perform an illegal abortion in Namibia by sex

Knowledge of someone who can perform an illegal (backstreet) abortion in Namibia	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (know of someone)	14	28.0	16	32.0	30	30.0
No (don't know of anyone)	36	72.0	33	66.0	69	70.0
No response	0	0.0	1	2.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

The statistics in the table above demonstrate that a significant percentage (30%) of the respondents confirmed to knowing or having heard of someone who could perform an illegal abortion in Namibia. Out of the 30 respondents who answered "Yes" to this question, 53.3% were female and 46.7% were male. Conversely, an astonishing 69% of the respondents claimed not knowing or having heard of someone who could perform an illegal abortion in Namibia (i.e., males 52% and females 48%). However 1% of the females gave no response.

The Chi-square test revealed that there was no significant relationship or association between sex and respondents' knowledge of someone who can perform an illegal abortion in Namibia (χ^2 = 1.264, p=0.532).

4.2.11 Knowledge of places where illegal abortions are performed in Namibia

Respondents were asked about their knowledge on where illegal abortions are performed in Namibia. Table 4.11 below shows the results.

Table 4.11: Respondents' knowledge of a place where someone could have an illegal abortion performed in Namibia by sex

Knowledge of where someone can have an illegal (backstreet) abortion performed in Namibia	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (have knowledge)	16	32.0	17	34.0	33	33.0
No (don't have knowledge)	34	68.0	33	66.0	67	67.0
Total	50	100.0	50	100.0	100	100.0

The research revealed that 33% of the respondents knew or had heard about a place where someone could have an illegal abortion performed in Namibia. This accounted for 48% of males and 52% of females. A total of 67% of the respondents indicated no knowledge regarding where someone could have an illegal abortion done in Namibia. This accounted for 51% of males and 49% of females.

The Chi-square test revealed that there was no significant relationship or association between sex and respondents' knowledge of a place where someone could have an illegal abortion performed in Namibia ($\chi^2 = 0.045$, $p=0.832$).

4.2.12 Opinion on whether or not illegal abortion poses any health risks

Respondents were asked about their opinion on whether or not illegal abortion poses any health risks. Table 4.12 below shows the results.

Table 4.12: Respondents' opinions on whether or not illegal abortion poses any health risks by sex

Opinion if whether or not an illegal abortion poses health risk	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes	47	94.0	46	92.0	93	93.0
No	3	6.0	2	4.0	5	5.0
Don't know	0	0.0	2	4.0	2	2.0
Total	50	100.0	50	100.0	100	100.0

A substantial number of respondents (93%) indicated that illegal abortions pose health risks (i.e., males 51% and females 49%). A noticeable 5% of the respondents indicated that illegal abortion does not necessarily pose any health risks (i.e., males 60% and females 40%), while a mere 2% of the respondents which were females, claimed to not have knowledge on health risks posed by illegal abortion.

The Chi-square test revealed that there was no significant relationship or association between sex and respondents' opinions on whether or not illegal abortion poses any health risks ($\chi^2 = 2.211$, $p=0.331$).

4.2.13 Health risks posed by illegal abortion

Respondents were asked their opinion on possible health risks associated with illegal abortions. Table 4.13 below shows the results.

Table 4.13: Responses on the possible health risks posed by illegal abortion by sex

Possible health risks posed by illegal abortion	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Infections/illnesses	4	8.0	1	2.0	5	5.0
Death	11	22.0	4	8.0	15	15.0
Infertility	5	10.0	6	12.0	11	11.0
Health complications (Preterm births / uterine perforations / cervical lacerations)	6	12.0	2	4.0	8	8.0
Cervical cancer	1	2.0	1	2.0	2	2.0
Psychological effects	2	4.0	0	0.0	2	2.0
All the above	18	36.0	30	60.0	48	48.0
Not applicable	3	6.0	2	4.0	5	5.0
No response	0	0.0	4	8.0	4	4.0
Total	50	100.0	50	100.0	100	100.0

The table above shows respondents' perceived risks associated with illegal abortions in Namibia. The data reveals that health risks are posed by illegal abortions, and the respondents revealed that these risks include infections/illnesses (5%) (i.e., males 80% and females 20%), death (15%) (i.e., males 73% and females 27%), infertility (11%) (i.e., males 45% and females 55%), preterm births/uterine perforations/cervical lacerations (8%) (i.e., males 75% and females 25%), cervical or ovarian cancer (2%) (i.e., males 50% and females 50%), psychological effects (2%) (i.e., males

100% and females 0%), all the above risks (48%) (i.e., males 37.5% and females 62.5%). Only 4% of respondents gave no response and they were female respondents, while 5% responded "Not applicable" (i.e., males 60% and females 30%).

The Chi-square test of association indicates that there is a significant relationship between sex and responses on the health risks posed by illegal abortion ($\chi^2 = 16.358$, p=0.038).

4.2.14 Advocating of legalization of abortion on demand due to associated risks

Respondents were asked about their attitudes towards advocating for the legalization of the availability of abortions on demand due to the perceived associated risks. Table 4.14 below shows the results.

Table 4.14: Attitudes on whether respondents will advocate for the legalization of the availability of abortion on demand due to associated risks by sex of respondents

Respondents' attitudes towards advocating for abortion, knowing that abortion poses risks	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (would advocate)	11	22.0	17	34.0	28	28.0
No (would not advocate)	26	52.0	23	46.0	49	49.0
Not sure (uncertain about advocating)	9	18.0	8	16.0	17	17.0
Not applicable	4	8.0	2	4.0	6	6.0
Total	50	100.0	50	100.0	100	100.0

When asked whether or not they would advocate for abortion to be legalized on demand, 52% of the males and 46% of the females opted for abortion not to be legalized on demand. However, more females (34%) chose to advocate for the legalization of abortion on demand, compared to

22% of the males. Nevertheless, 17% of all respondents were undecided, while 6% of the participants responded “Not applicable”.

The Chi-square test of association found no significant relationship between sex and responses on advocating for the legalization of abortion on demand due to the associated risks ($\chi^2 = 2.195$, p=0.533).

4.2.15 Age of respondents advocating or against abortion being legalized on demand

Respondents (by age groups) were asked about their attitudes towards advocating for the legalization of abortion on demand. Table 4.15 below shows the results.

Table 4.15: Respondents’ attitudes towards advocating for the legalization of abortion on demand (by age)

Age Group	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
18-21 Years	22	44.0	27	54.0	49	49.0
22-25 Years	17	34.0	15	30.0	32	32.0
26-30 Years	11	22.0	8	16.0	19	19.0
Total	50	100.0	50	100.0	100	100.0%

Above is a cross tabulation of respondents’ ages and the question of whether or not respondents would advocate for the legalization of abortion on demand. The majority of respondents who were 19, 20, 21 and 23 years of age indicated that they would not advocate for legalization of abortion on demand. Interestingly, 49% of the respondents would not advocate for abortion to be legalized on demand, while a mere 28% said that they advocated for abortion on demand. The statistics

show that despite respondents' age, 49% of the respondents would not advocate for the legalization of abortion on demand.

The Chi-square test of association found no significant relationship between age groups and responses advocating the legalization of abortion on demand ($\chi^2 = 2.598$, p=0.857).

4.2.16 Grounds for abortion

Respondents were asked about their attitudes on the possible grounds for an abortion. Table 4.16 below shows the results.

Table 4.16: Respondents' attitudes on the reason for carrying out an abortion by sex

Possible reasons abortions should be granted	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
No grounds / no reasons	14	28.0	5	10.0	19	19.0
Rape / sexual assault / incest	20	40.0	22	44.0	42	42.0
On demand if she does not want to keep the baby	5	10.0	3	6.0	8	8.0
If the mother is mentally incapacitated or the baby may be born deformed	2	4.0	0	0.0	2	2.0
If the life of the mother is at risk if the pregnancy is allowed to continue	5	10.0	9	18.0	14	14.0
If a girl is in school or too young	0	0.0	4	8.0	4	4.0
Poverty/financial problems	1	2.0	2	4.0	3	3.0
No response	3	6.0	5	10.0	8	8.0
Total	50	100.0	50	100.0	100	100.0

The table above illustrates the grounds on which respondents felt that a woman/girl should have an abortion. The table reveals that the majority of respondents (42%) opted for access to abortion

on the grounds that the pregnancy was a result of rape/sexual assault or incest (i.e., males 48% and females 52%). This was followed by 19% of respondents who felt that access to abortion should not be given on any grounds (i.e., males 74% and females 26%). Additionally, 14% of the respondents advocated for abortion on the grounds that the life of the mother is at risk if the pregnancy is allowed to continue (i.e., males 36% and females 64%). About 8% of the respondents said that a woman/girl should have access to abortion on demand if she does not want to keep the baby (i.e., males 62.5% and females 37.5%). Only 4% of the respondents felt that a girl who is too young or in school may have access to an abortion (i.e., males 0% and females 100%). A mere 3% opted for abortion on the grounds of poverty and financial problems (i.e., males 50% and females 50%). An additional 8% did not give a response.

The Chi-square test revealed that there was no significant relationship or association between sex and respondents' views regarding grounds for abortion ($\chi^2 = 12.835$, $p=0.076$).

4.2.17 Respondents attitudes towards a need for a deadline on the availability of abortion on demand

Respondents were asked the following question: "If abortion was to be legalized on demand, should it have a deadline?" (The deadline here refers to the gestational age limit). Table 4.17 below shows the results.

Table 4.17: Respondents' attitudes on whether or not abortion should have a time limit or not by sex

Whether or not abortion should have a deadline (restricted period of time to have a chance to get an abortion legally performed)	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes	30	60.0	30	60.0	60	60.0
No	3	6.0	3	6.0	6	6.0
Not sure	17	34.0	16	32.0	33	33.0
Not applicable	0	0.0	1	2.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

The above table reveals that 60% responded that if abortion was to be legalized on demand, it should have a deadline on the gestational age (i.e., males 50% and females 50%), whereas 6% opted for no deadline on the legalization of abortion on demand (i.e., males 50% and females 50%). Both sexes reported an equal percentage in both instances. Only 33% of respondents indicated that they were not sure (i.e., males 52% and females 50%). Statistics reveal that 60% of respondents were concerned about the gestational age limit as compared to 6% who did not perceive the gestational age to be a factor in accessing abortion if it was to be legalized on demand.

The Chi-square test revealed that no significant relationship or association was found between sex and responses regarding a deadline if abortion was to be legalized on demand ($\chi^2 = 1.030$, $p=0.794$).

4.2.18 The deadline for abortion on demand

Respondents were asked the question, "If abortion was to be legalized on demand, what should be the deadline?" This referred to the gestational period. Table 4.18 shows the responses.

Table 4.18: Responses attitudes regarding the deadline for abortion on demand by sex

Restricted period of time to have a chance to get an abortion legally performed should be (Gestational period)	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Within the first week	21	42.0	20	40.0	41	41.0
Within the first trimester	5	10.0	11	22.0	16	16.0
Within the third trimester	2	4.0	0	0.0	2	2.0
At any stage of the pregnancy	10	20.0	8	16.0	18	18.0
Not applicable	6	12.0	4	8.0	10	10.0
No response	6	12.0	7	14.0	13	13.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that 41% of the respondents believed that abortion should be restricted to within the first week only (i.e., males 51% and females 49%), 16% opted for within the first trimester (i.e., males 31% and females 69%), while only 2% opted for within the third trimester (i.e., males 100% and females 0%). However, a noteworthy 18% decided on no restrictions at all and opted for abortion to be legalized on demand at any stage of the pregnancy (i.e., males 56% and females 44%). Only 10% indicated that this was not applicable, while 13% did not respond.

The Chi-square test found no significant relationship or association between sex and responses regarding the deadline for abortion on demand ($\chi^2 = 0.045$, $p=0.832$).

4.2.19 Impossibility of prevention of unwanted pregnancies despite continuous use of contraceptives

Participants were asked to respond to the statement: "It is impossible to prevent unwanted pregnancies despite continuous use of contraceptives". The responses are shown in Table 4.19.

Table 4.19: Respondents' attitudes regarding the impossibility of prevention of unwanted pregnancies despite continuous use of contraceptives by sex

Attitudes regarding the impossibility of prevention of unwanted pregnancies despite continuous use of contraceptive	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes (it is impossible)	27	54.0	20	40.0	47	47.0
No (it is not impossible)	13	26.0	21	42.0	34	34.0
Don't know	10	20.0	9	18.0	19	19.0
Total	50	100.0	50	100.0	100	100.0

The above table reveals that 47% of the respondents affirmed that it is impossible to prevent unwanted pregnancy with the use of contraceptives. This accounted for 57% of the males and 43% of the females. Furthermore, 34% of the respondents refuted the statement that it is impossible to prevent unwanted pregnancies, as contraceptives can effectively prevent unwanted pregnancies. This accounted for 38% of the males and 62% of the females. Only 19% of the respondents indicated that they did not know.

The Chi-square test revealed that there was no significant relationship or association between sex and respondents' perceptions regarding the impossibility of prevention of unwanted pregnancies despite the continuous use of contraceptives ($\chi^2 = 2.978$, p=0.226).

4.2.20 Alternatives to baby dumping

Respondents were asked about their opinion on the alternatives to baby dumping. Table 4.20 shows the results.

Table 4.20: Respondents' attitudes on alternatives to baby dumping by sex

Alternatives to baby dumping	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Legalizing abortion on demand	19	38.0	11	22.0	30	30.0
Building more orphanages	14	28.0	15	30.0	29	29.0
Adoption	17	34.0	19	38.0	36	36.0
No response	0	0.0	5	10.0	5	5.0
Total	50	100.0	50	100.0	100	100.0

The table above shows the respondents' perceived alternatives to baby dumping. The table reveals that the majority of the respondents (36%) indicated that adoption should be the alternative to baby dumping. This statistic accounts for 47% of the males and 53% of the females. About 30% of the respondents indicated that the legalization of abortion on demand should be the alternative to baby dumping. This accounted for 63% of the males and 37% of the females. Finally, 29% of respondents opted for the building of more orphanages. This accounted for 48% of the males and 52% of the females. It is noteworthy that the majority of respondents (36%) advocated for

adoption, while only 29% advocated for building more orphanages, compared to 30% who advocated for abortion to be legalized on demand.

The Chi-square test found no significant relationship or association between sex and opinions on alternatives to baby dumping ($\chi^2 = 7.279$, p=0.064).

4.2.21 Rate of illegal abortions in Namibia

Respondents were asked about their rating current illegal abortion in Namibia. Table 4.21 shows the results.

Table 4.21: Respondents' rating of illegal abortions in Namibia by sex

Perceived abortion rates in Namibia	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
High	21	42.0	26	52.0	47	47.0
Low	6	12.0	1	2.0	7	7.0
Moderate	12	24.0	10	20.0	22	22.0
Don't know	11	22.0	13	26.0	24	24.0
Total	50	100.0	50	100.0	100	100.0

Despite the low percentage of respondents who would advocate that abortion be legalized on demand, 47% of the respondents revealed that illegal abortion rates were high. Males accounted for 45%, while females had a higher percentage of 55%. On the contrary, only 7% of the respondents indicated that illegal abortion rates were low, with males and females accounting for 86% and 14% of these statistics respectively. Nonetheless, 55% of the males perceived the illegal abortion rates to be moderate, while 45% were females.

The Chi-square test found no significant relationship or association between sex and respondents' rating of illegal abortion performed in Namibia ($\chi^2 = 4.452$, p=0.217).

4.2.22 Beneficiaries of the current restrictive abortion laws in Namibia

Respondents were asked about their opinion on the beneficiaries of the current restrictive abortion laws in Namibia. Table 4.9 below shows the results.

Table 4.22: Respondents' opinions regarding beneficiaries of the current restrictive abortion laws in Namibia

Beneficiaries of current restrictive abortion laws in Namibia	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Women/girls	13	26.0	11	22.0	24	24.0
Men/boys	1	2.0	0	0.0	1	1.0
The state/government	6	12.0	3	6.0	9	9.0
Namibian society	9	18.0	9	18.0	18	18.0
Nobody	13	26.0	11	22.0	24	24.0
Don't know	8	16.0	14	28.0	22	22.0
No response	0	0.0	2	4.0	2	2.0
Total	50	100.0	50	100.0	100	100.0

According to the above table, 24% of the respondents disclosed that it was women and girls who benefited from the current abortion laws (i.e., males 54% and females 49%). Conversely, 24% said that no one benefited from the current abortion laws (i.e., males 51% and females 49%). However, 18% indicated that it was the Namibian society that benefited from the current abortion laws (i.e., males 50% and females 50%). Ironically, only one male believed that abortion benefited men and boys. Overall, a mere 9% of the respondents believed that the laws benefited the state (i.e., males 67% and females 33%). No conclusion was drawn on who the perceived beneficiaries were.

The Chi-square test revealed that there was no significant relationship or association between sex and opinions regarding the beneficiaries of the current restrictive abortion laws in Namibia (χ^2 = 5.970, p=0.427).

4.3 Attitudes

The questions below were attitudinal questions. Respondents were asked to rate their attitudes towards questions and rate them according to their level of agreement or disagreement with the statement or if they were neutral or simply did not know.

4.3.1 Cultural attitude towards women who abort

Participants were asked to respond to the following statement: "In my culture, a woman who has had an abortion is treated just like anyone else." This question referred to respondents' culture, but respondents were not asked to identify their culture. . Table 4.23 below shows the results.

Table 4.23: Respondents' opinions on whether or not culture treated women who abort like anyone else

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	11	22.0	17	34.0	28	28.0
Strongly disagree	2	4.0	5	10.0	7	7.0
Neutral	6	12.0	3	6.0	9	9.0
Agree	17	34.0	8	16.0	25	25.0
Strongly agree	9	18.0	8	16.0	17	17.0
Don't know	5	10.0	9	18.0	14	14.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that the majority (28%) of the respondents indicated that in their cultures a woman who had had an abortion was not treated like anyone else. This accounted for 39% males and 61% females. Those who strongly disagreed constituted 7% which comprised of 29% and 71% males and females respectively. A noteworthy 25% of the respondents affirmed that a woman who had had an abortion was treated just like anyone else, which constituted of 34% males and 16% females. Additionally, 17% strongly agreed; this comprised 68% males and 32% females. Only 14% of the respondents said that they did not know.

The statistical analysis was carried out to test whether there is an association between the sex of the respondents and their attitudes regarding how a woman who has had an abortion is treated. The results showed that there is no significant relationship between the sex of the respondents and their attitudes on whether or not culture treats women who abort like anyone else. The Chi-square value of $\chi^2 = 8.013$, $p=0.156$ was found.

4.3.2 Attitudes towards women/girls who have had an abortion perceived to be bad people

Respondents were asked to agree or disagree with the statement: "Women/girls who have had an abortion are bad people." Table 4.24 shows the responses.

Table 4.24: Respondents' attitudes on whether women/girls who have had an abortion are bad people

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	15	30.0	16	32.0	31	31.0
Strongly disagree	9	18.0	10	20.0	19	19.0
Neutral	8	16.0	7	14.0	15	15.0
Agree	10	20.0	7	14.0	17	17.0
Strongly agree	6	12.0	7	14.0	13	13.0
Don't know	2	4.0	3	6.0	5	5.0
Total	50	100.0	50	100.0	100	100.0

The table above shows the respondents' perceptions towards women who had undertaken an abortion. About 31% of the respondents simply disagreed that women who had abortions were bad people (males 48% and female 52%), while 19% strongly disagreed (males 48% and females 52%). In addition, 17% of the respondents agreed that women who had had an abortion were bad people, this comprised 59% of the males and 41% of the females. Moreover, 13% of the respondents strongly agreed, which constituted 46% males and 54% females. Only 15% remained neutral, while 5% attested to not knowing.

These statistics concur with those of the previous table on the cultural treatment of women who have had an abortion. It can be concluded that women who have abortions are not necessarily ill-treated or stigmatized. The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes regarding the perception of girls/women who have had an abortion to be bad people. The Chi-square test revealed that there

was no significant relationship between sex and attitudes on whether or not women/girls who have had an abortion are bad people ($\chi^2 = 0.958$, p=0.966).

4.3.3 Attitudes towards women's/girls' right to decide whether or not to have a baby

Participants were asked to indicate their agreement or disagreement with the statement: "A woman/girl has the right to decide whether or not to have a baby." Table 4.25 shows the results.

Table 4.25: Respondents' attitudes on a woman's right to decide whether or not to have a baby

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	14	28.0	13	26.0	27	27.0
Strongly disagree	15	30.0	5	10.0	20	20.0
Neutral	4	8.0	6	12.0	10	10.0
Agree	7	14.0	8	16.0	15	15.0
Strongly agree	3	6.0	6	12.0	9	9.0
Don't know	7	14.0	12	24.0	19	19.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that 27% of the respondents disagreed that a woman/girl had the right to decide whether or not to have baby (males 52%, females 48%). However, 20% of the respondents strongly disagreed and this accounted for 75% males and 25% females. On the contrary, only 15% agreed, while 9% strongly agreed. A noticeable 12% remained neutral, while only 1% said they did not know.

It can be drawn from the results that fewer respondents acknowledged that a woman/girl has the right to decide whether or not to have a baby.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards a woman's right to decide whether or not to have a baby and whether or not a woman/girl has the right to decide whether or not to have a baby. The Chi-square test revealed that there was no significant relationship between sex and attitudes on a woman's right to decide whether or not to have a baby ($\chi^2 = 8.381$, p=0.592).

4.3.4 Attitudes towards women's/girls' position in knowing whether or not to carry on with a pregnancy

Participants were asked to indicate their agreement or disagreement with the statement: "A pregnant woman/girl is in a better position to know whether or not to carry on with a pregnancy." Table 4.26 below shows the results.

Table 4.26: Respondents' attitudes regarding a pregnant woman's/girl's position to know whether or not to carry on with a pregnancy

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	10	20.0	2	4.0	12	12.0
Strongly disagree	4	8.0	7	14.0	11	11.0
Neutral	4	8.0	7	14.0	11	11.0
Agree	21	42.0	19	38.0	40	40.0
Strongly agree	4	8.0	13	26.0	17	17.0
Don't know	7	14.0	4	8.0	11	11.0
No response	0	0.0	1	2.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

The table above indicates that the majority of respondents seemed to agree with the statement, as 50% of the males agreed and strongly agreed respectively, while 64% of the females agreed and

strongly agreed respectively. However, 12% of the respondents disagreed (males 83% and females 17%), while a mere 11% strongly disagreed (males 36% and females 64%). Only 11% did not know and 1% did not give a response. It can be concluded that most respondents acknowledged that a pregnant woman/girl is in a better position to decide on the fate of her pregnancy.

The statistical analysis was carried out to test if whether there is an association between the sex of the respondents and their attitudes regarding a pregnant woman's/girl's position to know whether or not to carry on with a pregnancy. The results indicate that there is a significant relationship between sex and respondents' attitudes regarding a pregnant woman's/girl's position to know whether or not to carry on with a pregnancy with the chi-square value of (χ^2 = 12.834 and a p-value of =0.046).

4.3.5 Attitudes towards women's/girls' right to decide what happens to and inside their bodies

Participants were asked to indicate the level of their agreement or disagreement on the following statement: "Women/girls have the right to decide what happens to and inside their bodies". Table 4.27 below shows the results.

Table 4.27: Respondents' attitudes regarding women's/girls' right to decide what happens to and inside their bodies

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	6	12.0	2	4.0	8	8.0
Strongly disagree	4	8.0	0	0.0	4	4.0
Neutral	3	6.0	6	12.0	9	9.0
Agree	24	48.0	24	48.0	48	48.8
Strongly agree	12	24.0	17	32.0	29	29.0
Don't know	1	2.0	1	2.0	2	2.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that most respondents were in favour of a woman/girl having the right to decide what happens to and inside her body. A substantial percentage of 48% agreed, while 29% strongly agreed (i.e., 53% females and 47% males). This was contrasted by 12% of the respondents who either disagreed or strongly disagreed. This constituted 83% males and 17% females. Only 9% of the respondents remained neutral, while 2% gave no response. A conclusion can be drawn that respondents felt stronger about women having the right to decide what happens to and inside their bodies.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes regarding women's/girl's right to decide what happens to and inside their bodies. The Chi-square test revealed that there was no significant relationship between sex and respondents' attitudes regarding women's/girls' right to decide what happens to and inside their bodies ($\chi^2 = 7.862$, $p=0.164$).

4.3.6 Attitudes towards abortion restriction being a form of discrimination against women/girls

Participants were asked to indicate their level of agreement with the following statement: "Restricting abortion is a form of discrimination against women/girls." Table 4.28 shows the results.

Table 4.28: Respondents' level of agreement with restriction of abortion being a form of discrimination against women/girls

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	18	36.0	18	36.0	36	36.0
Strongly disagree	18	36.0	6	12.0	24	24.0
Neutral	4	8.0	6	12.0	10	10.0
Agree	1	2.0	7	14.0	8	8.0
Strongly agree	2	4.0	3	6.0	5	5.0
Don't know	7	14.0	10	20.0	17	17.0
Total	50	100.0	50	100.0	100	100.0

The table above demonstrates that both male and female respondents disagreed with the statement that restricted abortion is a form of discrimination, with an equivalence of 36%. The 36% comprised of 36% of males who disagreed and another 36% who strongly disagreed. Only 4% strongly agreed, while only 2% agreed. About 14% of the males claimed not to know, while only 8% remained neutral. On the contrary, 12% of the females strongly disagreed, 14% agreed and only 6% strongly agreed. More so, 20% of the females claimed to not know, while 12% remained neutral. The majority of respondents were of the opinion that restricting abortion is not a form of discrimination.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement with restrictions of abortion being a form of discrimination against women/girls. The Chi-square test of association indicated that there was a significant relationship between sex and agreement or disagreement with restriction of abortion being a form of discrimination against women/girls (χ^2 = 11.629, p=0.040).

4.3.7 Attitudes towards children's right to be born wanted

Participants were asked to indicate their level of agreement or disagreement to the following statement: "Every child that comes into this world should be born wanted." The responses are shown in Table 4.29 below.

Table 4.29: Respondents' level of agreement on children's right to be born wanted

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	5	10.0	4	8.0	9	9.0
Strongly disagree	3	6.0	2	4.0	5	5.0
Neutral	1	2.0	3	6.0	4	4.0
Agree	17	34.0	10	20.0	27	27.0
Strongly agree	23	46.0	29	58.0	52	52.0
Don't know	1	2.0	2	4.0	3	3.0
Total	50	100.0	50	100.0	100	100.0

The majority (52%) of the respondents strongly agreed that every child that comes into this world should be born wanted. A noticeable 46% of the males strongly agreed, 34% agreed, 10% disagreed and only 6% strongly disagreed. On the other hand, a significant percentage of 58% of the females strongly agreed, 20% agreed and only 4% strongly disagreed, while 8% simply

disagreed. It can be generalised that the majority of respondents supported the idea of every child being born wanted.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement with children's right to be born wanted. The Chi-square test revealed that there was no significant relationship between sex and level of agreement or disagreement on children's right to be born wanted ($\chi^2 = 4.152$, p=0.528).

4.3.8 Attitudes towards the suffering of poor women/girls from illegal/unsafe abortions, compared to elite women

Participants were asked to indicate their agreement or disagreement to the statement: "Poor women/girls suffer more from illegal/unsafe abortions compared to elite women". Table 4.30 shows the results.

Table 4.30: Respondents' level of agreement regarding the statement that poor women/girls suffer more from illegal/unsafe abortions compared to elite women

Respondent's level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	12	24.0	6	12.0	18	18.0
Strongly disagree	3	6.0	0	0.0	3	3.0
Neutral	4	8.0	6	12.0	10	10.0
Agree	15	30.0	8	16.0	23	23.0
Strongly agree	12	24.0	22	44.0	34	34.0
Don't know	4	8.0	8	16.0	12	12.0
Total	50	100.0	50	100.0	100	100.0

The table above indicates that 21% of respondents either disagreed or strongly disagreed, while a noticeable 57% either agreed or strongly agreed that poor women/girls suffer more from illegal/unsafe abortion compared to rich women. A higher percentage of females than males agreed with the statement. Only 10% remained neutral, while 12% claimed not to know. It can be drawn from the results that most respondents were in agreement with the notion that poor women/girls suffer the most from unsafe/illegal abortions.

The statistical analysis was carried out to test if there is an association between the sex of the respondents and their attitudes towards the level of agreement or disagreement regarding the suffering of poor women/girls from illegal/unsafe abortion compared to elite women with the chi-square value of ($\chi^2 = 11.805$ and a p-value of =0.038). The Chi-square test of association revealed that there was a significant relationship between sex and the level of agreement or disagreement regarding the suffering of poor women/girls from illegal/unsafe abortion compared to elite women ($\chi^2 = 11.805$, p=0.038).

4.3.9 Attitudes towards the in/effectiveness of restricting abortion in preventing women/girls from terminating unwanted pregnancies

Participants were asked to indicate their level of agreement or disagreement with the statement: "Restricting abortion does not stop women/girls from terminating unwanted pregnancies." Table 4.31 below shows the results.

Table 4.31: Respondents' level of agreement regarding the in/effectiveness of restricting abortion in preventing women/girls from terminating unwanted pregnancies

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	11	22.0	6	12.0	17	17.0
Strongly disagree	2	4.0	2	4.0	4	4.0
Neutral	4	8.0	4	8.0	8	8.0
Agree	18	36.0	16	32.0	34	34.0
Strongly agree	11	22.0	14	28.0	25	25.0
Don't know	4	8.0	8	16.0	12	12.0
Total	50	100.0	50	100.0	100	100.0

The table above reveals that an astounding 59% of respondents either agreed or strongly agreed that restrictions on abortions do not stop women/girls from terminating unwanted pregnancies. Only 21% of the respondents affirmed restrictions on abortion to be effective. A mere 8% was neutral, while 12% claimed not to know. A significant number of female respondents either agreed or strongly agreed to the statement. It can be said that most respondents were in agreement that restrictions on abortions do not necessarily influence women's/girls' choices to terminating an unwanted pregnancy.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement regarding the ineffectiveness of restricting abortion in preventing women/girls from terminating unwanted pregnancies. The Chi-square test found no significant relationship between sex and level of agreement or disagreement regarding ineffectiveness of restricting abortion in preventing women/girls from terminating unwanted pregnancies ($\chi^2 = 3.282$, $p=0.657$).

4.3.10 Abortion as a woman's/girl's private matter

Participants were asked to indicate their level of agreement or disagreement with the statement: "Having an abortion is a woman's/girl's private matter". Table 4.32 shows the results.

Table 4.32: Respondents' level of agreement regarding the privacy of abortion

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	15	30.0	16	32.0	31	31.0
Strongly disagree	11	22.0	7	14.0	18	18.0
Neutral	3	6.0	5	10.0	15	15.0
Agree	10	20.0	5	10.0	15	15.0
Strongly agree	8	16.0	9	18.0	17	17.0
Don't know	3	6.0	7	14.0	10	10.0
No response	0	0.0	1	2.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that an astounding 49% of the respondents either strongly disagreed or disagreed that having an abortion is a woman's/girl's private matter. Only 32% of the respondents attested that having an abortion is a woman's/girl's private matter and no one else's business. Only 8% remained neutral, while 10% claimed not to know. It can be drawn from the results that abortion is not necessarily perceived to be a private issue.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement on the privacy of abortion. The Chi-square test found no significant relationship between sex and level of agreement and disagreement on the privacy of abortion ($\chi^2 = 5.747$, $p=0.452$).

4.3.11 Attitudes on the restrictiveness of Namibian abortion laws

Participants were asked to indicate their level of agreement or disagreement with the statement: "Namibian abortion laws are too restrictive". Table 4.33 shows the results.

Table 4.33: Respondents' level of agreement regarding the restrictiveness of Namibia's abortion laws

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	10	20.0	11	22.0	21	21.0
Strongly disagree	6	12.0	4	8.0	10	10.0
Neutral	8	16.0	6	12.0	14	14.0
Agree	11	22.0	14	28.0	25	25.0
Strongly agree	6	12.0	8	16.0	14	14.0
Don't know	9	18.0	5	10.0	14	14.0
No response	0	0.0	2	4.0	2	2.0
Total	50	100.0	50	100.0	100	100.0

The data shows that most (25%) of the respondents were in agreement that Namibian abortion laws are too restrictive. However, 21% of the respondents disagreed. Merely 14% of the respondents were neutral, while another 14% strongly agreed and an additional 14% did not know. Only 10% of the respondents strongly disagreed.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement regarding the restrictiveness of Namibia's abortion laws. The Chi-square test revealed that there was no significant relationship between sex and level of agreement or disagreement regarding the restrictiveness of Namibia's abortion laws ($\chi^2 = 4.522$, $p=0.606$).

4.3.12 Attitudes towards the goodness of Namibian abortion law restricting access to abortion

Participants were asked to indicate their level of agreement or disagreement with the statement: "It is good that the Namibian abortion law restricts access to abortion." Table 4.34 below shows the results.

Table 4.34: Respondents' level of agreement on the goodness of Namibian abortion law's restriction of access to abortion

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	8	16.0	7	14.0	15	15.0
Strongly disagree	4	8.0	4	8.0	8	8.0
Neutral	3	6.0	5	10.0	8	8.0
Agree	17	34.0	18	36.0	35	35.0
Strongly agree	14	28.0	9	18.0	23	23.0
Don't know	4	8.0	6	12.0	10	10.0
No response	0	0.0	1	2.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

About 35% of the respondents agreed that it is good that the Namibian abortion law restricts access to abortion. The research found that 36% of the females and 34% of the males simply agreed, while 28% of the males and 18% of the females strongly agreed. Moreover, 23% of the respondents strongly agreed on the matter, with males being more than females. Only 15% of the respondents disagreed, with males being more than females.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement on the goodness of the Namibian abortion law's restriction on access to abortion. The Chi-square test

found no significant relationship between sex and level of agreement or disagreement on the goodness of Namibian abortion law's restriction on access to abortion ($\chi^2 = 3.082$, p=0.798).

4.3.13 Attitudes towards the success of Namibia's restrictive abortion laws

Participants were asked to indicate their level of agreement or disagreement with the statement: "Restrictive abortion laws in Namibia have proven to be a success." This refers to successfully curbing backstreet abortions in Namibia. Table 4.35 below shows the results.

Table 4.35: Respondents' level of agreement or disagreement on whether restrictive abortion laws in Namibia have proven to be a success by sex of respondents

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	11	22.0	9	18.0	20	20.0
Strongly disagree	6	12.0	12	24.0	18	18.0
Neutral	6	12.0	4	8.0	10	10.0
Agree	13	26.0	12	24.0	25	25.0
Strongly agree	5	10.0	6	12.0	11	11.0
Don't know	6	12.0	7	14.0	13	13.0
No response	3	6.0	0	0.0	3	3.0
Total	50	100.0	50	100.0	100	100.0

The statistics indicate that 25% of the respondents agreed that restrictive abortion laws in Namibia have proven to be a success, this accounted for 26% of the males and 24% of the females. A higher percentage of females (24%) strongly disagreed and 18% disagreed on the success of the law, as compared to only 12% that strongly disagreed and 22% of the male respondents that disagreed. A conclusion can be drawn that most respondents did not perceive the current restrictions on abortion

to be a success curbing backstreet abortions in Namibia. This was established by 45% of males and 55% of females.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement on the success of Namibia's restrictive abortion laws. The Chi-square test revealed that there was no significant relationship between sex and level of agreement or disagreement on the success of Namibia's restrictive abortion laws ($\chi^2 = 5.808$, $p=0.445$).

4.3.14 Attitudes towards access to safe and legal abortion being part of women's/girls' reproductive health

Participants were asked to indicate their level of agreement or disagreement with the statement: "Access to safe and legal abortion is part of women's/girls' reproductive health." Table 4.36 below shows the results.

Table 4.36: Respondents' level of agreement or disagreement on access to safe and legal abortion being part of women's/girls' reproductive health

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	18	36.0	5	10.0	23	23.0
Strongly disagree	11	22.0	8	16.0	19	19.0
Neutral	2	4.0	9	18.0	11	11.0
Agree	9	18.0	11	22.0	20	20.0
Strongly agree	8	16.0	11	22.0	19	19.0
Don't know	1	2.0	6	12.0	7	7.0
No response	1	2.0	0	0.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

The research reveals that most (23%) of the respondents disagreed with the statement (i.e., males 78% and females 22%), while 20% agreed (i.e., males 45% and females 55%), 19% strongly agreed (i.e., males 42% and females 58%), 19% strongly disagreed (i.e., males 58% and females 42%), 11% were neutral (i.e., males 18% and females 82%), 7% didn't know and only 1% were a missing case.

Male respondents represented a higher percentage of 36% that disagreed and 22% that strongly disagreed that access to safe and legal abortion is part of women's/girls' reproductive health. However, a low percentage of males (16%) strongly agreed and 18% simply agreed. On the other hand, 22% of the females agreed and another 22% strongly agreed. Only 10% of the female respondents disagreed, while 16% strongly disagreed. There was a notable percentage (42%) of respondents who disagreed on access to safe and legal abortion being part of women's/girls' reproductive health, compared to 39% who agreed.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement on access to safe and legal abortion being part of women's/girl's reproductive health. The Chi-square test of association showed that there was a highly significant relationship between sex and the level of agreement or disagreement on access to safe and legal abortion being part of women's/girls' reproductive health ($\chi^2 = 17.521$, $p=0.008$).

4.3.15 Compromise of health through illegal abortion

Participants were asked to indicate their level of agreement or disagreement with the statement: "Women/girls compromise their health in the quest to terminate unwanted pregnancies." Table 4.37 below shows the results.

Table 4.37: Respondents' level of agreement on women/girls compromising their health in the quest to terminate unwanted pregnancies

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	9	18.0	7	14.0	16	16.0
Strongly disagree	7	14.0	4	8.0	11	11.0
Neutral	10	20.0	2	4.0	12	12.0
Agree	12	24.0	11	22.0	23	23.0
Strongly agree	4	8.0	12	24.0	16	16.0
Don't know	7	14.0	13	26.0	20	20.0
No response	1	2.0	1	2.0	2	2.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that 16% of respondents strongly agreed (i.e., males 25% and females 75%), 23% simply agreed (i.e., males 52% and females 48%), 11% strongly disagreed (i.e., males 64% and females 36%), while 16% disagreed and 12% were neutral. It can be seen that most respondents were aware that women/girls compromise their health in their quest to terminate unwanted pregnancies.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement on women/girls compromising their health in the quest to terminate unwanted pregnancies. The Chi-

square test revealed that there was no significant relationship between sex and level of agreement or disagreement on women/girls compromising their health in the quest to terminate unwanted pregnancies ($\chi^2 = 12.245$, p=0.057).

4.3.16 Attitudes towards restricting abortion on demand as a violation of women/girls' reproductive rights

Participants were asked to indicate their level of agreement or disagreement with the statement: "Restricting abortion on demand is a violation of women/girls' reproductive rights." Table 4.38 below shows the results.

Table 4.38: Respondents' level of agreement on restricting abortion on demand being a violation of women's/girls' reproductive rights

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	13	26.0	10	20.0	23	23.0
Strongly disagree	13	26.0	5	10.0	18	18.0
Neutral	6	12.0	6	12.0	12	12.0
Agree	6	12.0	6	12.0	12	12.0
Strongly agree	3	6.0	7	14.0	10	10.0
Don't know	9	18.0	16	32.0	25	25.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that the majority of the respondents (23%) disagreed with the statement that restricting abortion on demand is a violation of women's/girls' reproductive rights. This comprised of (i.e., males 57% and females 43%). An observed 18% strongly disagreed (i.e., males 72% and females 28%). A mere 12% agreed (i.e., males 50% and females 50%), and 10% strongly agreed (i.e., males 30% and females 70%).

It can be generalised that the majority of respondents felt strongly that the current restrictions on abortion are not a violation of women's/girls' reproductive rights. The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement on restricting abortion on demand being a violation of women's/girl's reproductive rights. The Chi-square test found no significant relationship between sex and level of agreement or disagreement on restricting abortion on demand being a violation of women's/girls' reproductive rights ($\chi^2 = 7.507$, $p=0.186$).

4.3.17 Link between baby dumping and restricted access to abortion

Participants were asked to indicate their level of agreement or disagreement with the statement: "There is a link between baby dumping and restricted access to abortion." Table 4.39 below shows the results.

Table 4.39: Respondents' level of agreement on the existence of a link between baby dumping and restricted access to abortion

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	12	24.0	3	6.0	15	15.0
Strongly disagree	6	12.0	0	0.0	6	6.0
Neutral	5	10.0	3	6.0	8	8.0
Agree	12	24.0	16	32.0	28	28.0
Strongly agree	6	12.0	17	34.0	23	23.0
Don't know	9	18.0	11	22.0	20	20.0
Total	50	100.0	50	100.0	100	100.0

In the table above, the statistics reveal that most respondents (28%) agreed that there is a link between baby dumping and restricted access to abortion (i.e., males 43% and females 57%). In addition 23% strongly agreed (i.e., males 26% and females 74%), A mere 6% strongly disagreed (i.e., males 100% and females 0%), while 15% simply disagreed (i.e., males 80% and females 20%) and only 20% claimed not to know. Most respondents (51%) felt that there is a relationship between baby dumping and restrictions on abortion, compared to those who disagreed (21%).

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement on the link between baby dumping and restricted access to abortion. The Chi-square test of association revealed an exceedingly significant difference between sex and level of agreement or disagreement on the link between baby dumping and restricted access to abortion ($\chi^2 = 17.932$, $p=0.003$).

4.3.18 Attitudes on the possibility of legalizing abortion on demand decreasing baby dumping

Participants were asked to indicate their level of agreement or disagreement with the statement: "Legalizing abortion on demand may decrease baby dumping." Table 4.40 below shows the results.

Table 4.40**: Respondents' level of agreement that legalizing abortion on demand may decrease baby dumping**

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	5	10.0	3	6.0	8	8.0
Strongly disagree	4	8.0	1	2.0	5	5.0
Neutral	6	12.0	5	10.0	11	11.0
Agree	14	28.0	16	32.0	30	30.0
Strongly agree	15	30.0	17	34.0	32	32.0
Don't know	5	10.0	8	16.0	13	13.0
No response	1	2.0	0	0.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

The statistics in the table above reveal that most of the respondents (32%) strongly agreed that legalizing abortion on demand may decrease baby dumping (i.e., males 47% and females 53%), while 30% reported to simply agree (i.e., males 47% and females 53%). However, only 8% disagreed (i.e., males 62.5% and females 37.5%), while a mere 5 strongly disagreed (i.e., males 80% and females 20%). Results clearly reveal that the majority of respondents felt that legalizing abortion on demand may decrease the instances of baby dumping.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement that legalizing abortion on demand may decrease baby dumping. The Chi-square test found no significant relationship between sex and level of agreement or disagreement that legalizing abortion on demand may decrease baby dumping ($\chi^2 = 4.342$, $p=0.631$).

4.3.19 Attitudes on the possibility of legalizing abortion on demand to decrease maternal mortality rates

Participants were asked to indicate their level of agreement or disagreement with the statement: "Abortion on demand may decrease maternal mortality rates." Table 4.41 below shows the results.

Table 4.41: Respondents' level of agreement that legalizing abortion on demand may decrease maternal mortality rates

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	6	12.0	7	14.0	13	13.0
Strongly disagree	9	18.0	4	8.0	13	13.0
Neutral	4	8.0	5	10.0	9	9.0
Agree	15	30.0	10	20.0	25	25.0
Strongly agree	9	18.0	13	26.0	22	22.0
Don't know	7	14.0	10	22.0	17	17.0
No response	0	0.0	1	2.0	1	1.0
Total	50	100.0	50	100.0	100	100.0

With regards to the possibility of abortion on demand decreasing maternal death rates, the study revealed that the majority of respondents (25%) agreed (i.e., males 60% and females 40%), while 22% strongly agreed (i.e., males 41% and females 59%). In terms of those who disagreed, 13% was reported (i.e., males 46% and females 54%), while another 13% strongly disagreed (i.e., males 69% and females 31%),

The figures in the table above indicate that most respondents (47%) strongly felt that the possibility of legalizing abortion on demand would lower maternal death rates, compared to only 26% who disagreed.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement that legalizing abortion on demand may decrease maternal mortality rates. The Chi-square test found no significant relationship between sex and level of agreement or disagreement that legalizing abortion on demand may decrease maternal mortality rates ($\chi^2 = 6.368$, $p=0.498$).

4.3.20 Attitudes towards the possibility that the Namibian society will allow abortion on demand to be legalized

Participants were asked to indicate their level of agreement or disagreement with the statement: "The Namibian society will allow abortion on demand to be legalized." Table 4.42 below shows the results.

Table 4.42: Respondents' level of agreement that there is a possibility that the Namibian society will allow abortion on demand to be legalized

Respondents' level of agreement	Number of Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	14	28.0	13	26.0	27	27.0
Strongly disagree	15	30.0	5	10.0	20	20.0
Neutral	4	8.0	6	12.0	10	10.0
Agree	7	14	8	16.0	15	15.0
Strongly agree	3	6.0	6	12.0	9	9.0
Don't know	7	14.0	12	24.0	19	19.0
Total	50	100.0	50	100.0	100	100.0

The table above shows that the majority of respondents (27%) disagreed with the statement. This accounted for 52% of males and 47% of females. A noticeable 20% strongly disagreed and this accounted for 75% males and 25% females. On the contrary 15% respondents agreed, which comprised of 47% males and 53% of females, while only 9% of respondents strongly agreed (i.e., males 33% and females 67%) . Nonetheless, 10% were neutral 19% did not know. The statistics reveal that the majority of respondents (47%) did not see the possibility of the Namibian society advocating for abortion to be legalized on demand, compared to 24% who saw the possibility of the Namibian society advocating the legalization of abortion on demand.

The statistical analysis was carried out to test whether there is an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement that there is a possibility that the Namibian society will allow abortion on demand to be legalized. The Chi-square test found no significant relationship between sex and level of agreement or disagreement that there is a possibility that the Namibian society will allow abortion on demand to be legalized ($\chi^2 = 7.819$, $p=0.166$).

4.3.21 Summary

The statistical analysis were carried out to test whether there was an association or relationship between the sex of the respondents and their attitudes towards agreement or disagreement to the variables above. The statistical test (Chi-square) only found five out of 42 variables to be of statistical significance.

CHAPTER 5: DISCUSSION

5.1 Introduction

In this chapter, the researcher discusses the statistical results of the study. The chapter will also affirm respondents' knowledge and attitudes on the legalization of the availability of abortion on demand.

5.2 Level of education and knowledge on abortion

The statistics reveal that the majority of respondents had a high level of literacy (Grade 12 and above), followed by those who reported to have had Grade 10 and lower. This elucidates that a significant number of respondents had a high level of understanding regarding answering and understanding of the research questions. In all instances, females proved to have a higher percentage over males; however, in the category of tertiary education, both sexes scored an equivalent percentage.

Respondents were able to comprehend the definition of abortion. Most respondents linked abortion to the deliberate termination of a pregnancy, rather than defining abortion as merely the termination of pregnancy.

5.3 Knowledge questions

Knowledge questions were of paramount importance as they confirmed that respondents had knowledge on the research topic and sexual reproductive health in general.

5.4 Occurrences of illegal and unsafe abortions in Namibia

The statistics show that a significant number of respondents were aware of the occurrences of illegal abortion practices in Namibia. More males had knowledge on illegal abortions as compared to females. Moreover, a higher percentage of females claimed that illegal abortions do not occur in Namibia compared to males. This knowledge could be attributed to reading newspaper articles on illegal abortions or possibly personal accounts of people they knew or had heard about, or even their own accounts. Nevertheless, the research established that males seem to have more knowledge on the occurrence of illegal abortions in Namibia.

The Beijing Platform recognizes unsafe abortion as a major health concern (Legal Assistance Centre, 2005). The essence of unsafe abortion captures various forms of the dangers that come with having an illegal abortion. This is because the concept of unsafe abortion captures countless primitive methods of terminating an unwanted pregnancy. The statistics show that a significant number of respondents acknowledged the occurrence of unsafe abortion. Males accounted for a higher percentage as compared to females yet again. This could suggest that the female respondents were reluctant to give a clear picture as they are the ones who primarily experience abortion acts. The data put forward the fact that unsafe abortions do occur in Namibia.

The study reveals that more females as opposed to males admitted to knowing someone who had had an illegal abortion done in Namibia. This acknowledgement not only confirms but also brings to light the reality of illegal abortions in Namibia, regardless of the current law. Ironically, the majority of respondents (55%) contended to not knowing anyone who had had an illegal abortion done in Namibia, while 45% confirmed to knowing someone. This percentage, however, is

substantial enough to warrant the attention of law and policy makers to put abortion on demand on the table.

With regards to whether or not there were complications involved in illegal abortions, the statistics confirm that complications are inevitable. The statistics further indicate that 32% of respondents affirmed that complications were involved. Nonetheless, 55% was unaccounted for. This is worrisome as it could mean that there was an additional percentage that could account for complications involved in the illegal abortions. Nevertheless, only 10% of the respondents were sure that there are no complications. This can certainly not be ignored, as it is statistically significant enough to be set as a ground for an abortion debate to continue and to warrant attention from the health sector and policy makers.

Regarding the matter of whether or not respondents knew or had heard of someone who could perform illegal abortions in Namibia, 30% of the respondents acknowledged knowing or having heard of someone who could perform illegal abortions. Only 32% of the females and 28% of the males affirmed to knowing or having heard of someone who could perform an illegal abortion in Namibia. The answers to this question were of paramount importance and they were at the heart of this study. This is because it not only revealed but confirmed that there are several individuals who have become illegal abortionists. No one can say for sure if these individuals have any medical knowledge, nor can it be affirmed if these individuals have any professional knowledge on the safe abortion process. According to the 2014 New Era newspaper investigative reports, despite the illegal aspect of abortion, secret abortion pill sellers have thrived over the years (New Era, October 8, 2014). Furthermore, a single tablet is reported to go for as much as N$ 250 to N$ 300 (ibid.). Abortion advertisements are seen on social media such as Facebook for countries in Southern

Africa (including Namibia), offering abortion pills and instructions to self-administering the pills. A Mpumalanga based women's clinic in South Africa offers an abortion package for N$ 1 200 (Heita, 2013). The Chicago Women's Liberation Union (n.d.) concurs that due to the fact that abortion is illegal, it is exorbitantly expensive.

Correspondingly, a higher percentage of females (34%) compared to males (32%) confirmed to knowing or having heard of where someone could have an illegal abortion performed in Namibia. This implies that there is a substantial degree of knowledge on where one can go for illegal abortions in Namibia. This knowledge of where to get an illegal abortion warrants the attention of the health sector, as the knowledge may be shared among the public and may consequently cause backstreet abortionists to thrive. It can be ascertained from the research findings that once a woman/girl has decided to terminate a pregnancy, they are sure to know someone who knows someone who may know of a way to terminate a pregnancy.

As established earlier in the literature review, illegal abortions may consequently lead to incomplete abortions. It is probable that some tissues remain behind in the uterus, which may result in stomach pains, bleeding, or even death (Namibia Planned Parenthood Association, n.d.). Nonetheless, women/girls have been documented to go to great lengths to attain unsafe abortions, regardless of the risks. Their desperation to terminate unwanted pregnancies prove to be boundless. These outcomes certainly warrant a discussion on the possibility of legalizing abortion on demand, as it may prove to lower the rates of illegal abortions. In addition, as revealed in the literature review, the majority of respondents (47%) attested that it is impossible to prevent an unwanted pregnancy with the use of contraceptives. Only 34% confirmed that it is possible to effectively prevent unwanted pregnancies with the use of contraceptives. The reality is that contraceptives

have been known to fail. This shows that as long as the possibility of contraceptive failure exists, unwanted pregnancies are sure to occur.

In Namibia, the contribution of unsafe abortions to maternal deaths in Namibia is unknown (Health Economic and HIV/AIDS Research, 2016). Nevertheless, an astounding 93% of the respondents agreed that illegal abortion poses health risks. This was the highest percentage of males and females (94% and 92% respectively) that the study recorded. This substantial percentage demonstrates the respondents' awareness of health risks posed by illegal abortion. Only 6% of the males and 4% of the females responded that there were no health risks, while only 2% of the respondents claimed to not know. From the 93% of respondents who acknowledged that an illegal abortion poses health risks, only 28% (i.e., 34% of the females and 22% of the males) said they would advocate for abortion to be legalized on demand. These results are somewhat contradictory as the majority of the respondents acknowledged the dangers associated with illegal abortions, but nearly half (49%) of them would not advocate for abortion to be legalized on demand. A high percentage of males (52%) and 46% of females represented those who would not advocate for abortion to be legalized on demand. Compared to 22% of the males, a higher percentage of females (34%) said they would advocate the legalization of abortion.

The Beijing Platform stresses the importance of abolishing laws and regulations that discriminate against women (United Nations Women, 2014). The older generation, including the law and policy makers, has given the impression of being conservative on the abortion issue over the years. It is also the older generation that holds the political power and influence. The younger generation, on the other hand (including those who abort), is seemingly restrained by culture and tradition and the influence of the older generation. This is revealed by the significant percentage of 49% of the

respondents who revealed that they would not advocate for abortion to be legalized on demand. This noteworthy percentage outweighs the 28% of respondents who would advocate abortion. This revelation confirms what was previously thought, that the Namibian nation would not allow for abortion to be legalized, as noted by Kenyon (2014). But even so, the literature review proved that it would be beneficial for women's/girls' reproductive health if abortion was to be legalized on demand.

Furthermore, the study found that a significant proportion (47%) of respondents conveyed that the rates of illegal abortions were high, regardless of the majority's choice to not opt for the legalisation of abortion on demand. This was followed by the respondents who claimed that the rates were moderate (22%). On the contrary, only 7% said that the rates were low, while 24% claimed not to know.

There is a noteworthy difference between those who reported abortion to be high and those who reported it to be low. This proves that the majority of the respondents were aware of the escalating rates of illegal abortions occurring in Namibia. The fact that the majority of respondents reported abortion to be high concurs with newspaper reports that demonstrate sky-rocketing illegal abortion rates in Namibia (Smith, 2011).

The research revealed mixed reactions regarding the actual beneficiary of the current restrictive abortion laws in Namibia. Respondents gave the impression that women were the beneficiaries of the current restrictive law. Similarly, 24% argued that no one benefited.

A lower percentage of females (22%) however agreed that women were beneficiaries. Conversely, 28% (the highest percentage) stated that they did not know who benefited. On the other hand, 28% of the males alleged that the beneficiaries were either females or no one.

Women are supposed to benefit from the laws that are put in place for their wellbeing, instead of the laws working against them. The variation in the findings is so vast, such that it can be said that no one can say for sure who has benefited. The fact that both sexes reported a high percentage of "nobody" being a beneficiary to the current law is worrisome. This can be seen as a serious weakness in the current law, as there is no concession on who has benefited from the current restrictions on abortion. Surely this should warrant a discussion on the legalization of abortion on demand.

5.5 Occurrences of legal abortions in Namibia

The study found that respondents were to a certain degree aware of the occurrences of legal abortions in Namibia. Nonetheless, it cannot be said whether these accounts of knowledge are attributed to the current scope of legal abortions in Namibia.

5.5.1 Occurrences of legal abortions in Namibia

The study found that respondents were to a certain degree aware of the occurrences of legal abortions in Namibia. Nonetheless, it cannot be said whether these accounts of knowledge are attributed to the current scope of legal abortions in Namibia.

5.6 Comparative attitudes

In this section, males' and females' attitudes towards the legalization of abortion on demand are revealed and compared with each other.

5.6.1 Abortion restriction in Namibia

The study revealed that the majority of respondents (25%) felt that Namibian abortion laws are too restrictive. The majority of this proportion comprised 56% females and 44% males. More females proved to find abortion laws to be restrictive as compared to males. The study also revealed that a significant percentage of the respondents (21%) demonstrated that they disagreed regarding the restrictiveness of abortion laws. Females accounted for 52%, while males accounted for 48%. This shows that more females disagreed that abortion laws are not too restrictive as compared to males. In addition, 14% of the respondents (i.e., 43% females and 57% males) were neutral. Another 14% strongly agreed (i.e., 57% females and 43% males). An additional 14% did not know. This acknowledgement of 25% of the respondents should be given attention as it is a major concern. The mere fact of restriction means that the law does not cater equally for all its citizens. It is for this reason that if laws are to be passed, they should be beneficial to all citizens and not be restrictive for a particular sex.

CEDAW views restrictions on abortion as a health barrier for women to appropriate health care (Centre for Reproductive Rights, 2011). According to this study, the largest proportion of respondents (25%) simply agreed that the current restrictive abortion laws had proven to be a success. This comprised 48% females and 52% males. The study revealed that more females either disagreed or strongly disagreed to any success brought about by the current restrictive abortion law, as compared to males. This is a clear indication and acknowledgement that the current restrictions on abortion have only proven to be a failure; with a noticeable 18% (i.e., 67% females and 33% males) strongly disagreeing. Additionally, 13% of the respondents said they did not know, while only 10% remained neutral.

5.6.2 Access to abortion

The Committee on Economic, Social and Cultural Rights recognises the importance of access to abortion, as it gives women the power to control the number of children they want to have as well as the spacing of children (Centre for Reproductive Rights, 2011). Astoundingly, most of the respondents (23%) contested that access to safe and legal abortion is not part of women's/girls' reproductive health. These respondents disregarded access to safe and legal abortion as part of women's/girls' reproductive health. Twenty two percent of females and 78% males were of this opinion. This is the highest percentage recorded for males. Furthermore, 58% males and 42% females strongly disagreed on the matter of safe and legal abortion being a female reproductive right.

This ascertains that the significant proportion of male respondents did not perceive safe and legal abortion to be a right. The Centre for Reproductive Rights (2013) writes that safe and legal abortion is a woman's human right; surely all women around the world deserve the same human rights. Abortion is a sex based aspect because only women experience pregnancy and the complexities around pregnancy. A noticeable 60% of the respondents either strongly disagreed or disagreed that restricting abortion is not sex based discrimination; the majority of these were male respondents. Only 13% of the respondents perceived restrictions on abortion to be sex based discrimination, and the majority of these respondents were females.

Nonetheless, 20% of the respondents claimed that safe and legal abortion was one of women's/girls' reproductive rights. Moreover, 19% strongly agreed (i.e., 58% females and 42% males). On the other hand, only 7% of the respondents claimed not to know, while 11% remained neutral. This reveals that the majority of respondents had positive attitudes towards reproductive

rights. Also, the study revealed that the majority of respondents (42%) revealed that access to abortion should be on the grounds that the pregnancy was a result of rape/sexual assault or incest. In addition, 14% of the respondents opted for access to abortion on the grounds that the life of the mother is at risk if the pregnancy is allowed to continue. Moreover, 2% opted for the case that the mother is mentally incapacitated or the baby may be born deformed. These three grounds for abortion are already catered for by the Namibian Abortion and Sterilization Act of 1975.

A noticeable 19% of respondents opted for no access to abortion. This accounted for 26% females and 74% males. These statistics reveal how strongly the majority of males feel about access to abortion. It proves that they prefer that abortion should not at all be legalized. On the other hand, a higher percentage of males compared to females agreed that abortion should be legalized and available on demand if the woman/girl does not want to keep the baby. This accounted for 62.5% males and 37.5% females. Moreover, respondents were asked about the possibility of the legalization of abortion on demand with a deadline. The responses revealed that 60% of the respondents felt strongly that if abortion was to be legalized on demand, there should be certain restrictions such as a deadline to this access.

The results revealed that 41% of the respondents (i.e., 51% males and 49% females) ascertained that if abortion was to be legalized on demand, it should be restricted within the first week only. This however is not practical as not all women/girls will detect their pregnancy within the first week of pregnancy. What is more practical, however, is the 16% of respondents who said that access to abortion should be within the first trimester. This accounted for 31% males and 69% females. First trimester abortions are known to be the safest and most effective (Grossman, 2004). Second trimester abortions are also acknowledged as safe. As advanced as this stage of pregnancy

is, a medical abortion can still be performed safely by specialized health professionals (Gemzell-Danielsson & Lalitkumar, 2008).

Only males opted for abortion to be accessed within the third trimester, while 56% males and 44% females decided on access to abortion at any stage of the pregnancy. A third trimester abortion is also known as a late term abortion. This is so because the pregnancy has advanced and is in its final stage. Due to this advancement, risks may be higher and an abortion is not advisable unless the pregnancy has developed serious complications (Hern, 2010). Moreover, an abortion at this stage is considered dangerous and is usually accompanied by serious risks and complications (ibid.). The Committee on Economic, Social and Cultural Rights stresses that the state is expected to ensure that the rights of women are respected and protected (Centre for Reproductive Rights, 2011). The protection of women's health cannot be accomplished if women keep taking uncalculated risks to terminate unwanted pregnancies.

Regarding the matter of women/girls compromising their health in the quest to terminate unwanted pregnancies, the results showed that the majority of female respondents claimed not to know, compared to males. The reality on the ground is that whether or not Namibia will agree with the legalization of abortion on demand, many women in Namibia are suffering and continue to suffer as they attempt to negotiate their way around the current law (Keyon, 2014). Bonkole et al. (2013) report that in countries where safe abortions are scarce, only affluent women can afford the fees of a private doctor, while poor women who are determined to end their pregnancies become willing to risk their health and lives in seeking out unsafe clandestine services. The Centre for Reproductive Rights (2011) argues that governments that punish women who have had abortions penalize women for exercising basic rights. Furthermore, several human rights bodies have

recognized the deleterious impact of restrictive abortion laws on women's health and have consistently raised general concerns about the inaccessibility of safe abortion services (ibid).

The Thomson Reuters Foundation (2013) maintains that restricting abortion is a form of punitive power of the state that harms women's reproductive autonomy. Similarly, the Centre for Reproductive Rights (2011) argues that governments should respect a woman's human right to make the decision regarding her reproductive life. Abortion is a sex based aspect because only women experience pregnancy and the complexities it entails.

It is thought-provoking and alarming how the majority of male respondents either disagreed or strongly disagreed that restricting abortion on demand is a violation of women's/girls' reproductive rights. CEDAW attests that restriction on abortion is categorized as laws that criminalize and punish women (Centre for Reproductive Rights, 2011). The study revealed that women/girls who are known to have undergone illegal abortions are ostracized by their societies. They are treated differently from others. This was confirmed by 35% of the respondents, while a significant 42% argued that these women are treated just like anyone else. Nonetheless, there is a noticeable degree of stigma attached to those women who have undergone illegal abortions. This is affirmed by 28% of the respondents, while an astounding 50% affirmed that women who have had an abortion are not perceived to be bad people.

5.6.3 Unwanted pregnancies and baby dumping

CEDAW advocates one's decision to control one's reproductive capacity (Centre or Reproductive Rights, 2011). The study revealed that the majority of respondents strongly agreed that a woman/girl had the right to decide whether or not to have a baby. This accounts for 57% females

and 43% males. On the other hand, both males and females reported an equal percentage on simply agreeing.

The decision on whether or not to continue with a pregnancy should lie with the woman; this is so because women ought to control their fertility (Centre for Reproductive Right, 2011). Nonetheless, a higher percentage of male respondents (an astounding 89% males and as opposed to only 11% females) disagreed that a woman/girl has the right to decide whether or not to have a baby. Whereas respondents who strongly disagreed were 67% males and 33% females. It is interesting how the majority of respondents opted to either agree or disagree that a woman/girl has the right to decide whether or not to have a baby. In addition, both male and female respondents equally agreed that a pregnant woman/girl is in a better position to know whether or not to carry on with a pregnancy. The rest of the world is merely an observer to a woman's/girl's pregnancy. Only the pregnant person truly knows the feelings that accompany a pregnancy. Logically, only the pregnant woman/girl is in a position to know their circumstances that the baby will be born into. Only she can truly know what awaits the unborn baby. It is for this reason that she may decide to or not to bring a child into this world, knowing what awaits the child. This is supported by the study findings, whereby 57% of the female respondents strongly agreed that a pregnant woman/girl is in a better position to know whether or not to carry on with a pregnancy.

With regards to the question of whether or not there is a link between baby dumping and restricted access to abortion, the majority of respondents agreed. This accounted for 28% of all respondents.

Similarly, 77% of the respondents either agreed or strongly agreed that a woman/girl has the right to decide what happens to and inside her body. Only 12% of the respondents either disagreed or

strongly disagreed. Statistics from the study illustrate that the majority of females are in favour of females having the right over their body and to decide what happens to and inside their bodies.

A woman or girl should be emotionally and psychologically ready to bear the responsibilities that come with bringing a child into this world. This was supported by 58% of the females and 46% of the males. Children who are born unwanted would inevitably suffer the predicament of being viciously dumped. It is noticeable from the data how the majority of respondents either agreed or strongly agreed that every child that comes into this world should be born wanted. This accounted for a significant percentage of 79% of the respondents, while only 14% disagreed or strongly disagreed. Even so, 20% of the respondents who disagreed were female, compared to an astonishing 80% of male respondents. This could be attributed to biological functions, whereby the majority of females opted for children to be born wanted. On the other hand, only male respondents strongly disagreed. This could be attributed to the fact that males are simply observers of wanted or unwanted pregnancies.

Additionally, 25% of the respondents agreed that the possibility of legalizing abortion on demand may reduce maternal mortality rates. Females accounted for 40% of those who agreed and 59% of those that strongly agreed. On the other hand, males accounted for 60% of those who agreed, while constituting 41% of those who strongly agreed. Only 1% was missing, while 9% remained neutral.

The majority of female respondents seemed to acknowledge their concerns of decreasing maternal mortality, even if it means legalizing abortion on demand as an approach to declining maternal mortality.

5.6.4 The question of legalizing abortion on demand

The bone of contention lies with the question of whether or not the Namibian society will allow for abortion to be legalized on demand. The research revealed that 62% of males and 38% of females either strongly disagreed or simply disagreed, while only 42% males and 58% females either strongly agreed or simply agreed that the Namibian society would allow for abortion to be legalized on demand. The statistics show that respondents had more knowledge of occurrences of illegal abortions (83%), than they had for occurrences of legal abortions (24%). Despite the 93% of respondents who acknowledged the risks associated with illegal abortions, 49% of respondents would not advocate for the legalization of abortion on demand, despite the associated risks. The results also revealed that 59% of the respondents were sensitive to the gestational period (i.e., males 47.5% and females 52.5%), compared to 18% who would advocate abortion at any stage of the pregnancy (i.e., males 56% and females 44%). It is noteworthy that the less the gestational age, the higher the number of responses was. This concurs and confirms the belief that the Namibian nation will not allow for abortion to be legalized on demand.

Nonetheless, the study unveiled that males were more in favour of abortion being legalized on demand, while females were more in favour of building more orphanages and adoption as an alternative to baby dumping. Furthermore, 59% of the respondents attested that restrictions on abortion do not stop illegal/unsafe abortions.

Regardless of the respondents who opted for adoption to be the alternative to baby dumping, the reality on the ground is that women/girls have not seen that as an option, but have rather opted for infanticide and baby dumping.

The legalization of abortion on demand can prove to embrace all categories and intersections of women who seek an abortion. These categories may include wanting to postpone childbearing, economic reasons and so forth. It should be noted that a woman who decides to have an abortion must have access to the facilities and care that will enable her to terminate her pregnancy safely. This is because incidences of unsafe abortions are closely associated with high maternal mortality rates (Centre for Reproductive Rights, 2013). Moreover, evidence shows that restrictive legislation is associated with higher rates of public health problems, including unsafe abortion and correspondingly high maternal mortality (Ministry of Health and Social Services, 2000). Maternal deaths due to unsafe abortion can be done away with if abortion were to be legalized on demand as it is done in the Netherlands.

The Chi-square tests of association indicate that sex is not necessarily a determiner of attitudes towards the legalization of the availability of abortion on demand. The Chi-Square test has confirmed the previous beliefs that most Namibians would not advocate for abortion to be legalized on demand (De Bruyn, 2011). Additionally, male and female attitudes do not coincide with the protocols and conventions that Namibia is signatory to. From this observation it can be concluded that the study aims and objectives were met. Despite this revelation, abortion debates should continue, as turning a blind eye on abortion has proven to be catastrophic. Furthermore, the wants of the Namibian society should not outweigh its needs. The revelation that most Namibians would not advocated for abortion to be legalized on demand does not necessarily mean that the Abortion and Sterilization Act should be left the way it is. Legalizing abortion on demand may prove to be beneficial to women's health, despite the resistance to enact it.

The state should consider having campaigns to create awareness on the dangers associated with illegal abortions. This would partially cater for the reality on the ground and possibly have a significant impact on maternal health.

5.7 Summary

The reality is that illegal and unsafe abortions in Namibia are happening irrespective of the current laws. The research confirmed that women who seek illegal abortion will most certainly find a way around the law as there exists knowledge on illegal abortions and where to acquire them.

Nevertheless, it cannot be ignored that the rest of the world stands as mere observers of unwanted pregnancy. Only the pregnant person truly knows the feelings that accompany an unwanted pregnancy. A woman or girl should be emotionally and psychologically ready to bear the responsibilities that come with bringing a child into this world. Children who are born unwanted may inevitably suffer the predicament of being viciously dumped.

Nevertheless, it is not important whether or not Namibia is signatory to protocols, charters and conventions. What is imperative is the human rights element and the acknowledgement that any woman in the world could benefit from the legalization of safe abortion services on demand. It is for this reason that states should by no means interfere with a woman's choice of whether or not to continue with a pregnancy (Centre for Reproductive Rights, 2011). Even so, only a pregnant woman is in the position to know if she is ready to have a child and if she wants to carry the pregnancy to term. The government should in no way play any role in making that private decision for her (Centre for Reproductive Rights, 2011). A difference can come about if the Namibian government permits safe abortions.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Firstly, this research aimed to compare men's and women's attitudes towards the legalization of abortion on demand. Another aim was to analyse the extent to which these attitudes are consistent with Namibia's human rights obligations and the protocols that Namibia is signatory to.

This research advocates for the vindication of women's human and reproductive rights, as the state has breached human rights obligations towards protecting and fulfilling women's human and reproductive rights. It can then be said that the state has failed in its responsibilities to provide equal enjoyment of rights to all its citizens, including the fulfilment of human and reproductive rights.

The research concludes that despite respondents' reluctance to advocate the legalization of abortion on demand, society still faces the consequences of illegal abortions and increasing rates of baby dumping. Baby dumping can be decreased by legalizing abortion in the early stages of the first trimester and possibly criminalizing it after the first trimester of having given women and girls an opportunity to have a safe and legal abortion. What society wants might not necessarily serve in their best interest. It is imperative that the Abortion and Sterilisation Bill be revisited and amendments made. Respondents revealed that the current restrictions on abortion have not proven to be a success; therefore legalizing abortion on demand may prove to have a significant effect on lowering illegal abortion incidents and benefit women's health. Restrictive abortion is, without doubt, an obstacle to "holding high the banner of liberty". It would prove to be beneficial for the

Namibian women's and girl's reproductive health if restricted laws are amended to at least within three months of the pregnancy.

If the abortion law is not revisited and amended, then the state would have proven to breach its human rights obligations towards protecting and fulfilling women's reproductive rights and maternal health. It could then consequently be said that the state has greatly failed in its responsibilities to provide for the equal enjoyment of rights to all its citizens, including the fulfilment of human and reproductive rights. Restricted abortion should be acknowledged as a serious violation of women's reproductive rights. It is therefore clear that the structure is insensitive to women's position and condition when it comes to the issue of abortion.

Nonetheless, it cannot be ignored that statistics speak for themselves. A noteworthy percentage of respondents (49%) would not advocate for abortion to be legalized on demand, regardless of the risks that accompany unsafe and illegal abortion practices. Society needs to be sensitised and educated on the benefits that come with legalizing abortion on demand. It is impractical to reinforce laws that have proven to be dysfunctional for more than two decades. Furthermore, political and religious leaders are to play a role in spearheading this cause. Outreach and advocacy programmes and campaigns will create awareness in society. This awareness could possibly change and influence society's perception and attitudes towards the legalization of abortion on demand.

6.2 Recommendations

Despite the fact that the study found that the majority of respondents would not necessarily advocate for the legalization of abortion on demand, it is imperative that the society remains open minded. The controversy associated with abortion should not hinder the benefits that legalizing

abortion on demand may bring. This is so because a noteworthy percentage of respondents revealed that the current restrictive laws have been a failure. Newspaper articles prove that women who seek illegal abortions are sure to find them. The study also revealed that there is a significant percentage of individuals who know of individuals who can perform illegal abortions as well as where to get an illegal abortion done. This information should not be ignored. It is of paramount importance that society is educated about the dangers associated with illegal or unsafe abortions. Campaigns on maternal health and risks associated with unsafe and illegal abortions could prove to be a success. Moreover, a solution must be found for unwanted pregnancies. Advocating for safe sex is not enough. It has not successfully catered for the reality on the ground. It is more practical to advocate and campaign for sexual and reproductive health rights, but most importantly where to go and what to do with unwanted pregnancies. The long awaited abortion debate should finally be given the justice and platform that it deserves. This is to ascertain the future of sexual and reproductive health in Namibia.

Clearly, Namibia can no longer remain silent on the issue about the legalization of abortion. This is because more than twenty six years of independence have not brought about the necessary changes. It is most probable that tabling abortion concerns may bring about significant social change in the reproductive health arena. Maternal health and reproductive health should become a priority.

The state ought to actively address unsafe and illegal abortions. It is time for the parliament to table a Bill on the possibility of legalizing the availability of abortion on demand in order to provide a safe and legal option to women who seek it. Women should be given a choice of safe

and legal abortions at a cost that the majority of women from all walks of life may be able to afford.

The younger generations are the future leaders. They should therefore be oriented with laws and policies. It is for this reason that, alongside the children's parliament, there should be a youth parliament comprising young people of the ages 18 to 30. This should be the platform where issues such as the abortion debate can be tabled and later brought to the Namibian parliament. The youth are the majority of those who fall prey to illegal and unsafe abortions. It is therefore imperative that they take part in influencing functional laws.

Inaction regarding the legalization of abortion inevitably implies that Namibia is moving backwards in terms of progressive reproductive health laws. The Chicago Women's Liberation Union stresses that the answer to this abortion dilemma is to make the right to abortion a federal constitutional right (Chicago Women's Liberation Union, n.d.).

It is imperative to have functional youth-friendly sexual reproductive health centres as well as sections in clinics that cater for sexual and reproductive health issues. These centres or clinic sections should be equipped with sexual reproductive health experts.

Lastly, this study simply revealed the attitudes towards the legalization of abortion on demand; therefore further research should be done to further understand the paradox behind this controversial topic. It should also be researched why respondents would not advocate for the legalization of abortion on demand, despite their acknowledgement of the risks associated with illegal and unsafe abortions.

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Annex 1: Research questionnaire

Questionnaire number		Youth centre	

UNAM
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A COMPARATIVE STUDY OF MEN AND WOMEN'S ATTITUDES TOWARDS THE LEGALISATION FOR THE AVAILABILITY OF ABORTION ON DEMAND: THE CASE OF YOUTH CENTRES IN KATUTURA, WINDHOEK

THIS IS AN ANONYMOUS QUESTIONNAIRE. IT DOES NOT INCLUDE YOUR NAME OR ANY OTHER INFORMATION, WHICH WOULD IDENTIFY YOU INDIVIDUALLY. THE INFORMATION YOU GIVE WILL BE TREATED AS STRICTLY CONFIDENTIAL AND SERVES STATISTICAL PURPOSES ONLY.

Your participation is voluntary.

INSTRUCTIONS:

PLEASE ANSWER ALL QUESTIONS AS HONESTLY AS POSSIBLE.

CHOOSE *ONLY ONE* ANSWER- NO MULTIPLE ANSWERS.
CROSS OUT WITH AN (X) THE MOST APPROPRIATE ANSWER.

Section A – Demography

1. Age of respondent

18		21		24		27		30	
19		22		25		28			
20		23		26		29			

2. Sex of respondent

1.	Male	
2.	Female	

3. Marital status of respondent

1.	Married		4.	Single	
2.	Living with partner		5.	Divorced	
3.	Widowed		6.	Others	

4. Level of formal education

1.	Grade 1 to 7		5.	Teacher's training	
2.	Grade 8 to 10		6.	Tertiary education	
3.	Grade 11 to 12		7.	No formal education	
4.	Vocational training				

5. What is your religion?

1.	Christian		5.	Baha'i	
2.	Muslim		6.	Protestant	
3.	Atheist		7.	Other, specify	
4.	Judaism				

6. What is your home language?

1.	Oshiwambo		6.	Silozi	
2.	Otjiherero		7.	Rukwangali	
3.	Afrikaans		8.	Setswana	
4.	Khoekhoegowab		9.	Other, specify	
5.	English				

7. What is your nationality?

1.	Namibian		5.	Zambian	
2.	Angolan		6.	Botswana	
3.	Zimbabwean		7.	Others, specify	
4.	South African				

Section B – Knowledge

8. Abortion is

1.	Termination of a pregnancy	
2.	Deliberate termination of an unwanted pregnancy	
3.	I don't know	

9. Unsafe abortion is

1.	Termination of a pregnancy by someone who does not have professional skills	
2.	Terminating a pregnancy without professional medical supervision	
3.	Taking tablets, substances or insert objects into the vagina to disrupt the pregnancy	
4.	I don't know	

10. Abortion in Namibia is

1.	Legal	
2.	Illegal	
3.	Restricted	
4.	I don't know	

11. Illegal abortions occur in Namibia

1.	Yes	
2.	No	
3.	I don't know	

12. Unsafe abortions occur in Namibia

1.	Yes	
2.	No	
3.	I don't know	

13. Abortion is allowed in Namibia when a mother or child's life is in danger

1.	Yes	
2.	No	
3.	I don't know	

14. Abortion is allowed in Namibia if the pregnancy is a result of rape or incest

1.	Yes	
2.	No	
3.	I don't know	

15. Do you know anyone who has had an illegal abortion in Namibia?

1.	Yes	
2.	No	

15.1. If so, were there any complications or risks involved?

1.	Yes	
2.	No	
3.	I don't know	

16. Do you know anyone who has/had gone to South Africa for an abortion?

1.	Yes	
2.	No	
3.	I don't know	

16.1 If so, were there any complications or risks involved?

1.	Yes	
2.	No	
3.	I don't know	

17. Do you know anyone who has had a legal abortion in Namibia?

1.	Yes	
2.	No	
3.	I don't know	

17.1. If so, were there any complications or risks involved?

1.	Yes	
2.	No	
3.	I don't know	

18. Do you know or have heard of someone who can perform an illegal abortion in Namibia?

1.	Yes	
2.	No	
3.	I don't know	

19. Do you know or have heard where someone can have an illegal abortion performed in Namibia?

1.	Yes	
2.	No	
3.	I don't know	

20. Do you know or heard how someone can have an illegal abortion performed in Namibia?

1.	Yes	
2.	No	
3.	I don't know	

21. In your opinion, does an illegal abortion pose any health risk?

1.	Yes	
2.	No	
3.	I don't know	

21.1 If so, what would you say the health risks include?

1.	Infections / illnesses	
2.	Death	
3.	Infertility	
4.	Health complications (pre-term births/uterine perforation/cervical lacerations)	
5.	Cervical or ovarian cancer	
6.	Psychological effects	
7.	All the above	

21.2. Knowing that illegal abortion possess these risks, would you advocate for abortion to be legalized on demand?

1.	Yes	
2.	No	
3.	Not sure	

22. On what grounds should a girl/woman have an abortion?

1.	No grounds	
2.	Rape / sexual assault / incest	
3.	On demand if she does not want to keep the baby	
4.	The mother is mentally incapacitated or the baby may be born deformed	
5.	The life of the mother is at risk if the pregnancy is allowed to continue	
6.	If a girl is in school or too young	
7.	Poverty / Financial problem	

23. Illegal abortion rates in Namibia are

1.	High	
2.	Low	
3.	Moderate	
4.	I don't know	

24. If abortion on demand was to be legalized in Namibia, it should have a deadline?

1.	Yes	
2.	No	
3.	Not sure	

24.1. If so, the deadline should be

1.	Within the first week only	
2.	Within the first trimester	
3.	Within the second trimester	
4.	Within the third trimester	
5.	At any stage of the pregnancy	

25. Emergency contraceptives (morning after pill) is the same as abortion

1.	Yes	
2.	No	
3.	I don't know	

26. It is impossible to prevent unwanted pregnancies by contraceptives alone

1.	Yes	
2.	No	
3.	I don't know	

27. One of the alternatives to baby dumping is

1.	Legalizing abortion on demand	
2.	Building more orphanages	
3.	Adoption	

28. Who has benefited from the current restricted abortion laws in Namibia?

1.	Women / girls	
2.	Men / boys	
3.	The state / government	
4.	Namibian society	
5.	Nobody	
6.	I don't know	

Section C – Attitudes

Please indicate for each of the following statements whether you **disagree strongly**, **disagree a little, agree a little, or strongly agree or neutral**	Disagree	Strongly Disagree	Neutral	Agree	Strongly agree	I don't know
29. Namibian abortion laws are too restrictive						
30. It is good that Namibian abortion law restricts access to abortion						
31. Restricted abortion laws in Namibia has proven to be a success						
32. In my culture, a woman who has had an abortion is treated just like anyone else						
33. In my culture, every woman is expected to be a mother						
34. Women / girls who have had an abortion are bad people						
35. Access to safe and legal abortion is part of women /girl's reproductive rights						
36. Restrictive abortion laws can lead to death and sickness						
37. A woman / girl has the right to decide whether or not to have a baby						
38. A pregnant woman / girl is in a better position to know whether or not to have the baby						
39. A woman / girl should have the right to decide what happens to and inside their body						
40. A woman / girl has the right to decide whether or not to carry on with a pregnancy						
41. Women / girls compromise their health on the quest to terminate unwanted pregnancies						
42.Women / girls have unsafe and illegal abortion because they do not want to continue with the pregnancy						
43. Legalizing abortion on demand protects women and girls's health						
44. Restricting abortion on demand is a violation to women / girl's reproductive rights						
45. Restricting abortion is a form of discrimination against women / girls						
46. Every child that comes into this world should be born wanted						

47. There is a link between baby dumping and restricted access to abortion						
48. Illegal abortions are a social problem in Namibia						
49. Legalizing abortion on demand may decrease baby dumping						
50. Legalizing abortion on demand will reduce maternal mortality (death) rates						
51. A significant number of women /girls suffer from complications of unsafe abortion practices						
52. Poor women / girls suffer the most from illegal / unsafe abortions because rich women may go to South Africa to have safe and legal abortions						
53. Abortion should be legalized without any restrictions						
54. Making abortion restricted does not stop women / girls from terminating unwanted pregnancies						
55. Having an abortion is a woman‘s / girl’s private matter and no one else’s business						
56. The Namibian society will allow abortion on demand to be legalized						

Thank you for your time!