

Safe Abortion Solidarity Campaign

Choice.Solidarity.Contexts





Prepared By The Young Feminists Movement Trust Namibia

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Abbreviations

CEDAW- Convention to Eliminate Discrimination Against Women

EUP - Early and Unintentional Pregnancies

FA - Feminist Ally

HIV - Human Immunodeficiency Virus

ICESR - International Convention for Economic and Social Rights

LBT - Lesbian, Bisexual, Transexual

SAS - Safe Abortion Solidarity

SRHR - Sexual Reproductive Health Rights

UN - United Nations

WHRD - Women Human Rights Defender

NAPPA- National Planned Parenthood Association

YFA - Young Feminist Activists

Y-Fem- Young Feminist Movement

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INTRODUCTION

The Safe Abortion Solidarity (SAS) campaign is a campaign led by Y-Fem that seeks to encourage solidarity within the reproductive justice abortion movement as well as to aid in the fight for access to safe, medical abortions for all women in Namibia.

Who is this booklet for?

This booklet is intended for use by feminist activists, advocates, human rights defenders, researchers, academics and any other individual interested in promoting the liberalization of abortion laws in Namibia.

Background

The Safe Abortion Solidarity campaign is directed towards strengthening the reproductive justice movement in Namibia in an ongoing effort to liberalize the abortion laws in the country. Abortion is defined as the removal of pregnancy tissue, products of conception or the foetus and placenta (afterbirth) from the uterus.¹ The choice of the term 'liberalize' comes as a result of the current legal structure on abortion. Section 3 of the Abortion and Sterilization Act² of 1975 allows for the procedure to be carried out, however it is limited to instances of rape, incest or complications to the mother and/or child, can only be accessed under very specific and restricted standards which include lengthy processes such as seeking two medical professionals who are not registered under the Medical, Dental and Supplementary Health Service Professions Act³ (Act No 56 of 1974) and do not

¹ Harvard Medical School. 2019. *Abortion (Termination of Pregnancy)*. Available at <https://www.health.harvard.edu/medical-tests-and-procedures/abortion-termination-of-pregnancy-a-to-z>; last accessed 20 March 2022.

² Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974)

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work together, in addition to that, those who seek the service need to first gather sufficient evidence that the pregnancy does in fact fall under the permitted category. This means those who allege rape and incest have to go through the necessary and usually extensive legal channels to prove their cases and those whose reason falls under medical complications have to go through procedures of proof as well before it can be accepted that they do in fact require the abortion. These situations run the risk of incurring extensive medical and legal bills on the individual in need of the service as well as only meeting the necessary requirements when it is much too late to carry out the procedure. Essentially it could take many months to meet the requirements of a procedure that needs to be carried out urgently.

That is in the case of the legalized abortions. On the other hand there are those in need of this procedure but do not fit into the legally catered for criteria. These include teenagers; economically disadvantaged women and girls who cannot cater to the needs of a child but would be expected to do so as the mother; women who are trapped in abusive relationships; sex workers and other vulnerable groups. Some common impacts of this exclusion includes; risks associated with unsafe abortion, infringement on the right to choice, right to privacy, economic disadvantage to name a few and perpetuating the historic lack of equality that women in Namibia have experienced.

The instances of abortion have been reported to occur more frequently in countries where there are very restrictive laws on the matter. In Namibia while it has been reported that the criminalization of abortion has resulted in many women relying on unsafe forms of abortion, it is difficult to state how many women go through this due to the complications that exist in trying to collect evidence on the matter. In 2016 it was, however reported that over 7000 women died due to practice of unsafe abortions in

³ Harvard Medical School. 2019. *Abortion (Termination of Pregnancy)*. Available at

<https://www.health.harvard.edu/medical-tests-and-procedures/abortion-termination-of-pregnancy-a-to-z>;

⁴ "Unintended Pregnancy and Abortion Worldwide", Guttmacher Institute, July 2020, . The Guttmacher Institute is an international research organisation engaged in work on sexual and reproductive health.

⁵ S Mwatilifange and L Edwards-Jauch, "Reproductive justice in the face of conservatism: youth attitudes towards abortion on demand", 6(2) *Journal for Studies in Humanities and Social Sciences* 2017.

Namibia⁶ It has also been made clear that instances of unsafe abortions are frequent in cases of teenage pregnancies.

In 2020 a petition was initiated by Namibian feminist leader, Beauty Boois, in favour of the liberalisation of abortion laws, and was circulated and received great support from many members of the Namibian society who are in favour of law reform, at present the petition has 62 900 signatures⁸. As the petition was circulating, civil society organizations including the Young Feminists Movement (Y-Fem Trust), as well as Women Human Rights Defenders (WHRDs), Feminist Allies (FAs), scholars and activists, were called upon to form the Voices and Choices for Rights Coalition in Namibia (VCRC) which leads the reproductive justice movement in Namibia. Since then this coalition has organized protests in favor of abortion and been involved in various forms of activism to ensure that the laws and deliberation on the matter persists. In 2021, the parliament of Namibia finally tabled the subject and have, since then, been deliberating on the matter of law reform¹⁰. The deliberations have largely been going on in public hearings however it has been clear in the past few months that the public hearings are often prejudiced in favour of the anti-choice movement and this has grossly impeded on the process of democracy in the fight for law¹¹ reform.

⁶ T Tjihenuna. 28 March 2017. *Unsafe abortions reach 7 000 mark*. The Namibian. Available at <https://www.namibian.com.na/162911/archive-read/Unsafe-abortions-reach-7-000-mark> last accessed on 20 March 2022.

⁷ Mallet J G, Bruyn M and Kuveya V. (2011). *Information and women's testimonies about abortion in Namibia*. Namibia Women's Health Network. Namibia.

⁸ Legalize Abortion in Namibia. 2020. Available at <https://www.change.org/p/honorable-dr-kalumbi-shangula-minister-of-health-and-social-services-legalize-abortion-in-namibia> last accessed on 20 March 2022

⁹ Petition: Call For Dialogue and Consideration for the Liberalization on the Current Abortion Act in Namibia. 2021. Available at <https://www.parliament.na/wp-content/uploads/2021/08/Liberalize-the-Abortion-law-in-Namibia-copy-min.pdf> last accessed 20 March 2022.

¹⁰ Ibid

¹¹ Parliamentary Committee Prejudice Public Hearings. 2022. Available at <https://neweralive.na/en/posts/opinion-parliamentary-committee-prejudice-during-abortion-hearings> last accessed on 20 March 2022

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The director of Y-Fem Trust, Florence |Khaxas and Irene \\Garoes the program LEAD experienced the unjust nature of these processes and immediately moved to initiate the Safe Abortion Solidarity Campaign in Namibia. This campaign has largely been focused on getting as many women and grassroots activists involved in the movement for law reform as possible who are in favour of it. The main focus has been on women in rural and remote locations, getting their voices heard especially in the ongoing public hearings on the matter. It is important for women and girls to actively participate and influence the change they would like to see.

So far Y-Fem has managed to reach out to the \\Karas, Erongo, Oshana, and Otjozondjuba regions, where it was found that many women are in favour of the liberalization of the abortion laws, but many of them feel they cannot speak on the matter due to negative stigmas and fear of backlash from other members of community and relatives who are against the reproductive justice movement. The campaign largely focuses on women's right to choice, building solidarity and making sure all contexts are considered.

CHOICE

What is meant by “choice” and how does a lack of access to liberalized abortion laws infringe on women’s right to choice?

The subject of abortion is closely tied to the the right to free dom of choice in sexual health and reproductive rights. Article 14 of the Maputo Protocol and its corresponding General Comment 2 relate to women’s rights to control their fertility, contraception, family planning, information and education and abortion, thereby allowing her the right to choose in terms of her sexual health and reproductive rights.¹² The aspect of “choice” is of central concern in this discussion because it affects how women can experience their right to **bodily autonomy**. Bodily autonomy refers to a woman’s right to individually make decisions about her own body and reproductive functions, as well as the power to determine the type of family planning option best suits her.¹³ The lack of access to more liberal abortion laws alongside the strenuous processes required to fulfill the legally prescribed conditions to get an abortion, infringe upon women’s rights to experience and fully enjoy liberty, dignity and privacy as articulated in Chapter 3 of the Constitution of Namibia.¹⁴

This right is at the very core of her fundamental right to equality and privacy, concerning intimate matters of physical and psychological integrity.¹⁵ The rights of foetal lives are purchased at the cost of pregnant women’s right and authority to speak on such rights comes from third right assertions that they, rather than the ‘mother,’ have the authority to speak on behalf of the foetus regarding its rights.¹⁶

¹² United Nations Human Rights Office of the High Commissioner and IPAS Africa Alliance. Your Health, Your Choice, Your Rights: International and Regional Obligations on Sexual and Reproductive Health and Rights. Available at https://www.ohchr.org/sites/default/files/Documents/Issues/Women/OHCHR_Factsheet_Your_Health.pdf

last accessed 12 April 2022

¹³ Raday F, Facio A, Zelinska E, Aouij E, Chandrakirana K (2017). Women's Autonomy, Equality and Reproductive Health in International Human Rights: Between Recognition, Backlash and Regressive Trends. *United Nations Human Rights Special Procedures*.

¹⁴ The Constitution of the Republic of Namibia, Chapter 3

¹⁵ The Constitution of the Republic of Namibia, Chapter 3. Also see, CEDAW Article 13, ICESCR Article 12.

¹⁶ Minkoff, H. L., & Paltrow, L. M. (2006). The rights of " unborn children" and the value of pregnant women. *Hastings Center Report*, 36(2), 26-28.

consideration of what is to be considered an individual with a legal status in society, it has been made clear through legal provisions that such status is preserved for children who have been born; “Children shall have the right **from birth**”¹⁷ such, the debate has become a legal and political issue for Namibian women. Legal in the sense that restriction of safe abortion entails an infringement of constitutionally embedded rights, and political because such policies imply and enforce patriarchal, misogynistic views that women cannot and should not make decisions over their own bodies. ‘Choice’ is a valuable aspect of individual capacity, power and competence to decide restricted by these laws.

Myths About Bodily Autonomy That Undermine Individual Rights and Freedoms

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Myth 1: Bodily autonomy is a Western concept.

Bodily autonomy is about the right to make decisions over one’s own life and future. It is about being empowered to make informed choices. These are universal values.

Governments everywhere have committed, in a variety of international agreements, to protecting autonomy. Respect for autonomy is a core tenet of international medical ethics. And we must not overlook the incredible efforts to secure bodily autonomy being led by advocates all over the world.

Myth 2: There is no right to bodily autonomy.

¹⁷Ibid at Article 15 (1)

¹⁸UNFPA.(2021).Available

at <https://www.unfpa.org/news/bodily-autonomy-busting-7-myths-undermine-individual-rights-and-freedom> last accessed on 31 March 2022.

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Not only is bodily autonomy a human right; it is the *foundation* upon which other human rights are built. It is included, implicitly or explicitly, in many international rights agreements, such as the Programme of Action of the International Conference on Population and Development, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities.

Myth 3: Bodily autonomy represents radical individualism; it undermines group decision-making.

Collective decision-making is common across cultures, societies and governments. But group decisions cannot circumscribe the rights of individuals. This is the case with all marginalized communities, such as indigenous people, often face heightened barriers to realising their bodily autonomy. This could take the form of vulnerability to violence, lack of accurate sexual and reproductive health information or poor access to health services, bodily autonomy is no exception.

In fact, the realisation of individual bodily autonomy actually *requires* collective action. Communities and advocates must come together to dismantle the norms, laws and practices that deprive individuals of autonomy.

Myth 4: One person's bodily autonomy could end up undermining the autonomy of others.

Having bodily autonomy does not mean any person gets to undermine the health, rights or autonomy of others. Individuals have the right to choose whether to have sex or get pregnant, for example, but they are not entitled to impose these choices on others.

No one has the right to violate the rights, autonomy or bodily integrity of anyone else.

Myth 5: Some groups of people are not entitled to bodily autonomy.

Rights are for everyone, full stop. That includes bodily autonomy.

Throughout history we have seen many people – including women, ethnic minorities and other vulnerable populations – denied their fundamental human rights. They were told, in ways big and small, that they lacked the capacity or privilege to make choices for themselves.

These abuses continue today.

Persons with disabilities, for example, are frequently denied their right to accessible sexual and reproductive health information and services. They are too often denied protection from violence; girls and boys with disabilities are nearly three times more likely to be subjected to sexual violence, with girls at the greatest risk. Some are even subjected to forced sterilisation.

People in detention may be subjected to rape or denial of health care.

Young people, too, are often considered incapable of making sexual and reproductive health decisions. Sometimes this means parents make life-altering choices for them, like marrying them off before they reach adulthood. This has to stop.

Guardians have a clear obligation to make responsible decisions in the best interest of their children. Additionally, international agreements respect the rights of older adolescents to participate in important matters affecting them. The United Nations Convention on the Rights of the Child recognizes the evolving capacities of children approaching adulthood, and calls for them to be supported with information, guidance

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and health care that empowers them to participate meaningfully in choices about their bodies and futures.

Myth 6: Bodily autonomy undermines traditions and religions.

Bodily autonomy is not simply about sexual choices and reproduction. It is about a person's whole self—their dreams and potential in life. Most traditions and religions create space for individuals to explore their own conscience on such deeply personal matters as how to protect their health, whether to start a family and how to chart their future. These choices can be – and often are – guided by religious leaders and cultural teachings.

Myth 7: Bodily autonomy is just another women's issue

Any concern affecting the welfare of half of humanity cannot be dismissed as a “women's issue”. But bodily autonomy does not simply affect women. Every individual should be empowered to claim their bodily autonomy. This includes men, women, boys and girls, people of diverse sexual orientations and different gender expressions. It includes people of all races, faiths, nationalities and disability status. The report shows that men, too, can be subjected to violations of bodily autonomy, such as through invasive non-consensual anal exams. People of all genders can experience reproductive coercion – behaviors that interfere with the reproductive choices of others – and even rape.

As is the case with achieving gender equality, the realization of bodily autonomy will fortify the welfare of all people, men and boys included.

The Law And Abortion In Namibia

Abortion law affecting healthcare

2017-09-01 [Staff Report 2](#)



George Sanzila Otavi Health workers often find themselves in a

dilemma when attending to female patients who abort their babies as they have to comply with the Hippocratic oath while simultaneously the law says they disclose such illegal action to the police. Abortion is currently illegal in Namibia and can only be performed under strict medical supervision in cases where the woman was raped, or where there was incest or when the life of the mother is in danger. This quandary, which was related to the Parliamentary Standing Committee on Gender Equality, Social Development and Family Affairs that is visiting the Otjozondjupa Region to ascertain the condition of its health facilities, often results in many women avoiding going to hospital for medical help. This has the potential to greatly affect their health and even result in death. Such predicaments have been experienced by the Otavi health personnel whose pledge to confidentiality is sometimes compromised when treating women who have illegally aborted their babies. “We have experienced a few cases of abortion and are often in a dilemma when dealing with such cases as the law requires us to disclose them and in the process breach the

patient confidentiality pledge that is supposed to be respected,” stated Dr Jasen Mutombo, a supervisor of the Otavi Health Centre. Among a raft of other concerns that add to challenges faced by health officials in the constituency are poor infrastructure, lack of accommodation for staff and transport challenges. According to Mutombo, some patients that are referred for further medical care end up dying on the road, or while waiting for transport, as the constituency has no ambulance driver and relies on transport from Otjiwarongo, which is over 130 kilometres away. “Our infrastructure lacks space. Even the integrated health service introduced by the ministry is not being implemented because of lack of space.” “We also have lack of accommodation for staff. Transport is a major challenge as we only

have one ambulance, which has been returned to Otjiwarongo because we don't have a driver," he added. "Otjiwarongo is over 130 kilometres away and patients have to wait, and when they get help, if they have serious conditions, they end up dying on the road," complained Mutombo. Otjiwarongo is still the administration centre of the Otavi health district, where its patients are referred. Repeated calls for the district to be administered from Tsumeb district, which is just over 60 kilometres away, have fallen on deaf ears. The area further grapples with many cases of gender-based violence. What seems to exacerbate matters is the withdrawal of police cases by the victims. A woman activist noted during the meeting that it could be that poverty in the area is forcing many women to reconcile with their partners even in the face of repeated physical abuse as they are their only source of livelihood. A police representative at the meeting appealed for a review of the law to prevent the constant withdrawal of cases by victims. The Otavi Health Centre serves over 12,000 patients with services related to sexual reproductive health rights such as maternal cases, provision of contraceptives, PMTCT, HIV testing and counselling and male circumcision, among many others. It has a staff complement of eight and one doctor. Over 1,500 patients are under HIV treatment. The SADC Parliamentary Forum launched a project on sexual reproductive health and rights, HIV and AIDS in Namibia recently, which has compelled members of parliament to be advocates for sexual reproductive health rights and HIV and AIDS. * George Sanzila is chief information officer at the National Assembly in the Division Research, Information, Publications and Editorial Services.

International Agreements

Article 144 of the Constitution of Namibia makes it clear that Namibia is subject to the terms of international policies that it is a signatory¹⁹ To these tools are crucial ways in which international bodies have recognised ways in which states should protect their populations. Opting to sign these agreements denotes understanding the value of these tools and essentially makes the promise to comply with them.

How the Convention on the Elimination of Discrimination Against Women (CEDAW) Seeks To Protect Against GBV and to Provide for Reproductive Justice

The Convention on the Elimination of Discrimination Against Women is a treaty that Namibia is a part of which was formed by the United Nations. It communicates the need to protect women's right to reproductive justice; in Article 11(1)(f) it provides that States are obligated to ensure that there is protection of women's health and

¹⁹The Constitution of the Republic of Namibia, Article 144

reproduction?²⁰ This is further elaborated upon in the CEDAW General Comment No. 19 which states that abortion laws should ensure that women are not subjected to having to put themselves at risk by seeking unsafe abortions.²¹ This takes note of the fact that many women have been endangered by the practice in Namibia it has been revealed that 12-16% of annual maternal deaths may be attributed to unsafe abortions.²²

CEDAW General Comment No.35 which updates number 19 adds that the failure to provide safe option for abortion as well as adequate post-abortion care and educational information regarding reproductive rights, amounts to gender based violence.²³ It also states that criminalisation of abortion affects women disproportionately and should be done away with.²⁴ Effectively pointing out the violent nature of these laws. General Comment 24 through section 12 (d), further provides that states should avoid making restrictive laws on abortion as it is a matter that disproportionately disadvantages for women as women may not seek the aid they need when they encounter health hazards of unsafe abortions due to fear of the legal consequences.²⁵ Moreover, that states should ensure that they do not punish women for the act of abortion.²⁶

The Government's Implementation of the Maputo Protocol

The Maputo Protocol provides in Article 14 (2)(c) that States should accommodate women's reproductive health, by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and

²⁰ Convention on the Elimination of Discrimination Against Women

²¹ CEDAW General Comment No. 19: Violence Against Women (1992)

²² Olwage, E and Shutyuwete, T. (2022). The Human and Medical Cost of Unsafe Abortion In Namibia. Voices Rights and Choices Coalition (VCRC). Windhoek, Namibia.

²³ CEDAW General Comment No.35 : On Gender Based Violence Updating General Comment No.19, at section 18

²⁴ Ibid, at section 31(a)

²⁵ CEDAW General Comment No.24: Article 12 of the Convention (Women and Health) (1999, 20th Session)

²⁶ Ibid, at section 31 (c)

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physical health of the mother or the life of the mother or the foetus.²⁷ The government has certainly applied this in Act 2 of the Abortion Sterilisation Act, however, the way in which this can be accessed is strenuous and makes the Act insufficient as a protective tool a mechanism to enjoy reproductive rights.

Why is The Abortion Act 2 of 1975 insufficient?

The Namibian law does allow for the practice of abortion. Section 3 of the Abortion Act 2 of 1975 provides the following circumstances under which abortion can be legally conducted;

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

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

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

(d) where the foetus is alleged to have been conceived in consequence of unlawful carnal intercourse, and two other medical practitioners have certified in writing -

(aa) in the case of alleged rape or incest, after such interrogation of the woman concerned as they or any of them may have considered necessary, that in their opinion the pregnancy is due to the alleged rape or incest, as the case may be; or

²⁷ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa

(bb) in the case of alleged unlawful carnal intercourse in contravention of section 15 of the Immorality Act, 1957 (Act No. 23 of 1957), that the woman concerned is an idiot or an imbecile.

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

These conditions are particularly strenuous for the following reasons:

- 1) The processes to prove that one has become pregnant due to incest and serious threat to one's mental health, are usually lengthy and may result in the approval coming in when one is too far into the pregnancy and it is too dangerous to conduct the procedure.
- 2) The processes that one has to go through to prove that one has become pregnant due to incest, pregnancy can be very costly

While there has been some effort to incorporate the terms of the Protocol, the means to enjoy this right make it difficult to access.

Constitutional Rights

The Namibian Constitution is the highest or most superior form of law in the country.²⁸ This also means that the Constitution should therefore not be deferred from by any other law or belief system that exists within the country. The Constitution recognizes that there are several belief systems that exist within the country and makes room for

²⁸The Constitution of the Republic of Namibia, Article 1 (6)

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diverse experiences and in so doing the law does not align itself to any particular religious or cultural ideologies stating that;

The Republic of Namibia is hereby established as a sovereign, **secular**, democratic and unitary state founded upon the principles of democracy, rule of law and justice for all.

Other Constitutional provisions which shall be explored and referred to in this booklet at greater length include:³⁰ Protection of Life,³¹ Protection of Liberty,³² Respect for Human Dignity,³³ Equality and Freedom from Discrimination.³⁴ The fact that rights are guaranteed from birth,³⁵ and the fundamental freedoms to thought and to practise any religion.³⁶

In addition to the strain in implementation of the current laws, the restriction of access for those who do not fit the prescribed categories is harmful. These restrictions and efforts that have been made to ensure that abortion remains inaccessible, have interfered with the constitutional rights to ;

- Freedom of thought, conscience and belief³⁷
- Right to privacy³⁸
- Right to the protection of personal liberty³⁹

²⁹ Ibid at Article 1 (1)

³⁰ Hubbard D.(1994). *Abortion: is it impermissible under the Namibian Constitution for the state to make abortion illegal?* Legal Assistance Center. p. 67

³¹ The Constitution of the Republic of Namibia, Article 6

³² Ibid at Article 7

³³ Ibid at Article 8

³⁴ Ibid at Article 10

³⁵ Ibid at Article 15 (1)

³⁶ Ibid at Article 21 (1)(b) and (c)

³⁷ Constitution of the Republic of Namibia, Article 21(b).

³⁸ Ibid, Article 13.

³⁹ Ibid, Article 7.

Limitation to the Freedom of Thought, Conscience and Belief

The right to freedom of thought, conscience and belief also provides for the right to choice. Namibia has declared itself a secular state which is built on the principles of democracy, the rule of law and justice for all.⁴⁰ This means that religious beliefs should be separate from state, it underpins the following elements;

1. **Separation** of religious institutions from state institutions and a public sphere where religion may participate, but not dominate.
2. **Freedom** to practice one's faith or belief without harming others, or to change it or not have one, according to one's own conscience.
3. **Equality** so that our religious beliefs or lack of them doesn't put any of us at an advantage or a disadvantage.

The reproductive justice movement has largely been opposed a result of religious and homophobic perspectives. The following are some arguments that have been stated by extremist viewholders as to why the liberalization of abortion should not be considered;

- 1) Interpretations of certain sections of the Christian bible. In this regard they state that, "We are kept responsible by God the Father the creator of Mankind, whom **we** believe...", "We will no longer keep silent, this will be a sign of rejecting the Biblical form of life."⁴¹
- 2) The view that the reproductive justice movement should be opposed because it is a ploy to gain equal rights for the LGBTQ community. "The aim of the activists are the right to gender equality for the legalization of abortion is to grant the

⁴⁰ Ibid, Article 1(1).

⁴¹ National Secular Society. *What is Secularism?* Available at <https://www.secularism.org.uk/what-is-secularism.html> last accessed on 20 March 2022.

⁴² Pro-Life Namibia. 2020. *Pro-Life Namibia: "Rejecting the Legalization of Abortion in Namibia."* Available at <https://www.parliament.na/wp-content/uploads/2021/08/Pro-life-Namibia-copy-min-1.pdf> last accessed on 21 March 2022.

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LBT the equal right, that it is not necessary to “conceive,” to have babies under the same sex marriage.⁴³”

These perspectives undermine the secular nature of the state. LAC director Toni Hancox said he believed such decisions were matters of personal conscience and could not be regulated by the state, more so in what he called the absence of scientific or a human rights-based consensus on the issue.⁴⁴

Abortion, much like any other procedure that one intends to undergo for their sexual health, should be a matter of discretionary choice making.⁴⁵ The right to privacy in decision making includes a woman’s right to choose to have an abortion.⁴⁶ In the case of *Doe v Bolton* it was also decided that in addition to a violation of privacy, the criminalization of abortion also infringes on the right to personal liberty.⁴⁷

The Right To Life

The right to life is at the centre of this debate. It is provided by Article 6 of the Namibian Constitution and it states that;

Article 6 Protection of Life⁴⁸

The right to life shall be respected and protected. No law may prescribe death as a competent sentence. No Court or Tribunal shall have the power to impose a sentence of death upon any person. No executions shall take place in Namibia.

The movement in favour of abortion is often met with assertions that it interferes with the right to life that the unborn child is entitled to. In the 2020 petition by the anti-choice movement, it was alleged that the legalization of abortion would infringe on the right to life.⁴⁹ However this perspective cannot stand when faced with the

⁴³ Ibid

⁴⁴ Majiedt B. *Pro-choice vs Pro-Life Splits Namibia*. July 10 2020. Available at http://www.lac.org.na/news/inthenews/archive/2020/pro_life.pdf last accessed on 21 March 2022.

⁴⁵ Ibid. *Doe v Bolton* 410 U.S. 179 (1973)

⁴⁶ *Roe v Wade* 410 U.S. 113 (1973)

⁴⁷ Ibid

⁴⁸ The Constitution of the Republic of Namibia, Article 6.

⁴⁹ Pro-Life Namibia (2020:2)

scientific explanation of what a living being is. According to the WHO, this only begins at 22 weeks of pregnancy.⁵⁰ Additionally in the South African case case of *Christian Lawyers Association v National Minister of Health and Others*⁵¹ the court rejected the claim that abortion would be an infringement of the right to life, on the grounds that this right is to be enjoyed by babies that have been born not by unborn fetuses. There is a right to life provided to unborn children in the form of *nasciturus fiction*, a legal tool which is used to take action on behalf of an unborn child when there is a potential of harm to their well-being.⁵² This defence has usually been used in cases regarding inheritance and cases wherein a pregnant woman has been harmed and such harm may affect the health of her child it is additionally used where it is clear and certain that an unborn foetus will subsequently enjoy rights after being born.⁵³ This brings us to the question, what is the legal status of a foetus?

Legal status of a foetus and right to life

Below are some common perspectives;

Conservative:

Anti-abortion or anti-choice activists holding the extreme view, argue that human personhood begins from the unicellular zygote and according to the religious stance, one should not have an abortion by virtue of the *imago dei* of the human being,⁵⁴

⁵⁰World Health Organisation. 2001. *DEFINITIONS AND INDICATORS IN FAMILY PLANNING MATERNAL & CHILD HEALTH AND REPRODUCTIVE HEALTH USED IN THE WHO REGIONAL OFFICE FOR EUROPE*. Available at <https://apps.who.int/iris/bitstream/handle/10665/108284/E68459.pdf?sequence=1&isAllowed=y> accessed on 21 March 2022

Also see National Abortion Federation *Safety of Abortion*. Available at https://prochoice.org/wp-content/uploads/safety_of_abortion.pdf last accessed on 21 March 2022.

⁵¹ *Christian Lawyers' Association v National Minister of Health and Others* 2004 (80) BCLR 10

⁵² *Road Accident Fund v Mtati* (332 of 2004) [2005] ZASCA 65 (01 June 2005)

⁵³ Moosa, N (2016). An argument for foetal protection within a framework of legal abortion in South Africa. *Medicine and Law*. Western Cape. South Africa 35:605-624

⁵⁴ Gordon, J. 2020. Abortion. Available at <https://www.iep.utm.edu/abortion/> ; last accessed 2 April 2022

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a central Christian ideal that the right to life is guaranteed by being image-bearers of God.⁵⁵

Liberal:

This perspective holds that human personhood begins immediately after birth or a bit later.⁵⁶ In this view the requirements of personhood are that the birth must be fully completed, and the child must live after the separation, even if only for a short period.⁵⁷

Mixed:

The foetus gains the right to life during the second to third trimester. In this regard, this right is not guaranteed because the foetus is a human being, but because it gains the capacity for sentience.⁵⁸

The reproductive justice perspective comprises of a joint view of the liberal and the mixed perspectives.

As a rule, an unborn foetus (*nasciturus*), does not have a legal status. Rights are conferred upon an individual at birth. The Constitution states that rights are only enjoyed by individuals who have been born.⁵⁹ Additionally the Namibian government is a signatory to the Universal Declaration of Human Rights which states, in Article 1, that; "All human beings are **born** free and equal in dignity and rights."⁶¹

Individuals in a society have different legal statuses and while human rights are not given in accordance with some sort of hierarchy (that one is more important than the other),⁶²

⁵⁵ Ong, P. 2019. What Does Imago Dei Mean For Us? Available at <https://www.hfny.org/blog/what-does-imago-dei-mean-us> last accessed 2 April 2022

⁵⁶ Gordon, J. 2020. Abortion. Available at <https://www.iep.utm.edu/abortion/> ; last accessed 2 April 2022

⁵⁷ Spangenberg, M. 2016. The Beginning of Legal Personality. Available at <https://www.cram.com/flashcards/study-unit-4-the-beginning-of-legal-personality-7854778> last accessed 3 April 2022

⁵⁸ Williams, G. (1994). The Fetus and the "Right to Life." *The Cambridge Law Journal* 53(1), 71-80. <http://www.jstor.org/stable/4507903>

⁵⁹ Ibid

⁶⁰ The Constitution of the Republic of Namibia, Article 15

⁶¹ Universal Declaration of Human Rights, Article 1.

⁶² The Constitution of the Republic of Namibia, Article 10 (The right to equality)

there is an application a progressive measure which depends on the potential⁶³ for life. This can be better illustrated by the case of *S v Mshumpa*⁶⁴ in terms of s 239(1) of the Criminal Procedure Act 51 of 1977⁶⁵ which relates to the killing of a newly born child. Proof is required that the child has breathed in order for one to be found guilty of such a crime.⁶⁵ Ultimately, the law does not recognize the *imago dei* as sufficient grounds to guarantee legal status.

Women's right to life

The right to life is a sore point of contention because there is the question of the life of the person seeking access to abortion. While restrictive laws in favour of abortion are said to be in favour of promoting the life of the foetus, they, in turn suppress the rights of the pregnant woman.⁶⁶ In Namibia, 19% of adolescent girls aged between 15-19 have begun childbearing; though some regions report proportions of more than 36%. Adolescents in rural areas (20%) and with only a primary-level education (26%) tend to initiate childbearing earlier than their urban (16%) and better-educated peers (17%).⁶⁷

The right to life is constitutionally guaranteed for all people who have been born.⁶⁸ As such it is the woman rather than the foetus, who is owed the obligations of the state that are provided in the Namibian Bill of Rights.⁶⁹ The CEDAW Committee points out that this right is negatively impacted due to how restrictive laws amount to GBV and do not protect women in desperate situations who are restricted to going for unsafe

⁶³ Robinson R. 2018. The Legal Nature of the Embryo: Legal Subject or Legal Object? Pioneer in Peer Reviewed Open Access Online Law Publication. Available at <http://www.scielo.org.za/pdf/pej/v21n1/24.pdf> last accessed on 21 March 2022.

⁶⁴ *S v Mshumpa* 2008 1 SACR 126 (E) para [53]

⁶⁵ Criminal Procedure Act 51 of 1977, section 239(1)

⁶⁶ Minkoff, H. L., & Paltrow, L. M. (2006). The rights of "unborn children" and the value of pregnant women. *Hastings Center Report*, 36(2), 26-28.

⁶⁷ Gayle D. (2016). Understanding the Risks of Teenage Pregnancy. *The Namibian*. Namibia, p11.

⁶⁸ The Constitution of the Republic of Namibia, Article 5 (1). Also see UDHR, Article 1

⁶⁹ Ibid at Chapter 3

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options.⁷⁰ At present the woman's right to life is affected in terms of her mental health, physical health and arguably her economic health as well, although for now we shall only explore the mental and physical aspects of her health.

Mental Health: A 2018 study revealed that there is a positive correlation between unplanned pregnancy among adolescent Namibians and negative mental health.⁷¹

This was said to be as a result of the stage of development they are in being particularly sensitive as well as common impacts of teenage pregnancy including;

- (a) Socio-economic difficulties⁷²
- (b) Ill treatment by extended family members
- (c) Poor relationship with parents, guardians and other members of⁷³society
- (d) Stigmatisation and mockery
- (e) Poor school attendance
- (f) Persistent worries and stress regarding unemployment, wellbeing and health of the children and overwhelming experience of the mother
- (g) Persistent guilt

The study revealed that the mental health of adolescents is highly impacted because they lose the chance to get a 'normal' teenage life experience. Below are some statements from participants regarding their social and emotional experiences;⁷⁴

Participant 6: "My mood is often low because my mother abandoned me and I remember there is a day she even called me to tell me she is not my mother and I had to call my father to ask who my mother really is".

⁷⁰ See above on How the Convention on the Elimination of Discrimination Against Women (CEDAW) Seeks To Protect Against GBV and to Provide for Reproductive Justice

⁷¹ Musese A N. MENTAL HEALTH AND COPING STRATEGIES OF TEENAGE MOTHERS IN THE KAVANGO REGIONS. University of Namibia (Unpublished Thesis for Masters in Clinical Psychology) Available at <https://repository.unam.edu.na/bitstream/handle/11070/2255/musese2018.pdf?sequence=1&isAllowed=y> last accessed on 15 April 2022

⁷² Ibid, also see; United Nations Children's Fund (UNICEF) (2008). Young people and family planning: Teenage pregnancy. New York: UNICEF.

⁷³ Ibid, also see; Sodi E. E. (2009). Psychological Impact of teenage pregnancy on pregnant teenagers (Unpublished master's thesis). University of Limpopo, Limpopo, p23; where it was found that there is a high chance of a change in the nature of the relationship between parents/guardians and children when there has been an instance of childhood marriage.

⁷⁴ Ibid

Researcher: I am so sorry to hear this. When was this?

Participant 6: "It was just last week I called her she even insulted me and I just ended up crying because it really hurts. Sometimes I just feel lonely, to make matters worse, sometimes my grandmother scolds me and says things like "this is not your father's house".

Participant 3: "As for me my current low mood is probably attributed to the fact that I never grew up with my biological mother and father, this sometimes makes me feel sad. My father recently moved into a family home where he is also living and sometimes we have misunderstandings. The other day I asked for money to buy a T-shirt at school, an argument just started, I feel like an orphan".

Participant 1: "I also feel bad and my mood is low because sometimes parents say insensitive things as a means of punishment. Also, because they are unemployed and I am the first child and only girl sometimes when I ask for money to buy basic things they tell me that they do not have. They also ask me who will provide for my child if they provide for me, such things contribute to my low mood".

Participant 11: "When I fell pregnant I used to get teased a lot by boys at school and almost dropped out of school. I remember a time when I was at home the whole week and my friends came to visit me, they encouraged me to return to school, thereafter I made a decision to continue and complete my education and become an important person in society one day. In fact, I no longer want to get involved with boys".

Participant 10: "Yes, people usually refer to us as old because we have given birth".

Participant 5: "...for instance in Life Science class when we discuss topics relating to sex or the reproductive system, people in class often laugh and tease us and the teachers do not defend us".

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Additionally unplanned pregnancies have been closely associated with mothers experiencing high levels of postpartum depression.⁷⁵

Physical Health: At present in Namibia women and young girls have been restricted to accessing abortion through unsafe methods which involves unsanitary and uncurated methods which account for 12-16% of maternal deaths in the country.⁷⁶ In 2016, former minister of health and social services, Bernard Haufiku estimated that over 7000 women and girls sought medical attention with abortion related complications.⁷⁷

Ideally, no one has the right to subordinate another in the way that an unwanted pregnancy subordinates a woman to risk her own health and life to protect that of the child.⁷⁸ Additionally a lot of unprepared pregnant women endanger themselves as well as the foetus unintentionally due to lack of knowledge and access to prenatal and postnatal care.⁷⁹ Adolescent girls who are pregnant are also at a higher risk of maternal mortality and morbidity, and their babies at higher risk of neonatal and child mortality.

⁸⁰

In Namibia, it has been revealed that physical health is compromised because unplanned teenage pregnancies have been associated with a great risk for anaemia, stillbirth, premature birth, low birth weight and obstetric fistula.⁸¹

⁷⁵ Gayle D. (2016). Understanding the Risks of Teenage Pregnancy. *The Namibian*. Namibia, p11.

⁷⁶ Legal Assistance Centre. (2020). *Abortion Facts*. Hanns Seidel Foundation. Windhoek Namibia

⁷⁷ Ibid

⁷⁸ Ibid

⁷⁹ Bernadine.V. (2004). Kids having kids. The impacts of teenage childbearing on the mothers and the consequences of those impacts for the government. Washington, D.C.: Urban Institute.

⁸⁰ United Nations Partner Portal. (2022). Integrated Response to Teenage Pregnancies in Namibia. UNICEF.

⁸¹ Gayle D. (2016). Understanding the Risks of Teenage Pregnancy. *The Namibian*. Namibia, p11.

Other Rights: education, respect for human dignity, equality, liberty and privacy

Restrictive laws on abortion additionally involve the violation of rights that harm the quality of life that one can enjoy. The need to protect the quality of life that women can enjoy is further substantiated by the terms of Article 2 of the Maputo Protocol which states that in its policy making, a state is required to;

“integrate a gender perspective in their policy decisions, legislation, development plans, programmes and activities and in **all other spheres of life**”

There is evidence that some vital spheres of life are harmed by the lack of access to more accommodating abortion legislation. These include;

The Right To Education The right to education is provided in Article 20 of the Constitution of Namibia stating;

(1) All persons shall have the right to education.

...

(3) Children shall not be allowed to leave school until they have completed their primary education or have attained the age of sixteen (16) years, whichever is sooner save in so far as this may be authorised by Act of Parliament on grounds of health or other considerations pertaining to public interest.

Unwanted pregnancies have a greater impact on the lives of young women and girls beyond the risk of death. There is also a notable violation of the right to education. When asked about motivations for abortion, learners cited not only fears of having to leave school but also shame, embarrassment, stigma, worries about not being able to support the child financially, not knowing how to look after a baby, and lack of

⁸²Legal Assistance Centre. (2020). *Abortion Facts*. Hanns Seidel Foundation. Windhoek Namibia

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emotional support from their parents or the baby's father.⁸³ Despite school learners being allowed to carry on their studies after pregnancy,⁸⁴ the requirements of motherhood often result in dropping out of school. In 2007 1465 children were reported to have dropped out of school as a result of pregnancy, with 96% of them being girls.⁸⁵ In 2009, a study carried out in Namibia showed that 50% of learner dropouts were caused by pregnancy.⁸⁶ During the Covid-19 pandemic Education executive director Sanet Steenkamp said late last year that 3 625 schoolgirls fell pregnant during 2020, double the 1 542 recorded in 2019.⁸⁷

PERCENTAGE OF TEENAGERS WHO HAVE BEGUN CHILDBEARING includes both mothers and those pregnant with first child at time of survey			
Age at time of DHS survey	1992 survey	2000 survey	2006 survey (unofficial preliminary results)
15	1.3	2.2	2.7
16	6.3	5.8	5.5
17	18.7	16.0	13.9
18	36.0	27.6	21.6
19	45.4	39.3	34.7
Total	21.5	17.6	15.4

Source: Namibia Demographic and Health Surveys 1992, 2000, 2006

Year	Learner-pregnancies recorded
2014	1 797
2015	1 843
2016	4 000

Source: Namibia daily news, (2018)

⁸³ Legal Assistance Centre. (2008). SCHOOL POLICY ON LEARNER PREGNANCY IN NAMIBIA: SUMMARY OF BACKGROUND INFORMATION. *Gender Research and Advocacy Project* Legal Assistance Centre. Ministry of Education. Windhoek, Namibia.

⁸⁴ Basic Education Act 3 of 2020, Section 13(3).

⁸⁵ SCHOOL POLICY ON LEARNER PREGNANCY IN NAMIBIA: SUMMARY OF BACKGROUND INFORMATION. (2008).

⁸⁶ Nekongo-Nielsen, H., Mbukusa, N.R., Tjiramba, E., & Beukes, F. (2015). Investigating factors that lead to school dropout in Namibia.

⁸⁷ Petersen S. (2020). 30 000 Drop Out Of School. *The Namibian*

The Ministry of Education has not ignored these statistics and has taken action to try to prevent the incidents of learner mothers dropping out of school.⁸⁸ This includes incorporation of monitoring mechanisms, teaching life skills to the students with a focus on prevention from trained medical and education professionals, intervention of social workers and continued access to education.⁸⁹ Despite this, there is evidence that the implementation of these mechanisms has not been effective.⁹⁰

The Rights to Human Dignity : The right to human dignity is Constitutionally embedded in Article 8 of the Constitution stating that this right shall be inviolable.⁹¹ It essentially involves the idea that all living human beings have inherent value.⁹² In addition to this it is elaborated that dignity should be guaranteed based on the fact that all human beings are born endowed with conscience and⁹³ reason.

These rights are limited by withholding the woman's ability to decide over her⁹⁴ destiny. By employing restrictive abortion laws it is synonymous with rights having been weighed and it subordinates her in favour of the foetus and additionally incorporates placing her in harm's way due to the immense health⁹⁵ risks. Women in such situations in Namibia are often subjected to having to undertake the responsibilities that come with motherhood while being too unprepared. Dignity can be seen to be compromised due to the stigma and complications that arise particularly from unplanned marriages such as economic hardship, mental health complications and, from premarital

⁸⁸ Basic Education Act 3 of 2020

⁸⁹ Ibid at Section 13

⁹⁰ Iita, H. (2021). Challenges Faced By Learner Mothers in Schools In Omuthi Circuit of Namibia. University of Namibia. Available at https://repository.unam.edu.na/bitstream/handle/11070/2954/iita_2021.pdf?sequence=1&isAllowed=y last accessed 15 April 2022

⁹¹ The Constitution of the Republic of Namibia

⁹² Universal Declaration of Human Rights, Preamble

⁹³ Ibid, Article 1

⁹⁴ Copelon, R., Zampas, C., Brusie, E., & deVore, J. (2005). Human Rights Begin at Birth: International Law and the Claim of Fetal Rights. *Reproductive Health Matters*, Vol. 13:26, 120-129.

⁹⁵ Read section on the Right To Life in this booklet

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pregnancies such as tense relationships with family and excessive strain on adolescent development.⁹⁶

The Right to Protection of Liberty The right to protection of liberty is provided in Article 7 of the Constitution,⁹⁷ this right involves protecting one's ability to enjoy personal freedom.⁹⁸ The case of *Doe v Bolton* it was decided that the criminalization of abortion also infringes on the right to personal liberty,⁹⁹ stating that liberty involves, "...the autonomous control over the development and expression of one's intellect, interests, tastes, and personality."¹⁰⁰

There are two fundamental tests used to determine whether the state's application of 'liberty' is justified,¹⁰¹

(1) The rational relation test which involves using rationality to determine a relationship between the legislation and a particular purpose. This is, however, considered to be a weak test because it is very easy to satisfy and hardly ever results in an invalidation of the legislation.¹⁰²

(2) The compelling necessity test which involves determining whether or not legislation interferes with a fundamental right or freedom, such infringement is only acceptable where there is a compelling state interest.¹⁰³ in the case of *Griswold v Connecticut* Goldberg J stated that, "Where there is a significant encroachment upon liberty the state may prevail by showing a subordinate interest which is compelling."¹⁰⁴

⁹⁶ Musese A N. MENTAL HEALTH AND COPING STRATEGIES OF TEENAGE MOTHERS IN THE KAVANGO REGIONS. University of Namibia (Unpublished Thesis for Masters in Clinical Psychology) Available at <https://repository.unam.edu.na/bitstream/handle/11070/2255/musese2018.pdf?sequence=1&isAllowed=y> last accessed on 15 April 2022. Also Read section on Right to Life: Mental Health in this booklet

⁹⁷ The Constitution of the Republic of Namibia, Article 7

⁹⁸ Right to Liberty. Available at <https://www.libertyhumanrights.org.uk/right/right-to-libel-as/> accessed 15 April 2022

⁹⁹ *Doe v Bolton* 410 U.S. 179 (1973)

¹⁰⁰ *Ibid*

¹⁰¹ Hubbard D. (1994). *Abortion: is it impermissible under the Namibian Constitution for the state to make abortion illegal?* Legal Assistance Centre. p 23

¹⁰² *Ibid*

¹⁰³ *Ibid*

¹⁰⁴ *Griswold v Connecticut* 382 US 479 (1972)

In *Roe v Wade* liberty is said to be closely related to the ability to make personal decisions, stating that, “A woman’s right to make the choice freely is fundamental. Any other result in our view would protect inadequately a central part of that sphere of liberty that our law guarantees equal to all.”¹⁰⁵ This is additionally substantiated by the statement, “ At the heart of liberty is the right to define one’s own concept of existence, of meaning, of the universe and of the mystery of human life.”¹⁰⁶

In the cases of *Roe v Wade*¹⁰⁷ and *Jackson Women's Health Organization v. Dobbs*¹⁰⁸ stated that the right to liberty is violated through the limitation of the right to due process which, in the Namibian context, can be equated to the right to a fair trial provided in Article 12 of the Constitution.¹⁰⁹ The protection of liberty incorporates the right to a fair trial,

The Right to Privacy: The right to privacy is closely related to that of liberty and is provided in Article 13 of the Constitution. It can be applied in accordance with the ruling in *Roe v Wade* where it states;

“This right of privacy, whether it be founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action, as we feel it is, or, as the District Court determined, in the Ninth Amendment's reservation of rights to the people, is broad enough to encompass a woman's decision whether or not to terminate her pregnancy. The detriment that the State would impose upon the pregnant woman by denying this choice altogether is apparent. Specific and direct harm medically diagnosable even in early pregnancy may be involved. Maternity, or additional offspring, may force upon the woman a distressful life

¹⁰⁵ *Roe v Wade* 410 US 113, 153 (1973)

¹⁰⁶ *Thornburgh v American College of Obstetricians and Gynaecologists* 476 US 747, 772 (1986)

¹⁰⁷ 410 US 113, 153 (1973)

¹⁰⁸ *Jackson Women's Health Organization v. Dobbs*, 945 F. 3d 265 - Court of Appeals, 5th Circuit 2019

¹⁰⁹ The Constitution of the Republic of Namibia

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and future. Psychological harm may be imminent. Mental and physical health may be taxed by child care. There is also distress for all concerned, associated with the unwanted child, and there is the problem of bringing a child into a family already unable psychologically and otherwise to care for it. In other cases, as in this one, the additional difficulties and continuing stigma of unwed motherhood may be involved.¹¹⁰”

The nature of this right was discussed in paragraph 55 of the case *Van Straten v Bekker*¹¹¹ wherein it is stated that;

“Courts should steer away from intervening in matters that are intimate in nature and which to some extent amount to personal choices. Accordingly, in my considered view that when the court descends into the deep recesses of the bed-chamber of a couple and issues orders in what should be a private domain, [it] not only amounts to interference, it may also have the potential to harm the dignity of the persons involved in the debate...”¹¹²

The decision on whether or not to carry out a full term of pregnancy and subsequently raise a child, is one that should depend on one’s **desire, capacity and ability** to do so. Much like matters where one may or may not use a certain contraceptive are not a matter of legal debate.

The Right to Equality: The right to is violated through the **discrimination** that is enforced by the restrictive abortion laws, discrimination directly violates the guarantee for life to be ‘respected,¹¹³ to ‘develop in the best way possible.’¹¹⁴

We may adopt the rationale from the case of *S v Damaseb and Another*¹¹⁵ wherein the court stated that given that the vast majority of persons affected by this are female, it can be concluded that such laws serve, “no other purpose than to discriminate against

¹¹⁰410 US 113, 153 (1973) at 163

¹¹¹*Van Straten v Bekker* (I 6056-2014) [2016] NAHCMD 243 (25 August 2016)

¹¹²ibid

¹¹³ibid, at Article 6

¹¹⁴Convention on the rights of the Child, Article 6

¹¹⁵*S v Damaseb and Another* 1991 NR 371 (HC)

women,” and are, “probably contrary to Article 10 of the Namibian Constitution which provides for equality of all persons regardless of **sex**.”

Ultimately it is clear to see that infringement on a woman’s right to choice involves the violation of several other rights such as education, privacy and human dignity (to name a few). The laws that have been created and particularly international agreements such as CEDAW, make it clear that access to abortion is a huge priority for Namibia and that failing to do so essentially allows the state to be a perpetrator of **GBV**.not only clear through the number of rights that are infringed upon, but also through the constraints around the current Abortion and Sterilisation Act.¹¹⁶ Women have been disproportionately disadvantaged by this and continue to be at a disadvantage for as long as these restrictions exist.

¹¹⁶Act 2 of 1975



SOLIDARITY

Shangula spells stance on abortion



News - National | 2020-06-24 Page no: 3
by Tuyemo Haidula

HEALTH minister Kalumbi Shangula says he can push to legalise abortion in Namibia if he gets enough support from women. Shangula made these comments in a telephone interview with The Namibian yesterday when he was asked about his stance on legalising abortion in Namibia. The minister said the issue of legalising the termination of pregnancy on demand must be championed by women themselves because it is their right. Namibians, mostly women, recently took to social media and revived a call for the government to scrap the country's 45-year-old apartheid-era abortion law.

The petition, which was launched about two weeks ago by Banshee Beauty Boois, is addressed to Shangula and deputy health minister Esther Muinjangué. The petition initially set a target of 200 signatures which was later raised to 5 000. By Monday afternoon, the petition had acquired 6 453 signatures.

Boois said she emailed the health minister, his deputy and justice minister Yvonne Dausab to inform them of the existence of the petition and that she would keep them updated regarding the progress of the petition and her intention to submit the petition in hard copy once the target number of signatures has been reached. She is yet to receive confirmation of receipt from the government ministers. Shangula said: "The issue of termination of pregnancy must not be influenced by politics or religion. Any law which has outlived its purpose can be repealed."

Although Shangula said he is yet to receive the abortion petition which was started last week, he is reproductive justice and believes it is about time the anti-abortion law was scrapped. Meanwhile, Boois said she has entered a coalition with various women's rights and human rights groups and organisations in Windhoek such as Young Feminist Movement and She Out-Right Namibia as well as individual activists to discuss and organise the way forward

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regarding the petition said their intention is to submit the petition to the respective ministries as hard copies as “our intended target has been surpassed in terms of signatures. We currently have collected 6 453 signatures”.

The petition underlined that “not only are Namibian women left with no choice but to break the law in order to practise their right of choice, but they are also risking their lives, health and well-being in order to obtain illegal abortions”.

Boois said: “The right to be able to access legal abortion in Namibia should be accompanied by education of matters relating to sexual health and reproductive rights as well as consent.” Former health minister Libertina Amathila tried to push for the legalisation of abortion but her efforts fell through as she did not receive enough support from women. This is a situation Shangula hopes will be different should he push for the legalisation of abortion.

Shangula's stance is in contrast to that of gender minister Doreen Sioka, who last week said she will not push for legalising abortion as it goes against her Christian beliefs and values. Following her remarks, Sioka was criticised by some abortion supporters on social media for putting her personal values above the national interest

The Reproductive Justice Movement in Namibia

The history of the reproductive justice movement in Namibia can be traced back to the 90's with leaders such as Bience Gawanas at the forefront of the discussion. It took centre stage in 2020 when feminist artist, author and advocate, Banshee Beauty Boois created a petition and, in collaboration with other young feminist leaders and activists, gained momentum and revived the discussion surrounding abortion. Y-Fem Trust has worked alongside activists and young women within the Namibian community to create safe spaces and carry out this discussion. This has been amidst conflict from the anti-choice movement. Solidarity, or working in unison, has proven to be a useful measure to achieve the change we would like to see. At present there are several civil society organisations and non-governmental organisations working towards the liberalisation of abortion laws in Namibia. For the purposes of further investigation into the reproductive justice movement in Namibia, some organisations which may be worth looking into are; VCRC, NAPPA, #Shutitdownnamibia, WLC, Sister Namibia, Namibia Rural Women's Association, One Billion Rising, Powerpadgirls Namibia, Slutshamwalknam and the ARASA Alliance.



Public Hearings

Public hearings are platforms for the public to share their views on a subject in order to inform the parliament on what decision would best serve the people of the country.¹¹⁷ This tool that is used in the democratic process to ensure that the statutory law created best serves the people. Unfortunately, a lot of the public hearings conducted in Namibia have not been held with adequate and appropriate inclusion of the reproductive justice movement.¹¹⁸

Participation in Public Hearings is limited largely due to the following factors:

- Fear of attacks due to stigma
- Insufficient knowledge about individual rights
- Lack of notice of the occurrence of the public hearings

¹¹⁷ Parliament of Namibia. Public Hearings. Available at <https://www.parliament.na/public-hearings/> last accessed on 28 April 2022.

¹¹⁸

Rural Dialogue in Khorixas

Introduction

Public Abortion Hearings took place in Khorixas on the 18th January 2022; it started at 14H30 at the Khorixas Town Council Chambers and was attended by more than 70 people. Five of the attendees out of eleven people who were part of the pro-choice (supporters of safe abortion) were from Rural Dialogue Namibia (RDN) while the remaining were young women.

The National Assembly (Parliament) Standing Committee on Gender Equality, Social Development and Family Affairs representative, Lucia Witbooi (Swapo) and Esmerelda Esme !Aebes of the Popular Democratic Movement (PDM) were present. The hearings were chaired by Witbooi. The Parliamentary representatives told the attendees that it is responsible for gender and social health issues, and advocates for promotion of women and children. Witbooi said that the committee does not have a standing point on abortion as they have to do public hearings and then take the matter to National Assembly to vote on it.

The translator was Pastor Hendrico Swartbooi from the Evangelical Lutheran Church in the Republic of Namibia (ELCRN) Uitani Branch at Khorixas.

Discussions

The anti-abortion group started speaking at the Public Abortion Hearing discussion as Pastor Gallant from Patmos International Ministry was the first speaker. Pastor Gallant said that in every region his church is in Patmos international Ministry; they will trust God with that funds and will build orphan houses as big as hospitals and those born physically challenged, mentally born he will do Christian blood prayers and help them to be normal. Pastor Gallant said that he does not support abortion as its tantamount to murder which the bible forbids.

A doctor from Khorixas District Hospital, **Dr. Ali Mbuyi (Congolese national)** told the attendees about various contraceptives available and how it changes becoming pregnant.

The doctor said that he won't give his personal views however he voted against abortion at the end of the session. The doctor was asked questions on safety of safe abortion and how many times women can do it. Dr. Mbuyi said that safe abortion is not safe as some women can bleed to death and that puss can also come out from the private parts of the women which undergoes safe abortion. Dr. Mbuyi said that pen-like equipment is used to stab the womb. Many attendees who were mostly against abortion were shocked by this.

Most of the attendees who were against abortion said that Namibia is a Christian country and cannot allow murder. Others were concern about small population and cannot support abortion as it will decline the population if its available on demand.

Pro-Choice Abortion groups first speaker was openly lesbian, **Merinda Gowases** popularly known as Papi Duke, He said that he is a Namibian and a Christian too. Papi Duke is a member of Rural Dialogue Namibia.

“Sometimes our leaders think abortion is killing but that’s not a case. I strongly support abortion to be legalise because unemployment and poverty is high as we all know, this at times is not good for women to have more children,”

He said that he is talking about what is happening in her own house, “My mother is 78 years old but is raising her great grandchildren. If abortion was legalise for all women, my niece could have get it as she’s currently pregnant with her eight (8) child, as we all know we don’t help each other and government assistance (grant) is not even enough,”.

Papi Duke said that “Secondly, I am a proud lesbian, and as at times my life is at risk because I might get rape and be pregnant. Abortion is allowed when you are rape however I won’t be able to open a case due to be shame and been affected mentally,”.

He added that “Lot of Lesbians and girls kill themselves because of the community since they will be look in a bad way for having a child however if abortion was legal, a lesbian who is rape and shame to report the matter at the police could have a safe abortion at the hospital,”.

Recently a gay man was rape in Okahandja and was discriminated at the hospital and the police and was hard to open a case (This was reported by The Namibian newspaper this month). Such treatment makes it difficult for even a lesbian to open a rape case at the police or look for assistance from the hospital because one will be discriminated and ask unnecessary questions. This leads to a lesbian having a unsafe abortion or to kill herself.

Papi Duke said that he is standing before the public to consider giving all women the right over her body.

From the group pro-choice abortion group **Amalia Musinga** a 27-year-old made the following statement.

As a victim of teenage pregnancy and the mother of two children, I know the difficulties that come with looking after the children as I cannot give them proper care. If abortion was legal for any women, I will have done it than since I was still in school, I gave young birth to the first child while in Grade 11 and the second one in Grade 12. As you know

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we humans make mistakes right? As one of the bible verses of John 8 verse 7 says "Let him who is without sin amongst you be the first to throw a stone at her,".

A lot of young girls and women illegal abortion which is unsafe which at times is known by their families and even if risks come from this (abortion) they won't seek medical care after all abortion is only allowed under certain circumstances.

Many people say we are a Christian majority country, yes indeed majority of us are Christian however we are a secular Republic and Namibian laws cannot be based on the bible alone as this will be against the constitution of Republic of Namibia. Remember we are a secular state.

While we say we are Christian country, look at the sins that take place in Namibia? One does beg the question: do we do what we preach?

My respective religious, traditional, community and members of parliament we need think about right for women to have safe access to health facilities even to do abortion. This is not a matter of Christian values only but this is an issue of a woman having the full right over her body. **See the full speech in attachment.**

Another speaker from the pro-choice group was 23-year-old woman, **Shaleen Sippora Hoaes**. Express herself humans do a lot of sins. Since some of you believe abortion is sin, I will like to ask which sin is better than the other?

Young girls and women, will give birth and throw away babies in a dustbin, dig a hole or rub it in a plastic etc Why? The answer is simply these women and girls might not be ready to have a child or cannot afford to take care of it, sometimes the father needs to deny it. Instead they will murder it and hid its body, why? Because this women and girls are denied their right to have a say over their body but instead Apartheid era law decides for them? Under what circumstances can she do it?

If abortion is allowed not under certain circumstances it will be better for many women to do a safe abortion instead of backyard abortion. Abortion should be allowed until certain months, will it not be better to do away with the foetus than killed the baby when it's born? In cases of illegal abortion both the life of the mother and the baby can be lost as women might mix things to abort it, so it will be safer to allow women to do abortion at health facilities, under the supervision of a health officer. Under the current Abortion and Sterilization Act 2 of 1975 inherited from South Africa at independence, a women can be fined N\$5000-00 or imprisonment for up to five years or both. Imagine who will report an unsafe abortion if it is carried out, rather this girl or mother can die of health complications.

Many of these deaths could have been prevented with holistic birth control policies that prevent risky pregnancies and counselling about dangers of bringing complicated pregnancies to term and right to interrupt (abort) the pregnancies under safe and legal conditions.

Women and girls drink dangerous chemicals that result in short to long term health problems or even death, this all due to abortion not been legal for women to have it not only under certain circumstances such as rape, incest or when she or her babies' health will be at risk. Unsafe abortions are carried out by people who don't know the needed skills, lack information to do it and these risk thousands of lives.

Another speaker from the firebrand LGBTI activist and member of Rural Dialogue Namibia, **Andries Anton** known as Gagga. Here is the shortened version of her speech;

We are here today to discuss an important issue of a woman having a right over her body, as we say 'My body, my right'.

It is time we get away with saying we are a Christian country as we are a secular republic,

Article 1 on Establishment of the Republic of Namibia and Identification of its territory states, the Republic of Namibia is hereby established as a sovereign, secular, democratic and unitary state founded upon principles of democracy, the rule of law and justice for all.

This article which part of the constitution was adopted by our founding fathers and mothers of this Republic I believe that the current abortion law is outdated, was made during apartheid times by racist people, way before independence.

How could we use a law that was made during Apartheid, to deny women a right over their bodies.

I will like to ask my respective religious leaders who are against abortion, what have churches and its leaders do for street children and those who are unemployed, those who are poverty stricken. There are thousands of street children sleeping under bridges, roaming around the streets, hungry, thirsty, wearing poorly. There are widows and orphans thinking where to get their next plate of food as we speak.

What are you doing for them? If churches are concerned, we would not have people to suffer like this.

There are thousands of children right now, having no stationary, a shoe to wear or even just a soap to bathe with? Due to this they will drop out of school and turn into street children.

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Although the pro-choice abortion group was supposed to have six speakers, only four of them spoke due to time limit and there at times the translator, Pastor Swartbooi mis-gendered them and also ask that the speeches be shorten. Gagga also walked out of the meeting as she was nothappy with the treatmentfrom Pastor Swartbooiwho misgender her. At times Gagga opposed anti-abortionist during their speeches.

A doctor from Khorixas District Hospital, **Dr. Ali Mbuyi** was asked questions on safety of safe abortion and how many times women can do it. Dr. Mbuyi said that safe abortion is not safe as some women can bleed to death and that puss can also come out from the private parts of the women which undergoes safe abortion. Dr. Mbuyi said that pen-like equipment is used to stab the womb. Many attendees who were mostly against abortion were shocked by this.

Challenges

The translator Pastor Swartbooi did not translate pro-choice voices and at times the pro-choice group have to translate, they told the pastor the correct words. Pro-choice voices were limited while speaking.

NB: The Representatives from the National Assembly asked the attendees to vote !Aebes told them that even doctors and medical officers can vote since it's a democratic country. Dr. Mbuyi and representatives from Khorixas district hospital voted against abortion. Most attendees voted NO while representatives of pro-choice voted Yes with few voting.

Khaibasen

What was the event you held or attended relating to the work on reproductive justice advocacy?

Khaibasen work with yfem on pro choice advocacy campaign to create a voice that speak out about abortion pro choice issues.

What were you hoping to achieve at this event?

Khaibasen work with yfem on pro choice advocacy campaign to create a voice that speak out about abortion pro choice issues. With this event we have created a strong group of activist and pro choice community that are well articulated on abortion issues

How many women were present?

A total of 20-30 women attended this event

Were there any other individuals present ?

We had a lecturer from Unam and PDM youth leadership

What did you discuss and what were the general opinions and perspectives of the people who were present?

General opinion was that most of the women did not have legal literacy on their rights and were not well articulated and had no idea about the abortion laws in place

What were the challenges you faced?

Challenges mainly was legal literacy and short time given to inform women on real issues that we faced with as the pro choice movement

What was the general outcome of the event?

General outcome of this event was that women decided to organise themselves and want to be part of legal literacy sessions to further educate them on real issues they are faced with.

What recommendations do you have following this event?

My recommendation is to develop an advocacy plan in advance to strengthen groups all over Namibia through legal literacy sessions and train well articulated young women that can speak up for themselves

Safe Spaces

Having realised that a lot of women require safe spaces wherein information regarding individual rights, education on self-empowerment as well as where discussions regarding reproductive justice can be discussed, Fem Trust took the initiative to create safe spaces where these can take place with no risk of judgement or endangerment.

Creative Expression Workshops

Y-Fem conducted an online event allowing artists to communicate the pro-choice perspective through creative arts and expression. The purpose of this was to create a



safe space for the facilitation of discussions surrounding freedom of expression regarding reproductive justice rights.

The workshop was held to launch an online safe space facilitated by Y-Fem. It ran for four hours during which the participants got a feel of the space and the nature of the

variety of expressions incorporated in the program. During this session, the ideas of bodily autonomy and integrity, early childhood marriages and GBV were explored in relation to the restrictive laws on abortion. The disproportional harm against women and girls was explored by the artists and the need to value these was discussed afterwards. Overall the online workshop was a success, means of facilitating the conversation in a manner that is inclusive.



Another safe space was held at the Habitat Centre for Research and Development. The physical session incorporated more dialogue and performances

The workshop included participation from adolescents, university students and single mothers. In responding to the need to educate women and girls about abortion. Artists came in with various renditions of the importance of reproductive health rights and access to safe abortions. There was music, dance and poetry exploring this subject in an engaging manner. There was a discussion after the performances as well wherein young women explored the subject of bodily autonomy and integrity and discussed the pro-choice perspective on abortion rights which many were pleased to learn also favours the right to life. The workshops were deeply emotional and highly inclusive.

Participants, performers and facilitators alike, shared some personal stories and knowledge, with a lot of the participants sharing that they learnt a lot on the subject.



In an effort to further meet the need for women's voices in the change of laws that govern reproductive health Y-Fem collaborated with the Slutshame Movement in a March against the violation of reproductive health rights and bodily autonomy. The protest against such violations took place in Windhoek as well as in Swakopmund and Walvis Bay. The march in Windhoek was concluded with an explorative workshop which incorporated

educational discussions on women's bodies, physical and mental health, sexual empowerment and self-empowerment.

Gobabis Poetry Event

On the afternoon of 7th April 2022, the rehearsal team of Gobabis LGBTQ members met at the old building we call WHITE HOUSE where we discussed how we will make the event successful. We came up with poems, songs, dances and motivational speakers and we had a rehearsal to see how we can make use of the stage.

Earth Day

The morning of 22nd April 2022 we celebrated Earth Day with the adolescents of Gobabis we kicked off quite slow since most girls were new to the space we checked in and the registration as we waited for more girls to pitch up on, we officially started off at 10:00

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Girls got cups to make seed jars to honour Earth Day. They'll be able to watch seeds sprout and grow into a flower or vegetable, then plant it in a garden once it's ready. Get back to basics by starting a vegetable garden with the entire family. We spoke about how family time feels more significant by showing kids how to grow and care for their vegetable gardens.

We discussed how to choose the right plant for your location involves reading and understanding the tags provided with plants. And how the Earth is important to us all so we work together to decipher the symbols related to the amount of sunlight and water appropriate for a plant. Spoke about to find out how much fertiliser is recommended and how deep to dig a hole.

*Learn how native plants can help restore our environment by providing food and shelter for local animals and people in our recent

*Learn how to analyse how you are currently disposing of waste and whether items being thrown away could be reused, recycled, or composted with our handy chart

*I took a tour with the girls around my small backyard garden and how I regrew garlic and left-over onion parts and showed them how to maintain a small garden that they are going to start in their backyards.

*We had refreshment afterward and we set up for our next meeting to talk about sexual reproductive health since most girls really get information in classes but aunt understanding clearly about in so we want to break all expects to forms that they really understand and in languages that they will understand. We are planning on having our meeting on the **5th of May 2022** if possible.

POETRY/SONG EVENT

VENUE: WHITE HOUSE

DATE: 22nd APRIL 2022

PARTICIPANTS: 10

On the afternoon of the 22nd April 2022 from 16:00 till 18:00 we joined up with the LGBTQ members that was ready with their small event the Program took place at the

old building which is well known to us as White House we kicked off the show on time and the program was opened with the welcoming remarks of the facilitator, Role and we had the adolescent girls that opened the stage with the group dance which was followed by a poem's dances and song by an upcoming artist called Lee his is well known for his solo performance on stage. We had Celine who delivered a speech about self-reflection and how it's important for us to safeguard our precious heart because not everyone is happy and satisfied that we are busy claiming back our voices in the community. We had a speech from solastica talking about self-love and once again to claim back power to learn to speak out when something is bothering them in any way, she spoke about the health services that LGBTQ and adolescent girls can access at Epako clinic. Vote of thanks given by Role

Poems:

IT'S ABOUT TIME

We were never quiet

We were never stupid

We were never weak

Nor did we accommodate your foolish talks about my bodies

Our bodies were and is still perfect

Our choices were and is still important

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Woman body can change shape size any time but still we embrace it coz it is where important lives are birthed from.

Your words around how we should dress, walk, talk and eat limited me to voice up for a very long time because I thought silence was a sign of respect, bullshit, I am hungry to talk, I want to speak my mind.

We were never quiet outside of the fair but we thought your views were the best, but the lioness voice of mine is hungry, hungry for change, voice is very loud and I hope you are ready.

We were never stupid because we bow done to your choices, I thought I was doing it to rise my girl child in a parental home, but you know what I am not bowing down, I am rising to show my girl child that she is brave to stand up tall on her own

We were never weak, when we cried ourselves to sleep but our tears were cleaning our eyes for better viewing of life.

If my body is fat according to you guess what I just gain weight and it's okay

If my boobs aren't in the position that you want, guess what I gave birth to beautiful souls they sucked on it.

If my hair isn't long like you want, guess what we are all different and it should be ok because we are made beautiful in our own way ...

embrace the beauty of the universe

BY: ROLE

THE BATTLEFIELD

Politics around my body

Conflict around my uterus

Distraction of fear and choices around my fetus

Heavy traffic around my silent voice should end

Decisions around my body should be my concern
I chose abortion and my choices should be respected

Pay your bills and stop controlling my canal
Give me space to exercise my rights safety around my body
Stop controlling my body

Focus on building a world where new born are a blessing
Stop allowing me to give birth out of pity
But let me be a mother when I am ready

Make abortion safe
Allow safe abortion
Stop gambling with my uterus

Don't sit around and have religious arguments relating my abortion
My uterus my choice
My foetus my choice

Abortion is a fact of life
Give me safe abortion

I don't want to birth in instability
Its worst then abortion

Social Media Advocacy

Y-fem made use of social media advocacy mechanisms including the use of graphics as well as publication of blogs on the Y-Fem Trust blog posts.

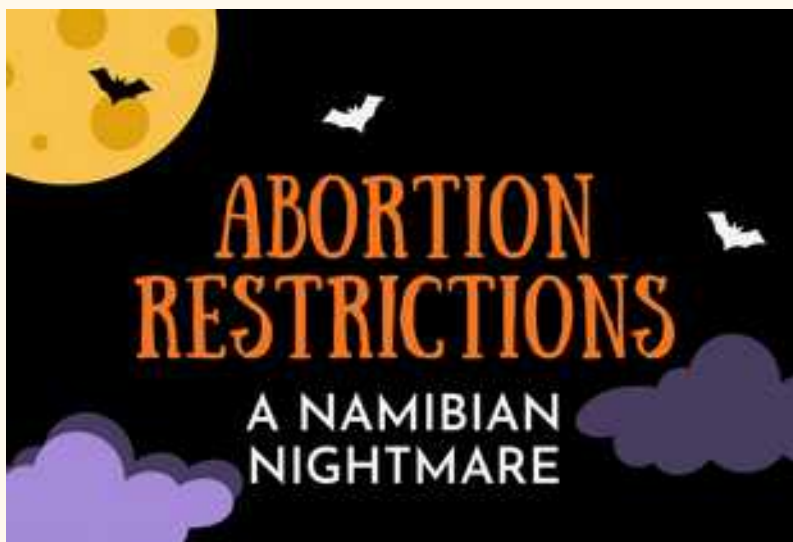
Engagement through captivating graphics;



Access to safe abortion can be a heavy subject for many people, it became clear that information needed to be published in quick and easy to digest graphic formats. Here are some examples.



Below are some posts that were published for the purposes of this campaign:



Abortion Restrictions, A Namibian Nightmare.

As parliamentary debates, public hearings, petitions,

media reports and interviews covering the polarising battle to decide whether termination of pregnancy should be made accessible on demand, an imperative detail needs to be at the center of all discussions - which is the lives of those directly affected by restrictive abortion laws.

The stakes are high for many people whose voices cannot be voiced in these debates and for many people whose stories cannot be told as the current restrictive laws silence them and the stigma around terminating pregnancy shames them. While there are very many facts, statistics and a plethora of research, as well as the number of medical professionals and activists who are working tirelessly to ensure that people with uteruses have the right to choose whether to see a pregnancy all the way through. A decision which could change the lives and the future of people for whom termination of pregnancy, in a safe and legal manner could literally mean life or death for those people who are predominantly women and gender diverse persons. It is imperative that regardless of what your stance is that we all remember the stakes involved when restrictive abortion laws do not stop abortion but rather drive abortion underground and into back doors and back alleys in unsanitary conditions that could possibly lead to the death of those who are in need of termination of pregnancy either because the pregnancy has been a result of sexual violence or physical violence or because the pregnancy is simply something that is not financially feasible for the pregnant person or because the pregnancy threatens the life of the pregnant person or because the pregnancy could compromise the mental health of the pregnant person or because the pregnant person is either too young or too old to see a pregnancy to full term or simply - and very validly because the pregnant person simply does not want to be pregnant.

In 2017 it was reported that 7000 unsafe abortions took place in Namibia. As we stand on podiums, as we send our voices through the radio waves or TV broadcasts and write

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lengthy think pieces on this issue, we need to remember the number, 7000 and counting. 7000+ unsafe abortions, 7000+ pregnant people left without a choice, 7000+ scared woman and gender diverse persons, 7000+ pregnant people left without the right to access to information regarding health, 7000+ pregnant people left without the right to decide whether or not to have children or when to have children, 7000+ traumatizingly painful unsanitary-unsafe-life-risking desperate decisions, 7000+ people who don't have the luxury of travelling to South Africa or other countries where people have the right to access to safe termination of pregnancy, 7000+ families affected, 7000+ nightmares for 7000+ people robbed of their right to choose. What's even more frightening, are probably 7000s more that nobody knows about, because the possibility that there are 7000+ unsafe abortions taking place in shame and silence because of restrictive abortion laws is very high. that is 7000 too much for a a government that claims to care about the rights and freedoms and liberties that its people, specifically, women and gender diverse persons should have equally been granted access to on the 21st of March in 1990.

SRHR in Namibia

With the blooming reproductive justice movement in Namibia, terms like bodily autonomy, bodily integrity and SRHR have been the acronym on everyone's lips, what is SRHR and why does it even matter?

Bodily Autonomy

Bodily autonomy encompasses the freedom and independence to make choices related to one's body that are autonomous. Autonomous choices related to bodily autonomy include gender identity, gender expression as well as sexual and reproductive health and rights.

Bodily Integrity

Bodily integrity entails the notion to not have one's body interfered with, violated, assaulted, experimented on, sterilized or tortured. Human rights related to bodily autonomy entail the right to privacy, the right to health and freedom from torture amongst others.

The Importance of Bodily Autonomy and Bodily Integrity to the Realisation of Sexual and Reproductive Health and Rights.

The fulfillment and enjoyment of sexual and reproductive health's and rights is dependent on bodily autonomy and integrity being upheld, as they are the cornerstones of SRHR. Child Marriage in the Zambezi region in Namibia for example violates bodily autonomy as those forced into marriage are not in a position to exercise their freedom to make autonomous choices about their bodies and it further violates bodily integrity as marital rape might take place and interfere with the bodies of those forced into marriage. Another example is that the Abortion and Sterilisation Act of 1975 is a barrier to bodily autonomy and as such, creates a barrier to realising reproductive health. Lastly, sodomy laws in Namibia deny people from the LGBTQ+ community the right to privacy as well as bodily autonomy by criminalizing same sex, sex.

Sexual and Reproductive Health and Rights (SRHR)

SRHR is an umbrella term that encompasses various issues relating to ~~sexual~~ sexual health, reproductive health, reproductive rights and sexual rights. The term stands for Sexual Reproductive Health and Rights and here's a simplified breakdown of what each of those terms refer to and why they matter:

Sexual Health

Sexual health is the holistic (physically, socially and mentally) wellbeing of a person that enables them to function at optimal level, including being free from sexual violence as well as sexual illnesses or the best management, treatment and care thereof.

In Namibia sexual violence is rampant with over 3000 rape cases reported from 2016 to 2018, this means that people's, especially women's sexual health is under threat. STI's were reported to be most prevalent in youth below the age of 25, meaning that young people's sexual health is high risk and is indicative of the threat that poses their sexual health. 50 young people are infected with HIV every hour in Eastern and Southern Africa, further indicating threats to young peoples sexual health which might be a direct result of lack of information or access to information and awareness of sexual health. Comprehensive and accessible sexuality education is imperative to empowering youth about their sexual health in order to enable them to make better decisions when it comes to sexual health.

Reproductive Health

A healthy reproductive system as well as healthy pregnancies in terms of access to healthcare information, healthcare services and education relates to reproductive health.

In Namibia, high rates of maternal death, lack of access to safe abortion care and unsafe pregnancies due to restrictive abortion laws and socioeconomic circumstances pose threats to reproductive health. Unsafe abortion accounts for 21% of maternal deaths in Namibia and this is totally preventable with the amendment of the Abortion and Sterilization Act of 1975. Policy change, increased awareness of reproductive health and making information and access to reproductive health searches more readily available are some of the ways in which to increase reproductive health in Namibia.

Reproductive Rights

The decision to have children, when to have children and how many children as well as the spacing of those children are all encompassed within reproductive rights. Reproductive rights are human rights and should therefore be recognised and upheld as such. This also includes protection from discrimination when making decisions relating to Family Planning. According to the WHO report on Unsafe Abortions (2019), denying access to healthcare services that only women require, including abortion is linked to discrimination. The Working Group on Discrimination Against Women has emphasized that the “right of a woman or girl to make autonomous decisions about her own body and reproductive functions is at the very core of her fundamental right to equality and privacy, involving intimate matters of physical and psychological integrity and is a precondition for the enjoyment of other rights.

Currently in Namibia, women and gender diverse persons reproductive rights are under threat due to restrictive abortion laws as well as discrimination by healthcare workers as reported in the Stories and Information on Abortion by the Namibia Women's Health Network. Community and healthcare workers sensitisation is imperative to put an end to this type of discrimination and create safe spaces for young people seeking family planning services in Namibia.

Sexual Rights

Sexual Rights refer to the freedom to make decisions about one's own sexuality including making decisions about one's partners, sexuality and pleasure, free from coercion, force and discrimination.

Obstacles to sexual rights include forced marriage, rape, sexual harassment and discrimination against members of the LGBT+ community.

The Importance of SRHR and the Link to Human Rights:

Comprehensive and easily accessible information and awareness about all the components of SRHR is imperative to personal empowerment, optimal sexual health, reproductive health, sexual rights and reproductive rights. The relationship and direct link between SRHR and human rights is undeniable and must be upheld and protected in all levels of society from the highest office to the smallest of communities. The protection of SRHR ensures the fulfilment and enjoyment of life and human rights and should be a priority in Namibia.

Contexts

What are contexts and why do they matter?

Contexts refers to a consideration for the varying factors that affect individuals in diverse situations, this includes the specific aspects and circumstances surrounding a situation in order to better inform one's understanding, an idea or a decision.¹¹⁹

FeministVoices:The LBT, San Women,MigrantWomen and The Slutshame Movement¹²⁰

This panel discussion was created in order to explore the core feminist perspectives surrounding the issue of abortion. Unfortunately much like with many human rights issues that face and have faced great opposition, a lot of that opposition comes from a lack of understanding, consideration and appreciation of different perspectives apart from their own. This panel discussion is meant to bring out the different contexts under which several women in the Namibian society exist. Through the informed input from organisation representatives who advocate for these women, we gained an understanding of the women and girls within the San community provided by the Namibian San Council, the LBT+ community provided by Outright Namibia as well as a look from the perspective of the negative impact of socially reductionist gender norms and gender based violence provided by Slutshame Movement Namibia while an independent participant provided a perspective from the context of migrant women.

Here are some insights on different perspectives and why they are a part of this movement;

Feminism to me means...

LBT: Humanising another person, especially if you have been excluded and marginalised and oppressed for a very long time, because you are not seen as a human being, so I believe that feminism is humanisation, and once you begin to see someone as a human being, that's when you can accord them and afford them the rights that they are entitled to. Feminism is humanisation

San Women: Empowerment, the rights for everyone and equal opportunities for all genders, paying attention to the recognition of rights of women around the world.

¹¹⁹ Available at <https://www.supersummary.com/context/> accessed on 26 April 2022. Also see <https://www.collinsdictionary.com/dictionary/english/context> and <https://languages.oup.com/google-dictionary-en>

¹²⁰ **The use of the term 'pro-choice' here is not to denote being against life, it includes being pro-the choice to life as well and is aimed at addressing the infringement on the right to choose**

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Slutshame Movement: Upholding the integrity of each and every person who identifies as a woman, respecting a woman's choice to choose the outcome of her life, it is a very personal way to respect human rights.

Migrant Women : Inclusivity, respect and acceptance. It means acknowledging the uniqueness of circumstances and beliefs while giving equal access and opportunity to all human beings, that we all deserve to have our rights upheld and that your rights end where mine begin.

The Reproductive Justice Movement Matters Because...

LBT: I believe that pro-choice is linked to gender parity. That once women can start making decisions about their own bodies, it can really start to liberalise communities, and literally, communities can thrive, even within very financially strained communities. So when you give women the opportunity to make decisions for themselves you're giving them the ability to transform what their communities might look like in future. This may allow for expansion in services that can be over-congested or strained because of the current lack of resources. It is a way for me to make a decision on how to self-determine without the government interrupting with my reproductive autonomy. The lack of choice is definitely linked to gender parity and why women are more disproportionately poor in communities, there is a trickle down effect and that is where my pro-choice starts.

San Women: I am a widow and I would like to speak for certain widows who cannot speak for themselves particularly those in rural and remote areas, and those who do not get access to the necessary information and do not get the platform or the chance to speak about the current laws on abortion, especially how they affect women in remote areas. That is why I am pro-choice, there is lack of sufficient access to information and these women are at a disadvantage.

Slutshame Movement: I am pro-choice because I believe taking away the right for a woman to decide whether or not they want to have children makes us slaves to our biology. Making us slaves to our biology basically puts us at a disadvantage to our male counterparts. It is a form of oppression and I believe it takes away our human dignity.

Migrant Women: I am pro-choice because I am in favour of the notion that women should have control over their own bodies and should have the power to determine their futures to the fullest extent. What is clear more than ever is that policing women's bodies has for many years been used as a way to cement her place in the position of disadvantage. It is easier to trap a woman into motherhood than it is to trap a man into fatherhood, and it is more likely that she will be at a greater risk of experiencing harmful treatment for it. This is reflected by the ridiculously high rate of single mothers and the state of economic disadvantage that women are in right now. She is held accountable for not saying no, meanwhile he can go ahead and tie another woman to the same fate with little to no consequences. In my view, abortion is just another way to strengthen reproductive health and family planning like contraceptives do, the lack of it is causing too much harm.

My Context:

LBT: We stand in solidarity with individuals who are fighting this cause. One oppressed minority group cannot go and oppress another. The idea is to have more gender inclusivity within the reproductive justice fight because we have trans-women who have not undergone gender transformation surgeries yet because our laws are so exclusive and oppressive. We have trans-men who still need that care. The other aspect of it is the gender affirming hormones that can really affect fertility, that really relates to the community as well. We have trans-women who are on the hormonal affirming pills which may affect their fertility, so it does speak to their reproductive health. The other thing is that as a subgroup which is oppressed, the issue of gender is already targeted with stigma and discrimination, you are less likely to seek good healthcare because the healthcare providers already target you and discriminate against you based on your gender identity. Looking at the trans community especially, they are the ones most likely uninsured because insurance providers in Namibia don't truly understand transgender identities, this puts one at risk. Then there is the idea that womanhood is linked to the anatomical capacity for pregnancy, when actually it's very different for all women, even among cisgendered women, some of them are infertile, some choose not to get pregnant, and that is also the same for trans-women. For those that have not gone through the gender confirmation surgeries, they are not given that option and are immediately excluded. Reproductive justice is about intersectionality as well, what extent can a lesbian woman have this conversation with their healthcare giver without being asked, 'where is the husband?' or bi-sexual couple? It is such a taboo to discuss reproductive care with healthcare providers because it's a taboo to have children outside of heterosexual context. From our perspective, this law is an infringement of reproductive justice and it is a matter of considering how this one law affects so many groups. It limits womanhood just to the ability to procreate, it excludes the LGBTQ community because of the notion that we are impeding population growth. On one end women's bodies are weaponised 'you have to go reproduce' and queer bodies are weaponised, you cannot reproduce. It is these things that are intersecting that are making us part of this conversation.

San Women: It particularly affects San women with regards to empowering women in reproductive justice rights. These conversations do not reach San women despite affecting them. In our community we lack a lot of information regarding sexual health. Looking at the abortion experiences that have been had within the community, it is a real challenge. There are a lot of unsafe abortions taking place and women who undergo these are seen in a negative light. It is our responsibility as activists to let those

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women know that they have rights over their bodies and they should be given a choice. These things carry on to happen over here because we have no information.

Slutshame Movement: Within my age group, cultural group, everything is essential for a woman to plan her future, this includes planning when one can have kids. Economic planning also includes family planning. This gives the women the power to choose when and what to apply their life to. Placing the burden that pregnancy is a consequence of sex that they have to live with creates a disparity and places women at a vast disadvantage; it also contributes to custom of living a life of servitude which partially limits women's access to resources. As a mother, I live a life of servitude, but I am also fortunate enough to have planned my pregnancy and to have support. I want each and every woman to have that choice as well.

I think the law in Namibia is a cumbersome process, I think it is very emotionally taxing and it leaves women with the option to just continue carrying the pregnancy and ultimately go for the motherhood. The actual law today could take months and by the time you find yourself either rejected or accepted, you are already in the third trimester, so already it is emotionally taxing. No woman wants to go through that. Oftentimes those who are supposed to be supportive during this process, use harmful language to basically bully you into not having an abortion. I also want to talk about this with regards to GBV. In Namibian culture, contraceptives are already seen as something that isn't right. There are many Namibian women who are suffering at the hands of their partners because their partners refuse to use condoms. These are women who are also facing economic struggles who do not have direct access to contraceptives. These are women who carry out the pregnancy while not being sufficiently prepared to take on the role of motherhood. Legalising abortion, would come with greater access and knowledge to safe healthcare. At the end of the day, abortion would be a last option, when all other measured of reproductive contraceptives have not worked or are not readily available, abortion would be a last resort.

Migrant Women: This movement is important to me because of the value of the right to choice. Reproductive health rights are of particular concern to migrant women because of the costliness of healthcare that can arise from a difficulty to acquire and maintain health insurance. It is especially difficult when one falls pregnant while unmarried, apart from the economic aspect, there is always the fear of encountering individuals with negative views of your country. Women who are undocumented or in between permit applications are particularly vulnerable to violations of their rights because while we all feel the constant fear of deportation, they are more exposed, and it is common for some individuals to use their lack of papers against them, it becomes difficult to report these things as well. Another issue is the matter of language barriers in certain health facilities, which often restricts the amount of aid that one can receive. These are all factors that strengthen my stance.

Some documented Testimonials:

The collection of testimonials can be difficult due to the fear of legal action against those who have committed the act of abortion. The following are some testimonials documented by Mallet Bruyn and Kuveya in 2011;

Athena

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

At that time, Athena was living in a rural area with her mother who was suffering from mental illness and on medication. She took a lot of her mother's psychiatric pills at once in an attempt to carry out the abortion, but she only fell sick and the pregnancy did not end. Athena got very worried and didn't know what to do. In the end, she decided to go to the city, where she started doing sex work. One day, Athena decided to go to South Africa and have an abortion there because that's where safe abortion is legal in all instances. She was given a ride by a heavy-truck driver. On the way, she explained her situation to him and why she was going to South Africa. The truck driver persuaded her not to go ahead with the abortion. He eventually drove her back to the city and she ended up carrying the pregnancy to full term. In the end, Athena gave birth to a child who is mentally ill and also paralyzed because of what she used in her attempts to carry out an illegal abortion. She has now been married for more than five years but seems unable to have children anymore. Athena believes it's because of the medicine that she took in her endeavours to end the pregnancy.

Claire

I am a high school girl living in the Khomas region of Namibia. In the year 2010, my friend Claire got pregnant; we were in the same class. That was her first pregnancy and she was 19 years old. Her mother is very strict, so Claire misbehaved the slightest chance she got and fell pregnant. Claire did not use any emergency contraceptive. She started feeling sick, had nausea,

¹²¹ Mallet J G, Bruyn M and Kuveya V.(2011). *Information and women's testimonies about abortion in Namibia*. Namibia Women's Health Network. Namibia.

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vomiting and all the signs of pregnancy; then she knew she was really pregnant. Her pregnancy was then one month and some few weeks.

Claire didn't want the pregnancy because she was scared that her mother is a single parent, would chase her out of the house. Her boyfriend said the pregnancy was not his so he was supportive of the idea of terminating. My friend's financial situation also forced her to think of abortion because she was only a schoolgirl and unemployed. She thinks abortion is illegal in all cases in our country because that's what we are told at school. Claire told her other friends about her pregnancy and her intention to terminate. That's how she got ideas and methods on how to do it. They didn't ask her to pay them for giving her ideas. She borrowed money from her friends and bought Ritchell [brandy] and Disprin pills [pain killers]. She boiled the two together and drank one cupful while it was still hot.

Claire said she started bleeding a few moments after drinking the boiled milk. It was not painful as it came just like normal menstruation. She didn't receive any after care because she was scared that she might be arrested or reported to her mother. She did the abortion at home. I believe she was satisfied as she said she felt relieved after the abortion. She also said that was the only abortion that she did. She said she almost did it again last month when she thought she was pregnant. Claire is open to talking about her abortion to her friends. Considering the type of a person she is, I think my friend would advise other people to do an abortion if they have unwanted pregnancies. I would like abortion to be legalized in all cases in our country so that the lives of young women are not at risk through unsafe abortion.

Susan

I knew a girl named Susan who fell pregnant at an early age of 16 years; at that time she was in high school. I don't know how Susan fell pregnant, but I knew she was pregnant because she told me herself. She did not want people to know how far along the pregnancy was. But I learned later that Susan was three to four months pregnant when she noticed the pregnancy. She was not the only pregnant girl in school at that time; there were other three ladies who had decided to keep their pregnancies. Susan decided to have an abortion because she was afraid of her parents; she also did not want to drop out of school. She heard through her peers that there was an elderly lady in Katutura who does abortions for N\$300, which is cheaper than going to a private hospital.

She went to the elderly lady to seek help to terminate the pregnancy and the lady helped her to abort. The elderly lady used a metal hanger, which was sharpened at the end point. The method used was putting the sharpened tip of the hanger into her vagina until it was three quarters in. Then she started to poke the opening of the womb and this went on for at least two hours

non-stop until she started to see blood spotting. When blood spotting began, the elderly lady told the girl to go home and wait for the blood to come in full as in menstruation. She informed Susan that as soon as more blood started coming it meant that the abortion had been successful and after this she should go to the clinic for treatment to clean the womb. Susan left the elderly lady's house to get a taxi to go to her house and while she was on the way to the taxi rank, she collapsed. Bystanders went to her aid and when they saw that she looked very sick, one of the people who came to her aid phoned the ambulance. By the time the ambulance arrived, Susan had died due to loss of blood. She was from a poor family and at the time of her pregnancy she did not know her HIV status.

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



M&E

Monitoring and Evaluation

This section involves an assessment of the general impression regarding the work that has been done so far.

Question	Response
<p>What is the activity or project meant to do?</p> <p>Sub-Questions</p> <p>Who is the main target group of the activity/project?</p> <p>What changes or improvements is the activity/project aiming to bring about for the target group?</p> <p>How is the activity/project contributing to the desired changes? What interventions does it use?</p>	<p>The purpose of the SAS campaign is primarily to The Safe Abortion Solidarity campaign is directed towards strengthening the reproductive justice movement in Namibia in an ongoing effort to liberalize the abortion laws in the country. It is focused on teaching women about their rights and informing those in favour of reproductive justice activism about how they can be a part of activism.</p> <p>The target group shall mainly consist of AGYW, YFA, researchers, community leaders, and anyone interested in furthering the reproductive justice movement</p> <p>We're seeking to raise awareness surrounding the law, to increase conversations surrounding the reproductive justice perspective.</p> <p>Through the creation of safe spaces wherein people can have dialogues about this, use of educational conversations, creative means of expression regarding the reproductive justice perspective as well as to mobilise individuals for public hearings.</p>

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Questions	Response
<p>Question 2: What aspects of your activity/project might not be answered by “traditional” M&E?</p>	<p>2a. Causes and effects of abortion are poorly understood, often due to misleading conservative perspectives, thereby making it difficult to engage with leaders of the anti-choice perspective during public hearings without being immediately dismissed, thus, making it more difficult to adequately hold conversations in a constructive manner. Participation of reproductive justice participants who are not activists is stifled, in disruptive ways, in important spaces such as public hearings, thereby making it difficult to sufficiently track reproductive justice participants in public hearings.</p>
	<p>2b. Stakeholders bring diverse perspectives to the situation, making consensus about the development problem and/or solution elusive or impractical. This was particularly useful with regard to the aspect of solidarity. Through our work with partner organisations such as WLC, NRWA and Khaibasen, we were able to gain more insight into the factors that limit participation of individuals with reproductive justice perspectives as opposed to the greater amount of those with the reproductive justice perspective who participate and attend various workshops and those who have signed the petition. Fear surrounding the subject of abortion stifles reproductive justice participation in official spaces which hinders effective M&E.</p>
	<p>2c. Adaptive management is necessary to steer effectively in a dynamic context. It can be applied in this context with a change in the policies governing public hearings; at present, there is greater participation in spaces where identities can be protected and/or where there is a less likely presence of those holding the anti-choice perspective.</p>
	<p>2d. The purpose of the activity/project is to influence social change. In this regard, by making the subject of abortion more normative and through de-stigmatisation and creation of safe spaces, we intended to increase participation in policy changes in the long run to reduce fear of participation.</p>
	<p>2e. The purpose of the activity/project is to create a new solution, in this context to address the problem of limited participation in public policies.</p> <p>The solution found was to create safer spaces where dialogues surrounding this can be discussed, to educate about individual rights with particular focus on bodily autonomy rights.</p>

	<p>2f. There are other aspects apart from fear from stigmatisation which affect participation in reproductive justice activism include and ultimately make M&E difficult are:</p> <ul style="list-style-type: none"> - Criminalization of abortion - People not knowing their rights - Insufficient coordination and solidarity - Failure of communication regarding public hearings from organisers
<p>Question 3: What are the monitoring needs not met by the activity's/project's current monitoring system?</p>	<ol style="list-style-type: none"> 1) Numeric data regarding number of people restricted from participation in public hearings. 2) Numeric data of those who have had to undergo unsafe abortion as a result of the restricted laws. 3) Contexts of specific cultural groups due to financial constraints.
<p>Question 4: Who will use the monitoring or evaluation data that is needed?</p>	<p>Activists, Researchers, academics, anyone who would like to gain greater understanding of the reproductive justice perspective</p>
<p>Question 5: How will they use the data?</p>	<ol style="list-style-type: none"> 1) To inform activism work 2) To gain a better understanding of the reproductive justice perspective in Namibia 3) To gain insight on the legal framework 4) To engage better in de-stigmatization and sensitization
<p>Question 6: What specific questions do you need answered?</p>	<ol style="list-style-type: none"> 1) What have you learnt regarding abortion laws in Namibia? 2) Do you feel that Y-Fem has created safe spaces for you? 3) Following these events, would you be more likely to participate in reproductive justice activism? 4) How has participating in our events impacted you regarding bodily autonomy?

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Feedback

We asked a few of our participants for some feedback from the workshops. There was some resistance to giving feedback due to fear of exposure, as a solution to this a few individuals were selected to give the representative overall perspective.

	<i>Toshi</i>	<i>Kristine K</i>	<i>Sysilia H</i>	<i>Hermine</i>	<i>Groot Aub Girls</i>
What have you learnt regarding abortion laws in Namibia?	<p>I have learned that the laws are not as strict as in the past, however there's always room for improvement. The laws allow for women to take the pill which in most cases don't have results. I also know that the surgical procedure is illegal at the moment but it's being done underground and leaves the woman who go through it infertile.</p>	<p>Regarding to abortion i learned that the government must interfere in that thing because most of the woman are removing their pregnancy because of many reasons and they do it illegally. So the government need to bring abortion plans into consideration and make it legally.</p>	<p>I have learnt that abortion is not a sin or killing because the pregnancy is being removed at the stage of a zygote which isn't a baby yet.</p>	<p>I learnt about abortion, it depends on your self if you want to abort or not and same of us we see how life is and you are going at school when you give birth there will be a problem again there's no milk for the baby for you to go back to school and for that you have to sit at home, your future is ruined already, so that's why abortion is here to help us</p>	<p>We learnt about safe abortion and that the law does allow for abortions but that women and girls are not fully protected.</p>
Do you feel that Y-Fem has created safe spaces for you?	<p>Yes absolutely they provide safe spaces for young girls as well and encourage the girls to fight for a better future for themselves. Knowledge is power and that's what Y-Fem helps me</p>	<p>I feel like y-fem has created safe spaces for me because I was behind things and now am learning more from it and I like the way they provide girls with cosmetics.</p>	<p>Yes, because W-fem teaches me more about human rights e.g freedom of speech and many more.</p>	<p>Yes Y-Fem have created a good space for us young girls and women in Namibia and it made us know what we have never known. I thank you for teaching all this.</p>	<p>Yes, we enjoy the events and would like to participate in more.</p>

	discover on a daily basis.				
Following these events, would you be more likely to participate in reproductive justice activism?	Yes in all aspects if I can. The time has come for women/girls to have full control over their bodies and I will forever be an activist in this regard.	Obviously I would like to participate in reproductive justice activism since am following the event.	Yes I would more likely to participate in reproductive justice activism.		The girls reported that they intend on participating more in events that explore different perspectives
How has participating in our events impacted you regarding bodily autonomy?	I had never performed half naked in front of a crowd and me having broken that barrier has really taught me to be comfortable with my body. Without the fear of raped. It's an experience that Y-Fem has given me and I am grateful for that	Regarding to the participating of bodily autonomy I have felt that women are in dangerous and they really need help to avoid discrimination and violence among women	To participate in your events, it impacted me positively because now I have the right to control myself.		They reported having enjoyed the events with particular emphasis on the performances dialogues about bodily autonomy.
Do you have any recommendations for how we can improve our events?		To my opinion the event is okay but sometimes the things that they provide to the girls that are in the safe place are not enough and it makes some girls feel bad and what we are fighting for is to have the right and responsibility.			We want to participate more creatively and see more performances.

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