Country
Factsheet

Namibia

Unsafe Abortion

HEARD

Globally

The annual number of abortions worldwide is estimated at 56.3 million, with 25% of pregnancies ending in abortion (2010-2014).[1] 6.9 million women in the developing world were treated for complications from unsafe abortion in 2012,[2] and as many as 40% of women who need care do not obtain it.[3] Globally, unsafe abortion procedures account for an estimated 13% of maternal deaths, or 47,000 women.[4] The Sustainable Development Goals aim to reduce the global maternal mortality ratio from 216 (2015) to 70 (2030) maternal deaths per 100 000 live births.[5] The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.[6]

Key Issues

- **The contribution of unsafe abortion to maternal deaths in Namibia is not well known** but studies suggest that this ranges from 12 to 16%.
- **Abortion is only allowed to save the life, physical or mental health of the pregnant woman.** The Namibian abortion law dates from 1975 and has not been revised since. Attempts to liberalise the law have been met with strong opposition from religious and women´s groups.
- **The majority of Namibians believe that abortion under all circumstances is illegal** and very few are aware of the legal exceptions.
- The process of obtaining a legal abortion is cumbersome. **Illegal abortions are provided by backstreet abortionists, some private clinics or are self-induced.** Women who can afford it travel to neighbouring South Africa to access legal abortion services.
- The practice of **'baby dumping' is a common occurrence in Namibia**. The majority of Namibians are Christian and do not support abortion practices. Women are strongly advised to carry their baby to term. Some of these women choose to abandon their baby upon or shortly after birth.
- **Postabortion care is provided in State hospitals, but sometimes with very long waiting times** because of equipment or qualified staff shortages.
- **To date, very little research has been done** on the scale of unsafe abortion, perceptions on abortion, or the availability, quality and affordability of abortion and post abortion care in Namibia. This is a significant knowledge gap that is undermining evidence-based decision-making and interventions.

Namibia

Unsafe abortion

The maternal mortality ratio in Namibia is 385 maternal deaths per 100,000 live births.[7] Though this ratio is lower than the previous recorded ratio of 449 in 2006-2007, it continues to be higher than the 271/100,000 of 2000.[8] The contribution of unsafe abortion to maternal deaths in Namibia is not well known. Available data, reporting on two separate surveys, ranges from 12 to 16%.[9,10] In an assessment by the Ministry of Health and Social Services in 2006, 20% of obstetric complications were attributed to abortions.[11] The WHO reported a rise to 38% in 2005.[12] Between 2013 and 2015, approximately 13,000 women sought health care for spontaneous abortion, with almost 30% seeking care in the Khomas Region, which hosts Namibia's capital and a large part of the Namibian population. However, this number does not distinguish between women who experienced a miscarriage and those who induced an abortion.[13] It also does not capture those women that had an abortion but did not seek post abortion care in a State health facility. Hence, it is difficult to determine at what scale unsafe abortion occurs in Namibia and, importantly, what the consequences are in terms of maternal health outcomes as well as costs to the individual, health care services and society at large.

Law & policy

Induced abortion is restricted by law to circumstances where a continued pregnancy endangers the life of a woman or poses a serious threat to her physical and/or mental health. A woman may also request an abortion when there is a serious risk that the child will have a physical or mental defect which will lead to an irreparable handicap in life and when the pregnancy is a result of rape or incest. These conditions are articulated in the Namibian Abortion and Sterilisation Act. The Act is based on the former South African Abortion Act and dates back to 1975.[14] In another document, the Namibia standard treatment guidelines (2011) section 24.7 HIV and pregnancy, it is stated 'that a woman with HIV has the right to terminate the pregnancy as a medical indication'.[15] Legal practitioners explained that this stipulation, however, has no legal force. During the late 1990s, there was an attempt to broaden the country's law and include abortion on demand. This attempt failed as a result of strong religious opposition. Between 2009-2011, civil society groups re-tabled the issue but were faced with strong opposition from women's organisations, and to date, the abortion law has not been further liberalised.

Within the confines of the law, women and girls can terminate their pregnancy. It requires two doctors to certify to the existence of legal grounds for the abortion and if requested on mental health grounds, a psychiatrist is also required. In the case of rape or incest, the woman needs a police report and to obtain permission to abort

from a magistrate. Several NGOs supporting women in obtaining a legal abortion indicated that this is a very cumbersome process. Hence, women who can afford it travel to neighbouring South Africa where abortion on demand is legal. While the drug misoprostol is not registered in Namibia for use in medical abortion, it is available on prescription and on the black market. The Police, reportedly, monitors the prescriptions of private practitioners and pharmacies as well as the illegal sale of this drug. Individuals have been arrested for possession of misoprostol without a doctor's prescription. Women who self-induce or procure an illegal abortion can be imprisoned for up to five years, pay a fine or both. Providers of unsanctioned abortions can be imprisoned for up to five years, pay a fine or both. While women are being prosecuted for illegal abortions, they are not necessarily sent to prison if found guilty.[16]

Knowledge & attitudes

While there has not been any research on the public opinion around abortion, it is generally assumed that Namibians are not supportive towards women who seek an abortion. The vast majority of Namibians is Christian (≥90%) and, as previously indicated, this plays a major role in the acceptance and implementation of progressive laws and policies on abortion, as well as broader sexual and reproductive health and rights. Women who contemplate an abortion are strongly advised to carry the pregnancy to term. One consequence is that women may carry the unwanted pregnancy to term but choose to abandon the baby upon or shortly after birth. This practice, called 'baby dumping' in Namibia, regularly features in the newspapers. The scale of baby dumping is not known, but the company responsible for Windhoek's water and sewerage system reported finding an average of 13 baby bodies a month in 2008.[17] In 2014, the Bishop of the Evangelical Church called for a discussion on abortion in view of this practice and the high teenage pregnancy rates in the country. The average pregnancy rate for girls between 15-19 years old rose from 15% in 2006 to 19% in 2013, with one region reaching as high as 39%.[18]

Women who have had an abortion are, reportedly, stigmatised in the community. As a result, abortions are happening secretly and can put women in harmful situations. In 2011, the Namibian Women's Health Network collected testimonies of women who had undergone an abortion.[19] Their stories speak to the health risks, from short- to long term injuries and even death. The publication also pointed out that the majority of Namibians believe that abortion in all circumstances is illegal and that very few are aware of the legal exceptions. Staff from ChildLine/Lifeline Namibia, a non-governmental organisation that provides toll-free counselling services to children and adults, indicated that they receive very few phone calls with questions on abortion. They assume this is because callers are afraid they will be reported to the police. A considerable number of their received calls do, however, relate to questions around (unwanted) pregnancies. While the media covers the issue of abortion, the messages tend to be negatively framed and sensational. There is little sympathy for women who seek or have an illegal abortion and hardly any attention is paid to the role of men in issues of abortion or baby dumping. The magazine 'Sister Namibia' is an exception in this regard.[20]

Abortion & postabortion care services

The Namibia standard treatment guidelines (2011) indicate that the management of an abortion takes place at a clinic, health centre or hospital.[21] At the clinic or health centre, this pertains to monitoring the woman's condition and the foetus. While nurses are allowed to provide emergency obstetric care, incomplete abortions and life-threatening complications are commonly treated by doctors in hospital. The guidelines prescribe dilatation and curettage (D&C) for abortions. However, a health facility survey, conducted in 2009, reported that only 53% of the hospitals in Namibia possessed the kits for performing D&C.[22] At Katatura hospital, one of the largest State facilities in the country, this surgery is provided to women with incomplete abortions on a daily basis. However, practical challenges such as shortage of anaesthetists and theatre rooms result in long waiting periods for the women. During this period, there are women who develop complications, such as sepsis. While doctors have been trained in the use of manual vacuum aspiration (MVA), a technique which does not require general anaesthetics, the kits to perform MVA are not available at Katatura hospital.

Private practitioners prescribe medical abortion pills and/or perform surgery to manage incomplete abortions. Misoprostol is available for approximately 250 Namibian dollars (US$16.50) on the black market. Women self-induce an abortion by inserting sharp objects, such as coat hangers, or herbs into the vagina or by drinking concoctions. Other women turn to illegal abortionists who provide them with concoctions which, reportedly, contain products such as cleaning liquids, cleaning powders or washing softener. Some travel to Angola to visit an illegal abortionist and those who can afford the travel expenses and fee for legal abortion services visit Mary Stopes Clinics in Uppington and Cape town in South Africa. A large NGO in Namibia provides post abortion care. Their clinics provide counselling only, in the absence of trained staff in MVA. Counselling, as an important component of postabortion care, reportedly suffers implementation in the (overcrowded) State hospitals, but this has never been subjected to further study. There is also no data on the number of women with repeat abortions in the country. Patient records in public facilities are not electronically stored and women, reportedly, discard their old health passport if they present with the same condition at Namibian hospitals.

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