

REPRODUCTIVE JUSTICE IN THE FACE OF CONSERVATISM: YOUTH ATTITUDES TOWARDS ABORTION ON DEMAND

Sarah Mwatilifange and Lucy Edwards-Jauch*

Abstract

The right to life and reproductive health has been firmly established by a number of international human rights and gender equality instruments to which Namibia is a signatory. Human rights and reproductive justice frameworks affirm women's right to bodily integrity and reproductive autonomy without violence, coercion or discrimination on the basis of race, class, ethnicity or disability. The restrictive Namibian abortion law infringes upon all these rights. It is particularly discriminatory against poor and mainly black women who do not have the means to seek safe and legal abortions outside the borders of the country. The high levels of morbidity and mortality related to unsafe illegal abortions show that criminalisation does not stop illegal abortions from taking place. Government has made some attempts at reviewing the outdated law, but progress has been stymied by politically conservative attitudes and the lack of awareness of gender equality and reproductive rights. Although people (in this case youth) are aware of the risks of unsafe illegal abortions to women's lives and health, they do not see a need for change. This raises broader questions about the status of women in our society and whether women's lives matter.

Introduction

Namibia's abortion law originates from the South African colonial era and is extremely restrictive. It does not reflect the democratic values of the constitution and the country's stated commitment to gender equality. The criminalisation of abortion on demand has driven many women to unsafe abortions. This exacerbates the already high levels of maternal mortality in the country. The draft Abortion and

* **Sarah N.N. Mwatilifange** is a graduate of the University of Namibia and has a Masters' Degree in Gender and Development Studies. Her research interests center around gender and sexuality, as well as the anthropology of gender. She currently works at AVBOB Namibia Head Office as a senior data processing clerk.

Lucy Edwards-Jauch is a Senior Lecturer in the Department of Sociology at the University of Namibia. Her research interests are gender equality, gender-based violence, sexual and reproductive rights, masculinity and violence, intersections between gender and other forms of oppression, and the social-cultural context of HIV and AIDS. She is also the coordinator of an Action Research project that focuses on Young Women's Leadership and Sexual and Reproductive Rights. E-mail: ledwards@unam.na

Sterilisation Bill (1996) was never enacted into law. This was due to strong opposition from members of the public. The negative attitudes towards abortion and a woman's right to make decisions about her fertility and reproduction are often shaped by conservative patriarchal gender norms. These norms take precedence over women's reproductive autonomy. From our research it is clear that we have failed to raise awareness about Reproductive Rights and Health (RRH). The research also raises the following question: Does the lack of knowledge about these rights amongst the general population entitle society and the State to negate them?

The statistics show that the criminalisation of abortion on demand does not stop women from having abortions. It only drives it underground. The restrictive abortion law is not class or racially neutral. It impacts most severely on poor and black women who often lack the means to provide a dignified life for themselves and their children, due to structural injustices. Many also lack the means to seek safe, legal abortions outside the borders of the country. Government officials acknowledge that unsafe, illegal abortion is a public health concern. Government has made some attempts at reviewing the outdated law but has placed law reform on hold out of fear of offending conservative attitudes on the matter. If women's lives matter, it is time to open the conversation. This research was conducted to ascertain the attitudes of young people towards abortion on demand, as part of the process of opening that conversation.

Background

Unsafe abortion is a public health, human rights and social justice concern and world-wide, approximately 13% of maternal deaths are attributed to unsafe abortions (Zampas & Gher, 2008). At the landmark 1994 United Nations coordinated International Conference on Population and Development (ICPD) a global consensus was reached that women and men have the right to the highest level of reproductive health and that human rights are implicit in reproductive rights. These include the right to freely, autonomously and without discrimination, coercion or violence make choices about sexuality, fertility and reproduction (United Nations Population Fund (UNFPA), 2004). The notion that sexual and reproductive rights are integral to human rights has been firmly established at inter-governmental forums, yet there are many legal, educational, socio-economic and cultural barriers that prevent the exercise of these rights (UNFPA & OHCHR, 2013).

The ICPD Programme of Action does not explicitly call for the legalisation of abortion, but it does call on governments to consider the consequences of unsafe abortion (Zampas & Gher, 2008). Chapter 7 of the ICPD Programme of Action further directs states to: a) embrace human rights into reproductive rights; b)

ensure the highest standard of reproductive health; c) promote and respect equitable gender relations, and d) ensure access to comprehensive and factual information about sexual and reproductive health (UNFPA, 2004). The restrictive abortion laws contribute to high maternal mortality rates (Centre for Reproductive Rights, 2008).

Criminalisation and gender discrimination

Namibia operates within the legal framework of the apartheid era 1975 Abortion and Sterilisation Act (Edwards-Jauch, 2014). It limits legal and safe abortions to seven criteria, namely, when (1) the woman's life is in danger; (2) the pregnancy may cause serious harm to the woman's physical health; (3) the pregnancy may cause serious harm to the mother's mental health; (4) there is a strong risk that the child will have serious mental or physical problems that will be permanent; (5) the pregnancy is a result of rape or non-consensual sexual intercourse; (6) the pregnancy is a result of incest and (7) the pregnancy is a result of sexual intercourse with a woman who has a severe mental disorder and is therefore not able to understand what she was doing (Hubbard, n.d). Namibia does not allow abortion on demand or on social or economic grounds.

The severe restrictions on safe, legal abortion are tantamount to sex-based discrimination as it affects women as a group most severely, since the burdens of pregnancy fall on women and not on men (Stark, 2013). This discrimination is a violation of Article 10 of the Namibian Constitution which advocates equality for all citizens and bars discrimination on the basis of sex and gender (Legal Assistance Centre, n. d.). West (2009) argues that abortion is necessary to women's equal citizenship, for criminalisation of abortion makes the exercise of women's reproductive autonomy contingent upon a foetus in a way that men's is not. Not only is it discriminatory on the basis of sex, but also on the basis of race and class. The United Nations' special rapporteur on extreme poverty and human rights pointed out that the criminalisation of abortion on request has been linked to the increasing phenomenon of infanticide and baby dumping (Shipanga, 2013). Poor women have little possibility of travelling to South Africa or elsewhere to access safe and legal abortions. 'Abortion tourism' by Namibian women and girls to South Africa is only the prerogative of middle class and wealthier women. Based on interviews with those who have done this, Muraranganda (2014) calculated the procedure and travel costs at approximately N\$ 10 000 at that time.

Criminalisation does not control or stop abortions. It forces it underground and subsequently forces women to place their lives at risk under unsafe conditions. Out of desperation Namibian women have

resorted to drinking boiled whisky, battery acid, boiled newspaper water with jik, or ingesting a mixture of shoe polish, beer, powder soap or Revlon hair relaxer, amongst others (Ministry of Health and Social Services, 2000). There is also the illegal sale of anti-inflammatory pills, dubbed abortion pills, to induce spontaneous miscarriages (New Era, 2014).

The Namibian Minister of Health and Social Services, Dr Bernard Haufiku, has called for law reform to end the restrictive abortion regime after an unprecedented number of abortion cases were reported between April and December 2016 (Tjihenua, 2017). Seven thousand three hundred and thirty-five (7335) abortion-related cases were reported at state facilities between April and December 2016. The actual number of illegal abortions performed in the country could be much higher as many could go unreported.

Various Cabinet ministers have in the past expressed support for law reform. In 1996 the then Minister of Health and Social Sciences, Dr Nickey Iyambo, released a new draft Abortion and Sterilisation Bill for public consultation. The Bill sought the legalisation of abortion on request within the first trimester of pregnancy. In 1999 it was withdrawn by the new Minister, Dr Libertine Amathila due to public dissatisfaction (Ntinda, 2009; Intelligence Consultancy Namibia, 2017). In 2004, the Ministry of Gender Equality and Child Welfare called for a Cabinet discussion on the legalisation of abortion to mitigate the problems of baby dumping (Le Beau, 2007).

Abortion and Namibia's international commitments

United Nations human rights bodies have framed maternal deaths, due to unsafe abortions, as a violation of women's right to life (Centre for Reproductive Rights, 2013). Legal restrictions and the lack of state support for unhindered access to safe abortions on request violate a number of international gender equality related protocols and agreements to which Namibia is a signatory. They include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Other international protocols that Namibia could be in breach of are: a) The right to reproductive health as advocated for by the Universal Declaration of Human Rights, Article 25; b) Economic, Social and Cultural Rights Covenant, Article 12, and, c) the Beijing Platform of Action, Paragraphs 89, 92, 106 and 223 (Centre for Reproductive Rights, 2013).

Conceptual frameworks

Human rights framework

The linkages between the legal right to abortion and human rights have strengthened since the 1994 Cairo Conference on Population and Development. Increasingly, reasoning in human rights is used by courts to rule on abortion. Women's rights to equality, liberty, autonomy, health and dignity supported a legal challenge in Nepal (Rebouche, 2016). High levels of morbidity and mortality are associated with unsafe clandestine abortions. Restrictive abortion laws, e.g., those in Namibia, threaten women's rights to health and life. The Convention on the Rights of the Child protects children's rights to life and survival. The restrictive abortion law impedes on the rights of adolescent girls as it denies them safe access to abortion services.

Pro-choice, pro-abortion activists stress freedom of choice and bodily autonomy by arguing that individuals have the right to decide what happens to their bodies, free from unwarranted governmental intrusion on whether to bear or beget a child (Leone, De Koster, & Barbour, 1995). A woman, thus, has the right to decide whether the foetus remains in her body. In Namibia women's sexual and reproductive autonomy and their right to make choices about their own bodies are severely curtailed by the restrictive abortion law. They are also further curtailed by the high levels of gender-based violence, cultural practices and economic dependency. Choice is thus exercised in a broader social-structural context. It is often linked to privilege. Under conditions of structural inequalities, choice becomes a privilege of more advantaged women. Cognisance of the structural impediments to reproductive autonomy and the exercise of choice have led to a reproductive justice framework that places more responsibility on the state in order to ensure that choices can be substantively realised, and that they are not merely formal rights.

Reproductive justice framework: An intersectional approach

Although the legal right to abortion on demand is absolutely crucial to accessing safe and affordable abortions for those who want them, exercising that right goes beyond the legislative process. The Reproductive Justice framework links reproductive rights to social justice. It shifts the debate on abstract individual rights from purely legal questions to broader socio-economic, political and cultural questions. The focus should be on how poor and oppressed women can effectively realise this legal right, where it exists. Research in South Africa (Morison, 2013) and the United States of America (Davis, 1982; Roberts, 2015; Ross, 2001) indicates that exercising choice, accessing contraceptives, reproductive rights or safe abortions are closely tied to poverty. Poverty therefore contributes to the continued high levels of illegal

abortions in South Africa despite the legalisation of abortion on demand. In Ghana the culture of secrecy, cultural norms, religious norms and stigmatisation act as barriers to accessing abortion services (Aniteye, O'Brien, & Mayhew, 2016). It is therefore not purely about women and men's rights to decide freely and autonomously about what happens to their own bodies, but also about whether the legal right to such choices can be realised within a particular social-structural context and whether the state or the economic system enables people to effectively exercise those rights.

Reproductive justice activists call for an intersectional approach towards abortion and other reproductive issues that takes into account societal inequalities and non-legal impediments to the attainment of rights. They stress the importance of dealing with broader socio-structural injustices to ensure the substantive realisation of reproductive justice. They locate the abstract question of rights in the framework of gender, class, racial and other hierarchies of domination. Beyond the rights of individuals, they seek to claim the substantive realisation of such rights for disenfranchised groups, indicating that there are groups of women, who based on socio-economic status (class, race and ethnicity) or disability, are not able to exercise choice over their own bodies (Roberts, 2015). As choice is contingent upon means, Smith (2005) and Ross (2001) point out that pro-choice arguments mask the lack of choice certain groups of women have, particularly, poor women and women of colour. The conversation should therefore move beyond the pro-choice-pro-life dichotomy to address the social-structural barriers that nullify choice and the exercise of reproductive rights.

Often political, religious and ideological considerations outrank gender inequality, reproductive justice and women's right to life. Religious and political conservatism leads to constant attacks on, and the erosion of, reproductive rights and justice. These attacks come in the form of reductions and/or withdrawals of funding for reproductive services, including safe legal abortions; the imposition of legal restrictions; and stigmatisation and harassment of women who have abortions and health professionals who perform them; or a reluctance to disseminate information about reproductive rights and abortion (Morison, 2013; Ross, 2001; Smith, 2005; Rebouche, 2016).

Methodology

Empirical data collection was done through a quantitative survey methodological approach. A self-administered questionnaire was employed to ascertain the attitudes of young men and women towards the legalisation of abortion on demand.

Population: The target population were young men and women of Katutura youth centres. The population comprised males and females between the ages of 18 and 30.

Sampling: This study made use of five clusters of youth centres in Katutura, namely, Katutura Community Art Centre (KCAC), Katutura Multipurpose Centre, KAYEC Trust, United Nations Plaza and the Yetuyama Centre. The sampling method was systematic random sampling. This method required that the first respondent be selected at random as a starting point and thereafter, every 5th person was asked to participate. Ten males and ten females were selected which gave a total sample size of 100. The sampling formula was used to determine the size:

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

A sample size of 100 respondents (50 males and 50 females) was used. The researchers distributed a self-administered questionnaire after it was piloted. The computer software, Statistical Package for Social Sciences (SPSS), was employed for data entry and analysis. Respondents participated voluntarily and the researchers obtained free and informed consent and maintained anonymity and confidentiality.

Results

Attitudes towards women's reproductive autonomy

The table above shows that 27% of the respondents disagreed that a woman/girl has the right to decide whether or not to have baby (males 52%, females 48%). Furthermore, 20% of the respondents strongly disagreed and this accounted for 75% males and 25% females. Only 15% agreed, while 9% strongly agreed. A noticeable 10% remained neutral, while 19% said they did not know. The Chi-square test revealed that there was no significant relationship between sex and attitudes on a woman's right to decide whether or not to have a baby ($\chi^2 = 8.381$, $p=0.592$).

The majority (28%) of the respondents indicated that in their culture a woman who had had an abortion was not treated differently (39% males and 61% females). However 7% strongly disagreed (29% males and 71% females). Twenty five per cent argued that woman who had had an abortion was treated just like anyone else (68% males and 32% females). 17% strongly agreed; this comprised 53% males and 47% females. Only 14% of the respondents said that they did not know. The statistical analysis showed no relationship between sex and opinions on whether or not culture treats women who abort like anyone else. The Chi-square test score was $\chi^2 = 8.013$, $p=0.156$.

Attitudes on whether women/girls who have had an abortion are bad people

In answer to the above question, 50% of the males agreed and strongly agreed and 64% of the females agreed and strongly agreed that those who had an abortion were bad people. However, 12% of the respondents disagreed (males 83% and females 17%), while 11% strongly disagreed (males 36% and females 64%). Only 11% did not know and 1% did not give a response. The Chi-square test revealed that there was no relationship between sex and perceptions on whether or not women/girls who have had an abortion are bad people ($\chi^2 = 0.958$, $p=0.966$).

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

Participants were asked to indicate their level of agreement or disagreement with the statement: "Restricting abortion does not stop women/girls from terminating unwanted pregnancies" and 59% of respondents either agreed or strongly agreed that restrictions on abortions do not stop women /girls from terminating unwanted pregnancies. Only 21% of the respondents considered restrictions on abortion to be effective. A mere 8% were neutral, while 12% claimed not to know. A significant number of female respondents either agreed or strongly agreed with the statement. It can be said that most respondents were in agreement that restrictions on abortions do not necessarily influence women's/girls' choices regarding the termination of an unwanted pregnancy. The Chi-square test found no relationship between sex and level of agreement or disagreement regarding ineffectiveness of restricting abortion in preventing women/girls from terminating unwanted pregnancies ($\chi^2 = 3.282$, $p=0.657$).

Attitudes on the restrictiveness of Namibian abortion laws

With regard to the statement "Namibian abortion laws are too restrictive" most (25%) of the respondents were in agreement that Namibian abortion laws are too restrictive and 14% strongly agreed, whereas 21% disagreed, 10% strongly disagreed, 14% were neutral, and 14% did not know. The Chi-square test revealed that there was no significant relationship between sex and level of agreement or disagreement regarding the restrictiveness of Namibia's abortion law ($\chi^2 = 4.522$, $p=0.606$).

About 35% of the respondents agreed that it is good that the Namibian abortion law restricts access to abortion. The research found that 36% of the females and 34% of the males simply agreed, while 28% of the males and 18% of the females strongly agreed. Moreover, 23% of the respondents strongly agreed on the matter. Only 15% of the respondents disagreed. The Chi-square test found no significant relation-

ship between sex and level of agreement or disagreement on the goodness of Namibian abortion law's restriction on access to abortion ($\chi^2 = 3.082$, $p=0.798$).

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

Respondents were asked to indicate their level of agreement or disagreement with the statement: "Access to safe and legal abortion is part of women's/girls' reproductive health." The research reveals that most (23%) of the respondents disagreed with the statement (of which 78% were males, and 22% females), while 20% agreed (i.e., males 45% and females 55%), 19% strongly agreed (i.e., males 42% and females 58%), 19% strongly disagreed (i.e. males 58% and females 42%), 11% were neutral (i.e., males 18% and females 82%), 7% did not know. There was one missing case.

Male respondents represented a higher percentage of 36% that disagreed and 22% that strongly disagreed that access to safe and legal abortion is part of women's/girls' reproductive health. A low percentage of males (16%) strongly agreed and 18% simply agreed. On the other hand, 22% of the females agreed and another 22% strongly agreed. Only 10% of the female respondents disagreed, while 16% strongly disagreed. There was a notable percentage (42%) of respondents who disagreed on access to safe and legal abortion being part of women's/girls' reproductive health, compared to 39% who agreed. The Chi-square test of association showed that there was a highly significant relationship between sex and the level of agreement or disagreement on access to safe and legal abortion being part of women's/girls' reproductive health ($\chi^2 = 17.521$, $p=0.008$).

Women's health through illegal abortion

In response to the statement "Women/girls compromise their health in the quest to terminate unwanted pregnancies" it was clear most respondents were aware of women's/girls' health risks regarding illegal abortions as 16% of respondents strongly agreed (i.e. males 25% and females 75%), 23% simply agreed (i.e. males 52% and females 48%), 8% strongly disagreed (i.e. males 64% and females 36%), while 16% disagreed and 12% were neutral. The Chi-square test revealed that there was no significant relationship between sex and level of agreement or disagreement on women/girls compromising their health in the quest to terminate unwanted pregnancies ($\chi^2 = 12.245$, $p=0.057$).

Respondents' perceptions about risks associated with illegal abortions in Namibia

The respondents revealed that these risks include infections/illnesses (15%), death (15%), infertility (11%), preterm births/uterine perforations/cervical lacerations (8%), cervical or ovarian cancer (2%),

psychological effects (2%), and all the above risks (48%). Only 4% were missing cases, while 5% responded "Not applicable".

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

In response to the statement "Abortion on demand may decrease maternal mortality rates", the majority of respondents (25%) agreed (i.e., males 60% and females 40%), while 22% strongly agreed (i.e., males 41% and females 59%), 13% disagreed (i.e., males 46% and females 54%), while another 13% strongly disagreed (i.e. males 69% and females 31%). Most respondents (47%) strongly felt that the possibility of legalising abortion on demand would lower maternal death rates, compared to only 26% who disagreed. The Chi-square test found no significant relationship between sex and the level of agreement or disagreement that legalising abortion on demand may decrease maternal mortality rates ($\chi^2 = 6.368$, $p=0.498$).

The majority of respondents (42%) opted for access to abortion on the grounds that the pregnancy was a result of rape/sexual assault, or incest. This was followed by 19% of respondents who felt that access to abortion should not be given on any grounds. Fourteen per cent advocated agreed with abortion on the grounds that the life of the mother is at risk if the pregnancy is allowed to continue. Eight per cent said that a woman/girl should have access to abortion on demand if she does not want to keep the baby. Only 4% felt that a girl who is too young or in school may have access to an abortion. A further 3% opted for abortion on the grounds of poverty and financial problems, and 8% did not give a response. The Chi-square test revealed that there was no relationship between sex and respondents' views regarding grounds for abortion ($\chi^2 = 12.835$, $p=0.076$).

When asked, whether or not respondents would advocate for abortion to be legalised on demand due to the possible risks associated with illegal abortions, 52% of the males and 46% of the females opted for abortion on demand not to be legalised. More females (34%) chose to advocate for the legalisation of abortion on demand, compared to 22% of the males. Nevertheless, 17% of all respondents were undecided, while 6% of the participants responded "Not applicable".

Although 93% of respondents acknowledged the risks associated with illegal abortions, the majority of respondents would not advocate for the legalisation of abortion on demand, despite the associated

risks. The Chi-square test revealed that there was no relationship between sex and responses on advocating for the legalisation of abortion on demand due to the associated risks ($\chi^2 = 2.195$, $p=0.533$).

Despite the low level of support for the legalisation of abortion on demand, 47% of the respondents revealed that illegal abortion rates were high. Males accounted for 42%, while females had a higher percentage of 52%. Only 7% of the respondents indicated that illegal abortion rates were low, with males and females accounting for 12% and 2%, respectively. Nonetheless, 24% of the males perceived the illegal abortion rates to be moderate, while 20% were females. The Chi-square test found no relationship between sex and respondents' rating of illegal abortion performed in Namibia ($\chi^2 = 4.452$, $p=0.217$).

Respondents' opinions regarding women's/girls' right to decide what happens to and inside their bodies

Most respondents were in favour of a woman/girl having the right to decide what happens to and inside her body. A substantial percentage of 48% agreed, while 29% strongly agreed (i.e., 53% females and 47% males). This was contrasted by 12% of the respondents who either disagreed or strongly disagreed (83% males and 17% females). Only 9% of the respondents remained neutral, while 2% gave no response. The Chi-square test revealed that there was no relationship between sex and respondents' opinions regarding women's/girls' right to decide what happens to their bodies ($\chi^2 = 7.862$, $p=0.164$).

Abortion restriction as a form of discrimination against women/girls

Participants were asked to indicate their level of agreement with the following statement: "Restricting abortion is a form of discrimination against women/girls." Both male and female respondents disagreed with the statement that restricted abortion is a form of discrimination. Thirty-six per cent of the males disagreed and another 36% strongly disagreed. Only 4% strongly agreed, while only 2% agreed. Fourteen per cent of the males claimed to not know, while 8% remained neutral. Twelve per cent of the females strongly disagreed, 14% agreed and only 6% strongly agreed. Twenty per cent of the females claimed to not know, while 12% remained neutral. The majority of respondents were of the opinion that restricting abortion is not a form of discrimination. The Chi-square test of association indicated that there was a relationship between sex and agreement or disagreement with restriction of abortion being a form of discrimination against women/girls ($\chi^2 = 11.629$, $p=0.040$).

Comparing the suffering of poor women/girls due to illegal/unsafe abortions with elite women

Participants were asked to indicate their agreement or disagreement with the statement: "Poor women/girls suffer more from illegal/unsafe abortions compared to elite women". Twenty one per cent of

respondents either disagreed or strongly disagreed, while a noticeable 57% either agreed or strongly agreed that poor women/girls suffer more from illegal/unsafe abortion compared to rich women. A higher percentage of females than males agreed with the statement. Only 10% remained neutral, while 12% claimed not to know. The Chi-square test of association revealed that there was a relationship between sex and the level of agreement or disagreement regarding the suffering of poor women/girls from illegal/unsafe abortion compared to elite women ($\chi^2 = 11.805$, $p=0.038$).

Link between baby dumping and restricted access to abortion

In response to the statement “There is a link between baby dumping and restricted access to abortion”, most respondents (28%) agreed that there is a link between baby dumping and restricted access to abortion (i.e. males 43% and females 57%). In addition, 23% strongly agreed (i.e. males 26% and females 74%). A mere 6% strongly disagreed (i.e. males 100% and females 0%), while 15% simply disagreed (i.e. males 80% and females 20%), and only 20% claimed not to know. Most respondents (51%) felt that there is a relationship between baby dumping and restrictions on abortion, compared to those who disagreed (21%). The Chi-square test of association revealed a significant difference between sex and level of agreement or disagreement on the link between baby dumping and restricted access to abortion ($\chi^2 = 17.932$, $p=0.003$).

Conclusion

The results of the study clearly indicate that respondents were completely aware of the negative consequences of abortion on women’s health. It is also evident that many respondents were aware of the grave consequences of illegal abortion to women’s health and life. Many acknowledged that the restrictive abortion law does not actually stop the practice. Despite acknowledging a woman’s right to decide what happens to her body, the majority disagreed or strongly disagreed that abortion is part of women’s reproductive rights and wanted to retain the existing restrictive law. The majority did not recognise a woman’s right to terminate an unwanted pregnancy on demand safely and legally. This begs a much deeper question about the status of women in society and whether or not their health and lives matter. It also leaves the state with a conundrum: How does it deal with the public health, human rights and social justice questions resulting from restrictive abortion laws in the face of deeply conservative attitudes steeped in patriarchal ideologies and discriminatory gender norms? The State also has to ensure compliance with the Namibian constitution and the democratic values expressed in it. The democratic

principles contained in the constitution are at odds with conservative religious, cultural and patriarchal norms that impede women's right to choose.

The restrictive abortion law is discriminatory towards women. It violates women's rights to equality, liberty, autonomy, health, dignity and ultimately life. Namibia is signatory to a number of international conventions and commitments towards gender equality, non-discrimination, human rights and access to reproductive health services. Although some international commitments are non-binding, others are, and should be, domesticated through enabling national legislation, budgetary commitments, institutional arrangements and the necessary infrastructure. There is, however, a disjuncture between Namibia's constitutional and international commitments to gender equality and the youth's attitudes towards women's reproductive autonomy. This suggests a lack of awareness about the gender and human rights implications of the restrictive abortion laws. It also suggests that mass education about these commitments is long overdue.

From the results reported, it is clear that we have failed our commitment towards the 1994 ICPD Programme of Action to educate broadly about gender equality and reproductive rights. The path forward lies in widespread public education programmes about these rights and commitments.

References

- Aniteye, P., O'Brien, B., & Mayhew, S. (2016). *Stigmatized by association: Challenges for abortion service providers in Ghana*. BMC Health Service Research. Retrieved on 19 June, 2017, from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1733-7>
- Centre for Reproductive Rights (2008). *Bringing rights to bear: Abortion and human rights, government duties to ease restrictions and ensure access to safe services*. Retrieved on 28 October, 2014, from: www.reproductiverights.org
- Centre for Reproductive Rights (2013). *Understanding the world's abortion law map*. Retrieved 28 October, 2014, from: www.worldabortionlaws.com/questions.html
- Davis, A. (1982). *Women, race and class*. London: The Women's Press.
- Edwards-Jauch, L. (2014). Women's Empowerment in Namibia. In H. Neumann (Ed.), *Working for Social Democracy in Namibia* (pp. 116-144). Windhoek: Friedrich Ebert Stiftung.
- Hubbard, D. (n.d.). *Abortion: Women's rights*. Windhoek: Legal Assistance Centre.
- Intelligence Consultancy Namibia (2017). *Legalising abortion*. Retrieved on 16 June, 2017, from: <https://intelliconn.wordpress.com/2017/03/29/legalising-abortion/>

- Legal Assistance Centre (n.d.). *The Namibian constitution*. Windhoek: Legal Assistance Centre.
- Le Beau, D. (2007). The economics of sex work and its implications for HIV for sex workers in Namibia. In S. La Font & D. Hubbard (Eds.), *Unveiling taboos: Gender and sexuality in Namibia* (pp. 255-274). Windhoek: Legal Assistance Centre.
- Leone, B., De Koster, K., & Barbour, S. (1995). *The abortion controversy: Current controversies*. San Diego: Greenhaven Press.
- Ministry of Health and Social Services (2000). *Report of hospital based study on abortion in Namibia*. Windhoek: Ministry of Health and Social Services.
- Morison, T. (2013). Moving from reproductive choice to reproductive justice. Retrieved on 13 June, 2017, from: <http://www.hsrb.ac.za/en/review/hsrb-review-may-2013/moving-from-reproductive-choice-to-reproductive-justice>
- Muraranganda, E. (2014, 25 June). Namibian abortion tourism heads to South Africa. *The Namibian Sun*. Retrieved 16 April, 2016, from: <http://www.namibiansun.com/health/namibia>
- New Era (2014) *Illegal abortion pills sell like hot cakes*. Retrieved on July 18, 2017, from: <https://www.newera.com.na/2014/10/08/illegal-abortion-pills-sell-hot-cakes>
- Ntinda, A. (2009). *Land grabbing*. Retrieved on 15 June, 2015, from: http://www.swapoparty.org/zoom_in_16.html
- Rebouche, R. (2016) Abortion rights as human rights. *Social and Legal Studies*, 25 (6) 765-782.
- Roberts, D. (2015) Reproductive justice, not just rights. *Dissent Magazine*. Retrieved on 14 June, 2017, from: <https://www.dissentmagazine.org/article/reproductive-justice-not-just-rights>
- Ross, L. (2001). The colour of choice: White supremacy and reproductive justice. Retrieved on 15 June, 2017, from: <http://www.racialequitytools.org/resourcefiles/The-Color-of-Choice-Public-Version-with-footnotes-1.pdf>
- Shipanga, S. (2013, May 28). Namibia should reassess abortion policy - UN. *The Namibian*, p. 1.
- Smith, A. (2005). Beyond pro-choice versus pro-life: Women of Colour and reproductive justice. *National Women's Studies Association (NWSA) Journal*, 17(1), 119-140.
- Stark, P. (2013). *The gender equality argument for legalized abortion*. Retrieved 1 November, 2015, from: http://www.nationalrighttolifenews.org/news/2013/03/the-gender-equality-argument-for-legalized-abortion/#.WUvA_Hs1g74
- Tjihenuna, T. (2017, 28 March). Unsafe abortions reach 700-mark. *The Namibian*, p. 1.

United Nations Population Fund (UNFPA). (2004). Programme of Action: Adopted at the International Conference on Population and Development, Cairo 5-13 September 1994. Programme of Action. Retrieved on 15 June, 2017, from:

https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

United Nations Population Fund (UNFPA), & Office of the High Commissioner on Human Rights (OHCHR) (2013). *ICPD Beyond 2014 International Conference on Human Rights*, Noordwijk. Conference Paper. Retrieved on 13 June, 2017, from:

[http://www.ohchr.org/Documents/Issues/Women/WRGS/ICP%20 Beyond 2014 International Thematic Conference /Report of the ICPD Beyond 2014 International Conference on Human Rights.pdf](http://www.ohchr.org/Documents/Issues/Women/WRGS/ICP%20Beyond%202014%20International%20Thematic%20Conference/Report%20of%20the%20ICPD%20Beyond%202014%20International%20Conference%20on%20Human%20Rights.pdf)

West, R. (2009). From choice to reproductive justice: De-constitutionalizing abortion rights. *The Yale Law Journal*, 118, 1394-1432.

Zampas, C., & Gher, J. (2008). Abortion as a human right: International and regional standards. *Human Rights Law Review*, 8(2), 249-294.