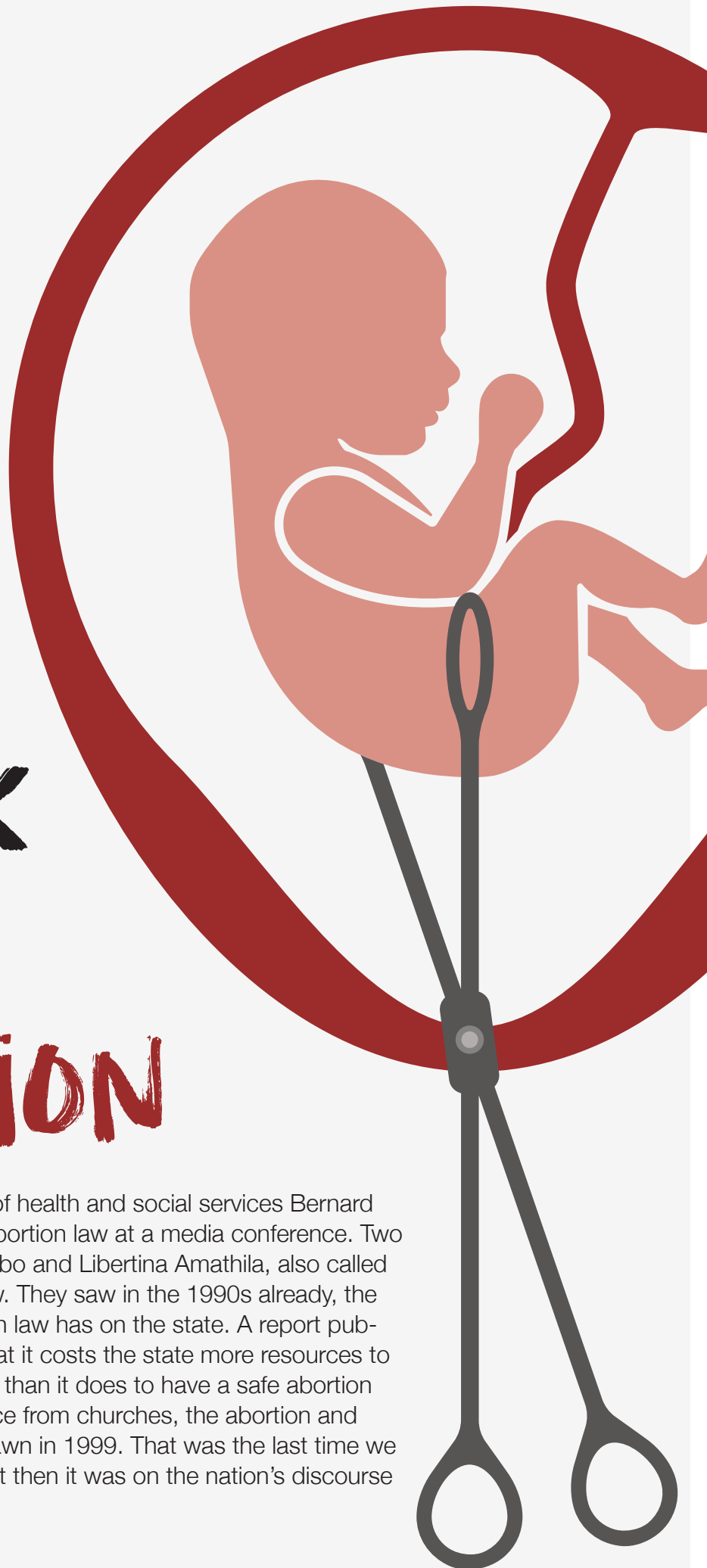


by Natasha H Tibinyane •
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WE NEED TO TALK ABOUT ABORTION

A year has passed since the minister of health and social services Bernard Haufiku called for the revision of our abortion law at a media conference. Two previous health ministers, Nickey Iyambo and Libertina Amathila, also called for the liberalisation of our abortion law. They saw in the 1990s already, the heavy burden that a restrictive abortion law has on the state. A report published during Amathila's term noted that it costs the state more resources to treat the effects of an unsafe abortion, than it does to have a safe abortion in a health facility. After major resistance from churches, the abortion and sterilisation bill was tabled and withdrawn in 1999. That was the last time we really talked about it, until last year. But then it was on the nation's discourse agenda for about a month only.



"I was confronted with this as an 11-year old when my cousin's unsafe abortion resulted in her lying in a coma for days, while the acid she drank destroyed her on the inside. I will never forget the combination of pain, shame and anger on her mother and siblings' faces at her funeral. In our community, her legacy became that of being used as an example on why not to have sex before marriage."

We are still guided by the Abortion and Sterilisation Act of 1975, which allows for abortion in cases of rape, incest, or when the woman's life is threatened by the pregnancy. In 2016, there were 138 such cases handled by our health system. During the same year, 7 335 cases of women and girls with various injuries were recorded by the system, all as a result of unsafe abortions. Haufiku noted that figure could go up to 10 000, because many remain unreported. The ministry has to be applauded for not notifying the police when confronted with such cases. In addition to the 10 000 cases, I suggest we add the number of women and girls who can afford a safe abortion by a medical professional willing to take the risk here, or travel to South Africa for an abortion at a Marie Stopes clinic. Then, add a bigger number of women and girls who buy the pills that are advertised on Facebook, and succeed. Then, add the number of women and girls who dump their babies when still alive. Then, add the number of women and girls who flush fetuses down the sewerage system; According to a 2013 Nampa report, it was an average of 40 fetuses per month. Then add the number of women who consume whatever poisonous, acid concoction they can drink to abort, and die.

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for days, while the acid she drank destroyed her on the inside. I will never forget the combination of pain, shame and anger on her mother and siblings' faces at her funeral. In our community, her legacy became that of being used as an example on why not to have sex before marriage.

The abortion debate is even more complex because it is framed within bigger contexts that are even more convoluted, and these are women's bodies, sex and religion – all in all patriarchy. It is understandable that this will be a difficult conversation, but it is one we must have. At the press conference Haufiku noted that a national conversation, which includes consultations with various sectors, will be held. This is critically important. But the ministry and civil society will need to come prepared for a big fight from the churches and religious groups, yet again. Traditional leaders will not be a difficult target group to convince. Abortion was recognised a necessary part of life among indigenous groups before the arrival of the missionaries. We must also have this conversation while considering that women and girls' sexual and bodily autonomy is severely compromised. Our rape, domestic violence and murder statistics speak for themselves.

We must also admit that liberalising our abortion law will not put an end to all the challenges women and girls face, but it certainly will drastically reduce the number of them who resort to harmful measures to end an unwanted pregnancy. The health system will also be left with resources that can be applied otherwise. Very importantly, this is a conversation that must be led by women and girls. This is a discussion about our bodies, our lives. Who best to have it?

Further, we should not limit ourselves to the idea that contraceptives are widely available at health centres. This is true, but do women and girls have access to such? What are the

conditions under which women and girls gain access, when they do? The woman who is a domestic worker rarely has time off to go to the clinic. When she has time on weekends, there is one clinic in Katutura that provides contraceptives. The 16-year old is too terrified to ask the nurse for condoms or a pill, because she may tell her mother. Access is not as simple as stacking our shelves.

We also need to hear the I-stories of women and girls who risked death and imprisonment when making the desperate decision to have an unsafe abortion, dump a baby, or flush a fetus. The I-stories of families that endured the pain of tragic loss, in addition to the judgement of their community, need to be heard too. The conversation must happen everywhere – on social media, blogs, newspapers, radio, television, bars and street corners.

However, as a life-long Namibian-born feminist, I can vouch for the fact that patriarchy is deeply embedded here, it will not be overpowered by a consultation process and a multi-media campaign of a few months. The fact is, the collective unwillingness to address our outdated and repressive sexual and reproductive health policy and legal framework will still remain after all that work. Patriarchy is a powerful beast.

But, we should not allow the abortion debate to become dormant again. Civil society has a huge advantage in the ministry's willingness to revise the abortion law. The ministry has an ally in civil society for this campaign. Working together towards a more progressive abortion law can be an easy collaboration.

Our women and girls deserve access to safe, non-judgemental abortion services by medical professionals. They also deserve access to information on sexual and reproductive health and rights so that they can make informed choices about their lives. This is a battle we can actually win. ♀