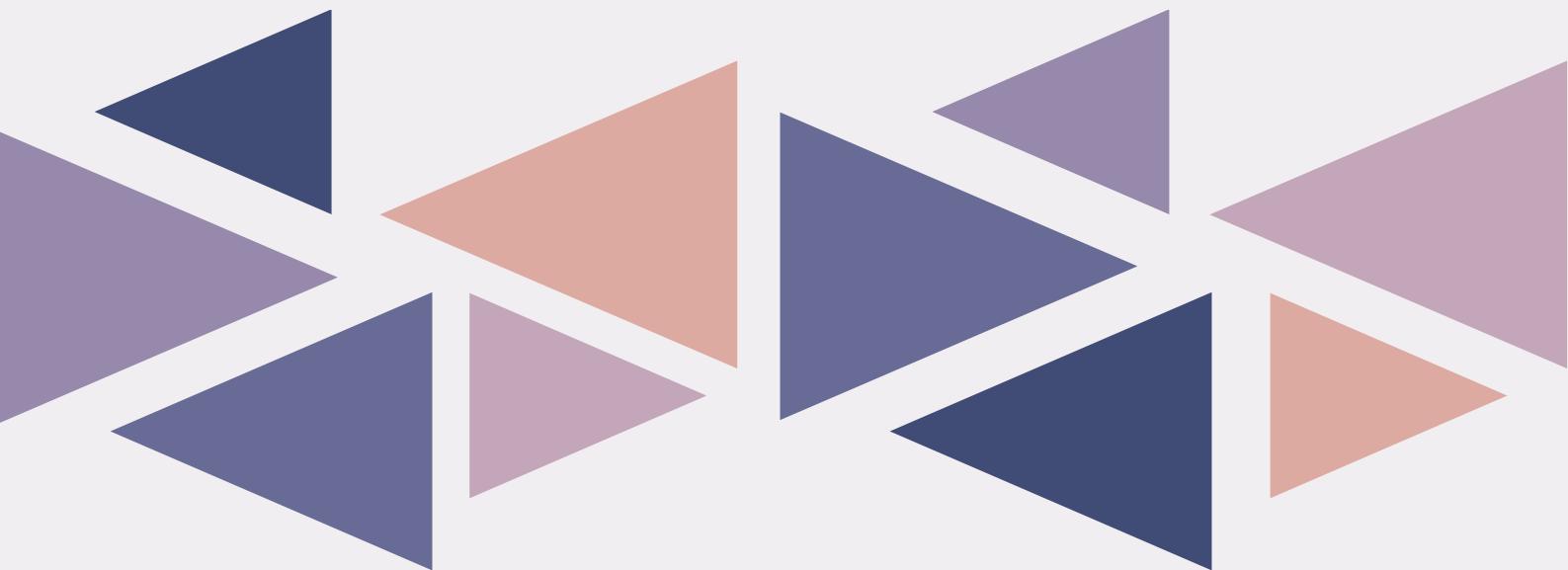


2023

THE IMPACT OF RESTRICTIVE ABORTION LAWS AND HARMFUL CULTURAL PRACTICES ON REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN IN NAMIBIA

AN EXPLORATORY ANALYSIS



V C r C

Voices for Choices &
Rights Coalition

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V C r C

Voices for Choices &
Rights Coalition

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BACKGROUND

The **Voices for Choices and Rights Coalition (VCRC)** is the leading coalition of reproductive justice organizations, activists, and individuals in Namibia. It was established in 2020 to advance the Reproductive Justice Movement in Namibia after a petition was launched calling on abortion law reform, including the protection and prioritisation of women's health, women's rights and gender diverse persons' reproductive status.

Our purpose is to bring together a multi-disciplinary group of entities and individuals working together to promote, consolidate and collaborate in a unified response, to issues relating to abortion law reform, sexual and gender diverse reproductive health and rights, women's health and women's reproductive healthcare.

The **Southern African Policy Initiative (SAPI)** is a Pan-African Anarchist organisation established with the purpose of dismantling oppressive legal systems through research, policy advocacy and legal literacy training. Through this collaboration, VCRC and SAPI intend on unpacking two major conflicts that have been at the forefront of reproductive justice advocacy in Namibia.

1) The law does not completely criminalise abortion. This should be a great thing for those who have been granted access to safe abortion services by the law, namely; victims of sexual violence, those with health risks involved and in instances where incest has taken place. Unfortunately even those who are allowed to access these services cannot do so because of the barriers in implementation that this legislation inadvertently creates. Some examples are that the litigious processes to prove that one qualifies for these services are lengthy and costly and a person has to jump through several bureaucratic hoops, such as signatures from specific, often inaccessible medical professionals before getting the approval as well as an additional search for a qualified medical health practitioner who is willing to carry out the procedure.

2) This brings us to the second conflict. Religious fundamentalism and cultural rigidity have influenced the behaviours, narratives and systems that often cause harm in reproductive health on a social level, and create the barriers to the full implementation of laws. Seeking specific medical health practitioners who are willing to help is often met with faith based objections. Furthermore, a lot of cultural narratives operate with the idea that all pregnancies are a blessing. A partial impact of this issue is that a lot of people believe that abortion is completely outlawed in Namibia. Not having enough education around this law, alongside these belief systems are likely to be reasons why it looks so much better on paper than in practice.



BACKGROUND

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. It is also intended to provide advocacy suggestions for the purposes of creating a more inclusive society that prioritizes sexual reproductive health and rights in diverse contexts.





BACKGROUND

This study takes the stance that a cultural practice is harmful if it is contrary to the rights enshrined in the Constitution of Namibia as well as in international agreements that Namibia is subject to.

For the purposes of this study, we also consider harmful practices to include persistent practices and behaviours that are a result of discrimination and manifest in the form of **physical and/or psychological violence**. In spite of the progressive protective measures in the Namibian legal system, there are still some behavioural factors alongside a few gaps in the legal system that allow for harmful practices to persist.

This study takes a key look at the following practices adopted from a list compiled by the Organization for Coordination of Humanitarian Relief (**OCHR**), in relation to the contemporary society and policies on abortion in Namibia;

- Early Childhood Marriages
- Early Sexual Initiation
- Female Genital Mutilation
- Honour Killings
- Son Preference
- Female Infanticide

We will also take a look at other cultural practices that take place in Namibia and assess their relationship with reproductive health and rights such as forms of culturally mandated violence (disciplining wife, 'corrective' rape, harmful narratives and perspectives to minority groups) , as well traditional birthing practices.

Purpose of Study

This is a continuation of ongoing efforts to gain less restrictive laws on abortion in Namibia, promote healthy reproductive practices and to increase comprehensive sexual and reproductive health education for youths. Abortions are largely as a result of early, unintended and unplanned pregnancies, and a failure to prioritise the need for safe abortions as well as comprehensive sexual health education has resulted in a reliance on unsafe abortions, a continued increase in teenage pregnancies as well as inadequate support for groups that are particularly vulnerable. Subsequently, the bigger picture is one wherein communities in Namibia are stuck in unhealthy socio economic cycles and health epidemics like HIV/AIDS, maternal morbidity and mortality are sustained.

Research Objectives

In order to adequately assess the relationship between harmful cultural practices and restrictive laws on abortion, this research paper will explore the following objectives;

1. Identify some cultural practices ad the extent to which they are harmful.
2. Identify how harmful practices impact sexual health and reproductive rights.
3. Identify some relevant laws and policies surrounding the customs.
4. Make recommendations for advocacy.

Limitations to Study

At present there is no specified data on the number of abortions that take place annually. The taboo nature of abortions and fear of legal repercussions and stigma further restricts possible participants from coming forward. As a result of this, gaining accurate statistical data and participation in studies related to abortion in Namibia can often be difficult. Another limitation is that this research is largely a desktop one and there is limited literature on many reproductive health customs in Namibian traditional groups.

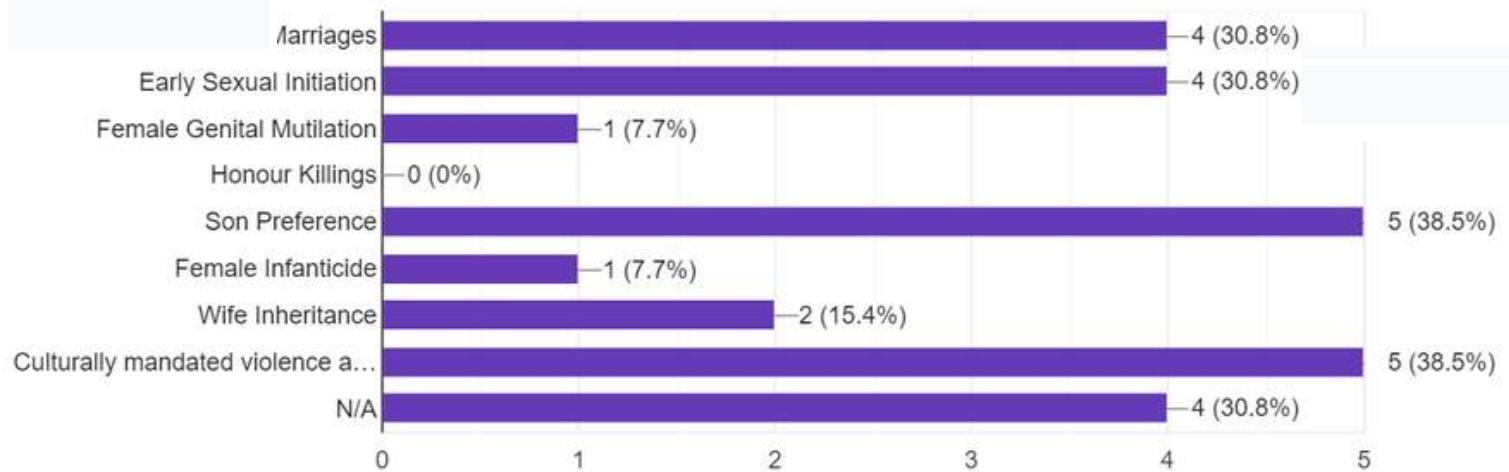
Research Methodology

This research has been conducted primarily with an desktop review framework alongside brief interviews with 12 participants, some who have directly experienced harmful cultural practices and some who have worked in community based organisations and civil society organisations with individuals directly affected by harmful cultural practices in Namibia.

Many of the customs explored in this study are covered in greater detail in a study carried out by the Women's Leadership Center titled "Violence is Not Our Culture: Women Claiming Their Rights In Caprivi Region." This current study mainly focused on those brought up during participant dialogues and questionnaire, however there are more such as Drying out the vagina for sex also known as Kuomisa Busali and Coerced stretching of the labia minora, Malebe, that were left out to avoid duplication of work done by the Women's Leadership Center (WLC).

PARTICIPANT RESPONSES

HARMFUL CULTURAL PRACTICES IDENTIFIED BY PARTICIPANTS



PARTICIPANT RESPONSES

ON EXTENT AND WAYS IN WHICH CUSTOMARY BELIEFS RESTRICT ACCESS TO ABORTIONS IN THE LEGALLY MANDATED WAYS

Participants listed the following as customary perspectives that often restrict individual access to safe abortions in the ways that are permitted by the law:

- Integration of culture and religion. The general view was that customary beliefs are **more strict because of the idea of "purity" that is adopted from religion.**
- The view that children are a blessing and should be protected regardless. In some instances this view is enforced even in instances where the mother and child may be at risk as well as in instances of rape and incest. **Upon further investigation, 38% of participants agreed with the perspective while 62% expressed that the view may be harmful because community is unlikely to help with the emotional pitfall in instances of rape and incest and the medical impact and costs associated with the mother and child being at risk.**
- Dismissing the views of the youth is a common feature in the enforcement of customary perspectives.
- Protecting family honour
- Not knowing about the legally mandated grounds to access a safe abortion.
- Treating subjects involving sexual reproductive health rights as a taboo.
- A general view of abortion as a **taboo associated with disgrace and shame.**

PARTICIPANT RESPONSES

ON UNSAFE ABORTION METHODS RELIED ON IN CUSTOMARY GROUPS

Two OshiWambo speaking participants indicated that they have encountered unsafe abortions through the use of herbs on genital areas. Both stated that they had only heard of stories of this, not direct, personal experiences.. Further investigations are required on this.

Other participants stated that they did not know of any instances or methods in their cultures.

ON UNSAFE ABORTIONS AND MATERNAL MORTALITY AS A RESULT OF UNSAFE ABORTIONS

Participants who worked for civil society organisations indicated that they had encountered instances of mortality and morbidity as a result of unsafe abortions.

DESKTOP RESEARCH RESULTS

Cultural narratives and teachings that frame sex talk as taboo and women who talk about sex as 'uncultured' often result in violations going unreported.

Language and teachings that frame facing culturally mandated sexual violence as 'honourable' has the same effect of ensuring that cases go unreported.

The National demographic health survey may not accurately reflect the lives of people living in rural and remote locations as Namibia is mostly rural with **only 4 in 10 people in Namibia living in urban areas, yet, 57% of respondents in the last Namibia Demographic and Health Survey are based in urban areas.**

The practice of son preference is likely to result in selective abortions and in communities where son preference is observed, mainly by pregnant women who will have found out that they may be carrying a girl child and are fearful of possible punishment for this. Those who give birth to daughters are more likely to experience sexual violence, usually as a form of discipline or to make sure that the woman births a son. Killing of daughters is unlikely to happen in this practice and it often manifests as contempt against the woman for birthing daughters as well as misogynistic parenting of daughters.

It seems the practice is sparse and not concentrated to any specific cultural groups.

DESKTOP RESEARCH RESULTS

Female genital mutilation is **not** an ongoing crisis in Namibia. There is evidence that it has been practiced through the *sikenge* customary practice within the past decade and allegations of the practice amongst SiLozi and OshiWambo speaking groups, however there is no statistical data or told stories of this taking place within the more recent five years.

Training is needed for traditional birth attendants within the Okavango region in order to provide healthier birth care and environments for mothers. There's also a need to study the relationship between herbal treatments and reactions.

Continued advocacy against narratives associated with toxic masculinity and the negative impacts of internalised gender roles. These allow for people to continue to experience violence silently while prioritising customary roles and norms. For example, that manhood is only achieved once one is married and the idea that a 'proper' woman should not bring up the discussion of sex in an intimate relationship.

Harmful Cultural Practices: Early and Forced Childhood Marriages



Harmful Cultural Practices: Early and Forced Childhood Marriages

Overview: Early childhood marriages refer to romantic marital unions involving individuals who are below the age of 18 years. Most child marriages occur between adolescent girls and adult men or, between two adolescents, typically with the male being older. Some cultural practices that have been associated with early childhood marriages include:

- **Mulaleka/Kutamunwa (Testing for Fertility/ Sexual Testing)**

This is a custom that is practised in the Kavango West region. It has been said to take place in two ways. The most commonly known is involves an incestuous sexual encounter where the grandfather, uncle or sometimes brother of a girl has sex with the teenage girl. If she speaks of it, the act is then reframed as fantasy for the girl who is later told that she only "dreamt" it.

The second involves the coercion of young girls into falling pregnant by a certain age in order to prove their ability to reproduce. It places a great deal of pressure on girls to be sexually active and to be a mother at a young age. The practice is decreasing greatly however it is still associated with childhood marriages in the present day.

In the Caprivi region it is known as Kutamunwa and is an incestuous method used to decide on the preparedness of a girl to marry by assessing her ability to handle sexual acts.

- **Okuruuo (Holy Fire)**

This is a healing practice that takes place among the OvaHerero, OvaMbanderu and OvaHimba communities. It is a sacred practice that aids in protecting the spiritual wellness of the community. It is mainly practised in the Aminuis constituency in the Omaheke region.

The practice is very sacred and an unfortunate impact is that mainly led by men and during this practice married men are held in high regard while unmarried men are belittled for not having spouses often through acts that may be considered to be demeaning such as having to move around on their knees.

The practice has been seen to inadvertently encourage men to desire marriage for the honour and notoriety rather than due to any care for their wife, older married men teach that marrying is an essential rite to manhood. Oftentimes this pressure takes place when boys are teenagers who are eager to transition into 'manhood' and they often propose, and engage in risky sexual behaviour with younger girls in order to intentionally cause a teenage pregnancy and secure the role of being a husband.

- **Widow inheritance (Kufwamena)**

This practice involves the marrying of an individual as replacement for a deceased spouse. It puts women in vulnerable situations as they often risk losing their property if they refuse to be taken on as a spouse. In some instances, children are taken as the replacement spouse.

- **Sikenge**

This is an initiation practice largely from the Zambezi region. It is conducted when a young woman begins her menstruation and is isolated in order to be taught about womanhood. During the process, silence and obedience are taught as characteristics of a good wife and a good member of the community as a woman. The practice has been closely linked to the persistence of rape and intimate partner violence.

Sikenge has been reported to contribute to violence by using physical and verbal violence to teach women to obey their spouse.

- **Olufuko (From an Aawambo word meaning marriage)**

This is an Aawambo traditional festival that takes place in Outapi in the Omusati region. This practice is wherein young women are taught about their tradition as they essentially transition from being girls to being women. While the practice greatly encourages young women to keep their virginity, it has been accused of perpetuating the practice of childhood marriages.

The Law in Relation to Early and Forced Child Marriages

Typically civil courts may not approve a childhood marriage because the constitution only allows for marriage between persons of full age and the Child Care and Protection Act (CCPA) does not allow for practices that will cause harm to a child, courts are likely to rely on full age in terms of the CCPA. **Early childhood marriages have been known to restrict the extent to which children who have been married get to experience their rights to education, dignity, life and liberty.**

The law also presents the following complications which allow for the sustenance of early childhood marriages;

- Conflict in defining what is meant by full age: **The Constitution identifies children up to 16 years while international laws and the Child Care and Protection Act identify those up to 18 years.** This leaves ambiguity in defining what a minor is in Namibia and specifically leaves those who are between 16-18 years of age vulnerable to harm and unprotected by the Constitution.
- **Section 14 of the Combatting Immoral Practices Act 7 of 2000 allows for sex with a child if one is married to that child, the Combatting of Domestic Violence Amendment Bill of 2022 repeals this and further restricts adults who are considered to be the "primary caregiver" of a child, it has not yet been passed.**
- Customary marriages are expected to comply with the Constitution and other civil law, but because they are not formally regulated **there is room for customary marriages with children to take place without being registered or through cohabitation.**

Impact on Reproductive Health and Rights

Early childhood marriages often result in issues surrounding early, unwanted and unintended pregnancies which often result in;

- Early pregnancies - this refers to pregnancies in a child who has begun menstruating, mainly adolescents, who have to seek abortions due to health complications.
- Unplanned or unintended pregnancies often result from low access to contraception or incapacity to negotiate family planning and contraception because the subject is often treated as taboo and due to the power dynamics in relationships.
- Less of a likelihood to seek out antenatal care and skilled birth attendance during child delivery as well as postnatal care.

Harmful Narratives Commonly Associated with Early and Forced Child Marriages

The most common social beliefs that surround forced and early childhood marriages include;

- Child marriage can be a good source of income.
- It protects the child and family from pregnancies out of unwed couples.
- Marriage with a wealthy man is the best outcome for a girl.
- Young men have to marry to prove their readiness for adulthood and to gain the honour of being a man.

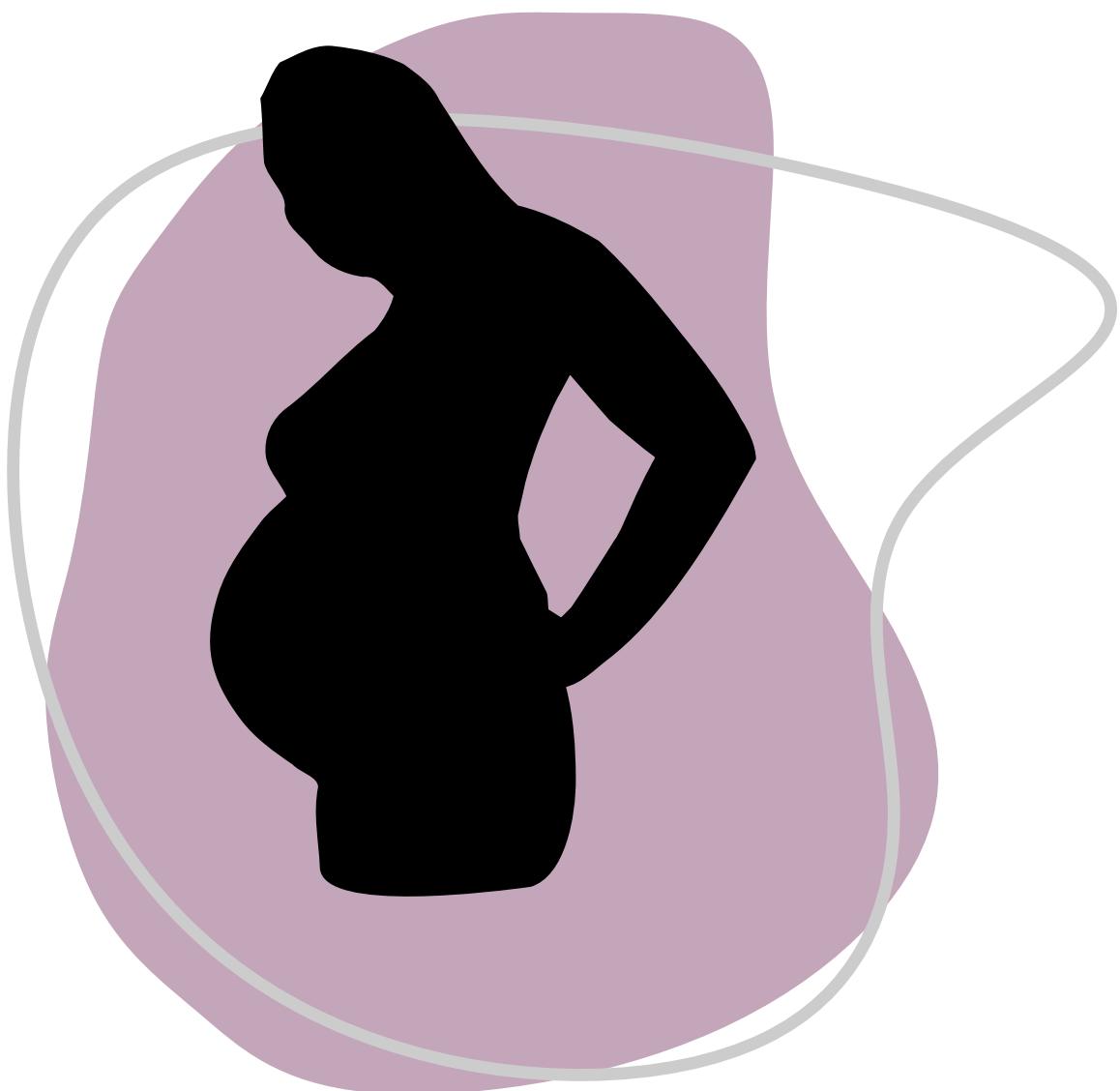
Prevalence:

- The Kavango region accounts for **40% of child marriages and 34% of teenage pregnancies**
- **Kunene (24.0%), Zambezi (24%), Omaheke (23%) and Otjozondjupa (23%) and the Oshana region at 7%.**
- The last National Demographic Study Revealed that 1% of girls aged between 15-19 years had been married, separated or divorced, 2% of the participants aged between 20-49 stated that they had been married by the time they were 15 years.

Recommendations

- Specifying that a **minor includes anyone below the age of 18 years in the Constitution**
- **Enacting the repeal of section 14 of the Combatting Immoral Practices Act 7 of 2000**
- Creating provision that insists on the registration of customary marriages and **creating measures of review in all communities**
- Creating statutory measures that provide for educational, social and medical **rehabilitative and protective measures for children who have been married and are vulnerable to the practice**
- Creating awareness on the illegal and harmful nature of the practice and encouraging reporting
- Increasing community education programmes for **all** community members on comprehensive sexual health education with a key focus on maternal morbidity, mortality, family planning and general health risks amongst adolescent mothers, in communities where forced and early child marriages are prevalent.
- Ensuring that customary practices are maintained in a way that does not result in marriage of children. (**Many groups in the Zambezi region have begun to reframe customary practices that once resulted in childhood marriage to help girls develop personally, gain education about respecting the community, themselves and to wait until they are mentally and emotionally prepared to take on the responsibilities associated with marriage once they become adults.**)

Harmful Cultural Practices: Early Sexual Debut



Harmful Cultural Practices: Early Sexual Debut

Overview: Early sexual debut refers to when an individual is introduced to sexual acts including sexual intercourse before the legal age of consent.

Early sexual debut often occurs **mainly** as a result of these practices which we have explored above:

- **Sikenge** : Young girls learning at an early age to put male needs ahead of their own has been said to contribute largely to long term sexual violence and not reporting.
- **Mulaleka and Kutamunwa**: Malicious male relatives are given the authority to sleep with underage girls with no repercussions. The two differ in that the girl is made to think it is a delusion when it is Mulaleka.
- **Tjiramue** : Male relatives feeling entitled to the bodies of cousins who have been labelled as the wife
- **Okuruuo (Holy Fire)** : Young men initiating sexual relationships with underage girls in order to cause pregnancy and earn the honour of being a husband. (This is not a central aspect of the practice however, the 2020 Ministry of Gender Equality, Poverty Eradication and Social Welfare study on early childhood marriages cited this as a possible side effect of the narrative that manhood is accessed through marriage)
- **Kufamwena (Widow Inheritance)** : When a widow is not given a replacement spouse, a young child may be given as a wife which can leave her vulnerable to sexual exploitation. Usually practiced in the Caprivi region.

Other social and cultural practices/norms that contribute to this:

- Early sexual debuts also take place as a result of **peer pressure and misinformation about sex**.
- **Toxic Masculinity**: Customary practices and rhetoric that contributes to men feeling entitled to female bodies.
- **Internalised Gender Roles**: Lessons and rhetoric that frames women and girls as subservient to men and boys have been reported to increase the likelihood of attacks by men and boys and reduce the likelihood of reporting violence by women and girls.
- **Treating the subject of sex as a taboo**: The use of the **abstinence** approach which is mainly inspired by religion, has not been effective and more dynamic, comprehensive sexual education programs are needed especially where there is sexual exploration.

The Law in Relation to Early Sexual Debut

- In Namibia the **age of consent to sexual acts is 16 years. (Combatting Immoral Practices Act 7 of 2000 section 14(a))**
- This also means that acts of sexual initiation to a child below 16 years are highly likely to amount to criminal charges even if the child consents.
- There is no presumption that a male person who is below 14 years cannot commit an act of sexual violence. (Combatting Rape Act 8 of 2000 section 4)
- **The Child Care and Protection Act 3 of 2015 prohibits discrimination against a child on the grounds of pregnancy** (section 5 (d) (i)) and **a child below 16 years who has fallen pregnant is classified and being in need of state protection** (section 131 (2) (f))

Impact on Reproductive Health and Rights

- Early sexual debut massively contributes to
- Risky sexual behaviour amongst adolescents and unplanned pregnancies amongst teenagers

Harmful Narratives:

- The idea that sex is an important way to show love and loyalty to a partner.
- Reluctancy from women and girls to discuss sex because it is treated as a taboo subject for women.
- The view that sexual intercourse is a crucial milestone

Prevalence

- The last National Demographic Health Study showed that an estimated **7% of women have their first sex between 12 and 14 years of age, 35% between 15 and 17 years of age.**
- and nearly **37% of participants of the same study reported** that their first sexual encounter was **not consensual** .
- Between August 2021 and February 2022, there were up to **700** rape cases disproportionately affecting women and girls

Recommendations

- Comprehensive sexual education in both school and social settings which is not heavily reliant on abstinence.
- Making conversations about sex less of a taboo particularly in locations that have been reported to be more restrictive about the subject with high rates of violence.
- A sex offenders registry particularly inclusive of repeat offenders in order to mitigate instances of non-consensual sex.
- More education for children on specific steps they should take to report violence.
- Eliminating cultural acts that allow for early sexual debut.

Female Genital Mutilation



Female Genital Mutilation

Overview: Female genital mutilation (FGM) refers to the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. At present there is no statistical data, however there is a record of FGM having existed in Namibia within the recent decade.

Female genital mutilation has largely been associated with the practice of **Sikenge** amongst some SiLozi speakers in the Caprivi Region in Namibia.

The Law in Relation to Female Genital Mutilation

- At present there are no internal laws that specifically addressing female genital mutilation however inferences can be made from laws associated with FGM such as the Constitutional Rights to Human Dignity and the criminalization of physical assault.
- The Convention on the Rights of the Child along with the Child Care and Protection Act may be applied to abolish this practice.

Prevalence:

FGM is not a common, openly practiced custom in Namibia, however there are records of it having taken place within the last ten years. Many institutions have concluded that it is nonexistent. The practice has largely been linked to Sikenge which is mainly amongst the Lozi speaking Customary group from the Caprivi Region of Namibia. Other practices that are associated with it are There is no statistical evidence on this practice in Namibia, two out of the four participants from the OshiWambo customary group in this study indicated that FGM still took place in their customary group

Impact on Reproductive Health and Rights

- The most clear impact is the physical and psychological impact of the mutilation and process.
- Women who are overpowered in this way are unlikely to negotiate for or have a say in family planning methods. There is a possibility that the right to consent to sexual intercourse may be dismissed.
- There is no statistical evidence of the practice in Namibia at the moment, but there are allegations that this practice takes place. Not paying attention to this may result in a sustained violation of rights on a small population.

- Supporting grassroots activism to end the practice in the Zambezi Region
- Investigation into allegations of the practice existing amongst OshiWambo and SiLozi speaking customary groups

Other Culturally/Socially Mandated Forms of Violence



Other Culturally/Socially Mandated Forms of Violence

Overview: The practices in this section primarily involve criminal behaviour that is underreported because of social acceptance. Some practices that involve this include:

- 'Corrective' rape: This is a hate crime wherein the attacker intends to 'fix' the gender identity or sexuality of the victim. It is primarily aimed at members of the LGBTQ+ community. In 2016 the Human Rights Commission reported that despite frequent reports of violence against the LGBTQ+ people including 'corrective' rape the government had not been taking action to shift social perspectives and end discrimination to combat this violence.
- Disciplining Wife: This refers to physical, psychological or sexual abuse that is carried out with the goal of disciplining the wife.
- Harmful attitudes towards persons living with disabilities.

The Law in Relation to Corrective Rape

- **The Criminal Procedure Act 51 of 1977 as well as the Combatting Rape Act 8 of 2000 protect individuals in general against sexual violence**, there is no special legislation aimed specifically at protecting the LGBTQ+ community to address specific forms of disproportionate violence. (**such as The Equality Act which was proposed in 2019 in the USA**)
- A pregnancy resulting from this form of violence can be safely terminated in terms of Section 3 of the Abortion and Sterilization Act 2 of 1975

Impact on Reproductive Health and Rights

- Corrective rape can result in pregnancy. While the law protects individuals who encounter this form of violence, the Act is hardly implemented in these instances because the process to do so is strenuous, inaccessible and costly and because many individuals who undergo this are often silenced to protect family dignity and in many instances, do not know about this law that is intended to protect them.
- This can result in a reliance on unsafe abortion methods and maternal morbidity and mortality.

Harmful Narratives:

- Many are unlikely to seek help because of fear of discriminatory treatment and victim blaming by state service providers, and from community members.
- This also results from placing heterosexuality on a moral pedestal such that committing this violence is justified and excused for the sake of the 'greater good'.

Prevalence:

- There is no national statistical data on the prevalence of corrective rape however instances of lived realities have been recorded. (See chapter on *Lived Realities*)

Recommendations:

- Continued advocacy against harmful narratives that promote violence against the LGBTQ+ community in Namibia.
- Creating **a reporting platform specific for LGBTQ+** community to mediate people's expectation of discriminatory treatment from service providers. **(like the LGBTQ liaison officer portfolio in the USA)**
- More sensitivity training for healthcare providers and law enforcement officials specifically addressing stigma against LGBTQ+ persons. This training should be accompanied by **a transparent form of review to ensure that what is taught is put into practice.**

Other Culturally/Socially Mandated Forms of Violence

The Law in Relation to Disciplining Wife

- **Section 2 of the Combating Domestic Violence Act 4 of 2003 classifies actions that are commonly used to disciplining a wife as domestic violence.**
- This means that victims can apply for a protection order and have their case treated as a priority by the state and can get the following remedies:
 - 1) Weapons seized from the perpetrator
 - 2) No contact from the perpetrator
 - 3) Where there is joint accommodation, an order can be made for alternative accomodation
 - 4) Protection of property
 - 5) Protection of children
 - 6) Police Assistance
 - 7) Other orders such as an order for temporary maintenance in instances where the victim was dependent on the perpetrator
- Additionally **Section 30 of the Act provides a \$10 000 fine if the privacy of those involved in the matter are not protected.**

Impact on Reproductive Health and Rights

- In some instances marital abuse includes sexual violence and has been seen to result in unplanned pregnancies. Women are usually the victims in these cases. Oftentimes victims may rely on unsafe abortions to avoid blame and violence for becoming pregnant.

Harmful Narratives:

- Many are unlikely to seek help because of fear of discriminatory treatment and victim blaming by state entities, and from community members.
- Male participants in a study conducted in the Ohangwena region expressed that discipline was not encouraged but it was an important way to deal with a wife who doesn't listen.

Prevalence:

- Namibia Demographic Health Survey (2013) indicates that 33 percent of ever married women aged 15-49 years have experienced physical, sexual, and/ or emotional violence from their partner
- In 2012 1.2% of women who experienced sexual violence reported an induced abortion.

Recommendations:

- Updated national statistical data on the relationship between marital rape and abortion
- National Demographic Studies that are more inclusive of rural, semi-urban and remote locations in Namibia

Son Preference



Son Preference

Overview: Son preference refers to the practice of placing greater value to male children than female children. It is a cause of selective abortions, and as a result of these not meeting the conditions laid out in statute, it is highly likely there is often a reliance on unsafe methods. It has also been shown that those who give birth to daughters are more likely to experience sexual violence.

The Law in Relation to the Practice of Son Preference

- The Constitution of Namibia regards all children as equal and does not differentiate between gender and sex. **(Article 10 read with Article 15)**

Harmful Narratives:

A general view that a male born child holds greater value.

Prevalence: Globally, son preference has resulted in a deficit of some 140 million females. Further investigation is needed on the prevalence of this in Namibia. **55% of participants in this study stated that they had encountered son preference in their cultural group, from the Oshiwambo, Otjiherero, Damara, and Nama**

Traditional Birthing Practices



Traditional Birthing Practices

Overview: Traditional birthing practices refers to customs that have to do with child birthing processes. These include herbal treatments that are commonly used by Traditional Birthing Attendants (TBAs) before, during and after the birth of the child.

During Pregnancy

A study carried out in the Okavango region showed different practices carried out during pregnancy. According to Haikera, the Chokwes (a tribe in Kavango) are given "sivatu" and other concoctions comprising of a variety of roots such as *mbuumbu*, *mpindu*, *muroro* and other roots throughout the pregnancy and near term they are given another concoction to fasten the labour process. The *Vakwangalis* and *Vamanyo* are usually given at the onset of labour concoctions of 'sivatu' and 'mpindu' scientifically known as *Ancylanthus bainesii*. Haikera adds that "mbatu", the mixture, literally means the jumping style of a frog/tadpole is given to women to drink to avoid unfaithfulness of the husband during the pregnancy. One of the participants added that *sivatu* is given in case the woman or partner was unfaithful.

Sometimes this kind of treatment is given in form of crushed powder smeared on abdomen of the woman, or drinking dirty water from the husband's shoes. some of the elders mentioned elephant dung as part of the remedy a woman needs to drink in order to avoid all these complications. At present, there is limited information about this beyond that conducted by Haikera.

Birthing Process

In the study conducted by Haikera, some participants from the Okavango regions who drank herbal treatments during pregnancy have experienced home births with the aid of relatives. It was indicated that home births are often unplanned. During home births, its reported that TBAs make use of whatever is available, which often involves use of non-sterile tools. TBAs will most likely encourage mothers to hospitals afterwards.

Care After Childbirth

Oftentimes extra care is taken at this stage when cutting off the umbilical chord, TBAs often use a clean razor or a brand new kitchen knife. After childbirth, placenta expulsion follows and the participants in the study conducted by Haikera stated that there were no incidents of placenta retention had been experienced. Nurses and midwives expressed concern at the practice of smearing of chicken droppings in and around the vagina to help detach the placenta from the uterine wall after childbirth. Alternatively the use of *mukwevo* leaves and sitz baths with salt were also relied on, midwives and nurses did not comment on the effect of *mukwevo*.

The Law in relation to Traditional Birthing Practices

The law allows for women to determine where and how they would like to give birth and care for children. This is in respect to the rights to culture (Article 19), Right to Liberty (Article 7) and Right to Dignity (Article 8). What is at risk is the right to Life (Article 6). While many TBAs encourage women to go to the hospital, and many women go through processes smoothly. There is still a need to identify the specific causes for those who react to herbal treatments.

Impact on Reproductive Health and Rights

In the study conducted by Haikera, some participants from the Okavango regions who drank herbal treatments during pregnancy have experienced home births with the aid of relatives. It was indicated that home births are often unplanned. During home births, its reported that TBAs make use of whatever is available, which often involves use of non-sterile tools. TBAs will most likely encourage mothers to hospitals afterwards. This approach can be improved by providing some training for improved care for TBAs to avoid harm on women and babies. This has been successfully established in Sierra Leone where it was also shown to be **a cost effective mechanism for maternal and newborn care (Fotso et al.)** or Ethiopia, where it has served as **a good compromise in communities that are affected by large distance from healthcare providers**, this was coupled with an identified need to make sure that TBAs and medical health providers establish a referral system (Gurara et al.) .

Traditional Birthing Practices

Prevalence:

Currently traditional birthing practices are known to take place in the Okavango regions.

Harmful Narratives:

The general belief includes the idea that failing to drink sivatu can result in death of the mother during birth. This has often led to mothers drinking the tea without informed consent.

Recommendations:

- Training TBAs for more steril home births
- Creating collaborative referral systems between TBAs and health facilities in the Okavango region
- Closer assessment of herbal treatments to identify cause of reactions.

LIVED REALITIES



LIVED REALITIES

EXCERPT FROM: *Women's Leadership Center. Violence is Not Our Culture: Women Claiming Their Rights In Caprivi Region.*

During sikenge in some communities, girls and young women are also taught by the older women how to "dance" – to move their bodies during sex in order to please a male partner. They will train you in many things, some of which you will not accept to do because you are shy. They want you to dance while they are looking at you and you have to show them how to dance when you are sleeping with a man. So that time was not good. It's like an insult.

After sikenge, my grandmother told my uncle to test me and see if I was a woman, so he told me to have sex with him. He then went to my grandmother and told her that I knew everything in bed and so I should just get married. I feel bad whenever I think that I had sex with my uncle because I never knew whether he was HIV positive or not. (page 8)

I was cut by my grandmother on my back and my arm. This was to make my back stronger so that even if I have to sleep with an older man, I'll be able to defeat him in moving fast and carrying his weight. The cut on the arm is to make my boyfriend not forget about me wherever he goes, and also to make my body hot. (page 10)

The training was a hard time for me because every woman there beat me when I did something wrong. During sikenge, I was beaten by old women taking their revenge, saying that I have never respected them. (page 7)

LIVED REALITIES

There have been human rights violations among LGBTQI+ community members in Namibia, including assault on some, and incidents of not being assisted when reporting at the police station.

"There are cases of bullying of pupils, verbal abuse by healthcare workers when accessing treatment at healthcare facilities, and a loss of employment due to one's gender identity and sexual orientation,"- OUTRIGHT Namibia director Agapitus Haufiku (30 August 2022 Article by Sophie Tendane in the Namibian)

Anna (not her real name) says she was sexually assaulted while asleep at a friend's house in Goreangab in the early hours of Monday, because the rapist wanted to "cure" her of lesbianism. Anna says that at about 04:00 on Monday she was asleep at a friend's house in Goreangab. She was in bed with her girlfriend. When she woke up she realised that she was being raped. "It was dark when I woke up. I jumped up and switched on the light. He told me that I claim to be a lesbian, but I enjoyed it. I punched him and he ran off. My friend where I stayed knows the guy," Anna said while shivering. She said she made the mistake of showering, because she initially didn't want to press charges, because of her past experience. She had since decided to tell the police about what had happened. Anna, who is a gay and lesbian activist, said she first approached OutRight Namibia, who accompanied her to hospital. She said she arrived at the Katutura State Hospital on Tuesday, shortly after 14:00, and was sent to the Women and Child Protection Unit at the facility. When Namibian Sun arrived shortly before 19:00, she was still waiting to be assisted. She said the receptionist had advised her to come the next day, as this would still be within the period to receive post-exposure prophylaxis (PEP). PEP is the use of antiretroviral drugs after a single high-risk event to stop HIV from spreading through the body.

LIVED REALITIES

"When I got here (at the hospital), I whispered to the receptionist that I needed help. She loud and directly told the workers that I had been raped and that I needed counselling. That in itself I feel is an invasion of my privacy. This was corrective rape, it wasn't just any rape." "The receptionist tried to get me to come tomorrow, she kept saying there are 72 hours to get the medication. She tried to get us to come the next day," Anna said. She said during the day before the rape she and her friends had been drinking and the rapist had on the odd occasion tried to join their company at a bar they were at previously. Anna said this was not the first time she had been raped because she is a lesbian. "On a previous occasion I was raped in the North by a man who left a bottle of whiskey and a floppy hat. I took it to the police station, but the police officers were more concerned about why I was with a girl that I referred to as my girlfriend. "They passed the bottle around to one another while remarking that its cheap alcohol, and laughing about it."

LIVED REALITIES

EXCERPTS FROM: INVESTIGATING THE INFLUENCE OF CULTURAL PRACTICES ON PREGNANCY, CHILDBIRTH AND POSTPARTUM CARE IN KAVANGO REGIONS, NAMIBIA IN SOUTHERN AFRICA.

These mothers have minimal vaginal bleeding after delivery assuming maybe the herbs taken has the properties that help contract a uterus.

Postnatal discharged may come back for readmission with lower abdominal pain and elevated temperature. Upon examination a nurse may notice herbs inserted in the vagina. Some common herbs discovered are locally known as 'Kawesamasini'. Such mothers are then treated for puerperal sepsis. (page 26)

One day a woman was admitted and discharged with a diagnosis of false labour and to come back in established labour and when she went home she was given these concoctions. She started with contractions and when she came back for re-admission, no foetal heart activity was picked by cardiotocograph (CTG), and she delivered a stillbirth (dead baby). (page 25)

Most pregnant women who take these concoctions progress fast. The contractions are abnormally intense and more frequent. One can even count up to 7 contractions in 10 minutes with very minimal rest. (page 26)

Contractions are usually strong and are followed by foetal distress which may be bradycardic or tachycardia. (page 26)

Taking Action



Taking Action

1) Key Stakeholders

Ministry of Gender, Poverty Eradication and Social Welfare:

- Strengthening extractive and rehabilitative mechanisms for those who have been harmed
- Strengthening messaging on the need to report to law enforcement officers, especially in vulnerable communities
- Policy Change

Suggested focus of engagement within Ministry:

- Child Care and Protective Services
- Social Protection Services
- Gender Equality and Women's Empowerment
- Disability Affairs and Marginalised Communities

Ministry of Health:

- Training of Traditional Birth Attendants (TBAs) healthcare providers
- Creating a collaborative referral system between TBAs and local healthcare providers
- Addressing stigma, discrimination and sensitivity training amongst healthcare providers

Ministry of Justice

- Addressing stigma and discrimination; making the process of reporting feel safer and accessible

Taking Action

2) Comprehensive Sexual Education

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It has faced a lot of resistance mainly from church groups because it incorporates tolerance and acceptance of diverse sexual and gender identities, the curriculum has also been rejected for the use of detailed language when discussing sex, which to many of those who are against the curriculum, comes off as being too graphic.

By 2022 the incorporation of the UNFPA Comprehensive Sexual Health curriculum was more widely accepted as a way combat teenage pregnancies in Namibia. For the purposes of this study we consulted with five students above 18 years who graduated from high school between the years of 2020 and 2021 who had the following insights:

- The extent to which details are explored often depends on the instructor's comfort with the subject. Some teachers are willing to discuss subjects such as sexual orientation and gender identity in depth, while others may avoid the subject completely, and instead, make conversations more about other topics such as puberty.
- When discussing teenage pregnancy and underage sexual relationships. Teachers who explored sexual orientation and gender identity explored sexual intercourse as something that young people have the power to negotiate and should negotiate to protect health and wellness. Teachers who avoided the subject of sexual orientation and gender identity discussed sexual intercourse as something students should reject and avoid. Both discussed contraceptives, consent and power dynamics in relationships.
- Learners felt that teachers who discussed sex as something that must be abstained from were less approachable than those who focused on the social dynamics surrounding sex and considerations to have when intending to have sex and negotiation factors.
- Students found the lessons with exploratory teachers more memorable and informative rather than those with abstinence focused educators. One student indicated that those with abstinence focused educators were repetitive of what had been learnt in primary school and because they often either spoke with the assumption that none of the learners were sexually active, so it didn't feel like it applied to those who had their sexual debut, or it came with undertones of shame, which made learners who were active or considering becoming active not really pay attention, "it was easier to just enjoy the debates rather than take it to heart."

Taking Action

- None of the students indicated that receiving the education encouraged them to have sex.
- Some students stated that there wasn't too much of a focus on reporting mechanisms available in society, the main focus was to report to life skills teachers.
- Because the class is largely unstructured and not graded, some educators have been accused of giving misinformation. This was also explored in the study by Hitembu and Maarman.

Key Advocacy focus Points

- Discussing sex and comprehensive sexual education while exploring realities of sexual relationships amongst high school learners and diverse sexual orientation and identities that are common in society, may make the learning process more memorable for learners as it feels relevant.
- Centralising abstinence may come off as dismissive to learners.
- Lessons were often broken down in four, forty minute lessons, which were not structured like ordinary classes, with less of a focus on note taking and homework writing. This was a very positive aspect to learners as they enjoyed that there was a lot of time dedicated to discussing their contexts. On the other hand this allowed some educators to misinform in order to emphasize abstinence, usually with fear mongering or the idea that sexual orientation and gender identity were foreign concepts.
- More knowledge on state provided reporting avenues or multiple reporting avenues may be more effective than restricting reporting to just the guidance counselors and teachers. This is particularly for those who may not feel comfortable with the school structures.
- One learner indicated that they feel they would have benefited more from demonstrative classes on contraceptive use. The student further suggested having medical health workers to educate them on the use and impacts of contraceptives and for one on one sessions. This was particularly because of fears associated with perception of the student and their sexual behaviour that may come from asking openly in class and discomfort with going to the life skills teacher.
- Comprehensive Sexual Education at a community level to foster environments where harmful norms are shifted to accommodate healthier practices and belief systems within the household.

Taking Action

3) Harmful Narratives

The following are key factors to take into consideration when combatting harmful cultural and religious narratives:

- Religious fundamentalism and harmful cultural narratives should be tackled separately
- Community members must be at the forefront of **all** advocacy efforts, mainly contextualising and reframing narratives.



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