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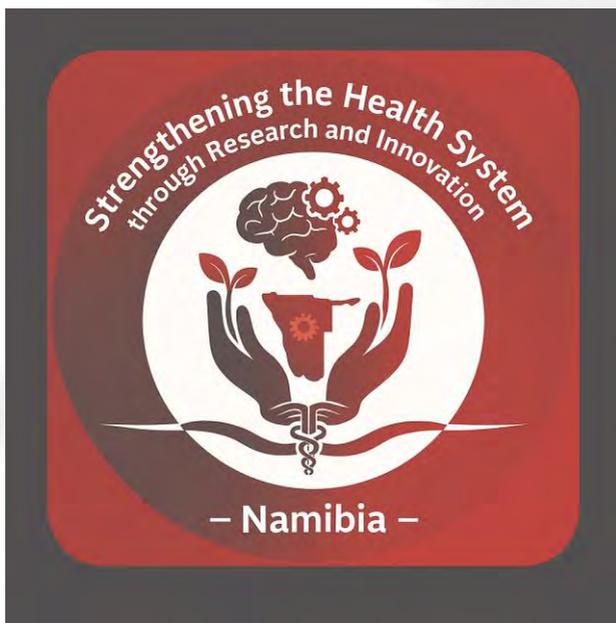
OSHAKATI CAMPUS



Nursing and Public Health Research Conference

27-28 November 2025

Oshakati Campus, Auditorium



BOOK OF ABSTRACTS

*SoNPH Conference
Abstract Book of the 1st Edition, Oshakati
27-28 November 2025*

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Keynote Address

Strengthening Healthcare Through Research and Innovation in Namibia

It is a profound honour to stand before you today at the Nursing and Public Health Conference, hosted by the Department of Nursing and Public Health of the University of Namibia, Oshakati Campus. This gathering marks a significant milestone in our collective journey toward advancing healthcare in Namibia.

*The theme for today, "**Strengthening Healthcare Systems Through Research and Innovation in Namibia,**" is not only timely but essential. In an era where health challenges are increasingly complex, ranging from emerging diseases to resource constraints, our ability to innovate and ground our decisions on evidence-based research is critical.*

Nurses and public health professionals such as yourselves are at the heart of this transformation. You are the bridge between communities throughout the region and the health systems, and your insights shape policies that save lives. It is crucial, and I underline that point, that this conference is more than an academic exercise. It is a platform for collaboration, knowledge exchange, and the birth of ideas that will redefine healthcare delivery.

Over the next two days, colleagues, we will explore groundbreaking research, share best practices, and forge partnerships that transcend disciplines and borders. Let us remember innovation is not merely about technology; it is about rethinking processes, empowering our communities, and ensuring equity in health access.

Research is not just data; it is the voice of our patients, the evidence that informs policy, and the foundation for sustainable health systems as we deliver them.

I urge you to challenge assumptions as researchers. Ask for bold actions. Envision a Namibia where every citizen enjoys optimal health. Together, through research and innovation, we can strengthen our health system and create a future where no one is left behind.

Thank you so much.

Dr Joseph Ndinoshiho

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Order of Proceedings

Day 1: 27 November 2025 (Thursday)
Time: 08:00 – 17:00 (CAT)
Master of Ceremony: Dr Sylvia Mahoto
Secretariat for the conference: 1. Ms Natalia Ndjuluwa
2. Ms. Elizabeth Kashindi

Opening Session

| Time | Activity | Presenter/Speaker |
|----------------------|--------------------------------------|---|
| 08:00 – 09:00 | Registration and Attendance | Conference Secretariat Team |
| 09:05 – 09:15 | Welcoming Remarks | Prof. Jacob Sheehama (Director, Oshakati and Hifikepunye Pohamba Campuses, UNAM) |
| 09:15 – 09:30 | Overview of the Conference | Dr. Anna Alfeus (Senior Lecturer: School of Nursing and Public Health, Oshakati Campus, UNAM) |
| 09:30 – 09:40 | Remarks | Dr. Lusia Pinehas (Head of Academics: UNAM, Oshakati Campus) |
| 09:40 – 10:00 | Keynote address and official Opening | Dr. Joseph Ndinoshiho (Acting PVC RID, UNAM) |
| 10:05 – 10:20 | Special Remarks | Ms. Johanna Haimene (Regional Health Director, Oshana Region) |
| 10:25 – 10:45 | TEA BREAK | ALL |

10H45-11H15 Ethics in Health Research
Dr Ester Mulenga
11H20 -11H55 Manuscript publications
Prof Honore K Mitonga

Panel Discussion

Theme: Mental Health

| Time | Activity | Moderator | Panel Members |
|----------------|--------------------|----------------------|-------------------------|
| 12:00 – | Panel | Prof Honore K | Dr. Nelao Mhata |
| 13:00 | Discussion | Mitonga | (Psychiatrist) |
| | | | Ms. Justine /Oaes |
| | | | (Clinical Psychologist) |
| | | | Dr. Byron Bock (Medical |
| | | | Doctor) |
| 13:00 – | LUNCH BREAK | ALL | |
| 14:00 | | | |

Session 2: Presentation of Abstracts

Moderator: *Mr. Desderius Haufiku*

Rapporteur: *Ms. Dianah Ewaga*

Theme: Digital Health and Innovation

| Time | Abstract title | Presenter |
|------------------|---|-----------------------|
| 14:00 – 14:20 | Infrastructure and Digital Barriers to AI Deployment in Rural Healthcare Centres: A Systematic Desk Review of the Ohangwena Region, Namibia | <i>Alfred Hambabi</i> |

Theme: Non-communicable and Communicable diseases

| | | |
|------------------|---|-------------------------|
| 14:20 – 14:40 | Emotional and psychological well-being of postgraduate nursing students in high stress emergency setting at an intermediate hospital, Namibia: a qualitative study. | <i>Helena Nuumbosho</i> |
|------------------|---|-------------------------|

Theme: Health systems Strengthening and Universal Health Coverage

| | | |
|------------------|--|-----------------------|
| 14:40 – 15:00 | Factors contributing to the delay of HIV disclosure among children at Walvis Bay, Erongo Region, Namibia | <i>Julia Abrahams</i> |
|------------------|--|-----------------------|

| | | |
|---|--|-----------------------------------|
| 15:00 – 15:20 | The experiences of patients with hypertension regarding Adherence to medication at intermediate hospital Oshakati, Oshana region, Namibia | <i>Megameno Shamukwawo</i> |
| 15:20 – 15:40 | Nurse managers' perceptions regarding non-use of mobile phones on duty at Katutura Intermediate Hospital, Khomas region, Namibia | <i>Kadhila Joseph</i> |
| <i>Theme: Maternal Child and Adolescent Health</i> | | |
| 15:40 – 16:00 | Experiences of midwives regarding intrapartum stillbirths at a selected district hospital in Erongo region, Namibia. | <i>Helena Nuumbosho</i> |
| 16:00 – 16:20 | Assessment of the knowledge, attitudes and practices of parents on home-based management of diarrhoea in children under the age of five at the outpatient department, Intermediate Hospital Rundu, Kavango East Region | <i>Kristofina Nambombola</i> |
| 16:20 – 16:40 | Adolescent Reproductive Health in Ohangwena Region – A cause for concern. | <i>Loide Nghifikwa</i> |
| 16:40 – 17:00 | Perceptions and experiences of nurses on the care of children with malnutrition under five years at Intermediate hospital Katutura, Khomas region, Namibia. | <i>Ndamononghenda Malangu</i> |

Day 2: 28 November 2025 (Friday)

Time: 08:00 – 13:00 (CAT)

Master of Ceremony: Dr. Maria Francineth Bauleth

Venue: Auditorium, Oshakati Campus

Moderator: Dr. Nakashwa Katangolo

Rapporteur: Dr. Julia Amadhila

| Theme | Abstract title | Presenter |
|--|---|----------------------------|
| Theme: Maternal Child and Adolescent Health | | |
| 08:00 – 08:20 | Perceptions of pregnant women regarding late initiation of antenatal care at Okatana Health Centre, Oshana region, Namibia. | <i>Maria Reinhold</i> |
| Theme: Epidemiology and Disease Surveillance | | |
| 08:20 – 08:40 | Epidemiological and survival analysis of prostate cancer among men in Khomas region, Namibia, 2019 - 2023 | <i>Maria W.L Mukoya</i> |
| 08:40 – 09:00 | Epidemiology of measles infections in Namibia, 2020-2024 | <i>Monika Densi</i> |
| Theme: Health systems Strengthening and Universal Health Coverage | | |
| 09:00 – 09:20 | Determinants regarding nurses' high turnover in Omaruru district health facilities, Erongo region, Namibia | <i>Kadhila Joseph</i> |
| 09:20 – 09:40 | Evaluation of the Acute Flaccid Paralysis surveillance system in Windhoek District, Khomas Region, 2020-2024 | <i>Paulina N Joseph</i> |
| 09:40 – 10:00 | Evaluation of the Malaria Surveillance System in Oshakati District, Oshana Region, Namibia, 2020–2025 | <i>Penehafo L Johannes</i> |

| | | |
|------------------|--|--------------------------|
| 10:00 – 10:20 | Factors associated with nurses' turnover in public health facilities in Mariental district, Hardap region, Namibia Theme: Environmental and Occupational Health | <i>Soini Nambahu</i> |
| 10:20 – 10:40 | Practices and Perceptions on Solid Waste Management Among the Residents of Eenhana Town, Oshana Region | <i>Victoria Johannes</i> |

Closing Session

| <i>Time</i> | <i>Activity</i> | <i>Presenter</i> |
|--------------------|---|---|
| 10:50 – 11:00 | <i>Summary of Conference Proceedings</i> | <i>Dr. Katangolo - Nakashwa</i> |
| 11:05 – 11:15 | <i>Closing remarks and Vote of thanks</i> | <i>Dr. L. Pinehas (Head of Academic Affairs, Oshakati Campus, UNAM)</i> |

Abstracts

Alfred Hambabi is a Lecturer in the School of Computing, with expertise in information systems, software engineering, and technology integration. His academic interests include digital transformation, data-driven solutions, and innovative approaches to computing education. Alfred is committed to fostering research and knowledge dissemination within the field of computing.



Abstract

Infrastructure and Digital Barriers to AI Deployment in Rural Healthcare *Centres*:
A Systematic Desk Review of the Ohangwena Region, Namibia

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Namibia, Namibia*

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Background

Artificial Intelligence (AI) is a transformative tool in healthcare, with the potential to revolutionise patient monitoring, decision support, and diagnostics. Despite its immense potential, deployment in rural healthcare settings, specifically Namibia's Ohangwena Region, faces significant infrastructure and digital challenges. These include the absence of medical doctors, lack of internet connectivity, and limited digital literacy among healthcare workers. This study systematically reviewed existing literature to understand barriers and opportunities for AI integration in such contexts.

Methods

A systematic desk review was undertaken using major scholarly databases, including Google Scholar. The study focused on a five-year period (2020–2025) to capture recent advancements and challenges. The analysis encompassed three key document types: peer-reviewed research, relevant policy frameworks, and localised regional case studies. Search terms included "AI in rural healthcare," "Namibia health infrastructure," "digital barriers," and "Ohangwena Region." Only literature concerning AI integration in low-resource settings, Namibian digital health policies, or rural clinic infrastructure assessments met the inclusion criteria.

Results

The review revealed that rural healthcare *centres* in Ohangwena lack foundational

infrastructure for AI deployment. Key barriers include unreliable electricity, absence of internet connectivity, and shortage of skilled personnel. Namibia's national digital health strategy acknowledges these gaps but lacks targeted implementation plans for remote regions. Comparative studies from other African countries show that mobile-based AI solutions and solar-powered connectivity can mitigate some challenges. However, successful deployment requires multi-sectoral collaboration and community engagement.

Conclusion and Recommendation

AI can transform rural healthcare in Namibia, but infrastructural and digital gaps in regions like Ohangwena must be addressed to avoid failure and exclusion. Key actions include investing in mobile broadband and solar energy, developing AI literacy for healthcare workers, fostering public-private partnerships for scalable solutions, and aligning national health strategies with localized implementation frameworks.

Julia Nelao Abraham-Haitota is a student counsellor, Nurse educator and mental health advocate born and raised in town called Ongwediva in the northern part of Namibia. She holds a post-graduate diploma in Nursing Education, Diploma in Comprehensive Nursing and Midwifery Science, Certificate in Clinical Management of HIV (UW), Certificate in Fundamentals of Global health Research (UW), Certificate in Leadership, Management and Governance Course for Senior Policy Makers (AMREF Health Africa-Kenya). To add to the above, she is currently pursuing her Master of Science in Healthcare Management (UZM) and a Master's in Public Health (UNAM). Moreover, she holds a vast experience of more than 15 years in healthcare management, Nursing services and Nursing Education. She is currently serving as an ADOS, a Lecturer and mental health Advocate at Welwitchia University. Furthermore, she is also a member of the UNAM Alumni, ECSACONM and NNA. Julia is very much passionate about mental health, infectious diseases and children health.



Abstract

Factors contributing to the delay of HIV disclosure among children at Walvis Bay, Erongo region, Namibia.

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Background:

Disclosure of Human Immunodeficiency Virus (HIV) status to children is a gradual and sensitive process that allows children living with HIV (CLWHIV) to understand their illness and adhere to lifelong treatment (1,2). Despite national and World Health Organization (WHO) guidelines recommending partial disclosure between ages 5–8 (1) and full disclosure by age 12 (1), delays of HIV disclosure among children remain common in Namibia. In Walvis Bay, several children eligible for HIV disclosure have not yet been enrolled in the disclosure programme, highlighting a gap between policy and practice.

Aim:

The study aimed to explore and describe the factors contributing to the delay of HIV disclosure among children living with HIV at Walvis Bay, Erongo Region, Namibia.

Methods:

A qualitative descriptive research design was employed to obtain an in-depth understanding of experiences, perceptions, and barriers influencing delayed disclosure. Data were collected through unstructured individual interviews with purposively selected healthcare workers and parents/caregivers of CLWHIV enrolled in care at Kuisebmond Health Centre. Observations and field notes complemented the interviews. Data were analysed thematically following Tesch's method using Atlas.ti software.

Results:

The findings revealed that the delay in HIV disclosure was influenced by multiple interrelated factors. These included caregivers' emotional fears (fear of stigma, blame, and psychological harm to the child), limited knowledge and confidence regarding the disclosure process, and inadequate support from healthcare workers due to lack of training and resources. Socio-cultural beliefs, community stigma, and misconceptions about HIV further contributed to hesitancy. Practical challenges such as lack of time for counselling sessions and absence of structured disclosure guidelines at facility level were also identified.

Conclusion:

Delayed disclosure of HIV status to children in Walvis Bay is driven by emotional, social, cultural, and systemic factors. Strengthening caregiver counselling, providing continuous training for healthcare workers, and implementing clear, standardized disclosure protocols could promote timely and supportive disclosure practices.

Recommendations:

The study recommends strengthening caregiver counselling and emotional support, developing clear national and facility-level HIV disclosure guidelines, and providing continuous training for healthcare workers on paediatric HIV disclosure. Furthermore, community-based awareness campaigns should be intensified to reduce HIV-related stigma. These interventions could enhance timely disclosure and improve adherence and psychosocial well-being among children living with HIV.

Ms. Helena T. Nuumbosho is an Advanced midwife who is currently working as a lecturer at the University of Namibia. She is also the vice-president of the Independent Midwives Association of Namibia. Among her qualifications, Helena holds a Master's degree in Nursing Science from the University of Stellenbosch, a Postgraduate Diploma in Advanced Midwifery Science from the University of Cape Town and she currently pursuing her Doctoral degree with the University of KwaZulu Natal in Durban, South Africa. Helena, passion and wishes is to improve the wellbeing of the mothers and their babies and families through Continuous Professional Development sessions, education and training and make a positive impact in each life she touches.



Abstract

Nurse managers perceptions regarding non-use of mobile phones on duty at Katutura intermediate hospital, Khomas region, Namibia

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Mobile phones are devices that contain various software and applications that record, calls, text messages and other information such as address books and diaries, cameras etc. In the health sector, the increased use of mobile phones has led to the development of policies to restrict the use of such devices in health care settings due to its potential impact on patient care, safety and professional conduct. This study aimed to evaluate nurse managers' perceptions regarding the non-use of mobile phones on duty at Katutura Intermediate Hospital, Windhoek, Namibia.

Methodology: The study adopted a qualitative research approach with an exploratory and descriptive design. Data were collected from nurse managers at Katutura Intermediate Hospital through semi-structured face-to-face interviews using an interview guide. Purposive sampling was used to select respondents, with data collection continuing until saturation was reached. Thematic analysis was employed to identify and interpret patterns from the data.

Findings: The study established that mobile phones are used in various ways by nurses, including work-related communication, access to clinical information, documentation support, and emergencies. However, personal use was consistently viewed as a distraction that undermines professionalism and patient care. Nurse managers generally perceived the non-use of mobile phones during duty as a means of strengthening professionalism, focus on patient care, ethical standards, and efficiency. While the benefits of restrictions were acknowledged, challenges such as hindered emergency communication and difficulties with consistent policy enforcement were also highlighted.

Conclusion: The study concluded that nurse managers supported restrictions on mobile phone use to safeguard professionalism and patient care, but emphasized the need for flexible policies and reliable alternative communication systems.

Recommendations include the implementation of clear guidelines, leadership by example, and staff awareness on responsible phone use.

Keywords: Nurse managers, perceptions, mobile phone use, professionalism, Katutura Intermediate Hospital.

Kristofina Tashiya Namombola persuaded a Bachelor Degree in Nursing Science (Clinical) Honours at the University of Namibia. She is a Registered Nurse and Midwife at the Ministry of Health and Social Services, where she demonstrated excellence in diverse clinical environments. Kristofina had previously served as an Emergency Response Nurse at Intermediate Hospital Rundu, where she gained experience in high pressure life saving clinical practice. She is currently part of the Mental Health Department at Intermediate Hospital Oshakati, advocating for mental health. In her commitment to advancing nursing practice and leadership, she is finalising her Masters of Nursing of Nursing science at the University of Namibia. Tashiya's professional interests include, Mental health, Emergency nursing, Public health advocacy and evidence-based practice. Thus, passionate about strengthening healthcare delivery in Namibia through research, compassion and clinical excellence



Abstract

Knowledge, attitudes and practices of parents and caregivers on home-based management of diarrhoea in children under the age of five years at Intermediate Hospital Rundu, Outpatient department, Kavango East region, Namibia

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Background: Diarrhoea remained leading cause of death in children under five years old globally, particularly in developing countries. Thousands of children globally, suffer from diarrhoea annually and each diarrhoea episode deprives children of the vital nutrients responsible for growth, subsequently deaths. The study assessed the knowledge, attitudes and practices of parents and caregivers on home-based management of diarrhoea in children under the age of five at the Outpatient department, Intermediate Hospital Rundu, Kavango East Region.

Methods: A quantitative approach, descriptive, cross-sectional and analytical designs were used. A systematic sampling technique of random sampling method was employed on 400 parents/caregivers. The knowledge, attitudes and practices of were assessed with five rating Likert's scaled questionnaires. Data was entered into SPSS version 29 for analysis. A descriptive and inferential analysis was done.

Results: Out of 400 parents and caregivers, 385 (96.3%) had good level of knowledge, 326 (81.5%) had negative attitudes, while 351 (87.7%) had poor level of practices. In addition, the study found age to be significantly negatively correlated to the practice ($p < 0.001$). Furthermore, attitude was found to be positively correlated to practice ($p < 0.001$). Knowledge was found to be positively correlated to the attitude ($p < 0.001$). Furthermore, the study discovered a significant positive correlation among knowledge and practices of the respondents ($p < 0.001$). The educational level, employment, residence and marital status are significantly associated with the knowledge, attitudes and practices of the parents and caregivers on homebased management of diarrhoea.

Conclusion and recommendation: Parents and caregivers were knowledgeable about homebased management of diarrhoea, but attitudes were negative and poor practices. Therefore, the results can be used to identify reasons of negative attitudes, poor practices and inform parents and caregivers on the importance practicing correct homebased management of diarrhoea.

Key words: Knowledge, Attitude, Practice, Diarrhoea, Management, Children, under-fives, Parents, Caregivers

Dr Loide Nghifikwa holds a Dip in Nursing (Community, General, Midwifery) Psychiatry, Bachelor of Nursing Science in Nursing Education (UNAM, Postgraduate Dip. in HIV and AIDS, Master of Philosophy (Stellenbosch) and PHD in Public health (UNAM). Her professional career including working as R/N in clinical wards, HIS officer and training officer (Engela District Hospital), Principal registered nurse Inservice Training Intermediate Hospital Oshakati and Control Registered Nurse (Catholic AIDS Action, Oshana Region), while academic experiences include lecturer, at UNAM, Oshakati Campus, School of Nursing and Public health.



Abstract

Adolescent Reproductive Health in Ohangwena Region – A Cause for Concern

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Background

Adolescents' reproductive health is a growing concern in Namibia, particularly in the Ohangwena Region, which continues to report high rates of teenage pregnancies. Despite national initiatives to expand access to family planning and sexual education, adolescents face persistent barriers including stigma, limited-service availability, and inadequate youth-friendly care. These challenges contribute to poor reproductive health outcomes and undermine national public health goals.

Methods

A descriptive cross-sectional study design was employed using a mixed-methods approach. Quantitative data were collected from 125 Primary healthcare providers, while qualitative insights were obtained through semi-structured interviews with sixteen adolescents and five focus group discussions with primary healthcare providers. Data analysis was conducted using SPSS for statistical trends and thematic content analysis for qualitative responses.

Results

The study revealed significant gaps in adolescent reproductive health knowledge, access, and service delivery. Overall, 79% PHC providers were aware of emergency contraceptives (ECs). However, only 66% of the PHC providers identified that combined pills are types of ECs methods, whilst only 14% correctly identified copper IUD as a method of emergency contraceptive (EC). In identifying those who are eligible for EC use, a majority of respondents, 76%, named women who had unprotected sex and only 12 % identified adolescents as appropriate candidates for using ECs. The highest given reason for EC prescriptions was rape situations (79%), followed by condom breakage (61%) and (16%) in case of missed pills. Almost 64% of the participants knew the effective time to use ECs. The majority, 78.3% of the participants, knew that EC is used to prevent unwanted pregnancy. Healthcare providers reported discomfort in discussing sexual health with adolescents, citing cultural norms and lack of training. Adolescents highlighted fear of judgment, lack of confidentiality, and limited availability of youth-friendly services as barriers to care.

Conclusion and Recommendation

Adolescent reproductive health in Ohangwena Region faces serious challenges due to limited knowledge, stigma, and lack of youth-friendly services. These barriers contribute to high rates of teenage pregnancy and poor health outcomes, underscoring the need for urgent action. The study recommends introducing comprehensive sexuality education, training healthcare providers in adolescent-friendly care, establishing confidential youth health corners in clinics, engaging communities to reduce stigma, and strengthening monitoring and evaluation of adolescent health programs.

Keywords: *Adolescent reproductive health, teenage pregnancy, sexually transmitted infections, youth-friendly services, provider attitudes, sexuality education, barriers to care, public health intervention.*

Ndamononghenda Malangu, is a fourth-year student pursuing her Master's of Nursing Science at the University of Namibia, School of Nursing. Her research centers on enhancing the quality of care for vulnerable paediatric populations. The study presented in this abstract, titled "Perceptions and Experiences of Nurses on the Care of Children with Malnutrition under Five Years at Intermediate Hospital Katutura," aims to inform targeted nursing interventions and policy improvements. Her work is supervised by Prof. Hans Justus Amukugo and Dr. Salomo Salomo. Upon graduation, Ndamononghenda seeks to specialize in paediatric nursing research and clinical practice.



Abstract

Perceptions and experiences of nurses on the care of children with malnutrition under five years at Intermediate hospital Katutura, Khomas region, Namibia.

Ms N Malangu¹, Prof H J Amukugo², Dr S Salomo³

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Background: Malnutrition refers to deficiencies or excesses in nutrient intake in children. Literature indicated that nurses working at IHK expressed burnout as a result of high number of children diagnosed with malnutrition.

Methods: Qualitative, exploratory, descriptive, phenomenological and contextual designs were adopted. A sample size of eleven participants was selected by means of purposive sampling technique. Individual face-to-face interviews were conducted. Interview guide and field notes were used to collect data. All interviews were recorded with an audio recorder and transcribed verbatim. Data was analyzed by means of thematic analysis. Five phase coding process of qualitative data analysis was adopted. Measures to ensure trustworthiness of the data were used. Fundamental ethical principles were adhered to.

Results: The study revealed shortage of nursing staff and lack of resources as the main cause of burnout. Five key themes emerged from the study namely: (1) Patients, parents/caregivers related factors and challenges, (2) experiences of community related factors and challenges, (3) experiences of health facilities/institutional related factors, (4) perceptions of health providers related factors and (5) participants perceive various legal factors.

Recommendations: The study recommends that the Ministry of Health and Social Services (MoHSS) provide the necessary human resources and equipment to enhance the care of malnourished children. This measure will also help to reduce burnout among nurses who care for these children. MoHSS to develop policy manuals and guidelines on malnutrition. In addition, nurses need to educate parents/caregivers on the importance of living a healthy lifestyle.

Key words: Perceptions; experiences; nurses; care; malnutrition; children

Maria W. L. Mukoya, I am an Environmental Health Practitioner with a strong background in public health protection and disease prevention. With experience in both fieldwork and leadership, I am passionate about applying epidemiological principles to guide evidence-based interventions. I am currently advancing my expertise through a Master of Epidemiology, with a commitment to contributing to better health outcomes in Namibia.



Abstract

Epidemiological and survival analysis of prostate cancer among men in Khomas region, Namibia, 2019 – 2023

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Background: Prostate cancer is among the most commonly diagnosed cancers in men worldwide, and its incidence is rising in many developing countries. According to DHIS2, Namibia recorded a total of 2587 cases and 146 deaths from 2019 to 2023, with Khomas region recording the highest with 2289 (88.5%) cases and 67 (45.9%) deaths. It was therefore deemed fit to do an analysis on the prostate cancer cases to describe the epidemiology and clinical characteristics, to estimate and interpret survival and hazard functions and to assess the relationship of explanatory variables to survival time of prostate cancer in Khomas region.

Methods: We conducted a retrospective cohort study of men diagnosed with prostate cancer (ICD-10 C61) in Khomas, 2019–2023. From the 2289 cases listed in DHIS2, 1700 medical records (74.3%) were located and abstracted. We entered the data into an excel sheet, cleaned and imported it to SPSS Version 25 for analysis. Descriptive statistics were presented in frequencies and proportions. Kaplan Meier curves were used to estimate survival over time and relationships were assessed using cox proportional hazard regression.

Results: Of the 1700 medical records reviewed, majority 721(42.4%) had an age group at diagnoses of 70-79. The mean age \pm standard deviation was 70

± 9 years. Married men were the highest with 1014 (59.6%). Majority 683 (40.2%) of men's Gleason score at diagnosis was (3+4). A total of 1623 (95.5%) of the cases received curative treatment. Prostate cancer cases who consumed alcohol were two times at risk of dying compared to those who did not consume alcohol with HR of 2 (95% CI 1.06 -3.53, p-value =0.03).

Conclusion and Recommendation: Prostate cancer in Khomas region predominantly affects older men, with most presenting with intermediate Gleason scores. Late-stage disease (T4) is associated with a significantly higher risk of death. These findings highlight the importance of early detection and timely management to improve outcomes for men with prostate cancer in the region.

Keywords: Prostate cancer, survival analysis, Khomas region, 2019-2023

Monika Densi is a Public Health Practitioner and a Field Epidemiology Resident from the University of Namibia. Her work focuses on infectious disease surveillance and Epidemiology, with particular interest in strengthening public health systems.



Abstract

Epidemiology of measles Infections in Namibia, 2020-2024

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Introduction: Despite efforts towards measles elimination, Namibia continues to report outbreaks and cases of measles. The World Health Organization estimates that 9.6 million measles cases and 128,000 deaths were reported worldwide in 2019, 50% of which occurred in Africa alone. The Namibian measles line list reported 75 cases and 0 deaths with a 380% increase in the past 5 years. Therefore, this study aimed to analyse the epidemiology of measles infection in Namibia from to 2020-2024.

Methods: A quantitative approach was used to conduct a retrospective secondary data analysis of measles infections reported in the national measles line list between January 2020 and April 2024. We calculated frequencies, incidence rates, proportions, and time series to identify trends and seasonality. Data were cleaned using Microsoft Excel and analysed using SPSS version 25, Data wrapper. The data were visualised using tables, graphs, and maps.

Results: A total of 75 cases recorded in the national measles line list between January 2020 and April 2024 were analysed in this study. The median age was 5 (2.50-9.00). The majority of cases (50.1%) were aged 0-4 years old. There was a steady increase in measles incidence in Namibia, with a rate of 0.73 per 100, 000 in 2024 (0.73/100000). A seasonal trend was observed, with most cases occurring between April and May of each year. Among the cases, 44% were vaccinated, 40% had unknown vaccination status, and 16% were

unvaccinated. The highest incidence rates were reported in the Erongo region in 2024 (6.24/100000), followed by those in the northern regions.

Conclusion: The burden of measles infections was observed among children aged 0-4 years, and during the winter season. With a steady increase in the number of cases in the country, measures for successful elimination need to be strengthened to prevent outbreaks and ensure that Namibia remains on track with its elimination targets.

Key words: Measles, Epidemiology, Namibia

Penehafo Laudika Johannes is a Field Epidemiology Resident with a strong foundation in public health research, data analysis, and community engagement. She has experience working with the Ministry of Health and Social Services as a Health Programme Officer and Environmental Health Intern, where she contributed to COVID-19 data management, report writing, and food safety inspections. Penehafo is highly organized, proactive, and committed to producing high-quality research outputs that inform public health decision-making.



Abstract

Evaluation of the Malaria Surveillance System in Oshakati District, Oshana Region, Namibia, 2020–2025

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Background: Malaria remains a public health concern in northern Namibia. Although Oshana Region is considered low-risk, malaria cases and deaths increased between November 2024 and February 2025, highlighting potential gaps in surveillance. This study evaluated whether the Oshakati District malaria surveillance system aligns with Objective 1 of the National Malaria Strategic Plan (2023–2027) to support evidence-based decision-making.

Methods: A convergent parallel mixed-methods cross-sectional study was conducted using primary data from 26 surveillance officers and nine community health workers (CHWs) through semi-structured questionnaires assessing simplicity, acceptability, timeliness, and completeness. Secondary data from the DHIS2 system were analysed for data quality, timeliness, sensitivity, and mortality trends.

Results: A total of 1,605 malaria-confirmed cases and 32 deaths were reported in Oshakati District between 2020 and 2025, based on data extracted from the malaria DHIS2 system. The system demonstrated strong usefulness for monitoring disease trends, with overall data quality showing a mean completeness and availability of 92.7%, and 100% validity. The annual target for reporting completeness of 100% was consistently achieved from 2020 to 2024, while 2025 fell short as the reporting year had not yet concluded. However, timeliness of reporting averaged only 72.83%, ranging from 42.46% in 2020 to 83.28% in 2025, remaining below the 100% target. Most respondents (73.1%) found the system simple to use, although 80.8% suggested that improvements were still needed. Acceptability was high (88.5%), with most officers reporting that DHIS2 was acceptable and expressing willingness to continue using it. However, challenges such as data disappearing after entry, the inability to calculate sensitivity due to the system capturing only positive cases on the rapid notification line list, and network problems (73.1%) negatively affected system use.

Conclusion and Recommendation: The malaria surveillance system in Oshakati District partially aligns with NMSP Objective 1, showing high data quality, completeness, and acceptability but suboptimal timeliness (72.8%) and limited capacity for sensitivity assessment. To improve performance, health facilities should record both positive and negative malaria test results to enable sensitivity calculation, and internet connectivity should be enhanced to reduce data loss and improve reporting timeliness toward 100%. These improvements are crucial to support Namibia's 2027 malaria elimination target.

Soini Nambahu is a Registered Nurse working for the Ministry of Health and Social Services at the Maternity Department. She holds a Bachelor (Honours) Degree in Nursing Science from the University of Namibia. Her research interests focus on healthcare workforce management, patient safety, and the impact of organisational practices on service delivery. Ms. Nambahu is committed to promoting patient well-being in Namibia and the entire world.



Abstract

Factors associated with nurses' turnover in public health facilities in Marienthal District, Hardap Region, Namibia

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Background:

Nurses' turnover is a concern for both private and public health facilities. Furthermore, healthcare organisations require a stable, highly trained, and fully engaged nursing staff to provide effective levels of patient care with the limited resources available, as the economies of many nations are declining. This turnover rate is likely to worsen in the coming years as the growth of the healthcare industry continues to surpass the available supply of nurses in various nations.

Purpose:

The purpose of this study was to examine factors associated with nurse turnover in Marienthal District, Hardap Region, Namibia.

Methodology:

The study used a quantitative exploratory research design. Descriptive research, including cross-sectional analysis, was used. The entire population was used as the sample size for the study. The sample comprised 27 nurses who were previously employed in the district and 65 nurses who were in the district at the time of data collection. A questionnaire was used to collect the data. Descriptive and inferential statistics were performed using SPSS version 27.

Key findings:

Among the personal factors studied, only educational pursuits and parental responsibilities showed a significant association with nurse turnover. Regarding organisational factors, the study found that leadership and work environment have a positive association with high nurse turnover. The demographic factors - gender, age, and educational level - were found to have an association with nurse turnover.

Results:

The results of the study indicate that leadership quality and work environment are critical factors influencing nurse turnover for all nurses, suggesting that improving these aspects could help retain nurses in the district. In addition, while both groups share similarities in the impact of leadership and work environment on turnover, the nurses who left also faced significant challenges related to their demographic characteristics. Addressing both organisational and demographic factors is essential for developing effective strategies to retain nurses and mitigate turnover in state health facilities in Mariental District, Hardap Region, Namibia.

Conclusions:

The study's recommendations for reducing nurse turnover include addressing issues related to educational pursuits, parental responsibilities, leadership, work environment, gender, age, and educational level. The study recommends that managers should consider nurses' requests for leave, time off and advances empathetically, and provide them if the reasons are genuine.

Keywords

Nurses, Turnover, Public Health Facilities

Victoria N. Johannes is a public health professional and epidemiologist with experience in disease surveillance, outbreak investigation, environmental health, and biostatistics. She is currently pursuing a Master of Science in Field Epidemiology at the University of Namibia and serves as an Occupational Health and Safety Lecturer at Tulipohamba Training and Assessment Institute. Victoria previously worked as a Health Programme Officer (HPO), under the Health Information System (HIS) and as a Field Epidemiology and Laboratory Training Programme (FELTP) resident in the Ministry of Health and Social Services, Otjozondjupa Region, where she contributed to emergency response operations, outbreak investigations, data analysis, and public health research. Her professional background also includes roles in COVID-19 surveillance, district health-programme coordination, and environmental health inspections. She has delivered epidemiology and biostatistics training to healthcare workers and presented scientific findings at regional forums. Her research interests include solid-waste management, environmental health, infectious-disease epidemiology, and occupational health.



Abstract

Practices and perceptions on solid waste management among residents of Eenhana Town, Ohangwena Region

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Background:

Rapid urbanisation and changing consumption patterns have increased household solid-waste generation in many Namibian towns. In Eenhana, persistent challenges such as irregular municipal collection, inadequate waste-storage facilities, and widespread open dumping continue to threaten environmental health. Empirical data on household waste-management behaviour and perceptions of municipal services remain limited. This study assessed solid-waste-management (SWM) practices and residents'

perceptions in Eenhana Town to inform local environmental-health planning and policy implementation.

Methods:

A descriptive cross-sectional quantitative study was conducted among 316 randomly selected residents across four residential zones. A structured questionnaire captured socio-demographics, waste-generation patterns, disposal practices, segregation behaviours, and perceptions of municipal services. Descriptive statistics, Chi-square tests, and binary logistic regression were performed using SPSS version 29. A 95% confidence level was applied to determine factors associated with proper waste disposal.

Results:

Municipal waste collection was the primary disposal method for 64.6% of respondents, while 27.8% engaged in open dumping and 7.6% practiced backyard burning. Only 22.3% of households segregated waste at source. Education ($\chi^2 = 18.74$; $p < 0.001$) and income ($\chi^2 = 10.82$; $p = 0.013$) were significantly associated with proper waste disposal. Logistic-regression analysis showed that residents with tertiary education were 3.1 times more likely to practice proper disposal compared to those with primary education (AOR = 3.10; 95% CI: 1.69–5.67). Perceptions of municipal waste services were moderate (mean = 3.1 ± 0.8), with concerns centred on irregular collection schedules, limited bin availability, and insufficient community education.

Conclusion and Recommendation:

Although most households utilise municipal waste collection, substantial proportions still rely on open dumping and burning, posing environmental and public-health risks. Low segregation rates and moderate satisfaction with municipal services highlight systemic and behavioural gaps. Strengthening municipal capacity, expanding waste-collection infrastructure, increasing community education, and introducing household-level segregation incentives are recommended. Enhanced multi-sectoral collaboration is needed to support sustainable waste-management systems aligned with Namibia's environmental-health policies and SDGs 11 and 12.

Byron Bock is a medical doctor by profession and a senior medical officer at the Windhoek Central Hospital Mental Health Centre. A passionate advocate for mental health, research, policy reform and innovation, he recently participated in the first Erongo Mental Health conference in Namibia where he presented on Public Health approaches to Mental Health and Policy Reform.



Byron Bock is currently a Master of Public Health student at the University of Namibia and a Mandela Washington 2025 fellow, having completed a certification in Leadership in Public Management at the Georgia State University. Over the years, Dr Bock contributed to national guidelines, strategic plans and training of healthcare workers across Namibia. His passion for policy development, innovation and transformational leadership in the public health sector is demonstrated by his efforts to advocate for the integration of mental health services into primary health care.

Beyond his clinical work Byron also serves as an advocate for mental health while mentoring young leaders and creating platforms for leadership and professional development.

Abstract

Prevalence and factors contributing to relapse among patients with schizophrenia at the Mental Health Centre, Windhoek, Namibia

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Schizophrenia is a chronic and disabling mental disorder affecting approximately 24 million people globally. Its prognosis is often complicated by episodes of relapse even whilst on treatment underscoring the complex and multifactorial nature of relapse. Furthermore, relapse not only affects individuals with schizophrenia, but also affects their families, society and the health sector at large. Moreover, relapse often results in frequent rehospitalisation, treatment resistance, decline in cognitive function, loss of productivity and poor prognosis with subsequent diminished quality of life. The purpose of this study was to determine the prevalence and risk factors contributing to relapse amongst patients with schizophrenia attending services at the Mental Health Centre, Windhoek Central Hospital, which is the national referral centre for mental health services in Namibia.

A retrospective study design was used to obtain patients who initiated treatment. Data on 173 patients were used for this study. Furthermore, a logistic regression model was fitted using forward stepwise selection based on the Likelihood Ratio test. The final model retained only predictors that significantly contributed to the model fit. Out of 173 patients diagnosed with schizophrenia, 115 patients (66.5%) had experienced a relapse, whereas 58 patients (33.5%) had not. Findings revealed that risk factors that are significantly ($p < 0.05$) associated with relapse in patients with schizophrenia include; poor insight, urban residence and living in extended family settings. In addition, medication non-adherence emerged as a critical risk factor for relapse ($OR=0.040, p=0.009$). Other factors associated with relapse included substance use, source of income and type of treatment regimen used. This study revealed a high relapse rate among patients with schizophrenia attending services at the Mental Health Centre in Windhoek, Namibia. Descriptive findings showed that most participants were male, unemployed, and living in informal settlements. These findings underscore the multifaceted nature of schizophrenia relapse, influenced by socio-demographic, clinical, and treatment-related factors. Addressing these findings through tailored psychoeducation, expanded access to injectable medications, and integrated substance use interventions can help reduce relapse rates and improve patient outcomes in similar low-resource settings.

Key words: Schizophrenia, logistic regression, relapse, medication non-adherence, psychoeducation.

Dr Dilona Hamukuaya is a Senior Medical Officer for Family Medicine at the Intermediate Hospital Katutura. She holds a Bachelor of Medicine and Surgery from the University of Namibia, a Postgraduate diploma in HIV management from the University of Stellenbosch. She is currently undertaking a Master's in Public Health at the University of Namibia.



Abstract

KNOWLEDGE, ATTITUDES, AND PRACTICES OF CONTRACEPTION AMONGST HIGH SCHOOL-GOING ADOLESCENT GIRLS IN THE OTJIWARONGO EDUCATIONAL CIRCUIT

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Background - Namibia has a high teenage pregnancy rate of 19%, which can lead to detrimental consequences such as high school dropout and poor maternal and foetal outcomes. The intent of this study was to explore and understand the knowledge, attitudes, and practices among high school adolescent girls in the Otjiwarongo educational circuit in Namibia with regard to contraception.

Methodology – The study included female learners from grades 8 to 12, aged 10 to 19 years. This quantitative analytical cross-sectional research study utilised a self-administered questionnaire to gather data. The target population comprised teenage girls in the Otjiwarongo educational circuit, representing five public high schools. The pilot study was conducted at Otjiwarongo Secondary School. The number of participants for the pilot study was 30, while for the main study it was 338 learners. The sampling method employed was proportionate stratified random sampling. Data analysis was done using Epi Info version 7.2.6.0 and Excel 2024.

Results – 80% of the respondents identified as Christians, and 62% came from medium-affluent families. Knowledge varied amongst the respondents; for example, only 3.55% knew the legal age for obtaining contraception without

parental consent in Namibia. 52.07% were in favour of family planning, indicating that the majority have a positive attitude. Additionally, 17% had used contraception previously, and 13 learners out of the 338 research respondents had been pregnant before.

Conclusion and Recommendations – There are many challenges that teenagers face that could contribute to teenage pregnancy, as well as factors that would necessitate those who are pregnant or are mothers to drop out of school. These factors include religious beliefs, being cast out of parental homes, knowledge gaps and abusive relationships (13). It is thus important to strengthen measures such as health education when it comes to family planning services. Recommendation is to strengthen measures such as health education when it comes to family planning services.

Ms Hilka Shivute is a Nurse Practitioner, she has a Bachelor of Nursing Science (Clinical) Honours from the University of Namibia.

She is interested in advancing compassionate, evidence-based care in reproductive health settings.



Abstract

EXPERIENCES OF WOMEN DIAGNOSED WITH INCOMPLETE MISCARRIAGE ON THE SUPPORTIVE CARE RECEIVED FROM NURSES AT THE GYNAECOLOGICAL UNIT AT INTERMEDIATE HOSPITAL OSHAKATI, OSHANA REGION, NAMIBIA.

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Background: Women diagnosed with incomplete miscarriage experience inadequate supportive care. Literature indicated unmet supportive care needs from nurses to women diagnosed with incomplete miscarriage. The study aimed to explore and describe the experiences of women diagnosed with incomplete miscarriage at Intermediate Hospital Oshakati (IHO).

Methods: The study adopted a qualitative approach, exploratory, descriptive, phenomenological and contextual designs were employed. Non-probability purposive sampling technique was used to select participants. Data was collected by means of individual face-to-face interviews with women diagnosed with incomplete miscarriage. Data was collected using a semi structured interview guide. All interviews were recorded with an audio recorder and transcribed verbatim. Data was manually analysed through content analysis, using Tesch's eight steps of open coding. Criteria for establishing trustworthiness of the data were used. Ethical clearance was obtained from the ethical review committee prior to conducting the study and fundamental ethical principles were adhered to.

Results: Three main themes emerged: (1) various experiences on supportive care, (2) lack of health information related to incomplete miscarriage and (3) lack of a conducive environment in health facilities.

Conclusion: The study highlighted unmet psychological, social, and spiritual support needs for women diagnosed with incomplete miscarriage. Recommendations include holistic supportive care, a multidisciplinary approach, exit interviews upon discharge, strengthened community health education, and improved health infrastructure.

Contribution: The study provided valuable insights into the experiences of women with incomplete miscarriage and emphasized the need for improvements in supportive care, health education, and infrastructure to better address the needs of women diagnosed with incomplete miscarriage.

Keywords: Experiences, women, diagnosis, incomplete miscarriage, supportive care.

Dr. Elizabeth Hausiku-Elago is a Namibian dental surgeon and public health professional extensive experience in clinical dentistry, healthcare management, and community outreach. Currently serving as a Chief Dentist for Kavango-East Health Directorate, she leads strategic oral health initiatives, supervises professional development, and advances patient care accessibility. Dr. Hausiku-Elago holds a Doctor of Dental Surgery (DDS) degree from the University of Oran, Algeria, and is pursuing a Master of Public Health at the University of Namibia. Her career encompasses roles in hospital dentistry, dental intern mentorship at Intermediate Hospital Oshakati and research, notably contributing to UNICEF-funded projects. Fluent in English and Rukwangali, with working knowledge of French and Oshiwambo, she is recognized for her leadership, communication skills, and commitment to improving oral health standards across Namibia.



Dr. Hausiku-Elago also holds several Skills training and professional development courses. A certificate in effective management towards productivity from African Leadership Institute (ALI), Certificate in Meta-leadership from Harvard University (US) as well as Certificate in public Speaking and Communication Skills from Petty's School of Communication, Windhoek. Dr. Hausiku-Elago is appointed at Health Professional Council of Namibia (HPCNA) as an Evaluator for Dentists and Inspector of Training facilities for dental interns and currently serve on the Community Advisory Committee (CAC) at Elizabeth Nepemba Correctional facility in Kavango-west.

Abstract

THE EXPERIENCES OF HIGH-INCOME EARNERS IN THE UPTAKE OF SOCIAL SECURITY MATERNITY BENEFITS AT INTERMEDIATE HOSPITAL OSHAKATI, OSHANA REGION, NAMIBIA
UNIVERSITY OF NAMIBIA

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Background: This study explored the experiences of high-income earners in accessing and utilizing Social Security maternity benefits at Intermediate Hospital Oshakati, Namibia. Despite regular contributions to the Social Security system, concerns persist regarding the adequacy and fairness of maternity benefits for high-earning women. Guided by Andersen's Behavioral Model of Health Service Use, the study aimed to examine how predisposing characteristics, enabling resources, and perceived needs influenced the uptake of maternity benefits among this demographic group.

Methodology: A qualitative, exploratory research design was employed. Eighteen high-income earners who had experienced maternity leave within the past three years were purposively sampled and interviewed using semi-structured guides. Data were analyzed thematically following Braun and Clarke's six-phase framework. Literature control was applied to contextualize findings within global, African, and Namibian maternity protection frameworks.

Results: Seven themes emerged: Financial Impact; Coping Strategies; Recovery and Bonding; Breastfeeding and Infant Care; Perceptions of Inequality; Workplace Support; and Policy Recommendations. Participants reported that the flat maternity benefit ceiling created financial hardship, leading to reliance on alternative leave, savings, or family support. The short maternity leave period was seen as inadequate for physical recovery, emotional adjustment, breastfeeding, and infant bonding.

Conclusion and Recommendations: The recommendations include aligning maternity benefits to actual earnings, extending maternity leave to five or six months, and enhancing workplace support for returning mothers. The study concludes that Namibia's maternity benefit system, while legally established, does not fully meet the needs of high-income earners. Policy reforms are urgently needed to ensure equitable, health-promoting maternity protection for all women, regardless of income level.

Ms. Elise Kaupumhote Mutanga is a researcher and Registered Nurse/Midwife working as Customer care focal person for Engela District Hospital, Ohangwena region. Her research mainly focuses on maternal health Cancer awareness. She has published a chapter in a book titled “**An Overview of Disease and Health Research Vol.1**”. Additionally, she also wrote an article on the “**Challenges experienced by cancer patients receiving treatment at Oshakati Intermediate Hospital**” and it was presented at the Commonwealth Nurses and Midwives conference 2020. Ms. Mutanga likes socializing and researching.



Abstract

Factors Associated with Late Initiation of Antenatal Care Visits Among Pregnant Women at Omuthiya District Hospital, Oshikoto Region, Namibia

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Background: Antenatal care (ANC) is crucial for reducing maternal and neonatal morbidity and mortality. However, late initiating of ANC remains a significant challenge in many developing countries including Namibia. Hence, this study was conducted to identify factors associated with late initiation of antenatal care visits among pregnant women at Omuthiya district hospital, Oshikoto Region, Namibia and determine institutional, patient and community-related factors that cause pregnant women to initiate antenatal care visits late.

Methods: A quantitative research approach with a descriptive-analytic design was used. The study sample consisted of 120 pregnant women who initiated ANC after 12 weeks of gestation. These respondents were selected through systematic random sampling. Data were collected using a structured questionnaire to capture sociodemographic characteristics, obstetric history, knowledge of ANC, and barriers to early ANC initiation and were analysed using SPSS software version 29.1.

Results: This study found that Institutional factors associated with late initiation of ANC visits among pregnant women include lack of privacy during consultations, long waiting times due to staff shortages, shortage of essential equipment, and limited operating hours. Personal factors include fear of HIV testing, unintended pregnancies, limited ANC knowledge, work commitments, and late recognition of pregnancy. Community-related factors include transportation challenges from surrounding villages, limited and costly public transport, poor road conditions during the rainy season, and cultural beliefs that discourage early disclosure of pregnancy.

Conclusion and Recommendation: This study concluded that late ANC initiation at Omuthiya is a result of a complex interplay of institutional, personal and community-related factors. The study therefore recommends that at policy level, MoHSS should strengthen health education campaigns on early ANC benefits and Implement incentives for early ANC initiation such as transport vouchers. At institutional level, Omuthiya District Hospital should improve staffing, reduce waiting times, and ensure privacy. At community level, there is a need to engage community leaders to address cultural barriers, promote male involvement in ANC support. Future research should explore qualitative perspectives from healthcare providers to complement the quantitative findings.

Keywords: Assessment, factors, late initiation, antenatal care, pregnant women.

The School of Nursing and Public Health
gratefully acknowledges everyone
who contributed to the conference and
this resulting volume.
