A CASE STUDY ON:

AN INVESTIGATION INTO FACTORS THAT INFLUENCE THE WORKING CLASS GIRL-CHILD TO COMMIT INFANTICIDE

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TO:

My most appreciated participants

in the study, our girl-children who only they

can tell how it feels to be judged for

your own blood that

is no more…

ABSTRACT

The purpose of the study was to obtain information on the circumstances surrounding the lives of young mothers who resort to killing their babies, and what could be done to address the problem of infanticide.

An exploratory multiple-case study design was implemented using the qualitative approach. These types of approach were to explore the same phenomenon of infanticide in a diversity of situations and with a number of subjects.

The focus was on determining the dynamics of why the subjects of the investigation think or behave in a particular manner; on getting an insight in the circumstances, structures and institutions in society that contribute to infanticide. A systematic inquiry was implemented so as to get an understanding of human beings and the nature of their interactions with themselves and their surroundings.

The subjects were drawn from the police cases since the independence of the Republic of Namibia. A non-probability sampling was done on a spur-of-the moment basis to take advantage of available respondents. Data was derived from questionnaires, interviews and observations of 7 girl-children. Three were from the Windhoek prison and four were from the community.

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The following were identified:

- Ignorance about their sexuality let to unwanted and/or unplanned pregnancy.
- Economic dependence put the girls at the receiving end. This led to a situation in which they have to pay in kind leading to unwanted and/or unplanned pregnancies..

It was also observed that support systems to help the girl-children to overcome these obstacles of knowing their reproductive system and to empower them financially to exist in the community are lacking.

Much still needs to be done to make the girl-child a valued member of society. Such factors as education, access to reproductive health service and law-making need to be modified to advantage the girl-child.

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Maria Boraunyane Tibinyane

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ACRONYMS AND ABBREVIATIONS

AIDS	-	Acquired Immuno Deficiency Syndrome
ANC	-	Ante Natal Clinic
ARH	-	Adolescent Reproductive Health
CCN	-	Council of Churches in Namibia
ECT	-	Electroconvulsive Therapy
HIV	-	Human Immuno Virus
ICN	-	International Council of Nurses
ICPD	-	International Conference on Population and Development
IPPF	-	International Planned Parenthood Federation
MoHSS	-	Ministry of Health and Social Services
NAMEC	-	Namibian Men for Change
NAPPA	-	Namibian Planned Parenthood Association
NAWA	-	Namibian Women Association
NGCO	-	Namibian Girl-Child Organization
NGO	-	Non Governmental Organization
NGO PREPCOM	-	Non Governmental Organization Preparatory Committee
PHC	-	Primary Health Care
STD/STI's	-	Sexually Transmitted Diseases/Infections
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
WCPU	-	Women and Child Protection Unit
WHO	-	World Health Organization

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CHAPTER 1

OVERVIEW AND RATIONALE

1.1 INTRODUCTION

The infanticide issue whether by omission or by action is as old as the human race, in different places and at different periods of the world. Among the savages and barbarians the question was one of getting rid of superfluous children when the mouths became too many for the food supply to fill. Later among more advanced nations, the weak and the feeble were exposed to death because they were assumed to be of no value to the State. Only those who were vigorous enough to grow up into fighting men were deemed desirable citizens. Except under Hebrew and Christian law the killing of very young children by their parents has almost invariably been either legally permitted or at least practiced with impunity. Economic reasons more than any others had let to the killing of infants before or after birth and have continued to exert an unfortunate influence even down to our own day (Holt, 1913).

The phenomenon of infanticide in Namibia and around the world has been written about and will continue to be discussed in a judgmental discourse, and the possibility for meaningful intervention will remain remote unless programmes are based on the empowerment of the girl-child who is the situational victim. According to the National Policy for Reproductive Health (MOHSS) – 2001, early sexuality, pregnancy, HIV/AIDS and other sexually transmitted diseases are among the major sexual and reproductive health problems faced by adolescents

and youth in Namibia. The youth health profile of 1993 revealed that 50% of all births are attributed to mothers under the age of 20 years. Teenagers in urban areas are twice as likely to become pregnant as compared to those in rural areas.

After the International Conference on Population and Development (ICPD) in Cairo (1994), the Ministry of Health and Social Services felt the need to develop a Reproductive Health Policy. At the launching of Reproductive Health Policy, the Minister of Health and Social Services said adolescent reproductive health and sexuality have been neglected areas in Namibia. This state of neglect, the minister argues, is attributed to numerous taboos and myths resulting from limited communication between parent and child, teacher and learner as well as adolescent and health worker. More crucially, the community at large is not prepared to discuss sexuality issues.

The communication gap between adults and teenagers puts the girl-child especially at a disadvantage because they often try/experiment with sexuality resulting in pregnancy and dropping out of school and in some instances kicked out of the household by unsupportive parents. Unmarried girls who fall pregnant are often faced with rejection by an unsympathetic society, and in some cases resort to prostitution to earn a living, abortion or murdering their babies, (WHO's Global Programmes on AIDS, 1997).

Cultural, sexual, religious and legal influences often make discussions about sexual practices, preferences, sexual desires, the number and type of sexual partners, and the use of birth control difficult. Such subjects are often taboo and associated with embarrassment, shame, guilt and rejection. There is often a "cloak of silence" related to sexual practices (Gilks, C et al., 1998).

Negative attitudes, beliefs and values lead to condemning the pregnant girl as a "bad person" or "careless person". These are seen in isolating or avoiding the pregnant girls because of embarrassment. There are situations where human sexuality cannot be discussed openly during health education sessions because people feel embarrassed and uncomfortable about discussing sexual issues. At times the topics are ignored totally and this behaviour perpetuates the conspiracy of silence (Fact Sheets 6 on HIV/AIDS, 2001).

Ross (1987) points out, "The pain for pregnant young girls is enormous: lost education opportunities, sometimes rejection from home, frequent emotional rejection and inadequate support in their traumatic experiences from significant others and even health workers. Their experience of rejection by significant adults, including medical personnel, precipitates them easily into the isolation – withdrawal – panic syndrome in the society. Eventually these girls resort to backstreet illegal abortion failing which, after the birth of their child they commit infanticide".

He goes on to say, "The causes of the explosion in unplanned and teenage pregnancies and subsequent infanticide include cultural shock and its resultant confusion, the effect of rapid urbanization and industrialization, the generation gap, poverty and inadequate housing. There is failure of the churches to help parents achieve a truly biblical view of sexuality and their task in educating their children in that area of life".

A general shift in values and norms as regard extra-marital sexual relationship is the confidence in modern contraceptives which at times let the young girls down. Research has shown though, that many sexually active teenagers do not use contraceptives, an indication that many young girls do not fully consider the risk of pregnancy (Gerber, 1981 as quoted by Bezuidenhout, 2002). Possibilities of failure of contraceptives to protect may be due to the non-dedicated use by the young girls, ignorance on how to go about if one has forgotten to take a pill, and reluctance to use condoms.

Despite changes in values and norms governing sexual behaviours, public opinion towards young girls falling pregnant remains negative (Johnson, 1973 as quoted by Searle, et. al., 1992).

Social structure is much of a contributory factor to unplanned pregnancy. Infanticide rates in Namibia and elsewhere will vary according to the socio-economic structure, with higher rates among those at the lower income structure compared to the rates of those at the higher income structure. As stated by

Gerber (1981): Most girls who get into trouble come from poor families. Again most girls from poor homes are ill-informed about sex and birth control. Many of these homes are troubled by other problems, which create an environment that exposes a young girl to illegitimate child-bearing. It should be noted that people in the middle and upper classes find it easier to conceal an illegitimate pregnancy. Many send their daughters away some time before the confinement, and put the child up for adoption. It is also a confirmed practice that those who can afford to send their daughters to neighbouring countries where abortion is legal, do so. This prevents the act of infanticide. Up t 40 Namibian women on average travel to South Africa every month for the service where abortion services are available on demand (MoHSS, 2000).

Gerber (1981) goes on to say that a girl who is less intelligent may easily be persuaded to commit the act because she is less able to grasp the implications. The influence of peer group is especially important in the internalization of sexual values and norms. Where friends accepts extramarital sexual intercourse as a norm it can be expected that young people will experiment with sex.

Most males responsible for the pregnancy suffer the least, as they escape censure by withdrawing from the scene. Some males are plagued by guilt feelings at a later stage and may come back, but others will keep on denying the pregnancy. (Searle, 1992). Again here socio-economic situation may not allow for paternal testing. Giving the child up for adoption may seriously affect the

mother's personality. If she keeps the child, she will probably experience financial difficulties and will have to answer awkward questions about the father. The research also showed that the fathers tend to have the same social, economic and educational backgrounds as their partners (Birth Statistics, 1998).

Contraception is often inaccessible to adolescents generally because of taboos, financial barriers and inadequate knowledge on how to get these contraceptives. Family planning clinics in Southern African countries have been the domain of married women, and those that are opening up to unmarried women and teenagers lack experience in conveying information on sexuality and contraceptives (Women in Malawi 1994). On the other hand health workers are often unsympathetic, judgmental and unprepared to offer information and advice to the young girls concerning issues on reproductive health. These young girls therefore tend to avoid family planning clinics. In Francome's study (1995), 80% of the girls who got pregnant at 17 or younger had never been to a general practitioner or family planning clinic.

1.2 PROBLEM STATEMENT

Since 1996 there have been several newspaper reports (Tempo, 1996:5; The Namibian, 1996:6; Die Republikein, 1997:9; Die Republikein 1997:7) on the killing of infants. A shockingly high numbers of infanticides occur as a daily phenomenon in Namibia and is a matter of grave concern. Nationwide, the

police recorded 21 cases in 1992, 34 cases in 1993, 13 cases in 1994 and 12 cases in the first 10 months of 1996 (CCN – Children's Desks Report 1996:39).

Little information based on research is available on the circumstances involved in the act of infanticide. Young mothers usually find themselves in such circumstances where there is lack of support from the family, the society, the church and the law makers. Although there have been reasons given for infanticide such as the pregnant girl who might have been lonely or already a young mother, who might experience much reproaches from her family and/or her partner, Hubbard, et. al. (1996), are of the opinion that none of these feelings can excuse the murder of a child. They are however of the same opinion that the families, societies and churches would tend to attack the mother of such a baby instead of giving comfort and care. Also, the father who has caused the pregnancy was never accused.

A study was conducted by Van Rooi (1999), on the impact of abortion legislation on the incidences of Infanticide in Namibia. The results suggest the following reasons for committing infanticide:

Table 1: Reasons for committing infanticide:

REASONS FOR INFANTICIDE	NUMBER	PERCENTAGE
She has no money	58	27%
She has too many children	22	10%
She was raped	41	19%

Wants to finish education	36	17%
Afraid of rejection	59	27%
TOTAL	**216**	**100%**

Respondents indicated that the main reason why women commit infanticide are because of their social circumstances such as "She has no money", 27% (n=58) and "Wants to finish education", 17% (n=36); as well as cultural issues such as "Afraid of rejection by family or friends", 27% (n=59). Other reasons included "She was raped" 19% (n=41) and "She has too many children", 10% (n=22). Respondents mentioned other issues such as: "Boyfriends' suggestion", (2.09), "Do not want babies", (3.0%), "Uncertain of future" (3.0%), "Poverty", (5.0%), "Abuse by partner", (3.0%), "Boyfriend denied fatherhood", (7.1%), and "Relationship problem", (2%).

The reasons as given above by the respondents why women commit infanticide were among others "was raped", "boyfriend's suggestion", "abuse by partner". All these reflect acts related to subjugation.

Eighty-one percent (81%) of the respondents have heard that the Government is trying to make abortion available upon demand. They feel that the number of unwanted pregnancies, infanticide and abortions would then decrease.

This study is aimed at exploring and describing the circumstantial factors that influence and contribute to the girl-child to resort to killing of an infant as the last option. The other aim is to determine the availability of support systems in the society which could help in the prevention of infanticide.

1.3 SIGNIFICANCE OF THE STUDY

One hears and reads daily in news media of child ill-treatment in many kinds of forms under the working class community which are rarely even reported, including Infanticide which is the topic of this study. Thus, two interlinked questions have guided this study of investigating factors that contribute to infanticide and the support systems in the society that are geared towards protecting the girl-child in the patriarchal society. These questions are:

What are the circumstances, structures and institutions in society that contribute to infanticide?

What support systems exist in empowering the girl-child?

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Whilst the girl-child and woman in the context of the African traditional cultural practices are expected to hold high moral standards, their counterparts do not and are not expected to meet these moral standards.

In an analysis of traditional cultural practices on how these practices protect the African girl-child: The Akan example, Yeboah (n.d.) states that the Akan girl-child and woman are obliged to remain virgins until they are married. On the

other hand, the Akan male-child and man are not required to remain virgins until marriage.

As a taboo, however, for any married woman or girl to have an affair outside of marriage, she is looked down on, ostracized, gossip about, called names, or abused (Yeboah, n.d.). It is the opinion of the researcher that the society needs to be sensitized on the question of double standards of holding girls and women to higher moral standards. Interesting will be to determine with whom these acquitted males from moral standards will engage into sexual activities. More importantly still is to determine how the society intents to deal with contradictions in the gender inequality in sexuality matters which in the process oppress the girl-child.

1.4 PURPOSE OF THE STUDY

1.4.1 Aims

The purpose of the study is to obtain information on the circumstances surrounding the lives of young mothers who committed infanticide and what could be done to address the problem of infanticide.

1.4.2 Specific Objectives

- To explore and describe the circumstantial factors of infanticide.

- To determine what support systems are available in the prevention of infanticide.

1.5 DESCRIPTION OF CENTRAL CONCEPTS

A girl-child is a girl of 10 years to 25 years of age; too old to be looked at as a child but also too young to be looked at as a women. Coupled with discrimination girls experience a pattern of socialization that dictates their lives right through adulthood. Young girls are socialized to accept certain roles that are discriminatory and this is the start of a lifelong scenario of deprivation and exclusion from the social mainstream. By the age of six, girls assume more and more household responsibilities in comparison to boys of similar age. (UNICEF/UNESCO, 1995).

Infanticide – there are various definitions of infanticide but basically the term implies child-murder; the killing of an infant before or after birth. According to the French Criminal Code the word is limited to the murder of the newborn infant. In England it has been used for the deprivation of life from the moment of conception up to the age of two or three years (Walsh, 2001).

Working Class - Giddens (1993), defines a class as a large-scale grouping of people who share common economic resources, which strongly influence the types of lifestyle they are able to lead. Ownership of wealth, together with occupation are the chief bases of class differences. In Western societies,

Upper class consists of the wealthy, employers and industrialists, plus top executives – those who own or directly control productive resources; **Middle-class** includes most white collar workers and professionals; and a **Working class** is those in blue-collar or manual jobs. The girl-child in this study is traced in the latter class, resulting from an objectively structured economic inequality in society which allows some to have greater access to material rewards than others.

Sexuality has been defined as the social process which creates, organises, expresses and directs (sexual) desire and this process has been criticized by feminist theory as ignoring the realities of women's sexual experience. Female sexuality has been characterized by Freud as inherently passive, masochistic (the wish to be hurt so as to gain sexual pleasure) and narcissistic (the condition of mind in which someone's own body is an object of sexual pleasure). This statement has also gone through critique by feminist theorists. (Richardson, et. al., 1997). Giddens (1993), says in Victorian times, sexual hypocrisy abounded. Virtuous women were believed to be indifferent to sexuality, accepting the attentions of their husband only as a duty. Yet in the expanding towns and cities prostitution was rife.

Kirsey et al (1948, 1953) as cited by Giddens (1993) obtained sexual life histories of 18,000 people of the white American population. Among women, about 50 per

cent had premarital sexual experience, although mostly with their prospective husbands. Some 60 per cent had masturbated and the same percentage had engaged in oral-genital contacts. In the sexual liberalism of the 1960 women's groups also started pressing for greater independence from male sexual values, the rejection of double standard and the need for women to achieve greater sexual satisfaction in their relationships. Giddens is of the opinion that women generally have much higher aspirations towards sexual fulfillment than two decades ago, demanding sexual competence in their lovers and husbands.

Subjugation is the oppression of less powerful people by those with more power. Subjugated women's values are essentially defined by men's values. Their values are complementary and adaptive to the male hierarchy and women's moral standards are based on the rationale of maintaining the status quo of dominant male values. When subjugated women adhere to values or behaviour that are not accepted by the male-dominated standard of society they are severely morally, emotionally, mentally, or physically sanctioned (Hall, 1992: 116). What is even more depressing is that women will openly and dutifully take part in judging such women who defend women's place in such an attack.

Women's studies – there are various definitions about women's studies. Basically it implies interdisciplinary scholarship about women and women's concerns; knowledge derived and developed from women's perceptions and experiences (Hall, 1992:126). Richardson et al. (1997), suggests two kinds of

women's studies: those in the academic community and those grounded in the feminist community. Both share a strong relatedness to politics and social environments in making a dialogic exploration of subjectivity; in criticizing traditional discipline for ignoring women's history and experience by questioning the supposed objectivity of academic knowledge and deconstructing its assumptions.

It is through these studies that feminist movements emanated. **Feminism** – the struggle to defend and expand the rights of women is in fact the response to male dominance over women usually referred to as **patriarchy**.

Empowerment – refers to individual and collective strengthening of negotiating position in relation to the negotiating position of other people; development, growth and maturation of real talents and aptitudes; recognition and responsibility as an equal. Empowered women define their attitudes, values and behaviour in relation to their own real interests. They have autonomy because they claim their freedom from existing male hierarchies, whether they live in traditional societies, or modern, industrial societies (Hall, 1992:117).

Social support - is the assistance and protection given individuals which may be tangible as financial aid, or intangible as an emotional help. Social support can further be defined in terms of emotional support, instrumental or material support, information and appraisal support (Langford et al. 1996). The family, the significant others, the church, the community at large as well as the government

have enormously vital role to play in providing whatever form of support to individuals especially the vulnerable girl-child.

Sensitive Topics - Lee and Renzetti (1993), define **sensitive topics** as those that have potential costs or threats to the participant and the researcher. They identify areas of research of a sexual nature; that which examines the private sphere; and, commonsensically infanticide, as it is a difficult issue for both the girls who commit infanticide and the general public to address.

1.6 TOPICAL LIMITATIONS

The study focuses on the Working class Namibian girl-children who have committed infanticide. This study admittedly entails quite a number of problems by nature of its sensitive topic. Above all, speaking about their experiences of having to kill is emotionally traumatic for women who, to a greater or lesser extent must relive these experiences and uncover unpleasant memories. Those survivors who have come to terms with their experience and have moved forward in their lives are asked to re-open old wounds. Those who are still suffering severe emotional trauma may experience heightened anxiety and misery by speaking in detail about their acts (Russel, 1990).

Another limitation of the study is that it focuses only on Black women in Namibia in the Windhoek district using case studies of those women who were involved in

infanticide. Focus will be on cases that were reported after the independence of the Republic of Namibia in 1990 March, 21st .

1.7 RESEARCH METHODOLOGY

1.7.0 Research Design

A research design is the planning of any scientific research from the first step to the last; a programme to guide the researcher in collecting, analyzing and interpreting observed facts (Bless et al., 1995:63).

The process of finding information yourself is called research (Coulson et al., 1998:35). The study will use three types of approach: the case-study, exploratory and qualitative approach.

1.7.1 Case Study

Yin (1989) defines case study as an empirical inquiry that investigates a contemporary phenomenon within its real life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.

A multiple-case study design will be implemented. In contrast to the use of a single-case design in which instances a case may be quite extreme or suite unique, a multiple case design is appropriate when the researcher is interested in exploring the same phenomenon in a diversity of situations or with a number of individuals. It is used when the investigator desires to establish whether a

proposed explanation is confirmed across a number of cases (Strauss & Corbin, 1990).

Polit and Hungler (1991) cautioned that the focus of case studies is typically on determining the dynamics of why the subject of the investigation thinks, behaves or develops in a particular manner. It is not unusual for probing research of this type to require a rather detailed study over a considerable period. Data are often collected that are not only to the subject's present state, but also to past experiences and situational and environmental factors relevant to the problem being examined.

1.7.2 Exploratory Research

The researcher will conduct an exploratory case study, with the purpose to get an insight in the circumstances, structures and institutions in society that contribute to infanticide.

The word explore implies scrutinizing unknown regions, cases where nothing of a phenomenon, e.g. a remote tribe is known (Bless et al. 1995: 41-43). The study will use observation, questionnaire and interview to achieve a holistic understanding of the situation under which young girls opt for killing their infants instead of looking for other alternatives. The researcher seeks to obtain subjective information from the subjects of the study in order to describe the reality of the phenomenological experience (Woods & Catanzaro, 1988:134).

1.7.3 Qualitative Methodology

The study will also use a qualitative approach in which a systematic inquiry will be implemented which is concerned with understanding human beings and the nature of their transactions with themselves and their surroundings.

The application of a qualitative research strategy is almost the natural result of interest in answers to specific type of questions guided by the researcher (Myburgh and Poggenpoel 1995:5).

This methodology is used to get information about how people think and feel and their belief (Coulson et al. 1998). It is used as a vehicle for studying the empirical world from the perspective of the subject, not the researcher.

Qualitative methods allow exploration of humans by humans in ways that acknowledge the value of all evidence, the inevitable and worth of subjectivity, the value of a holistic view, and the integration of all patterns of knowing (Streuber and Capenter 1998:21).

1.7.4 Population and Sampling

The sampling theory deals with the relationship between "samples" of experience and "total" experience (Agnew and Pyke, 1987: 186). In deciding on the study size the nature of the investigation needs to be considered. According to Polit and Hungler (1991), when a researcher undertakes an in-depth, qualitative study, the sample of subjects used to generate data is typically small. This is because the qualitative researcher is interested in studying some

phenomenon intensively rather than extensively. Small samples are usually adequate to capture a full range of themes emerging in relation to the phenomenon of interest. Moreover, qualitative analysis is typically a time-consuming procedure that would become unwieldy with very large samples. The target population will be young girls from the working class who seek relief from their infants by resorting to murder. The size of the sample will be 5 units.

This population will be taken from the police cases in the Windhoek Central Prison since the independence of the Republic of Namibia in 1990 March, the 21st. The sample or units of analysis will be drawn using the purposive non-probability sampling method which is the process of picking cases that are judged to be typical of the population, restricting observations to subgroups (Visser et. al., 1991:1999 – 2000). A non-probability sampling may be done on a spur-of-the moment basis to take advantage of available respondents.

With purposive sampling the researcher uses her own judgment about which respondents to choose and picks only those who best meet the purposes of the study. Another ploy is to seek deviant cases rather than average respondents, in order to seek what makes them depart from the norm (Bailey 1982: 97,99).

1.7.5 Method of Data Collection

The data collection process will include individual face-to-face semi-structured focused interviews using interview schedule with the key-informants; the

significant others around the key-informants; documentary studies from the Ministry of Justice; where accessible the stakeholders of Prisons and Correctional Services. The case study approach requires the gathering of comprehensive in-depth data about the case in point, to describe the phenomenon or to explain the "case".

It often uses both qualitative and quantitative evidence which may come from a variety of sources: fieldwork, interviews, direct observations, agency records (Denzin, 1989:129). Lincoln and Guba (1985); Yin (1989), propose three principles of data collection; which are helpful in increasing the trustworthiness and quality of a case study: Using multiple sources of evidence; establishing a case study base; and maintaining a chain of evidence. Principles of data collection of multiple sources and of chain of evidence will be used. The face-to-face interview will facilitate the creation of closeness and rapport. The researcher would also like to have a follow-up for more information from the participants.

The significant others may cast more light on the evidences obtained from the participants and the judicial documents. According to Giddens (1993: 691), Documentary research is in fact one of the most widely used of all the methods of gathering sociological data. Usually termed archival sources, an archive being simply a place where written resources are deposited, these documentary materials are among others judicial records.

1.7.6 Method of Data Processing and Analysis

The researcher will process the obtained data immediately after each session with the participants to avoid losing the observations experienced during the interview. Analysis will be carried out with the assistance of a statistician. The findings will be categorized and described as they will appear on the interview schedule. The information obtained from the documentary analysis and from the observation cues by the researchers and prison staff members will be used to back-up the findings. Yin, (1989) has two strategies for analyzing case study: developing a case description; employing the theoretical proposition on which the study is based to explain the case. The researcher will make use of the strategies.

1.7.7 Validity & Reliability

About the trustworthiness of methods of data collection, Mouton and Marais (1991), state that the inclusion of multiple sources of data collection in a research project e.g. interviewing multiple key informants about the same topic, is likely to increase the reliability of the observations. This they referred to as triangulation. Denzin (1989) identifies this strategy as data triangulation. For the validity of an investigation logical argumentation needs to be engaged in. Another type of triangulation according to Denzin, is Investigator triangulation: – the use of multiple individuals to collect and analyse a single set of data. Theory triangulation:– the use of multiple perspectives to interpret a single set of data is the third one. The researcher intents to use fourth type of triangulation, namely

the Methodological triangulation:- observation, interview and inspection of documents.

The triangulation mode of focused interview, observation, documentary studies will be used and where possible interview of prison stakeholders such as Women and Child Protection Unit staff, Social Workers, Prison Officers will be employed to correct for any of the methodological type's shortcomings. Polit and Hungler (1991), explain the purpose of using triangulation as to provide a basis for convergence on truth. In other words, by using multiple methods and perspectives, it is hoped that "true" information can be sorted out from "error" information.

1.7.8 Ethical Considerations

Informed consent will be obtained from each individual for participation in the study. They will be explained to, the right to refuse to part-take or to withdraw during the interview process. Anonymity and confidentiality will be insured. Informed consent refers to the process whereby information is given to respondents about the title, purpose, method, objectives, potential risks, benefits and input on the part of the respondents, and to ensure that they agree to participate in the research without any element of force, fraud or other forms of constraints.

Conducting the research ethically starts with the identification of the research topic to publication of the study results (Burns and Groves, 1993: 104, 89). Protecting the anonymity of the participant(s) or site(s) in the study is crucial.

Guba and Lincoln (1981), suggested the idea of following the principle that participants "own" the data that apply to them. Data will not be reported without explicit consent of the participants after being fully informed about anticipated use and potential risks.

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CHAPTER 2

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

It is essential to relate one's work to an existing body of theoretical and empirical knowledge. That is conceptualization – integrating one's study into a larger conceptual framework; embedding or incorporating one's research into the body of knowledge that is pertinent to the research problem being addressed (Polit et al 1991:92)

To do this, the researcher must first do a thorough literature search of previous theoretical and empirical work in this field and then relate her work to the existing literature. A survey of the literature then, is an essential component of any study because it is the main access point or gateway to the relevant body of knowledge (Mouton and Marais 1996:119 – 121).

2.2 METAPHYSICAL ASSUMPTIONS

According to Mouton and Marais (1996:192) it is generally accepted in philosophy of science today that no scientific findings can be conclusively proved on the basis of empirical research data. In different stages of the scientific research process and for different reasons the researcher is compelled to make assumptions justifying specific theories, methodological strategies, etc. that are not tested in the specific study. Metatheoretical assumption is one such category.

2.3 FEMINIST THEORY

The research on the study will be based on Feminist Theory which is for women and not just about women. It challenges the dominant patriarchal ideologies that seeks to justify women's inequality and subordination as natural, universal and therefore inevitable. (Abbot et al 1997:17).

According to Richardson (1998) sexuality has long been a major issue among feminists examining specific issues such as prostitution, birth control, sexual violence, pornography, AIDS, heterosexuality and lesbianism. From these issues they have asked the question ". What is the relationship between sexuality and gender inequality?"

Women's freedom of action is limited by the power of men because men possess more economic, cultural and social resources than women. Most feminists would agree that men's power over women, economically and socially, affects sexual relationships. Generally speaking women have less control in sexual encounters than their male partners and are subjected to a double standard of sexual conduct which favours men. For many radical feminists, sexuality is at the heart of male domination; it is a key mechanism of patriarchal control (Rowland and Klein, 1996 as cited by Richardson, 1978): Sexuality is the primary means by which men exercise and maintain power and control over women.

Ms. M. Nghatanga, Director of Primary Health Care (PHC) in MOHSS at a gathering to mark the world Population Day said, about 42% of the Namibian population was under the age of 15 while the frequent occurrence of early unwanted and untimed pregnancies was common, especially among the under 20 years. She said many of women's reproductive health problems were the consequence of discrimination and a lack of power to decide about how and with whom they would have sexual relations and whether and when to bear children. She further stated that for women sexual and reproductive health is not just dependent on their behaviour but more fundamentally they are dependent on the behaviour of their sexual partners, other family members and service providers. (The Namibian, July 2002). Empirical evidence shows that gender based sexual violence is a significant problem in Namibia.

As a point of departure, sexuality is a central theme of this discourse, and indeed a sensitive one. Foucault (1979) an interactionist theorist argues that sexuality in women has been controlled not by denying or ignoring/controlling its existence (in them,) but by constantly referring to it. It is discourses of sexuality which shape our sexual values and beliefs.

Feminist Psychoanalysts Dinnerstein (1976), argues that there is a double standard in sexuality, in that men are thought to have a polygamous nature and women are thought to have a monogamous preference (Humm, 1989:206).

Foucault (1979) further argues that "sex" is not some biological entity which is governed by natural laws which scientists may discover, but an idea specific to certain cultures and historical periods. Thus, what sexuality is defined as, its importance for society and to us as individuals, may vary from one historical period to the next. As do interactionists, Foucault believes that sexuality is regulated through prohibition, definition and categorizing, in particular through the creation of sexual categories such as, "heterosexual", "homosexual", "lesbians" and so on. Also history of sexuality is one of changing form of regulations and control over sexuality from moral regulation by the church to increased regulation through education, law and social policy.

Looking at the Sexual customs and norms sexuality carries an especially heavy social stigma for women. As was observed in the African Journal of Nursing and Midwifery (2001), typically, women are expected to leave the initiative and decision-making in sex to males whose needs and demand are expected to dominate. There is often a tolerance of predatory violent sex, as well as a double standard where women are blamed or thrown out for having fallen pregnant or for having had sex (real or suspected) while men are expected or allowed to have sex as their domain or to have multiple sex partners.

Lack of education and/or economic opportunities are just as crippling for women. In addition to sexuality denial, millions of young girls are brought up with little knowledge of their reproductive system or how pregnancy comes about and how

to prevent it. There is also a failure to respect women's right to equal access to education and subsequently to employment opportunities, thus enforcing their dependence upon men. Refusals of sex or insistence on condom use might lead the woman to losing her partner. Giving in to the demand may with most probability end up in unwanted, unplanned pregnancy. These denied opportunities are the single most oppressing factors which lead to poverty amongst women. Subsequently girls turn to prostitution as an alternative to poverty, crippling socio-economic circumstances.

According to Armstrong (1997), for sexual purposes, a girl-child is usually considered sexually matured at puberty. Men perceive girls of 12 to 17 as sexually matured. In many southern African cultures, young girls are still expected to be virgins when they marry but they are the most vulnerable to incest, rape and forced early marriages, because sex is used as a weapon of control over girls and women. As the extended and traditional family system is further eroded by poverty, changing social circumstances and migration, the sexuality of young girls is left unprotected.

More young girls are also driven into prostitution by their socio-economic circumstances and many are taken advantage of by older men. As Otilië Abrahams, a woman activist said: Very often the men are old and professionals. How do you preach morality to a 13 year old girl whereas the old man who is supposed to protect her morals is destroying them. What is the parliament doing

about the Domestic and Maintenance bills? Is it not the holding of passing them that contributes to such acts. It would seen the women have immaculate conception. It is the society that breeds this infanticide.

In some countries, school girls resort to having sexual relationships with older and more financially secure men "sugar daddies" who exchange money and gift for sexual relationships. A grade 10 pupil hanged herself after her relationship with a "sugar daddy" went sour. He is a lawyer, Deputy Inspector General in charge of Operations with the Rank of Major-General. (The Namibian, June, 2003). Most research reveals that poverty, not pleasure is the driving force behind such relationships. Girls are in the process exposed to streets and the risk of Sexually Transmitted Infections (STI's).

Women in patriarchal societies are often socialized into subjugated social statuses so that their behaviour are adapted to patriarchal structures in both traditional societies and modern industrial societies (Hall 1992: 116). From childhood the girl-child is treated as inferior and socialized to put herself last, thus undermining her self-esteem. It will only be an act of obedience to give in to a sex demanding male teacher or uncle who in reality is relating to this young girl as a sexual being (Beyond inequalities: Women in Tanzania 1997).

According to Pitt-Rivers (1965:21) as quoted by Richardson et. al., (1997), honour is the value of a person in his own eyes, but also in the eyes of his

society it is a quality of groups, not only of individuals – rather a single person symbolizes the group whose collective behaviour is upheld by its different individual members. The honourable behaviour of men and women differs. A man must defend his own and family's honour (which implies control over other members of the family), whereas women must preserve their purity (Peristiany, 1974, in Richardson et. al., 1997).

As a result of the stigma attached to her condition the girl-child may experience feelings of guilt and shame. She may find herself rejected by family and friends or be excommunicated, and she may move to another community. This girl leads essentially solitary life. She usually does not have much of a social life. In her loneliness such a girl often seek advice on how to get rid of her foetus, alternatively she may end up with suicide or para-suicide, failing which she murders her baby shortly after delivery – infanticide (Gerber, 1981 in Bezuidenhout, 2002).

2.4 HYPOTHETICAL ENVIRONMENTS IN WHICH INFANTICIDE TAKES PLACE:

Figure (a):

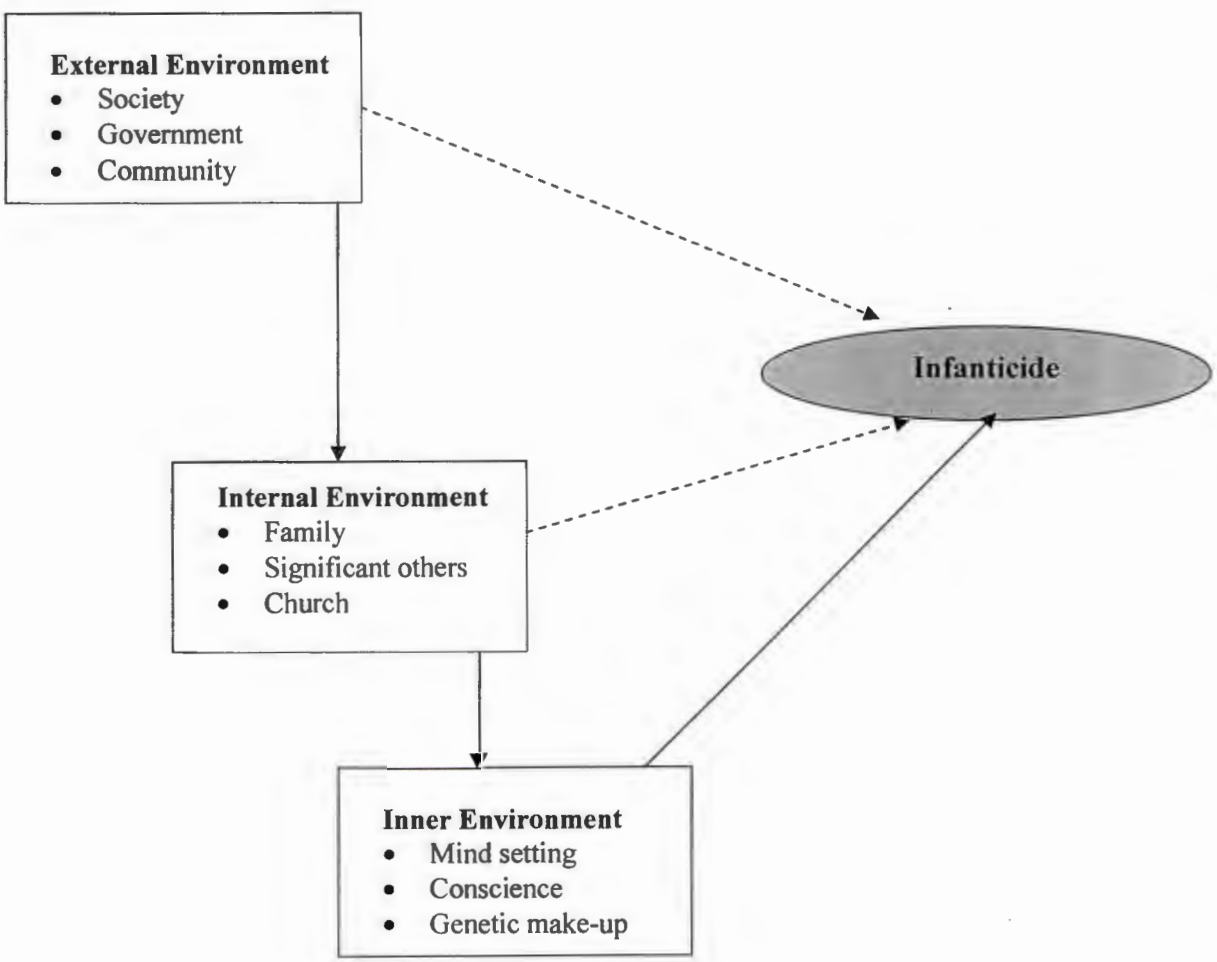

Figure (b):

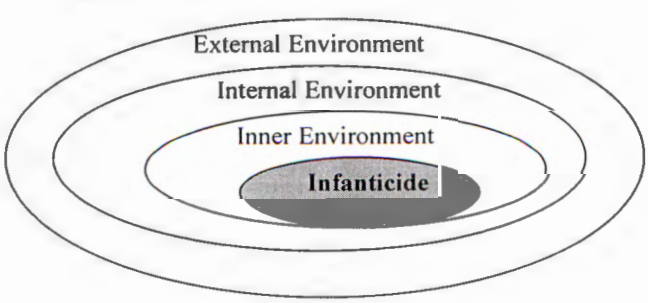

Figure (a) and Figure (b) suggest three basic types of facilitating environments to infanticide: 1) External environment, 2) internal environment, 3) inner environment. Let us consider each environment each with its elements.

2.4.1 External Environment

a. Society has oppressive cultural expectation where for instance women are expected to be submissive in general and in particular to men. Their economic dependency created by society forces women to have sex as their way of getting things.

b. Laws and policies of the government are more dictating to women than to men. Whilst a pregnant girl must leave school, the "pregnant boy" continues his education, with the excuse that he will later be better qualified to best maintain the mother and child. In most cases the opposite is true and the girl has to look after the baby in all aspect with no intervening from the law.

c. The community has a conditioned reflex or response. The reaction of the community to a pregnant girl is in accordance to the set societal values and government laws on premarital pregnancy and as a taboo on a school girls' pregnancy.

2.4.2 Internal Environment

a. Status of women and children in the family will mainly be in accordance to the society norms. Should they disregard the norms punishment will be given. Because of the closer intimacy of members of the family the "shame" brought onto this unit will be more felt. The intensity of the reaction to the pregnancy can be seen in the beating up of such girls, discriminatory treatment or even chasing away of the girl-child.

b. Significant others may suddenly become wary of being associated or seen with this young girl because she is bad. There is no support emotionally from the most trusted people such as the boy-friend whom this girl showed her deepest secret spot. This is indeed a betrayal.

c. The teachings of the church have been disobeyed by this child. She has to be ex-communicated whilst the young man in the same parish seems to have been acquitted from wrong-doings.

2.4.3 Inner Environment

a. It is said that conscience, measurable either as immunity to temptation or as vulnerability to guilt, is built by means of conditioning and modeling. Similarly the moral coversion to sexual involvement is not inborn but lies in how we were reared and in what we were taught. Vulnerability to guilt especially when it comes to falling pregnant, that is what the girl-child was taught.

b. Mind setting of the girl-child is such that she regard herself as inferior and puts herself last in the social mainstream, with no such word as "no" in whatever relationship. At the same time she is expected to hold the name of the society, the family and self high and pure, void of any shame and scandals. This must be confusing to the girl-child.

c. Individual differences are such that we do not respond equally to the same stimulation. What pains one may please another, and what is stress for this individual may be a challenge for that one. The genetic make-ups, the personality type of the girl-child may react quite adversely to the unsympathetic, unpersonal and cold environments in which she finds herself.

The researcher sees the above mentioned environments as breeders of infanticide. The cultural expectations, the norms they put onto the girl-child are supposed to be guarded by her alone with no support from such environments. Instead the same culture dictates different expectations and norms to the boy-child a situation which is insurmountably challenging to the girl-child. For the girl-child the abomination attached to the fact of falling pregnant far out-weighs the possible consequences of being found out and tried for illegal abortion, baby-dumping, or infanticide.

CHAPTER 3

LITERATURE REVIEW

3.1 INTRODUCTION

One of the major functions of the literature review is to ascertain what is already known in relation to the problem of interest. Acquaintance with the current state of knowledge will lead the researcher to explore aspects of the problem about which there is relatively little knowledge. Literature review refers to the activities involved in identifying and searching for information on a topic, and developing a comprehensive picture of the state of knowledge on what topic (Polit and Hungler, 1991). Another view by Bless & Higson-Smith (1995) is, in order to conceive the research topic in a way that permits a clear formulation of the problem and the hypothesis, some background information is necessary. This is obtained mainly by reading what has been published that is relative to the topic.

The following discussions on infanticide will flow from as early as way back before the era of Christianity, during early Christianity up to today. It will also be apparent that although infanticide has been practiced, not much has been written or researched about the topic on the African continent as to the magnitude, the reason and the solution to that effect.

3.2 INFANTICIDE AMONG THE ANCIENTS

In Spartan, the State claimed a right over all children born. Every newborn infant was passed upon by a committee, and upon their approval the child was

accepted; upon their disapproval it was exposed to death. Lycurgus, Solon, Aristotle, and Plato all regarded infanticide as proper and desirable to prevent a too rapid increase in population, and also to remove the weak and the deformed.

In Greece and Rome even at the height of their culture the custom of exposing delicate and deformed infants obtained to death or even health females where there were male children in the family was practiced. The father had the power of life and death over his newborn child. According to custom the infant was placed by the midwife upon mother earth. If left upon the ground, it was a signs that the infant was to be immediately exposed to death; if the father desired to preserve its life, he indicated this by raising the child in his arms and invoked the goddess Levana (Holt, 1913).

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3.3 ASIAN COUNTRIES

In oriental countries certain poetic and religious traditions were appealed to in justification of the custom of killing infants but as a rule the economic basis for it is clear. It many countries it was the custom to get rid of many of the female infants because they were unproductive, and generally expensive members of the society because large dowries were required to be given with them at their weddings. In India infanticide continued to be practiced until late into the nineteenth century. In China and Japan like in Rome the Greek practice was followed of exposing to death delicate and deformed infants (Holt 1913).

3.4 INFANTICIDE AT THE ARCTIC CIRCLE

A detailed survey of infanticide among the Netsilik Eskimo-Arctic Circle showed that all infants killed were females. In winter, the child was often placed in the igloo entrance to freeze to death. Suffocation was by holding a furry skin over the infant's face. During summer, the infant was placed in a small grave and left there to die. The reason for the female infanticide was that the group relied heavily for food on adult male hunters as sole providers over the long arctic winters, during which many men were killed; and women gathered plant food during short summer time (Kuhse & Singer; 1994:99).

3.5 WESTERN COUNTRIES-MODERN TIME

Even in Christian countries two causes have led to post-natal infanticide: One, the disgrace attendant upon illegitimacy, second an economic reason. Illegimate children were sacrificed partly for the concealment of shame, but often to escape the burden of the children's support. Infanticide has been quite common in European countries during the nineteen century for two sordid reasons: one was the neglect of infants in the process of what was known as baby-farming, the other was a desire to obtain insurance money.

3.6 THE !KING OF THE KALAHARI

The reasons for infanticide were, in the San Culture when infants were born defective; to get rid of the other twin; next pregnancy followed too soon; the women felt too old to produce milk for another baby. At three, a child was still

carried most of the time and was nursed until it was four, and by that time she may have had another child. Their main aim was to provide adequately for all children and they believed that children must have strong legs and it was only possible with the mother's milk. (Kuhse & Singer, 1994:101)

3.7 SWAZILAND "uMcwasho" SIDE EFFECTS

Having in mind that an estimated 25 percent of the Swazi adult population is HIV infected, Swazi King Mswati III, used his absolute power to meet the declared "national emergency". In September (n.d.), he revived a traditional law on chastity barring virgins from so much as shaking hands with males. The new rules for unwed maidens is called "uMcwasho", named after the traditional woolen tassel a girl wears around her forehead, indicating that she is object to the five-year sex ban.

Swazi health workers fear that girls who fall pregnant during the sex ban will seek illegal abortion, putting their lives at risk. Even more dramatic are the recent rush of infanticide cases reported in the Swazi press. Five incidents of young mothers killing their babies have been reported in 2001 although health workers believe the number of actual incidences is higher. The office of the Director of Public Prosecution reports that the typical perpetrator of infanticide is the baby's own mother, who is unwed and usually in her teens. Often she is a schoolgirl. Pregnancy and motherhood mean automatic expulsion from Swaziland's schools.

In an ongoing case, a 22 year-old woman, who strangled her baby, is being tried for murder – a crime that carries the death penalty. Swazi health workers claim the uMcwasho seriously is "adding to the pressure" on impregnated unwed girls, and partly can explain the rise in infanticide. It is not unusual, says Martin Dlamini, editor of the Times of Swaziland, the country's leading newspaper for most girls after giving birth to unwanted kids, to throw them in latrines.
(Afrol News, 2001)

3.8 THE NAMIBIAN CASE

A high incidence of illegal abortion and infanticide is linked to teenage pregnancy (Ipinge & LeBéau, 1997:75). The problem of illegal abortion and infanticide may be linked to the high rate of teenage pregnancy in Namibia. About one in ten Namibian women between the ages of 15 and 19 years old gives birth each year. This means that as many as 50% of all Namibian women have a child while they are still in their teens (UNFPA, State of the World Population Report).

In the first quarter of 1996 six (6) dead babies had already been found in the Windhoek district; some at rubbish dump, sewerage works and outlets and isolated places. In some cases the babies showed signs of life before abandonment or being mutilated (Tempo – 26 May, 1996).

A Grade 10 student from Onga Secondary School 19 years, old forced sand in the mouth of her newborn baby boy on the 14 June 1996, after which she dumped him in the bushes. She told the police that she did that because she was afraid that she would be expelled from school and further confirmed that the baby has been alive when delivered (The Namibian – 18 June 1996).

Die Republikein newspaper of the 22-07-97 and 22-09-07 gave two instances where children were buried alive. The July case is that 19 year old woman allegedly gave birth to a baby boy after which she put him in a grave alive. In the case of September a minor was arrested after her grandmother reported that she was pregnant, delivered but that the child was missing. The minor then showed the police where she buried her newborn baby daughter.

3.9 COULD YOU TOO BE KILLER MUMMY?

Mothers spend much time bemoaning parenthood: the exhaustion, the frustration, the feeling of what we casually term **despair**.

On the morning of 20 June, between 9 am and 10 30. am. Andrea Yates drowned her five children in the family bathtub after which she called her husband to come home, then the Houston Police and told them that she had killed her children. Yates was neither poor nor ill-educated; a trained nurse and a graduate of the University of Houston. She had a stable and apparently happy marriage to Rusal Yates – a computer specialist at Nasa - and a loving support of an extended family. Her home-schooled children were healthy, bright and

inquisitive. She would walk them to the park or the cookshop, or play basketball with them, until three months after the youngest son's birth in 1999, when post-partum depression (PPD) kicked in and Andrea attempted suicide twice.

When post-partum depression (PPD) struck again, after the birth of her last daughter (age 6 month at the time of the killings) the anti-depressants didn't work, neither had the four separate periods of hospitalization since 1999. As Yates told the police, she believed that her mothering has "disabled" her children. She felt she was " a bad mother". American male commentators have recoiled in horror. Female commentators have rushed to empathize, recalling their own (presumably far milder) experiences of depression (Search for Infanticide, Archives, 1913).

3.10 WHAT IS POST PARTUM DEPRESSION (PPD)?

Birth is a time of major changes, in biological state and life style (social roles), says Gilberth (1992). The suggested causes of postnatal depression vary from those who emphasize psychosocial factors to those who stress the role of hormones (progesterone and prolactin). To these causes, Greist et al. (1992), add genetic factors.

The authors have three distinctions according to the severity of this condition and the rates at which they appear. Maternity blues, the most common type occurs around 50 -60% of women and is a mild form that responds well to kindness,

support, understanding, reassurance and no psychiatric intervention. Negative affect tends to peak at around the fifth day of delivery up to several weeks later, is of relatively brief duration and severity. Symptoms include bursting into tears for no reason various anxieties such as inability to cope, fatigue, insomnia and poor appetite.

"Atypical depression" is about 10 – 15% of women experiencing a more serious and sustained depressive episode that meets diagnostic criteria for major depression. Onset is usually after leaving hospital during or after the third week following delivery but the exact timing is variable and in some it may be months later. Gilbert (1992), goes on to say that many studies suggest that postnatal depression is not short-lived and can continue for months or even years quoting O'Hara & Zekoski (1988). In addition to the symptoms in the "blues" we find confusion, inappropriate obsessional thoughts, irritability, guilt often about fatigue and feelings, fears about harming or someone else harming the baby, and loss of interest in sex. Some women report personality changes such as becoming irritable and angry with family which itself becomes a source for depression and reduced self-esteem. Greist et. al. (1992), see professional intervention in the form of psychotherapy and antidepressant medication as helpful.

Periperal psychosis, the most severe form of postpartum mood disorder however is comparatively rare 1 – 3 per thousand. It often begins shortly after delivery, with 40% of the episodes beginning by day 7. Greist et al. (1992), identify this

disorder as a very high-risk condition characterized by hallucinations, delusions, and confusion. Hospitalization and treatment with medication and sometimes with electroconvulsive therapy (ECT) are a requirement.

3.11 WHAT MADE ANDREA YATES TO DROWN HER FIVE CHILDREN?

Gilbert (1992) quoted Raphael-Leff (1986), suggesting the usefulness of considering the basic orientation to mothering, to understand the interaction of (post) birth events, personality and depression. She argues that "facilitator" mothers (those who are keen on natural birth and making the baby the focus of their life, etc.) tend to get depressed by separations and inability to perform the role of mother. (Her children were home-schooled most probably with her around home). Was she regulator mother (who prefers working and career and wants the baby to fit her own life style) who then gets depressed by enforced togetherness and the loss of independent functioning?

Andrea was a professional university nurse graduate who seemed to be a dedicated mother and would do things with them. Becoming a mother may be seen as a loss of role and status. Preparedness to be a mother is important and those vulnerable may not have come to terms with being a mother. The gender and temperament of the infant may also play a role. Aneti & Bemporad (1980 b), as quoted by Gilbert (1991), say those vulnerable may have a critical and dominant mother. He also quoted other authors as saying "Increasing evidence

points to serious effects of growing up with a depressed mother (Gordon et al., 1989; Gotlib &' Lee, 1990; Gelfand &' Teti, 1990).

Rates of PPD seem to vary with cultural practices to childbirth and how these might related to vulnerability. Cultural attitudes to child-rearing e.g., the proximity of mother and baby after birth and in the subsequent years vary greatly. It is not uncommon to find women becoming more isolated in the home following childbirth, finding it difficult to reintegrate themselves into their social roles following child birth (Gilbert, 1992 quoting Cox, 1988; Boulton, 1983; Weisner, 1986). It also seems that in industrial nations the emphasis on production of goods and services acts to demote care-giving roles of all forms (Gilbert, 1989).

Quoting O'Hara (1986), O'Hara &'Zekoski (1988 p. 48), many of the life-style factors that appear important in non-postnatal depression are also believed to play a role in depression after birth. These include marital relationships, current and previous parental relationships, life events and the availability and use of supportive relationships (Gilbert, 1992).

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The authors concluded their findings by saying, "What might be suggested from all of the research on aetiological factors is that women at "risk" by virtue of a past personal or family history of psychopathology and poor social support (particularly from spouse) who experience a high level of negative life events in conjunction with childbirth are likely to experience a postpartum depression.

3.12 THE NAMIBIAN CONTEXT

The disorder of postpartum depression, a condition that undoubtly exists everywhere in the world has not been identified clearly in the Namibian obstetric hospitals. Patients who present with neurotic, stress-related and somatoform disorders have all been clustered under the code 117 in the obstetric hospitals. These patients are referred to specialists for confirmation of the disease. Of these, on discharge from general wards they might be discharged with a different diagnosis altogether, unless that diagnosis improves within that ward (HIS – Namibia).

Why should mothers kill? Through gross neglect, vicious rage, substance abuse, crazed ambition, or severe mental illness. Allison Harper punched her three-year-old son so hard that she ruptured his intestine. He died five days later. Post-natal depressed, Sheryl Lynn Massip placed her six-week-old son on the road and drove her car over him, Khoua Her strangled all six of her children. Susan Smith straped her two sons into their child-seats and pushed her Mazda into a lake.

If, a the feminist anthropologist Sara Blaffer Hardy argues, "maternal instinct" is less a question of biological determinism than a conscious decision – no surprise to adoptive parents – how much harder is it if the mother in question is poor, ill-educated, under-age, sick, abused or addicted? It follows, then, that the vast

majority of America's child homicide are "white-trash" infanticides. Or so we think. (Picard, 2001: 29-30).

3.13 INFANTICIDE: A HISTORY.

The murder of five children in Houston by their mother has once again focused the nation's attention on infanticide, a disturbing practice that dates back to ancient times. A brief, grim look:

- 1600 B.C.: Burial grounds containing urns of cremated children provide evidence that the ancient Phoenicians sacrificed their children to the deities.
- 431 B.C.: Euripides dramatics the Greek ninth about a wife who kills her sons to spite their unfaithful father, from which the modern-day term "Medea-Syndrome" derives.
- 6-4 B.C.: King Herod the Great has his three sons executed in a power struggle; he later ordered the massacre of innocent children in Bethlehem.
- A.D. 315: The Roman Emperor Constantine, in an effort to curb the common practice of poor parents' exposing their children to death, issues an edict ensuring public funds for those unable to provide for their children.
- 690-705: The reign of China's first female ruler, Empress Wu, who rose to power after smothering her daughter and implicating the emperor's wife.
- 1646: The General Court of Massachusetts Bay enacts a 'stubborn-child law' that allows rebellious sons to be tried and put to death.

- 1920: Prussia's King Frederick William I decrees that women who kill their children should be sewn into sacks and drowned.
- 1958: The Dublin Review newspaper calls child murder in England 'the greatest social evil of the day'.
- 1922: England enacts the Infanticide Act, which creates a separate criminal offense carrying a lesser charge for women who kill their own children before the age of 1.
- 1979: China institute a one child policy to control population growth, resulting in wide spread infanticide – primarily against females.
- 1994: Susan Smith shocks the nation when she confesses to drowning her two boys in a South Carolina lake (Search for Infanticide, Archives, 1913).

3.14 CONCLUSION

Abortion (Infanticide) is not a new phenomenon. Women have always tried to take personal responsibility for procreation. Abortion (and infanticide) took place and contraceptives were used as far back as in the ancient Greece and Rome. Moral and legal discussions on abortion (and infanticide) can be found in Hebraic texts from 800 B.C. The Greek philosophers Plato and Aristotle, created the ethics of abortion (and infanticide) in their witings. Our situation is therefore no unique and there is much to be learnt, discussed and contemplated before abortion legislation is passed in Namibia. (The Namibian, 1998).

CHAPTER 4

PRESENTATION OF RESULT

INTRODUCTION

In selecting this topic the researcher desired that the girl child's predicament be seen in a society of a patriarchal nature in which the latter lives. One of the oppressing and distressing reality in the life of a girl-child in such a society is that whilst it takes two people to cause a pregnancy, she is always but always the victim in a pregnancy out-of-wedlock. The baby of such a pregnancy is almost always the responsibility of the girl-child.

While the purpose of this study was to investigate the factors that lead the girl-child to commit infanticide on her baby, the researcher also proposed to determine the support systems in the community for the girl-child.

The sample consisted of seven (7) girl-children (units) ranging in age from 18 to 30 years. By the time they committed the act the age range was between 17 to 23 years. Three (3) units from these sample were the inmates of the Windhoek Prison whilst four (4) units were in the community. From these four (4), three (3) were acquitted whilst one (1) has served her sentence. Regarding the topic in its sensitivity only those participants who were willing were interviewed. They showed their willingness by signing each one an informed consent. The dockets of the three (3) inmates who were interviewed were examined with the fifth visit to the institution for more in-depth information.

In addition to the data collected from the main informants, a social worker, at the Windhoek Central Prison and one Police Inspector at the Women and child Protection Unit, were interviewed. For additional information four (4) dockets at the Women and Child Protection Unit were looked into.

From the community a legal person, a university lecturer, a secondary school teacher, a women activist, a man activist and one parent form part of the informal interviewees.

The findings are categorized and presented according to the interview schedule, i.e.:

a. Personal Background
b. Educational Background
c. Sexual History and Knowledge
d. Reproductive Health Care Services
e. Circumstances of Falling/Being Pregnant
f. Circumstances of Delivery through to the Act
g. Support During Imprisonment,
h. Alternatives.

A. BACKGROUND CHARACTERISTICS

RATIONALE

It is important to acknowledge that ideally the rearing and socialization of a child is the responsibility of the parents. Bezuidenhout (2002), supports the statement that through socialization important values and standards are transferred to the child. However (ICN, 2002), family structures and functions are constantly changing and adapting to external environment and social trends. There is also a growing trend of families where grandparents or other family members raise grandchildren, nieces and nephews. A number of reasons such as, mothers are working away from home, orphans, "throwaway" kids can be cited. (Africa Journal of Nursing and Midwifery, June 2002). In grandparental upbringing laxness in respect of supervision especially of sexual nature is mostly experienced.

A child's environment plays a very significant role in his psychological, social and emotional development. The most important environmental factor influencing the child is the relationship between him and his parents, (Pretorius, 1986), which is of the greatest importance to the formation of the child's personality. As a result of the environment (immediate and remote) and many other factors teenage childbearing is now commonplace. According to Vincent (1961), as cited by Bezuidenhout (2002), illicit sexual behaviour is learned through communication and interaction with primary groups who are oriented towards illicit coition.

TABLE 2: GENERAL BACKGROUND INFORMATION OF PARTICIPANTS

Age	Place of Origin	Parents-Marital Status	Parents Occupation	Religion
17	Urban	Single	Nurse	RCC
19a	Rural	Single	Domestic	RCC
19b	Rural	Single/Got married	Farm labourer	RCC/Born Again
20	Urban	Married	Domestic/Miner	RCC
22a	Rural	Single	Domestic	ZCC
22b	Rural	Single	Subsist farmer	Lutheran
23	Rural	Married: Both died	Subsist farmer	Lutheran

1. Age group

As a matter of course the age of the girls interviewed was between 17 and 23 by the time they committed infanticide (see table 2). This age group fall in the age range of a girl-child, which is between 10 years to 25 years who was the target group of the study. The participants will be referred to using their age. Where two participants fall in the same age they will be categorised as (a) and (b).

1.1 Comment

Adolescence is a period of identity confusion and exploration, emotionally and sexually, which often lead to pregnancy. Rwenge (1995) considers adolescence to encompass approximately ages 12–25, a period of transition between childhood and adulthood during which the individual assumes his position as an active member of society. It is divided into four (4) overlapping stages; sexual awakening (12– 5), first sexual intercourse (14–17), gender role definition (16–

19), and social role definition (18–25). The first two stages correspond to biological and physiological adolescence and the latter two to psychological and social adolescence.

The girl-child is said to fall in the age category of between 10 to 25 years. It is in all probability the ages of adolescence. As stated by Haihambo (1996), the exact age at which adolescence starts and ends is not known as it is affected by various factors such as nutrition, physical development, socio-economic status, etc. However it is roughly said as to be between the ages 12 and 20 years.

According to Human Development Report (1998), as cited by Hailonga, (1999), globally it is estimated that nearly 15 million teenage women between the ages of 15 and 19 years become victims of unwanted pregnancy every year, of these, 80% are in developing countries. The youth health profile of 1993 revealed that 50% of all births are attributed to mothers under the age of 20 years (National Policy of Reproductive Health – MOHSS – 2001). About 42% of Namibian population was under the age of 15 while the frequent occurrence of early unwanted and untimed pregnancies was common, especially among the under 20 years (The Namibian, July 2002). The number of pregnant teenage girls increases from 2 per 100 at 15 years to 45 per 100 by the age of 19 (NAPPA, 1999).

1. Place of Origin: Rural vs Urban

From the seven girls interviewed four were from the rural area, two from urban area whilst one commuted between rural and urban in her childhood lifetime because of family upheaval (see table 2). She however commented that she spent longer periods in the rural areas with her grandmother. Otherwise the girls in rural area would go on holidays to the urbar area.

2.1 Comment

Teenagers in urban areas are twice as likely to become pregnant as compared to those in rural areas (National Policy for Reproductive Health, MOHSS – 2001).

It has been estimated that the difference between teenagers getting pregnant in both rural and urban areas might have to do with culture in the rural areas, and acculturation in the urban areas. Acculturation has been defined as a process through which members of a sub-culture group give up cultural traits of the culture of origin and assume the traits of the dominant culture (Locke, 1992 as cited by Hailonga, 1999).

The causes of the explosion in unplanned and teenage pregnancies and subsequent infanticide include cultural shock and it's resultant confusion, the effect of rapid urbanization and industrialization. Increasing urbanization, modernization and education, together with exposure to Western media, appear to have led to a decline in traditional values, and in particular, to have reduced the importance of virginity at marriage (Gueye, Castle &' Konate, 1998).

3. Marital Status of Parents/Guardians

Two girls were from a married relationship although one of these two parents died at her early age and had to live with grant parents and aunt (refer to table 2). The parents of the five girls were unmarried but the mother of one of them got married at a later stage when she was old enough to remember.

3.1 Comment

It is believed that children born out-of-wedlock, children who live in a family with a history of adolescent parenting, for those children witnessing teenage pregnancy as a norm in their community, there appear to be no alternatives to impregnating or becoming pregnant. This is based on Bandura's social learning theory that

learning is a reciprocal interaction between the individual's environment, cognitive processes, and behaviour. These children learn and imitate what they see and experience. Hailonga (1999), concluded by saying ..... "thus an adolescent girl, whose family history includes adolescent parenting, is likely to become a victim of early pregnancy."

Be that as it may, when young persons tend to move out of their parents home at a very early age, direct parental control ceases. A natural fading out of the sexual values that were taught by their parents takes place, and they are replaced with a more liberal sexual value orientation (Bell, 1983 as cited by Bezuidenhout 2002). Adolescents all over the world are sexually active (Gorgen et al., 1995), and regardless of their background all sexually active teenagers are at risk of becoming a parent (Fact sheet No. 23).

4. Parental Income

From the seven participants only one mother was a nursing assistant. From the married couple the man was a mine worker and the woman a domestic assistant. Two were from domestic assistants, one from farm labourers, the other two were from subsistence farmers.

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4.1 Comment

Statistics have it that social structure is much of a contributory factor to unplanned pregnancy. Often the girls that get pregnant are from poor and low-income families. According to Gerber (1981 in Bezuidenhout (2002), again most girls from poor homes are ill-informed about sex and birth control. Many of these homes are troubled by other problems which create an environment that exposes a young girl to illegitimacy.

Table 2 shows parental marital status depicting that five (5) participants were form single parent families. Giddens (1993) states that single-parent families, nearly all headed by women, make up an increasing proportion of the poor. The

research also showed that the fathers of the teenage pregnancies tend to have the same social, economic and educational backgrounds as their partners (Fact sheet No. 23).

5. Religious Status

Four participants were Roman Catholic Christians of which one became a Born-again Christian when her mother got married to a pastor. One participant was a ZCC Christian. The other two participants were Lutheran Christians (refer to table 2).

5.1 Comment

The church is very influential and can influence the community to resist the information about sex. There is failure of churches to help parents achieve a truly biblical view of sexuality and their task in educating their children in that area of life (Ross, 1987).

What principles does the church subscribe and preach to especially the youth regarding sexuality, morality in life such as infanticide? A senior church elder had this to say. "There is no other means we can convince Christians except by the Word of God. The Ten Commandments are there which were enforced by Jesus. We use the Born again peers to discuss matters on moral values including sexuality, and abortion among other things, to the youth." A Youth Education and Prevention (YEP) Officer for Catholic AIDS Action: "In our discussion there is no mention about any kind of contraceptives including condom. We preach abstinence until marriage".

Another question may arise as to how often did the participants attend church services. Maybe they had dropped out of church long before the infanticide act. Kiura (1993,) a member of the Pontifical Council for the Families comments: "Times have changed and the youth find themselves in a society where there are different faith and religious practices. The young person may belong to one faith

and his or her parents to another. At the same time, there is a widespread neglect of religion, with some people not professing a religion and others even professing atheism".

6. Relationship with the household

Two participants both from urban area grew up with their biological married parents and mother (single parent). Together with the cousins they were treated equally and like brothers and sisters. The same goes for one participant from a rural area. The rest of the participants were either brought up by grandparents, aunts and/or uncles whilst their parents were working in cities or had died. They too were brought up with cousins like brothers and sisters.

6.1 Comment

Extended families and children brought up by relatives is common practice in the Black society, especially in the rural area. Although it is believed that in such a set-up the relationship is supportive in terms of emotional and psychological wellbeing, supervision and guidance in the area of daily life situation is often neglected.

Evidence suggests that parental control and authority over young people are declining and that adolescents are no longer willing – or required – to be accountable to the societal structures that formerly controlled and informed their sexual behaviour (Gueye, Castle &' Konate, 1998).

B. EDUCATIONAL BACKGROUND

1. The grade at school leaving

By the time they fell pregnant five of the participants were attending school and two were not attending. Six participants ever attended school and one participant never attended school

Table 3: Socio-demographic make-up of the participants

Age	School attendance	Grade	Normal Age Limit:Grade	Expected Grade for Age	Outcome
17	Yes	8	13 - 8	11-12	Acquitted
19a	Yes	11	16 : 11	Tertiary	Done
19b	Never	0	- -	Tertiary	Acquitted
20	Yes	8	13 : 8	Tertiary	Inmate
22a	Yes	12	17 12	Completed	Acquitted
22b	Yes	10	15 : 10	Completed	Inmate
23	No – 2 years	8	13 : 8	Completed	Inmate

The highest level was Grade 12 x 1, Grade 11 x 1, Namcol first year x 1, Grade 8 x 3, and Grade 0 x 1.

1.1 Comment

It is common belief that a less intelligent person is easily lured into doing things without realizing the implications or consequences. Table 3 shows that the age at which the participants left school was beyond the grade they were occupying. It also depicts the normal age limits for these grades as well as the expected grades for the participants' age. Some factors could have led to the delay in conforming to the expected pace. The researcher is however of the opinion that during the interview the participants portrayed a picture of normal intelligence. They could remember their age of menarche, for instance and their first sexual intercourse.

Teenage pregnancy rate increases with lack of education; 50% with girls who have no schooling, 29% with girls who have attended school (NAPPA, 1999).

2. School Fees

From the six participants who attended school only one participant was exclusively paid for by the relatives. The rest of the participants were paid for partly by their sexual partners.

2.1 Comment

Voeten (1994), conducted a research on Teenage Pregnancy in Namibia. According to Voeten one of the main reasons why so many teenagers in the Kavango area become pregnant is the nature of their relationships. The main characteristic of these relationships is an extreme focus on sex. Having a relationship is mostly synonymous with having sex. During these relationships many girls prefer working men as their boyfriends because they have more money than schoolboys. The researcher concluded by saying, generally speaking a lot of relationships between teenage girls and working men are based on the exchange of sex against material good or money. The need for this often leads girls to this kind of prostitution, which not seldom results in an unwanted pregnancy.

Ricardo (1998), in his research report on HIV Awareness and Teenage Girls' Motives and predispositions in Caprivi came up with the findings: Most of the teenage girls choose to enter in sexual relationship purposely and freely, however, once in a sexual relationship, many of them lack control over the course of sexual intercourse. This lack of control over sex may be due to the transactional nature of their sexual relationship where money and gifts from the male to the female plays a major role in coercing teenage girls in sexual intercourse.

Amongst other factors it was found out that unemployment and poverty, need for money and gifts from male partners, wanting a boyfriend with a car make teenage girls vulnerable to sexual intercourse.

3. Reasons for leaving school

Five participants left school because of pregnancy and one participant was already out of school for two years by the time she fell pregnant. She just didn't feel like going back to school anymore. All five participants never returned to school.

3.1 Comment

Falling pregnant while still at school generates another set of problems for the girl-child. Should she decide to carry the unborn baby to full term, she may have to interrupt her studies. This alternative immediately places the mother-to-be in a disadvantaged position of poor educational qualification which means poor employment and poor financial prospects, which in turn may have a detrimental effect on all other spheres of life to the mother and her baby (Bezuidenhout, 2002). According to Voeten (1994), for the vast majority of teenage girls, a pregnancy brings their schooling immediately to an end. She points to the following figures as illustrative to the magnitude of the problem of female drop out caused by pregnancy in Namibia. In one secondary school, 31 out of 265 girls dropped out of school because of pregnancy in 1993. That means 11,7% of all the female students dropped out within one year! In one grade 12 class, every four of the six girls became pregnant and had to leave school (Ministry of Basic Education and Culture, 1993). In Namibia unemployment is already very high, which makes it even more difficult to find a job. The result is that most of the girls who become pregnant during their teens remain unemployed for the rest of their lives. In Northern Namibian alone, 1995, 4 000 girls had to leave school because they were pregnant! Pregnancy usually interrupts or puts an end to their careers.

C. SEXUAL HISTORY AND KNWOLEGE

1. Age of Menarche

The age of menarche was known to six participants and the range was between 12 and 16 years. The one participant couldn't remember.

1.1 Comment

It is noteworthy to mention that all seven participants were in the immediate home environment around the time of their menarche. It is during this period that a girl is seriously talked to by her elders about proper behaviour especially concerning sex matters. CASS Research Report (1995), found that in Okavango, when the girl had her first menstruation she was secluded in a hut outside the village where her grandmother, or another senior female relative, taught her about her obligations as an adult woman and wife. Girls could marry immediately after the initiation.

In the same study period in Gibeon: when a young girl experienced her menstruation for the first time, she had to stay in a separate room of the house. During this period of seclusion, her mother and grandmother instructed her about her future roles and responsibilities as a young woman, as well as about sexual matters. Once this initiation was over, a big feast was held and offers of marriage normally followed soon afterwards (CHASS Paper NO. 32, 1995). More or less the same pattern was followed elsewhere in Namibia as in the Sun People.

It would seem though, that traditional initiation rites and sexual education appear not to be practiced anymore. Today, parents seldom know when their daughter has her first menstruation.

This is evident from the following:

"When I got my first menstruation my older sister advised me to tell my grandmother. She just treated me traditionally, said I am a grown-up now, and I shouldn't play with boys anymore. She said I must remember that menstruation bites. I didn't understand but I was afraid to ask". (Participant 19a)
"With my first menstruation my eldest sister told me I was a big girl now and should take care of myself and be neat as boys will see the blood and tell the others or bewitch me. They will also want to sleep with me. I didn't know what she meant by "sleep". (Participant 20)

"I told my friends about my menstruation and they said all girls get it. They told me what to use and we bought the necessary things; that it should be my secret to avoid being bewitched so that later I might not get children; also not to play with boys". (Participant 22a)

The participants also claim that they were never asked by their adult people as to whether they have started to menstruate. All advice around the code of conduct concerning menstruation was given by their peers who might also have had the misfortune of being advised by the not so well informed peers.

2. Discussion on sex matters with parents/relatives

Hundred percent (100%) of all the participants where never advised on the act and consequences of engaging in sexual intercourse in a more explicit way. The much favoured recurrent lesson was not to play with boys anymore since they were grown-ups now.

2.1 Comments

Whilst the girl's menarche was the time during which serious talks could be engaged in concerning sex and pregnancy this would not always materialise as seldom the parents enquire or know about this period.

In another vein, a respondent had this to say, "I once asked my grandmother how do naughty girls get into trouble with boys, but she just said I must stay away from them". (Participant 17)

"Don't play with boys anymore. Remember that menstruation bites. (Participant 19a)

"We at school would talk about naughty boys and girls but it was not really clear, and it was always mentioned in secret."

Quite a number of research findings on reproductive health report on the lost culture of initiation rites that were practiced in the African culture. During such rites girls and boys were taught by the same gender elders how to behave especially with regard to reproductive health issues. Parents and other family members are often reluctant to talk to young people about reproductive health issues.

Clearly, the social environment plays an important role in affecting adolescent behaviours. The social environment for adolescents includes their friends, social partners and family members, as well as their community, school and other institutions that work with youth. Speizer, Mullen and Amegee (1998), reason that given the increasing importance of family influence on adolescent sexual risk-taking, it is crucial to examine adult perspectives on these behaviours to assess which adult family members act as facilitators and which act as barriers to adolescents adopting healthy behaviours.

3. Age of First Sexual Intercourse

The age range for first sexual intercourse was between 15 and 20 years for six participants whilst one participant who never attended school could not remember. All the six participants were still at school by that time.

3.1 Comment

As mentioned before, adolescents all over the world are sexually active, but the age at which they start having intercourse varies between regions and within a country, between urban and rural settings. The average age at first intercourse is 16.3 years for young women in Guinea (Gorgen, et al., 1995). In Zimbabwe, where 38% of population is age 10 – 24, the average age at first intercourse is 18 for both men and women, but many begin sexual experimentation far earlier (Kin, et al., 1997 – 1998). Rwenge (1995), in Bamenda, Cameroon found out that the average age at first intercourse was 15.8 for females.

Voeten (1994), about facing teenage and female sexuality: We have seen that society is denying teenage and female sexuality by acting as if teenagers don't have sex, especially not girls. As long as society (parents, teachers, policy makers in the government, etc.) keeps denying this, nothing can be done to reduce teenage pregnancy. If you deny that teenagers have sex, how can you try and reduce the results of that sex? Voeten goes on to say that it really is important that the society is going to face the fact that teenagers have sex, as well as the fact that teenage girls do get pregnant.

On average, women in Namibia first have sex at around 19 years. Sixty five percent (65%) started sexual activity by age 20. Forty percent (40%) practiced sex by age 18, and eight percent (8%) already had sex by age 15. the median age at first marriage is 25 years (NAPPA, 1999).

4. How can a girl fall pregnant?

On the question of their knowledge about how pregnancy could come about, before their first encounter with sexual intercourse, all of the participants were in denial. They only realized the implications of having sexual intercourse with the opposite sex after they had engaged in sexual intercourse.

4.1 Comment

The length of period that lapsed between the age of menarche and that of first sexual intercourse ranges between 2 to 5 years. As in the older African tradition, had the adult relatives enquired about the menarche of their girls there could have been ample time to give them thorough education on reproductive health issues. The loss of culture of traditional initiation from childhood into adulthood makes menarche an even more traumatic experience. Mwamwenda (1995) considers it even more traumatic for girls who have not been supplied with sufficient information as the discussion about such matters on sex and pregnancy are taken as taboo and also as this age group is regarded as children.

Life skills education is for grade 8 – 10 about how to live responsibly of which sex education forms part, especially about early pregnancy and HIV/AIDS. AIDS-Club and Scripture Union which emphasizes on religious way of life and abstinence till marriage are invited to grades 8 – 10. This secondary school teacher concluded by saying parental involvement with schools is very poor. The teacher-parent meetings are poorly attended. There is no knowledge of the lifestyle at home.

5. Sexual information and explanation

There were 5 respondents who got the information from life skills lessons of which one respondent in addition also got the information from her friends. One respondent got it from the group, "My future is my choice", whilst the seventh respondent never got any sexual information.

How the sexual act was explained and the consequences the following participants sounded not to have internalized the whole situation with themselves. "I only got to know about it in the life science classes. By then I already had intercourse and I understood well what was explained. (Participant 20) Again: "In the life science class we were shown the penis and sex organ of

a woman; it was also demonstrated that when a penis goes into a woman, she will fall pregnant. The whole thing didn't seem applicable to me because I didn't fall pregnant the first time and subsequent involvements. (Participant 23) "I vaguely remember what was said about the function of the penis but I was merely connecting it more with animals. (Participant 22b)

5.1 Comment

Traditionally sex education was the responsibility of the elders to their grandchildren. Now that these customs and roles have fallen out and parents see themselves as not being well-equipped to discuss such matters, sex education in the school curriculum seems to be the best option.

A secondary school teacher is of the opinion that learners have selective listening after which they practice what is convenient to them. According to a life science teacher, in grade 9 animal and a bit of human reproductive system is given, to be followed up in grade 10 extensively. Method of giving is through sketches of reproductive systems of male and female. Projects are given for drawing them followed by a test especially in grade 10.

As stated by CASS (1995), it became clear during the research that although teenagers do know that sexual intercourse can lead to pregnancy, there is a shocking extent of incorrect information and misconceptions. Some teachers felt sex education was mainly the responsibility of the parents and should only be supplemented at school and that effective sex education could only be carried out as a cooperative effort between the parents and the school.

D. REPRODUCTIVE HEALTH CARE SERVICES

1. The use of Family Planning Services before pregnancy

Six participants never practiced family planning until after their first baby who fell victim to infanticide. Only one participant made use of the service before.

One participant attended a group discussion of "My future is my choice" and they were talking about condoms and pills, injections and abstinence. They also talked about how drugs and alcohol can make you weak, leading you to engage in sex without reasoning. However, the use of the service never came to her mind.

Whilst the boyfriend of one participant said she shouldn't go for family planning because it was for people with children the other participant's boyfriend said contraceptives were damaging to the uterus. But in both instances the boys were not using condoms. The two participants never heard of family planning before and for the other participant it didn't make sense to use the services although she was aware of such services.

The one participant who used the service (injection) discontinued it as she stopped bleeding and felt pain. "My grandmother took me to the doctor thinking I was pregnant. On using the doctor's tablets the accumulated blood clots got released. So, I was afraid to use any contraceptives again.

1.1 Comment

Sex education including family planning services need to be part and parcel of the community based health programme so as to accommodate those who never went to school. Grade 9's and 10's are taught about contraceptives options. They are also sent to health centres to complete a project. There is no real demonstration given though, but the options are explained. Abstinence is

however strongly advised (School teacher). Condom use is known to be unfavourable among males although few females are also against its use. The knowledge about the female reproductive organs leaves much to be desired if the use of contraceptives is to be strengthened.

Evidence from Nigerian Adolescent Focus-Group Discussion (Otoide et al, 2001): Nigerian adolescents generally have low levels of contraceptive use but their reliance on unsafe abortion is high, and results in many abortion-related complications. Fear of future infertility was an overriding factor in adolescents' decision to rely on induced abortion rather than contraception. The adverse effects of modern contraceptive on fertility were perceived to be continuous and prolonged, while they saw abortion as an immediate solution to an unplanned pregnancy – and, therefore, one that would have a limited negative impact on future fertility.

Otoide et. al. (2001), state that the need to educate adolescents about the mechanism of action of contraceptive agents and about their side effects in relation to unsafe abortion are to be paramount if contraceptives use is to be improved among Nigerian adolescents; and indeed also among the Namibian adolescents.

2. Attitude of Health Workers

The only participant out of seven, used contraceptives as was suggested by her aunt to a teacher-friend of hers, who then referred her to the visiting family planning service health workers at their school.

2.1 Comment

From the researchers experience it is true that health workers in small townships because of closer acquaintances with one another in addition to their personal or religious convictions are opposed to promoting and supplying contraceptives. Health workers are often unsympathetic, judgemental and unprepared to offer

information and advice to the young girls concerning issues on reproductive health. These girls tend to avoid family planning clinics. A female learner at Nankudu in a study by CASS (1995) said: "If you are lucky you will get contraceptives at the clinic, but if you are unlucky you have to bring your parents, an aunt or a sister along to give permission.

At times the health workers themselves are unknowledgeable about the mechanism of action of contraceptive agents. Consequently these health workers dispense the contraceptives in a hasty manner with very scanty or no information at all. The unfriendliness could be the veil behind which they hide their ignorance.

In Namibia the reproductive health services have been focusing more on safe motherhood and family planning, targeting adults and neglecting the sexual and reproductive health needs of young people. This has contributed to poor utilization of health facilities by young people and increasing numbers of reproductive health problems among young people, such as STI/HIV infection and unwanted pregnancies. Young people themselves have on numerous occasions cited the unfriendliness of health workers as one of the major obstacles for the poor utilization of health services (MoHSS, 2002).

3. Antenatal Clinic Attendance

Four participants attended the ANC later in their pregnancies between 5 to 6 months out of fear of the health workers, and while trying to conceal the pregnancy; for one participant out of the seven participants it was her second pregnancy which she concealed up to delivery. With the first pregnancy though, she attended the ANC at 7 months. Two participants didn't attend altogether. All four attendances were advised either by mother, sister or aunt.

3.1 Comment

The late ANC clinic attendance was as a result of fear of health workers and of the community at large. The participants resorted to the act of concealment.
While the one participant didn't know about the existence of the service, the other participant was fearful of the local health worker – again in a small community. The second pregnancy of one participant did not report at the ANC as she was reprimanded for coming late for ANC with the first pregnancy and the clinic was very far.

According to Bezuidenhout (2002) during the first trimester of her pregnancy, the teenager must deal with important issues, such as whether to seek an abortion or to carry the foetus to full term. Hoping that insufficient medical treatment during pregnancy will lead to an abortion or because she doesn't want anyone to know that she is pregnant, the teenager may decide not to participate in an antenatal programme.

E. CIRCUMSTANCES OF FALLING/BEING PREGNANT

1. How did you fall pregnant with this child?

Each participant had her own unique version in this sub-topic and will be recorded accordingly. Briefly a general comment is made on the overall picture as captured from the responses.

The researcher wishes to make use of Ricardo's theoretical assumptions (1998) in his study on HIV Awareness and Teenage Girls' sexual motives and predisposition in Caprivi. He argues that some political, economical, interpersonal and cultural images have oppressive ideological effects that may negatively affect personal activities and self-esteem of teenage girls. Teenage girls, especially those from poor families, are dumped on the poverty heap of the economy. This keeps them in a state of anxiety and alienation from their

advantaged peers. Consequently, they fight back to enter the lucky and ideal teenagers' mainstreams. For most girls having sexual relationships with popular or well-off males is the only way to reach this goal. Thus, teenage girls' sexuality and involvement in intercourse are economically, politically, interpersonally and personally constructed and determined.

He focuses on the teenage girls' sexual motives in interpersonal relationships as fighting low self-esteem, fighting self-hate, fighting the real and mythical self-inadequacy. On the sexual predisposition he points to among others the need on the part of the teenage girls, for material gratification and the need for emotional gratification.

The main sexual motives within interpersonal relationships, he continues, are among others, fighting poverty in the family, fighting loneliness experienced in the interpersonal relationships, fighting food insecurity in the family. Of the five main sexual predispositions in the interpersonal relationships the researcher identifies four, namely cultural factors, peer pressure, bad role models within the neighbourhood and/or family/household set-ups, drugs and alcohol consumption by teenage girls.

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1.1 On Individual Experience

The 17 year old: After a relationship of 13 months we had some beer with his sisters, playing domino's. I had to overnight at his room on account of the rain and next morning he told me he used condoms but later he confessed he was lying.

The 19a year old: It was sometime that we were steady (a new boyfriend at another high school). One weekend at a night-club he sent for me, and both under the influence of alcohol we slept together. We never thought of or talked about condoms. The following months my menstruation stayed away.

The 19b year old: My aunt's customer for home-brew would say I am beautiful to be single. He would be my man and would always give me money till I get a job. I would then sleep with him for some time until I fell pregnant.

The 20 year old: A white man (South African) asked me at home where my parents were and I thought it had to do with the law. He then said he had been watching me to be a nice girl and gave me nice smelling toiletries on three occasions after which the sleeping together relationship started. The relationship was very nice. He soon turned out to be a provider at home.

The 22a year old: It came about as part of the relationship. As I was not using contraceptives he said he would assist me in the case of pregnancy and he was not for condoms. He would also soon get a job in Walvisbay. So we went to bed.

The 22b year old: I was introduced by my friend to this boy telling me all the girls in the hostel are doing it. The boy didn't really have a problem getting me to sleep with him. It was my first and last time to sleep with a man and it was the last time to see that man, and I fell pregnant.

The 23 year old: It was the usual habit of sleeping together. Nothing different was said to entice me. It was the second pregnancy with him.

1.1.1 Comment

The comment is based on the sexual motives and predisposition from the human relations perspective. Firstly, it wouldn't seem these girls used sex to get alcohol, as is the case at times as a 16 year old grade 11 female student suggested. Impulsive sexual behaviour and non-use of contraceptives are sometimes exacerbated by alcohol and drugs (WHO, 21989:4 in Boyden and Holden, 1991:42; (Ricardo, 1998:74). With what is called shebeens in almost each and every street it is relatively certain that the experimenting teenage girls

will consume alcohol. Lax implementation of laws and policies against selling of alcohol to the under age may be some of the primary factors of undue consumption of alcohol by the teenage girls.

A second form of falling pregnant was fighting poverty overlapping with the need for material gratification and emotional gratification. Promising and provision for money and other enticing commodities are accentuated in these relationships. The unemployed do not necessarily find themselves within the realms of poverty. However, when individuals do not have relatives to support them when they are unemployed, such persons may eventually find themselves victims of the unavoidable, involving themselves in various undesirable behaviours for survival (Marais, 1984). While many teenage girls are aided by their significant others, their income may still be insufficient to sustain a modern human and healthier lifestyle.

Similarly, another situation evolves as a result of peer group influence. According to Bezuidenhout (2202), the peer group is the most important socialization agent next to the family. The peer group is also a primary source of information about sex. Besidesthe fact that this information may be incorrect, peer pressure on the teenager to indulge in sex because, "everyone does it" or not to "feel out", may be the direct cause of an unwanted pregnancy.

2. Are you still together with him: What happen?

To this question all participants said no and each had her reason for the state of affair.

The 17 year old: I don't know. After the court proceedings when I was acquitted he left town to where no one knows. Some say he went North the others say South. He was the one who realised I was pregnant and suggested a pregnancy test. As usual my menstruation stayed away for 2- 4 months and I only realized

my pregnancy at 6 months. I ate a lot, couldn't sleep, urinated often with little urine, got easily angry and walked about too much.

The 19a year old: Our mutual friend told him but he flatly denied it and just stayed away. I have never seen him since.

The 19b year old: I went back to the farm to deliver and when I was brought to the prison after my child died he already had another woman. When my aunt told him about the pregnancy he didn't deny it, but he didn't ask more about me and the child as a sign of interest.

The 20 year old: We are no longer together. On the third month of the pregnancy when my mother told him, he confronted me denying the child was his and he forbade me his house.

The 22a year old: I wrote him a letter about the pregnancy but he didn't respond. He came to our house after my examinations like there was nothing wrong, apparently just to greet, probably to see the pregnancy for himself. He replied, he got the letter but didn't comment. He also didn't refer to the pregnancy with the next two visits after which he totally stayed away. His sister came though, before and after the delivery – empty handed. I think he realised with the three visits that I developed a total dislike for him.

The 22b years old: According to my friend the boy was apparently just visiting and has left for another village in the South soon thereafter. He doesn't know I fell pregnant.

The 23 years old. No one knew because I concealed the pregnancy, not even my boyfriend knew. The first week in the cells he visited me with the others, i.e. his mother sister and my aunt. Out on bail I fell pregnant for the third time hoping to replace the lost one and to satisfy him. I never anticipated being put into jail

with no fine and I was already 4 months pregnant. After delivery of our third child the mother to my boyfriend took it at the age of 4 months. The boyfriend then stopped to communicate with me. I think the relationship is dead but I don't care as I am no longer interested in relationships.

2.1 Comment

Denial of pregnancy is the easiest way for a man as two participants have experienced; or being aware but ignoring the situation and not responding at all. The statement is more often than not used in the denial scenario: "I am/was not alone. Why doesn't she mention the other guys?" or " I slept with her only once, so it can't be me". Again here, socio-economic situation may not allow for paternal testing. According to Pathcare (2004), for paternal testing one of the main requirements is to put forth N$1 070.00 cash before the testing can be done. (Personal information from Pathcare, 2004). The father may refuse to give his cooperation with his identification document or to give blood or he may just disappear.

In her research Voeten (1994), realised that many boys thought that because women are responsible for the reproductive task (raising children) it is also exclusively a girl's task and responsibility to avoid pregnancy. Most of the boys said if a girl becomes pregnant, it's her own mistake: she should have used something or she should have said no to the boy when he proposed to her.

3. Reaction of the girl's and the boy's parents/guardians to the pregnancy

The 17 year old: When my eldest sister told my mother she just remarked as to why do I keep on going to school wasting her money on taxis and provisions. She withheld the money so I couldn't go to school anymore.

The 17 year old: The atmosphere was normal as usual. He would boast about at home with his sister and friends. I however stayed away from his mother because I did not know how she felt deep inside.

The 19a year old: During the December holidays I went home to my uncle's being 5 months pregnant. They pretended not to be aware but I could sense the tense atmosphere. When my uncle asked me when was I going back to school – an unusual question, I just replied when the schools started.

The 19a year old: Me and my friend went to his aunt and she just said why didn't I use something; how can I, being a school girl, sleep with someone who doesn't even work.

The 19b year old: When I told my aunt and later my parents on the farm I didn't observe any unpleasant reaction. They just asked how far I was but I didn't know.

The 19b year old: He was a man on his own and my aunt liked him as a customer.

The 20 year old: I am not sure if my mother was totally unaware of the type of relationship and didn't anticipate the outcome. But when my father was due from Rosh Pinah she advised me to flee to my aunt's place, as she had informed him of the pregnancy. When my eldest sister fell pregnant my father chased her away after a good hiding. I was expecting the same treatment.

The 20 year old: After he forbade me his house we never met and I didn't hear anything about him. I knew his name but didn't know where he was working.

The 22a year old: I told my aunt (mother's sister) who then told my uncle (mother's brother); and also the reaction of the boy to the letter. But they were very understanding.

The 22a year old: I have no idea because we didn't communicate at all.

The 22b year old: I don't know if they ever knew but there was no change in their treatment for me until after the child's death. They would say I must leave the other younger cousins alone, and not send them. I could have sent my own child now.

The 22b year old: It was the first time I ever slept with a man and the last time I ever heard of him after I slept with him. He left the place after the sexual encounter.

The 23 year old: When I realized the pregnancy I went to Walvisbay to my sister who then told my elders at the reserve.

The 23 year old: No one knew I was pregnant for the second time. He too didn't know when I left the reserve. But with the first pregnancy he was not really made to feel bad or ashamed.

3.1 Comment

Most males responsible for the pregnancy suffer the least, as they escape censure by withdrawing from the scene and as such escape social stigmatisation. It is not unusual that in the case of an unwanted pregnancy the woman is blamed for the accident because she gave in to the demand of the man or because she was negligent in preventing the occurrence of the pregnancy. There is a double standard in the society where men are expected or allowed to have sex as their domain or to have multiple sex partners, while their female partners are blamed or thrown out by their families.

Added to the pressure faced by the girls to keep from getting pregnant are new lifestyle rules for unwed maidens called "uMcwasho". This is a woollen tassel a girl wears around her forehead to indicate that she is following a five year ban for maidens as introduced by the absolute Swazi King Mswati III as a measure against the spread of HIV. Any girl denounced for breaking the "uMcwasho" is put on trial at a Chief's court, without benefit of legal council. On the other hand, even when impregnating a girl wearing the uMcwasho tassel, boys and men are not in any way made responsible, as always (Afrol, 2001).

4. Overall treatment of and psychological/emotional effects on the Pregnant Girl

The 17 year old: I did all in my power to satisfy my household by cleaning and managing the house chores and it as well appreciated. Thinking of all the efforts done by my mother to take me to a psychiatrist, then rehabilitation centre to change my troublesome and rough lifestyle, all these made me the more rebellious to the boy and remorseful to my mother. I also realized I lost my school and already I was behind with 3 grades (mixed feelings). But at times my mother would just come home full of stress from work and start yelling at us especially me with no apparent reason. Three times I had to sleep at neighbours on such occasions. I think it was because of my pregnancy, although she never mentioned her disappointment.

The 19a year old: Most part of my pregnancy I was at school (hostel) but the students didn't seem to notice or care about me. I was also hiding the pregnancy. I cried continuously, didn't want to eat or communicate, always down, frustrated. I knew I was not going to write my examinations.

The 19b year old: My aunt didn't give me hard time. I was just waiting for the baby to come out. I felt it was taking too long and the man was not visiting as usual. I was fine initially but later I felt miserable and lonely.

The 20 year old: I was housebound and my mother, later my aunt treated me with sympathy and understanding. My aunt once mentioned that it was not the end of the world. I was bitter towards this white man who advised me against contraceptives and now is denying the fatherhood. I lived with fear he might kill me as later I learned that he was married; afraid that the white police may shoot me and run away to South Africa. On the other hand I was afraid my father might come after me.

The 22a year old: My aunt was comforting and treated me like her other children. I developed hatred, felt lonely, deceived and I cried a lot. I had written very poorly in the examinations and I knew I was going to fail. But my aunt and cousins stood by me.

The 22b year old: People didn't seem to be aware at school (hostel). I delivered during holidays. I cant remember exactly how I felt. I do recall that I wished for the condition to disappear. At times I felt lonely, then wanted to be alone and didn't want to communicate.

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The 23 year old: Whilst with my sister 7 months term she would tell nasty story about me, that I was badly brought up; if she were my aunt she would have killed me. I had to move to my uncle's house where I was really spoiled. I was very sad and depressed because of my sister's words. I became homesick and decided to go back to the reserve. At times I really became suffocated and suicidal. Once I asked my grandfather to take me along when he died.

4.1 Comment

Adding to the identity crisis associated with adolescence the teenager finds herself in the midst of a multifaceted crisis situation which is characterised by the emotional and physical reality of pregnancy. (Bezuidenhout, 2002). The shock of an unwanted pregnancy alone can be emotionally traumatic for the young teenage mother-to-be.

While some teenagers receive emotional support from their close family members, others do not. If she does not have the emotional support of the father of her child, her family and friends, the teenager may experience increased anxiety and frustration, while others may develop depression.

F. CIRCUMSTANCES OF DELIVERY THROUGH TO THE ACT

1. Treatment during Delivery Process

Only three participants out of seven delivered in the hospital. From these, one participant 19a complained about the treatment she received.

The 17 year old: I delivered at my boyfriend's room all by myself. People went to work and to school. The pain came so suddenly. I think I even shoutedt/cried.

The 19a year old. It was in hospital. One nurse was telling me I carried on like death is near. When I asked her to rub my back she asked me where was my boy-friend, telling me the worst is still to come. The doctor said jokingly I was only 19 years old and belonged at a desk.

The 19b year old: I delivered at home with the assistance of one old woman. The people were all happy for the child.

The 20 year old: It was in hospital and I went shortly before the baby was born. The nurses were all nice to me. Some of them knew me and they knew about the white man how he treated me.

The 22a year old: I delivered in hospital. Really I was well treated. They didn't shout or scream at me maybe I behaved well because I didn't call them a lot or cried.

The 22b year old: At home I felt like passing stools, then went to the bush where the baby came out. Everything happened so fast and I left but the baby was not crying. At home I bathed in silence and didn't mention anything to the people.

The 23 year old. I delivered in the bush next to the river. I was alone where earlier on I had chopped some poles for our poultry stall.

1.1 Comment

Preparation for the delivery process starts during the ANC visits. The usual gestation age to start with these visits is at 2 months. As can be recalled from item D-3 those girls who attended the ANC started with 5 to 6 months out of fear of the health workers and also because they were concealing the pregnancy, or they were hoping that insufficient medical treatment during pregnancy will lead to an abortion (Bezuidenhout, 2002).

Nurses are often leaders in communities when it comes to health matters. They have a front-line role in integrating prevention messages in communication starting with family planning through to the ANC visits and finally the delivery process. If, however, they feel abandoned, judged by health workers they are less likely to understand the need for family planning and ANC visits to acquaint themselves with what to expect during delivery and how to go about. Unfriendliness in words and treatment may create hatred toward the baby which may lead to ill-treatment and infanticide.

2. The Act and The Reason you did it

17 years old: It wasn't my intentions. I felt like defeacating and before I knew, the child was out. I was alone and didn't know how to handle the child and I was also weak. By the time I regained some strength to go out for help it was too late.

The 19a year old: I was wishing it away. I wanted to complete my school. My friends advised me to do something about my pregnancy. They got some concoction from somewhere which I used orally and rectally, maybe vaginally. The next day it was all over and out.

The 19b year old: After two days one morning I found the child dead. The police came to collect us and they wanted to know what happened and really I didn't know. Later at the hospital they said the child died from cold, as if it was on purpose.

The 20 year old: The man knew he didn't want a child like I didn't. Now he denied the pregnancy and chased me away from his place. We were suffering from hunger and I didn't want to see my child like that. Then one day in despair I just went and left the child in the bush. I don't know whether I wanted to let the child die to spite or hurt the father, or was it for the father to hear and to take the child over.

2.1 NB: Police statement

- Attempted murder on baby -girl
- Left baby in the veld, face covered with plastic bag to suffocate.

2.1.1 Conclusion

She committed the crime under difficult circumstances, after deserted by relatives and boyfriend.
Very much remorseful and emotional about the crime.

NB. Was impregnated by a boy-friend who rejected her. He didn't even support the child. Relatives denied her too – no support at all. Somebody found the child in the veld, took it to the police who then took it to the hospital. It later died.

The 22a year old: Silence! I don't want to talk about it at all.

The 22b year old: After I passed stools and realised it was a baby. I felt released from the condition. I just left it in the bush.

2.2 NB: Police Statement:

- Murder
- Gave birth and left baby unattended till he died.

2.2.1 Conclusion

Still a student. She was afraid of being chased away from school. She didn't leave the child to die, she wanted someone to pick it up. Was scared by existing community laws.
Very much remorseful

23 years old: Up till today I do not know why I did it. I took along plastic papers and cloths and matches to the river bed. I started fire under a tree with dry leaves. I went on chopping some more poles, for our poultry stall. Suddenly the pain started, the forewater came and I quickly went next to the fire. The child

and immediately the placenta came out. It was at about 16H00. The fire was quite big then and I couldn't rescue the child from the fire.

2.3 NB: Police statement:

- Concealment of birth – murder on baby girl
- Stabbed alive foetus with unknown sharp object after giving birth
- Burnt corpse after killing

2.3.1 Conclusion

According to inmates: She doesn't know what happened that day. She is also trying to find out what came into her mind to commit such a crime.
Very much remorseful. Feeling very sorry and bad about the incident.

2.4 Comment

During the interview in general it came out strongly that the girls were not prepared for the pregnancies let alone to be burdened with having to care for the unplanned and/or unwanted baby.

The reason for this strange behaviour say social workers, a girls' organization, the police and an organisation for men vary from not being ready for responsibility, wanting to remain in school and because of stern parents that do not want to hear about pregnancy.

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Baby dumping, according to cases reported in the media seems the favourable option to get rid of the babies. Although more of these cases happen countrywide, statistics from the Woman and Child Protection Unit (WCPU) indicate that only a few cases are reported to the police. Other forms of riddens are sporadic such as physical harming, abortion and burial of living or dead babies.

Although it didn't come out clearly as to the reason for engaging in the act of murder or that they indeed committed the act, answers to item–E - "Circumstances of falling/being pregnant" clearly shows that these girls were in a very sad and awkward situation. According to Poggenpoel, Myburgh and Gmeiner (2001), women's termination of a pregnancy is an existential situation which involves a woman experiencing psychological pain. It involves the whole person. The pain a woman experiences is so intense that she experiences difficulty in expressing her thoughts and feelings regarding the termination of her pregnancy. This can be said about a girl who opts for termination of the life of her child all by herself with no one to help her during the procedure as is the case in the hospital setting.

3. How where you found out

The 17 year old: I called the neighbours across the street who then called the ambulance and we were taken to hospital.

The 19a year old: I was found out very easily after the baby was taken from the big rubbish bin. We were interrogated knowing quite well who the culprit was. It only took one day for me to be detected.

The 19b year old: I told my people the child was not breathing or moving and the owner of the farm called the police and we were taken to the hospital.

The 20 year old: Someone found the child in the bush, took it to the police, when it was taken to hospital it was recognised as my child of 9 months old. I was taken in to identify the child after which I was arrested.

The 22a year old: Next morning I told my aunt the child was not breathing and the police were called in who then took the child and myself along to the hospital after which I was taken to the police cells.

The 22b year old: A boy saw the baby, went home and cuca-shops and news spread rapidly. Police were told who went to probable houses and I was found with swollen breasts. I admitted to the act, reported at the police station the next day and was then taken to hospital for 4 days after which I overnight in the cells. Out on bail I went to court several times all by myself.

The 23 year old: Halfway home still crawling as I was too weak to walk and was shouting for help, some children heard me and called the adults who took me home. They traced back and found the baby, dead by then. The child buried, my uncle informed the councillors and the police. I was sent to hospital for a week, then went home for 2 months on bail of N$400.00 when I was eventually sentenced I was 4 months pregnant with the third child of this man.

3.1 Comment

Ambulances and police vehicles are usually objects of attention drawing in any community. And no doubt these girls collected by such vehicles enjoyed considerable amount of curious attention. Once such an incident of baby dumping happens, police are informed who then conduct a very intimate investigation: Looking for possible culprits, examining their breasts for puerperal signs.

The dilemma of being found out doesn't stop there. From the pastoral community right through to the cuca-shops especially in small communities, this will be the topic of discussion. When one of these girl-mothers murders one of her babies, we always sell out our edition, says Martin Dlamini, editor of The Times of Swaziland, the country's leading newspaper. "Our biggest seller in October was the day we ran the story about a woman who dumped her baby in a latrine, which is not unusual because most girls after giving birth to unwanted kids throw them in latrines. But what made this killing sensational was that the woman strangled the baby to death before disposing of the body" (Afrol, 2001).

The description of how these girls are found out and the condition of both mother and child is usually portrayed such that it gives more grisly newspaper and conversation stories.

G. SUPPORT SYSTEMS DURING IMPRISONMENT

1. Visitors and their comforting messages

Whilst participants 17, 19b and 22a were lucky enough to escape the experience of prison, participants 19a, 20, 22b and 23 had to be locked up with different experiences of loneliness.

The 19a year old: I very seldom got visitors as I didn't want to face people. My friends and relatives would just have a normal conversation about people at home. I also attended prayers in a group.

The 20 year old: I was never visited because I do not have relatives around here. They are very far. I feel rejected and lonely. My people do not reply my 4 letters of forgiveness may do not, phone or even send me something. I lie on my bed every night and cry. I pray for my relatives to forgive me. They are cross with me because I hurt them, put them to shame and I am even the cause of my father's death (The father got heart attack when he was told). I do get some consolation during church services.

The 22b year old: My aunt, brother and friends used to visit me till I was transferred (to Windhoek Central Prison). My grandmother's message was only that I must come out to help with the house, they are missing me. An Oshiwambo speaking religious lady from the president's office only visited for 3 months. Now I am all by myself as I do not know anyone around here in Windhoek and Ovamboland is very far for them to visit me.

The 23 year old: Here in Windhoek Central Prison the sister to my boyfriend and his mother came with my first child and were very encouraging. When I delivered

my third child here in prison they took him at 4 months age and are now staying away longer. My boyfriend who was a regular letter writer, telling me he was waiting for me has since stopped after the child was taken. Prayer groups do come. I think I rather stay with my God, I am a born-again Christian now.

1.1 Comment

Significant others are usually the most valued. Without any consolatory words, encouragement or material token the presence of significant others means much more. As of note all the inmates interviewed were from outside of Windhoek. They do not even have distant relatives or friends. The trauma that goes with baby dumping alone, apart from being found guilty and put into prison is unmeasurable. These girls experience fluctuating emotions of relief at the beginning, then of guilt longing for the baby and self absorption. Emotional turmoil was reflected in different ways of crying, smiling, calmness and at times of incoherent replies and self pity.

2. Self preparation for the outside world's possible attitude

Participants 19a, 20, 22b and 23 have developed different defence strategies. They are of the opinion that what they did and what happened to them is going to follow them, that they are going to be judged and treated accordingly. While all four participants relied heavily on their creator and prayers to strengthen them some also added:

Participant 20: During court proceedings I heard unpleasant remarks. I will stick to what I promised the Lord: trust and obedience; to join the Youth League and Namcol and to be of financial and spiritual support to my family.

Participant 22b: What I experienced at home during my bail (leave those children alone, you killed your own child) and when fetching water or fire wood (Remarks were made about the case) I hope to forget. I feel like leaving that community for a new start in life, to continue with my school at Namcol. I hope to

get a life partner who will value me and will not refer to my past. Yes, he must know about my past.

Participant 23: I want to show my gratitude to God for forgiving me by spreading His Word even if under criticism. I am going to go out of my way to serve the Lord; surely I will escape HIV/AIDS. With my sewing skills I acquired here I have already contacted an ex-convict friend of mine who has linen business so that we do it together. She was also the source of my strength and hope in the Lord here in Prison.

2.1 Comment

These young mothers need counselling to be able to face the cold world outside there which is waiting for them with all its judgemental looks, remarks and attitude. There is a need for psychologists and social workers to work closely with these mothers in an effort to prepare them to face the world and to live positively in the community. As the social worker at the prison says, there is no standing rules and procedures to counsel the inmates. It could be due to shortage of staff. The only time when counselling is done is when there is an evident necessity to send an individual to a psychologist as at the Mental Health hospital. She voiced the hope for such services to be rendered with the new structure in the prison services. Spiritual support from the prayer groups and pastors and bible reading prove to have been the mainstay during this period.

3. What is your message for the youth (girls)

The overall message was to wait for the right time to engage in sex and to use contraceptives so that one does not get unwanted pregnancy which could lead to what they did.

Participant 20: I am their example with heartache and sorrow. My 15 year old sister left school in Grade 4 with pregnancy, my eldest sister changed from her former boyfriend. I feel depressed as if I brought a curse on my family.

Participant 22b: Respect and protect yourselves against pregnancy where you may end up killing which is wrong before God. Being in prison is the worst feeling and experience.

Participant 23: Prison is for people but a terrible experience. Stick to the Lord. Give a good thought before sex involvement – unplanned pregnancy can lead you in prison. Beware of AIDS. Condoms, injections, pregnancies are really not necessary. The only solution is to stay with the Lord and be Born-again in your own Christian Church.

3.1 Comment

Peer group counselling has proved to be successful in many settings as a method of education and advice on matters affecting the youth. The future is my choice group is one such group. Once done with the rehabilitation and counselling process, these healed young people can have an enormous impact upon the teenagers subculture, of which they are a part.

H. ALTERATIVES

1. What could have prevented you from falling pregnant and/or killing your child?

Knowledge about the family planning services as an option was cited as the main alternative. In addition were the following advice:.

My future is my choice group advice. (Participant 17) Stay away till the right time. (Participants 19a, 22a, 22b) stay away completely from men and serve the Lord. (Participant 20, 23)

However, only those who were charged with murder could answer to the question.

I had already resigned myself to leaving school and go home until my schoolmates advised me to get rid of the pregnancy and I fell for the abortion. I never thought of adoption. (Participant 19a)

If the man didn't do to me what he did I don't think I would ever have thrown my child away. At times I really think I wanted the man to hear about the incident so that he could decide to take his child. (Participant 20)

I do not know what could have prevented me. I just did not carry a human being in my body. For a child to be in me just did not occur to me as real. I never knew of my adoption possibilities. (Participant 22b)

I don't know really why I did it to my child. At home people are sad, asking if I was ill-treated. With my first baby I was well cared for. (Participant 23)

1.1 Comment

The assumption is that hatred, betrayal, disappointment and despair seemed to have led to the participants engaging in the act. This assumption comes from the answers to the questions of "How did you fall pregnant for this child? And the expressions voiced to "The overall treatment of and psychological/emotional effects on the pregnant girl".

The Namibian Girl Child Organization (NGCO) chairperson, Christine Aochamus agrees that, though not an acceptable option, girls throw away their babies because of circumstances around them. Says a lecturer (Social Worker) at the University of Namibia, bringing up a baby is an important decision in one's life and for a teenager, it may not be desirable to look after a baby since she is not ready to take up that responsibility. She says young mothers need counselling to be able to go through the process of pregnancy and keeping the baby.

Giving up the baby for adoption or placing the child in the custody of relatives of forster parents may be emotionally more traumatic for the mother. It is true that in the context of African culture, women do not give their babies to strangers. It is regarded as a shameful act to give away your child.

2. Plans for Abortion

Two participants 19b, 23 never thought of or never were advised to commit abortion. Participants 17, 22a, 22b were advised to commit abortion but were afraid they would die. In addition the former was already told by her mother that her school career was now over. Participant 19a was advised to get rid of the pregnancy, and she fell for it successfully as she wanted to complete her school. Participant 20 tried with so many concoctions but was unsuccessful.

2.1 Comment

Due to the dilemma these girls find themselves in, the temptations and advice they get to commit abortion can easily be entered into. The teenager might deal with issues such as whether to seek an abortion or to carry the foetus to full term. In the event of backstreet abortion, she runs the risk of traumatic physical injury and may even loose her life. The decision to have an abortion may cause further emotional trauma. She may have feelings of ambivalence, guilt, denial, anger, disappointment or sadness. Without emotional support and understanding the teenagers may undergo radical personality change or even commit suicide (Sapire, 1986).

A report of a hospital based study on abortion in Namibia 2000, out of 17 cases dying of abortion-related complications, six were in the age group 20-24, four in the age group 15-19, three in the age group 40-44, whereas the age group 25-29 and 30-34 had each only one case, and two records did not indicate the age of women. The majority (59%) of the women, dying of abortion-related

complications, were under the age of 25 years. (Ministry of Health and Social Services, 2000).

2. Knowledge that committing abortion or murder and leaving a child to die was punishable in the court of law in Namibia.

All participants knew that killing a child was punishable but they didn't know that abortion was punishable in the court of law in Namibia.

Some of my friends know about girls who committed abortion but they were never punished. But to leave a child to die, I didn't know it was punishable, not that I left the child to die. I was just ignorant. (Participant 17) There were girls at our school who did abortion but they were never sent to jail. For killing, I know it was wrong but not if you leave him alone like I did. (Participant 20)

Abortion happens all the time at schools. But I knew that if people found out I left the child in the bush I would be punished. (Participant 22b)

Participants 22a, 23 also didn't know that leaving a child to die would be punishable.

It was just a matter of not being found out that I ever fell pregnant so that I could write my examination. For me it was not a criminal act (Participant 19a)

I have never heard of abortion or killing the child in the stomach (Participant 19b)

3.1 Comment

It is common knowledge that murdering someone will be a police case. It is a pathetic situation that little or nothing is known about the legal implications of committing abortion in Namibia or even the danger of putting their health and

lives at risk. Leaving a child to the mercy of passers-by or to be devoured by dogs is a form of negligence which is punishable in the court of law.

SUPPORT SYSTEMS IN THE COMMUNITY TO PREVENT INFANTICIDE

INTRODUCTION

While the purpose of this study was to obtain information on the circumstances surrounding the lives of young mothers who committed infanticide, and what could be done to address this problem, the researcher had as an objective to determine the support systems available in the prevention of infanticide.

In the preceding discussions the researcher attempted to explore and describe the circumstances under which young girls committed infanticide. As described, the underlying reasons for committing the act was unpreparedness for the pregnancy and the cold realization that the father to the child was not prepared to be involved in the maintenance of the child. Clearly, there are also broader societal issues underlying the reaction of these girls which could be addressed by a multi-disciplinary effort. The following organizations were identified and approached to determine their input in the prevention of infanticide.

A. Namibian Men For Change (NAMEC)

1. Background Information

Reacting to a number of incidents of violence against women and children some of which claimed lives in early 1998, some women and a few men from various government departments and women's non-governmental organizations formed a Domestic Violence Action Groups to collectively tackle the problem. It was through the hard work of the group on drafting and lobbying the Combating of Rape Bill that the Act on Combating of Rape Act No. 8 of 2000 is in existence in Namibia.

2. National Conference on Men Against Violence Against Women

A large group of over 400 men from almost all the regions of Namibia and from different walks of life was facilitated by some international speakers from different men organizations that deal with issues of gender in North America and Southern Africa, from 23rd to the 25th of February 2000.

They were deliberating on causes and situations that drive men to violence and abuse towards women and children; on how to sensitize and involve other men in changing and bringing to an end violent and abusive behaviour against women and children. That is how Namibian Men for Change came into being on 29th July 2000.

3. How does the Girl-Child benefit form NAMEC?

In the duration of the year 2001, NAMEC managed to organize and conduct 14 school-boys workshops and 12 community men's meetings. Focus was on definition of manhood according to own perspectives as men for own cultural values and cultural convictions; on discouraging cultural and traditional norms that are used to justify practices oppressive to women. To be proud to be a man and non-violent, but using effective communication will be the first step to embracing the concept of gender equality.

About the issue of infanticide, Mwakembeu NAMEC's National Officer pointed out that the act is abhorrent to them. The topic was also in the discussion during the workshops and meetings. Men involvement in child upbringing, to be fathers shows responsibility that goes with masculinity. This move on the part of men will support women tremendously and will lower the incidence of baby dumping and infanticide. Focus was also on discouraging men's promiscuous behaviours which contribute to the ever increasing rate of HIV and AIDS infections in Namibia where it mostly affect women and children.

However, Mwakembeu is of the opinion that patriarchal assumptions and chauvinist attitude and behaviours by men in the communities have existed and been tolerated by traditional tendencies for centuries if not millenniums and that to get members of the society changing these norms is not easy.

B. Affirmative Action for the Girl-Child: Namibian Girl-Child Organization (NGCO).

1. Background Information

The Fourth World Conference on Women was held in Beinjing from 4th to 15th September 1995. The Motto of the conference read: "Action for Equality, Development and Peace". The main aim of the conference was to draw up a Platform for Action to remove the obstacles that prevent women from advancing to the level where they can play a full and equal role in the development of humankind. At this conference, the Non-Governmental Preparatory Committee (NGO PREPCOM) from Namibia presented a workshop on Affirmative Action for the Girl-Child Project. This project has now been assigned to The Namibian Women's Association (NAWA) to implement, which has the support club for women in divorce and maintenance issues.

In April 1998 a meeting was held and the problems, needs and solutions for girls were identified based on the research that was done in all parts of Namibia. In August 2000 the NGCO was launched and currently it has a total of 158 clubs all over the country.

The project aims at producing girls to take over their rightful place in Namibian society as productive leaders and eliminate money-based discrimination. Because society portrays that women are inferior to men, the project provides girls with a platform to openly progress without interference from men and boys.

Once equality has been reached, boys should be brought to an understanding that girls are as good as they are.

2. Benefit for the Girl-Child from NGCO

A Girl –Child Curriculum has been developed as a textbook on gender liberation.

The aims of the curriculum are as follows:

- To empower girl-children
- To teach girls critical thinking
- To decolonize the minds of the girls from colonial mentality.

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The NGCO works with other NGO's such as FAWENA, Women's Solidarity, Sister Namibia and Emang Basadi for assisting in training workshop to equip the girls with needed skills, and vacation schools for problematic subjects like Mathematics, Science and Biology. These subjects will enable them choose careers in Science, Medicine, Agriculture, Engineering Architecture, well paying jobs which on the whole are mostly occupied by men. For such subjects young girls all over the country will be chosen based on leadership qualities and who do well at school. Once they have completed their studies, they will be helped to start their own business or to find jobs, and they must help other girls to qualify themselves.

C. Namibian Planned Parenthood Association (NAPPA)

1. Background Information

This association was established in 1996, registered as a welfare Association. It became an affiliated member of International Planned Parenthood Federation (IPPF) in 1997. As a complementary role to that of MoHSS it provides information, education, counseling and services on sexual and reproductive heath.. It strives to direct its services to disadvantaged and underserved groups, especially young people. NAPPA is committed to contributing to the

alleviation of the prevailing social and health problems in the country, such as low contraceptive use, high rates of teenage pregnancies, unsafe abortion, STI/ HIV/AIDS and the perceived low status of women.

2. Gender and Reproductive Health: The Girl-Child

Conditions that force girls into early marriage, pregnancy and child bearing and subject them to harmful practices, such as prostitution interfere greatly with their health. The trend towards early sexual activity with lack of information and services, increase the risk of unwanted and teenage pregnancies, unsafe abortion and baby dumping and infanticide. All these are due to the fact that men and young boys are not often trained to respect women and to share responsibility in matters of sexuality and reproduction.

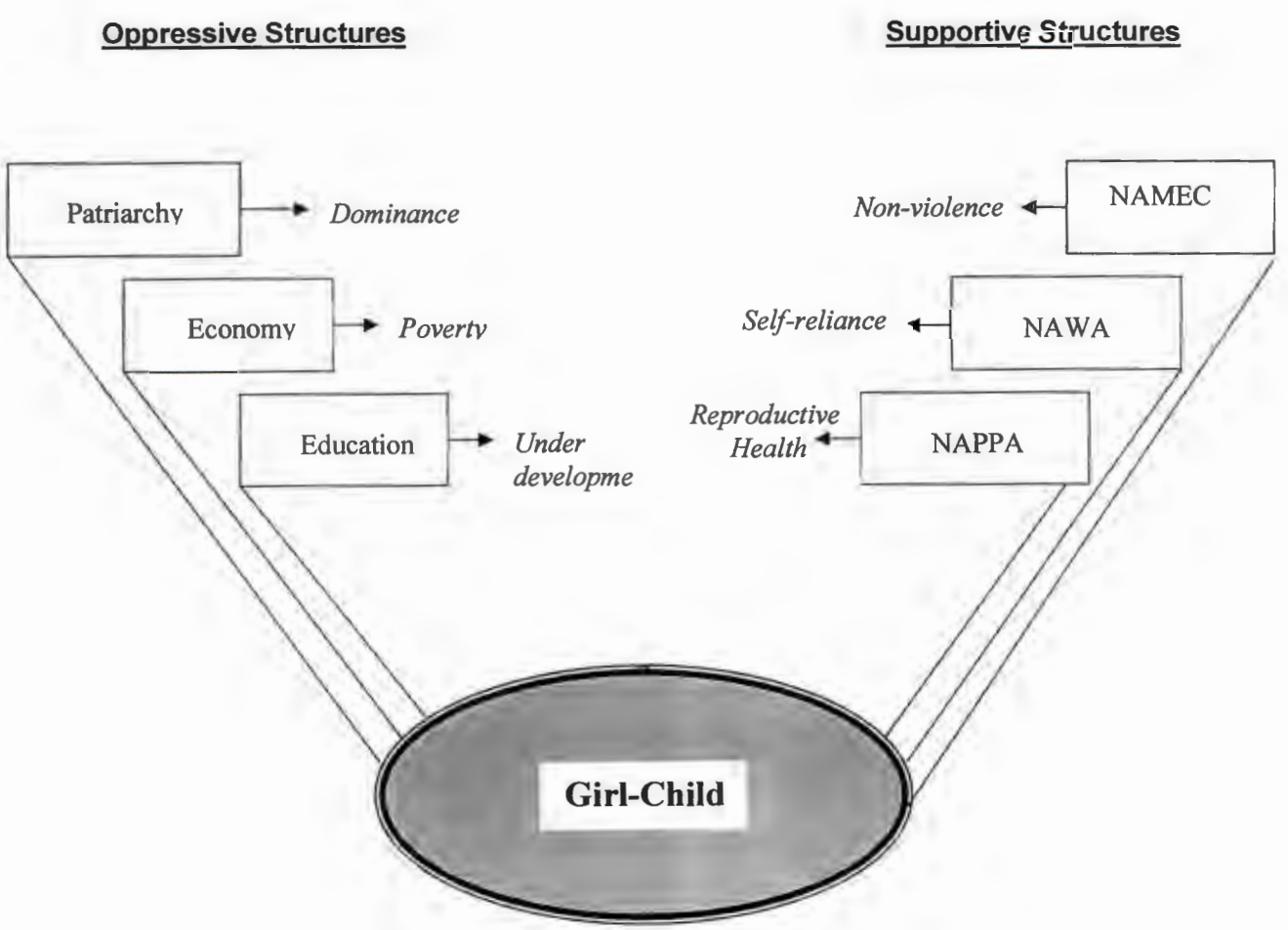
Four areas of concern were identified to be targeted first in the endeavour to create and promote awareness on sexual and reproductive right in order to achieve sexual and reproductive health. These areas are the youth; sexual and reproductive health - women, men and youth; unmet needs; and capacity building for staff and volunteers. Although the following are overall goals, the girl-child who has till this far been disadvantaged in the areas of sexual and reproductive issues, will benefit the most.

These goals are:-

- To address adolescent sexual and reproductive health issues, including unwanted pregnancies, unsafe abortion, drug and alcohol abuse, sexually transmitted diseases and responsible healthy reproductive and sexual behaviour, including voluntary abstinence, the provision of appropriate services and counseling specifically suitable for the age group.
- To improve the extent to which women, men and young people (youth) exercise free and informed choice regarding SRH and rights without any form of coercion, discrimination and violence.
- To provide information on sexuality, reproductive health and family planning issues, policies and services to underserved groups.

- To build the institutional capacity of NAPPA in order to provide leadership in sexual and reproductive health services in Namibia.

Figure 2: Structures in Society on the Welfare of the Girl-Child:



CONCLUSION

About the dominance of men, Giddens (1993) observed that, although there are considerable variations in the respective roles of women and men in different cultures, there is no known instance of a society in which women are more powerful than men. Referring to the industrial societies, division of labour between the sexes has become less clear-cut than in non-industrial ones; but men still outnumber women in all spheres of power and influence.

There is no doubt though, that attempts are made at local national and international levels to reduce and prevent all forms of oppression and ideologies against women in general and girl-child in particular (figure 2). Yeboah (n.d.) strongly recommends that attitudinal change and changes in behaviour are necessary prerequisite for achieving societies that are devoid of sex-role stereo-typing. That in order to achieve the preceding women and girls does not have to conform to every spit and letter of society's norms and practices. In other words, women and girls can choose not to adhere to societal practices that are detrimental to their general well-being.

CHAPTER 5

5.1 Concluding Remarks

Namibia, as a new country is experiencing problems with unwanted or unplanned pregnancies which, as in various identified cases end up in abortion, baby dumping and infanticide (Nesclips: 1974-1980). The reality of the girl-child in their tender age is to grow up in a rapidly changing society. Children who have lived under a repressive and authoritarian parentage for so long are now finding the leeway to do all sorts of things, including "falling in love". (Milazi, 1997). Many factors cause teenage pregnancy. Although one specific cause may be identified, research relating to these causes indicates a concomitant of factors leading to teenage pregnancy (Bezuidenhout, 2002).

Most adults such as parents, teachers, health workers and clerics refuse to acknowledge the reality of teenage sexual relations and cling to their own youth of premarital sexual relations as taboo. Preaching is rarely effective. Whether the Government likes it or not, young people decide what they are going to do about sex and contraception. Keeping them in the dark or preaching at them makes it less likely they'll make the right decisions (The Stationery Office, 1999).

Ricardo (1998) alluded that a study of sexual predisposition does not see sexual active teenage girls as having behavioral problems but as active constructors of their own survival strategies within human relationships. One of these is the Need for Material Gratification. In Namibia, we observed that the well-off young and old males and handsome and popular young men are the potential sexual partners for most of the teenage girls, especially those from disadvantage backgrounds or families. Due to the need for material support even a "Sugar Daddy" is a potential partner for some teenage girls.

In nearly all African countries, adolescent girls and young women often have little control over how and when sex takes place. Gender norms dictate that girls and women should remain sexually ignorant and inexperienced, with emphasis on being chaste. They are also socialized to be submissive to men at the same time. The lives of these girls invariably become more precarious as they are faced with the risk of unwanted sexual exploitation and unwanted pregnancy. What lies ahead of them is the experience of shock at the realization of the pregnancy. The situation also subjects them to the experiences of fear of being found out, social stigma of, for instance falling pregnant out-of-wedlock, isolation largely because friends keep away as a sign of disapproval of early motherhood. In some instances parental strategy takes on the character of rejection or of isolating and sending them off; discrimination because of the condition which brought shame to the family and because of disrespect of cultural norms causing unhappy circumstances at home.

Findings from this study show that alcohol intake actually inhibit or provide convenient rationalization for inappropriate behaviour such as sexual involvement at the same time weakening the reasoning for a possible pregnancy. This is an indication that alcoholism can be associated with teenage pregnancy.

The harsh economic conditions of not being economically independent put these girls in unfortunate circumstances. Some girls have a boyfriend to meet their financial and material needs. They prefer working men, young and old usually married, who move about with and can provide them with cash, car and cellphone. In return for the monetary favours that they get from the male partners either to be on par with their well-to-do peers or because of poverty at home, these girls must pay back in kind. As revealed by the results of this study, from the seven participants only one participant was solely maintained by the relatives and she never had a boy-friend until that disastrous night!. The rest were partly given money by their partners and quite clearly to pay back somehow. Being at the begging end the girl has no option of pressing for a

Page 101 not in book

own inferiority. Attitudes learned in early childhood probably continue as important underlying orientations in later life, that may prove difficult to dispel in later life. These attitudes are reinforced through institutions put in place by the perpetrators of the unfortunate circumstances of the girl-child. Based on the statements above and on own experience the researcher wishes to make suggestions that mightl alleviate the plight of the victims of this study.

- While statistics show that in Namibia 29% of the household are headed by women, this group should be the target to educate and sensitize on the issue of gender relations. The education and sensitization programmes should aim at supporting parents in the task of educating their children in the area of family life. Topics on sexuality and the revival of the initiation rites should form part and parcel of the illiteracy programme. This suggestion doesn't mean that males should not be involved. The point here is, even in a family of father, mother and children, it is the woman who is most of the time with the children as seen in the Namibian culture. Knowing that being with the children doesn't mean that communication is taking place, it is imperative to emphasize on the importance of communicate especially with regard to sexuality, menarche and sexual activities. Gender stereotyping task distribution should be kept in check to eliminate practices oppressive to the girls' self-image and self-worth.

- The next intimate environment away from home is the school set-up. The language that was used at home should continue on the school grounds and in class. If for any function or activities the learners need to be involved, tasks allocation needs to be carefully done so as to eliminate gender bias which may lead to low self-worth of the girl-child towards the opposite sex.

As seen from this study, participants got the knowledge from Life Science as to how pregnancy takes place. However, "the whole thing didn't seem applicable to me" and "I vaguely remember what was said about the function of the penis, but I was merely connecting it more with animals" show that most girls are taught the basics about the reproduction in schools.

The researcher is of the opinion that during Life Science periods on human body and reproduction, the element of mutual respect, intimacy and the emotions which come with sexual activity should be explained and emphasized as the basis of such an activity. A time slot during these periods should be reserved at intervals to accommodate the family planning health workers to give lectures to this effect. It is a known fact that males have a very negative attitude towards contraceptives especially condoms. This attitude is caused by ignorance and misconceptions which a knowledgeable and concerned health worker can do much to eradicate.

Proper family planning counsellings, the different methods with advantages and disadvantages will facilitate the follow-up, should any problems arise during the use of any opinion. Male and female health workers will make a difference if they alternate with family planning class sessions. Of course the teacher needs to give health education on reproductive health during the Life Science classes, which is hoped will not only be pertaining to the female learners.

- Identifying and targeting the population most at risk of an unplanned and possibly unwanted pregnancy is vital both to prevention and to improving the accessibility and uptake of ante and post-natal medical care. (Fact sheet No. 23). Accessibility of reproductive health services and their component of adolescent friendly health services need to be ascertained and strengthened. Health workers need to be well trained in family planning field with special attention on counselling skills. Knowledge about National Policy for Reproductive Health by MoHSS especially with reference to Adolescent Friendly Health Services will facilitate proper treatment of adolescents visiting the clinics and pregnant women visiting the ANC.

In the medical field we need some innovative programmes aimed at identifying teenagers and other women with unwanted pregnancies and assist them to resolve the problems generated by their pregnancies.

This assistance should aim at helping them to a new understanding of their sexuality, as well as solving problems concerning education, employment and parenting of the baby. Such programmes should also work with teenagers promoting a responsible view of sexuality through family life education.

- During an interview with one of the Windhoek Central Prison Social Worker, it transpired that there are no standing rules or procedures to counsel or prepare the inmate of infanticide for the outside world once they leave the prison. Due to staff shortage and work overload not all who come in are counselled. She however thinks that the church members and visiting people do much to that effect. Letters from relatives and significant others are also valuable support measures.

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The researcher is of the opinion though that, counseling for these special girls cannot be neglected. During their stay in prison the girls families, their communities and even their children's fathers and families should be visited to get real picture of the girls and to investigate the true circumstances in which they were by the time they committed the act. The researcher further hopes to see the conviction period being shortened accordingly, following an extensive report from the social workers. A multi-disciplinary approach is essential, embracing the skills of social workers, clergymen and psychologists. The hope is there that these

healed young girls can have an enormous impact upon the teenage subculture, of which they are a part (Pera, 1986).

The situation of girls and women is a known history to our lawmakers. These groups get raped or give in to sex for their survival resulting most often than not in an unplanned pregnancy. Denial of the pregnancy or refusal to maintain the child is the order of the day. The community's voice went hoarse through screaming for stiffer sentences for rapists. Girls would rather get rid of their children as they know they will have to visit the court regularly with no serious steps against the father of their child should he refuse to maintain or stop maintaining the child. Otilie Abrahams, a woman movement activist voices her concern: "What is the parliament doing about the Domestic Violence and Maintenance Bills? Is it not the holding back of passing them that contributes to such acts (baby-dumping and infanticide)? It would seem that women have immaculate conception. It is the society that breeds this infanticide (Personal interview 2003).

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