

# PSYCHOLOGICAL FACTORS CONTRIBUTING TO BABY DUMPING AND INFANTICIDE: EXPERIENCES OF INCARCERATED WOMEN WHO HAD DUMPED BABIES AND/OR COMMITTED INFANTICIDE IN NAMIBIA

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**Submitted:** September 2018; **Accepted:** January 2019

## ABSTRACT

**Background:** It is difficult to estimate the true extent of infanticide and baby dumping in Namibia, since such cases may go unreported. However, police statistics and anecdotal information suggest that the problem is significant. While the act of abandoning a newborn baby seems heartless and cruel, baby dumping is the end result of various issues that are affecting young mothers who feel they have no alternative. **Purpose:** The purpose of this study was to explore and describe the experiences of incarcerated women who had dumped or committed infanticide in Namibia. **Methods:** The study was qualitative, explorative, descriptive, and contextual in nature. Participants were purposively selected from women who had dumped babies and/or committed infanticide at Oluno Correctional Facility in the Oshana Region. In-depth unstructured individual interviews were used to collect data. Data were analyzed using Tech's method of qualitative data analysis. Principle of trustworthiness and ethical principles were employed to ensure human rights were applied during the study. **Results:** Sentence to be rephrased to: The findings of the study revealed one central theme which reflects that participants experienced psychological factors that contributed to baby dumping and committing infanticides including denial, rejection, fear, anger and evil thoughts as well as feeling of despairs and lack of support from either male partner, family or community. **Conclusion:** It is evident from the findings of the study that psychological factors contribute to baby dumping and infanticide. Further, it was recommended that a psychological educational program should be developed to support incarcerated women. The government should carry out awareness campaigns that aim at deterring individuals against committing these acts. The community through family and churches should be strengthened to offer support and guidance to prevent these incidences as well as integrate those incarcerated back into society.

**Key words:** Committed, Dumped babies, Experience, Incarcerated, Infanticide

## INTRODUCTION

The Ministry of Gender Equality and Child Welfare (1) defines baby dumping and infanticide as the instance of a mother either abandoning an infant without care,

or exposing the child to danger or death. More so, it may entail more active attempts to harm or kill the infant. "Infanticide" is also defined as the killing of an infant, where an infant is defined as a child under the age of 1 year. This definition does not only encompass the act of terminating the life of an infant but also the act of unresponsively allowing an infant to die without intervening in cases where such intervention might save the infant's life. Another definition of "baby dumping" refers to discarding or discharging the baby <12 months of age for an extended period of time, a child in a public or private setting with the intent to dispose of the child.

### Access this article online

**Website:** <http://www.satagroup.org>

**DOI:** 10.18644/jiresh-biotech.0000070

**E-ISSN:** 2413-7669 (Online)

In Namibia, baby dumping and infanticide are a criminal act punishable by law. This implies that when a mother is prosecuted, she may be sentenced to prison with charges of murder and concealment of birth. Due to this fear of being prosecuted for baby dumping and infanticide that is often associated with concealment of birth, Namibia lacks accurate figures on the incidence of baby dumping and infanticide because such instances are either underreported or not recorded separately from other murders [1].

The baby dumping prevention awareness campaign [2] reports that over the years, Namibia has seen numerous reports of baby dumping that is on the increase. The first case of baby dumping and infanticide was reported in either 1938 or 1939 during the colonial period [3]. However, these incidences have increased gradually since then, for example, from 6 cases in 2003 to 23 cases in 2007 [1]. Lewis [4] also reported that about 40 babies and fetuses are dumped or flushed down toilets every month in Windhoek, the capital city of Namibia. In the same vein, the 2010 United Nations Children's Fund Report on children and adolescents in Namibia revealed that 13 dead babies are found every month at the sewage works in Windhoek. According to the baby dumping prevention awareness campaign [2], Namibia is forced to recognize baby dumping and infanticide not only as a criminal act but also as a social and public health problem that has an impact on the child mortality rate in Namibia, which currently stands at 45.64 deaths per 1000 live births. That places Namibia in the 47<sup>th</sup> position of the 2014 World Infant Mortality Rate.

The Ministry of Gender Equality and Child Welfare [1] also opines that baby dumping has become a social phenomenon with grave consequences that is drawing nationwide attention and condemnation in Namibia. Unwanted pregnancies have been on the increase in Namibia and are a major cause of infanticide and baby dumping. Other causes of baby dumping include factors such as the use of alcohol and drugs among teenagers, stigma, ignorance, and peer pressure. Attitudinal problems such as rebellion and poor self-esteem and the increased likelihood of irresponsible sex exacerbate this phenomenon [1].

Ojedokun and Atoi [5] mentioned that baby dumping is one of the most common forms of child abuse in Nigeria. They further opine that although this practice is not new, its current frequent occurrence and the negative implications it has on the babies concerned, however, makes it a serious social problem that requires urgent attention. The worrisome nature of this social problem is exemplified by the large array of media reports about cases of dumped babies recorded in different parts of the country [6].

In Nigeria, baby dumping and infanticide are an intensive social problem as it is in Kampala, Uganda. In Kampala, many women also decide to abandon their newborn babies at

hospitals or the gates of children homes while some women discard these babies on the streets or in pit toilets leaving them to die. Some of these babies die and a few lucky ones, who are found in time, live in Kampala [7]. In Zimbabwe, the Harare City Council in 2009 revealed shocking statistics that at least 20 newborn babies and fetuses are dumped in the Harare sewage system every week. Government and police have vowed to end the social ill of baby dumping while emphasizing that baby dumping is illegal in Zimbabwe [8]. In Botswana, the situation of baby dumping continues to make news with glaring headlines such as "Newborn baby dumped in a drain miraculously rescued" and "Miracle baby rescued after being dumped in sewer." The Botswana government believes that it can actively search for alternative methods to protect newborn babies by paying attention to the factors that skew the experiences of poor mothers toward unmoderated vulnerability [9]. Social workers generally attribute baby dumping to mainly social and cultural factors that are the result of poverty and teenage pregnancy [9].

In Cape Town, South Africa, baby dumping has reached crisis proportions. While the act of abandoning a newborn baby seems heartless and cruel, baby dumping is the end result of various issues that are affecting young mothers who feel they have no alternative [10]. Koopman [10] reports that 500 babies have been dumped by their mothers in 2013; however, most of them have survived. He states that a recent survey by child welfare has found that it is mostly young mothers who abandon their babies. It is sad to see how many babies are dumped while the long waiting list of many couples who want to adopt children may provide a solution. He further mentions that mothers could take their babies to an adoption agency where there are good homes and families for their babies. He provides five reasons that could possibly be the main causes for the dumping of babies, which include teen pregnancies, drugs, rape, poverty, and women expecting immigrants' babies [10].

In an attempt to determine the underlying causes of baby dumping, the Ministry of Gender Equality and Child Welfare in collaboration with the Ministry of Youth, National Service, Sport, and Culture and with the financial and technical support of UNICEF conducted a multiple choice text message survey in 2011 to gauge the public attitudes toward baby dumping. That survey revealed that baby dumping and infanticide were the most likely response to unwanted pregnancy and the top three reasons were fathers who denied paternity, mothers who were still students, and mothers who were unaware of alternatives such as foster care and adoption [1].

It is difficult to estimate the true extent of infanticide and baby dumping in Namibia, since such cases may go unreported. At the same time, women who dump babies and/or commit infanticide often undergone difficult experiences that results in them committing the act.

The following question arises: What are the experiences of incarcerated women who had dumped babies and/or committed infanticide? The aim of the study was to explore and describe the experiences of imprisoned women who had dumped and/or committed infanticide in Namibia.

## METHODS

### Study design

The study was qualitative, explorative, descriptive, and contextual in nature. Qualitative designs are naturalistic in nature, whereby the researcher entered the participants' life-setting. Elements of trustworthiness as well as ethical principles were applied to ensure accuracy of data collection and respect of human rights respectively.

### Study population and sampling strategy

The accessible population consisted of 11 women who had dumped their babies to whom were reasonably accessible during the data collection period. The target population were women who had dumped babies and/or committed infanticide who met the sampling criteria at Oluno Correctional Facility in the Oshana Region. The subjects were able to express their experiences in a language they were comfortable with and which the researcher understood. A non-probability purposive sampling technique was used to select the study subjects. Purposive sampling was used in this study because it enabled selection of participants who were similarly based on the knowledge about the research phenomenon of interest and the assistance they could give to achieve the research purpose and objectives. Participants included: Women who had been found guilty of either dumping a baby and/or committed infanticide and who were incarcerated at the Oluno Correctional Facility in the Oshana Region of the Ondangwa constituency in Namibia, women who freely and voluntarily gave informed consent to be interviewed women who were able to speak and understand either Oshiwambo or English or both, the languages that the researchers were conversant in.

### Data collection method and analysis

Unstructured individual interviews were conducted during data collection in this study. The unstructured individual interviews were beneficial because the participants became comfortable enough to describe experiences highly sensitive and critical in nature without fear that someone else would overhear the opinions they were expressing. The central question was formulated to fulfill the study aim as follows "Tell me about your experience of baby dumping and/or committing infanticide?" 11 unstructured interviews were conducted which assisted the researcher to understand the lived experiences of women who had dumped babies and/or committed infanticide. During each interview,

the researcher kept field notes that included non-verbal communication such as gestures, lack of interest, enthusiasm, and uncertainty that were used during analysis. A relaxed atmosphere was established through the reinforcement of the principles of anonymity, confidentiality, and the right to withdraw from the study at any time and without prejudice. The interviews were conducted in a quiet venue with a minimum interruption away from the offices. Data were coded and analyzed using Tesch's 8 step method of data analysis. Themes and sub-themes were identified as interviews were documented and thereafter topics with the same meaning were amalgamated.

### Ethical considerations

Ethical approval to conduct the research was obtained from the University of Namibia Research and Ethics Committee and Ministry of Health and Social Services [MOHSS] Namibia. Informed consent was utilized and respondents voluntarily participated in the study. The principle of respect, justice, autonomy, and beneficence was observed and assured. Since a voice recorder was to be used to collect the data from the participants, the researcher had obtained their permission to record the interviews. The participants were made aware of their right to withdraw from the study at any time, and no coercion or manipulation was done in obtaining consent.

## RESULTS

From the data analysis, the researcher identified one main theme and four sub-themes that were clustered around the central storyline. The researcher used Tesch's [1990] method of open coding and data conceptualization to analyze the data. An overview of the main theme and sub-themes are presented in Table 1.

### Main theme: Participants experienced psychological factors

Psychological factors refer to things that can influence the functions, attitude, and characteristics of the human mind. These factors can, in return, affect the behavior and well-being of a person. Psychological factors are factors that refer to the human mind or mental processes. These factors affect a person's ability to do something. Examples of such factors are anxiety and a lack of motivation. Psychological factors can affect the thoughts, feelings, attitudes, and other cognitive or affective characteristics of an individual that influence the way in which he or she behaves [11].

Women who committed baby dumping or infanticide are subjected to mental torture due to the situation they go through; as a result, their judgment is adversely affected. In this study, women who had dumped their babies and/or committed infanticide were going through different emotions

**Table 1: Overview of themes and sub-themes of participants' experiences**

Theme	Sub-themes
Participants experienced psychological factors that contributed to baby dumping and committing infanticide	Participants experienced denial and rejection by male partners, family, and the community Participants experienced feelings of fear, anger, and evil thoughts that contributed to baby dumping and infanticide Participants experienced feelings of despair Participants experienced a lack of support by family members, male partner, and the community

that were difficult to handle, since their minds were constantly bombarded with negative emotions.

Buttressing the above, participants said:

*“I didn't want to bother my grandmother about the pregnancy because I have already made up my mind that the pregnancy must go!”*

*“I believe that if our families can just care a bit for us when we are pregnant, then all these negative evil things or thoughts will never happen to us because no one cares and you don't have anyone to turn to; then you find yourself committing this [sic] kind of atrocities.”*

#### **Sub-theme: Participants experienced denial and rejection by male partners, family, and the community**

In this study, participants mentioned that they were rejected by their family and male partners and that the male partners denied their responsibility toward their pregnancies. The above statement was reinforced by a different participant who said:

*“When I told my boyfriend that I was pregnant, he just said, I don't know what you are talking about. We just started this relationship now and you are telling me that... you are telling me that you are pregnant. It means you were already pregnant before we start [sic] this relationship, go and look for the father of your child, I am not the father.”*

*“The moment I told him that I was pregnant, he just flatly denied that he was responsible for the pregnancy. So, I decided to remove the pregnancy... to take revenge on him. I had to retaliate to pay him back for what he has done.”*

*“What do you expect one should do if a person knows that he has impregnated you? You were nicely together and all of a sudden you tell the person that you are pregnant... he chooses to deny. You don't work; you don't have any other means of taking care of the baby, so the only option is dumping the baby but sometimes not with the intention to kill the baby.”*

In many cases, there might be overwhelming evidence that something is true, yet the person will continue to deny its existence or truth because it is too uncomfortable to face. Denial can involve a downright rejection of the existence of a fact or reality. Supporting the above description, other participants said:

*“You are told that you should wake up and go and sit outside or go where you want to go but while the people know that you don't have anywhere to go. They know that you need to eat, they are locking their rooms and you are left just like that on your own without food. Now, if you get a baby with what will you feed it because you are already suffering? It was so painful to... I can't describe the pain I felt that day”*

*“It is painful; you don't understand how it feels to be treated with some... so much contempt after love was proclaimed to you and afterwards the person doesn't want anything to do with you. You feel worthless and the pain is unbearable.”*

#### **Sub-theme: Participants experienced feelings of fear, anger, and evil thoughts that contributed to baby dumping and infanticide**

##### **Fear**

Participants experienced fear as highlighted in their responses below;

*“After I got the baby, I was so scared; I didn't know what to do. I left the baby in the room where I got it and went into another room; I was just turning around in that room. I went outside where my mother was in the kitchen (traditional kitchen), I couldn't say a word even to tell her I got a baby and it is in the room because in the first instance, I didn't tell her that I was pregnant. Now, how would I start telling her that I got a baby? I just stood there as if I was bound by something, and it felt as if everything in me came to a dead end.”*

*“I was in constant fear because I did not know what to do with the pregnancy and on the other [sic], I didn't know what my sister had in mind because I knew that*

*she didn't want me at her place. She would tell me that I have to wake up and go anywhere I want because she needs to lock her room and go to work. You can imagine, for a person who is pregnant and who needs to eat and the rest, mmm... So, I just couldn't take [it] and I got rid of the pregnancy."*

### **Anger**

In this study, it is evident in the findings that some participants took out the anger they felt on their unborn babies. Strengthening the above explanation, a participant mentioned:

*"I was filled with so much anger because after he slept with me he had the audacity to tell me that he is young and that he just wanted to have fun with me and he is not ready for a child, and I can do whatever I want with it. So, I did what I wanted to do with it and I got rid of it. That time I didn't feel any remorse, I just wanted to retaliate for what he did to me but now when I think about it, I regret [it] because the baby was innocent."*

Conflict resolution education [12] emphasizes the importance of understanding anger. They say there are three general types of anger expression, namely: Aggressive anger, passive anger, and assertive anger. Participants response shoed these types of anger as shown below;

#### **Aggressive anger**

*"I was so desperate and angry when I saw how everyone seemed not to want me that I decided to stab myself in the tummy. I thought to die is better than to suffer that way..."*

#### **Passive anger**

*"I was pondering as to how I could pay him back, and then a thought came in me that I should get rid of the baby and at that time I didn't feel anything inside me, I felt so dead on the inside and the thought became more attractive."*

#### **Assertive anger**

*"I was filled with so much anger because after he slept with me he had the audacity to tell me that he is young and that he just wanted to have fun with me and he is not ready for a child, and I can do whatever I want with it. So, I did what I wanted to do with I [sic] and I got rid of it. That time, I didn't feel any remorse, I just wanted to retaliate for what he did to me but now when I think about it, I regret because the baby was innocent."*

#### **Evil thoughts**

In this study, the majority of women expressed evil thoughts during one-on-one interviews. Some women even thought of

committing suicide because they did not know what to do. The following were some of the participants' narratives;

*"I was filled with so many evil thoughts, I felt like killing myself but then I didn't have the guts do it, and at times I felt depressed because I thought this guy loved me but that was not the case."*

*"My parents used to fight a lot at home. My family and the guy who has impregnated [me] were also fighting a lot. They would always fight and fight, and this used to trouble me a lot."* When the researcher asked her why they were fighting, she said, *"They were fighting [with] me and that's why I thought I will not die alone but die with the baby. I thought that if I die together with the baby then they would stop their fighting"*. The researcher wanted to know whether she tried to kill herself and she replied, *"I tried to hang myself but they came and release me on time."* The researcher was interested to know what happened after she had been rescued, but the participant starting crying and became too emotional to talk.

*"There was just one thought in my mind and that thought was that I have to get rid of this baby no matter what."*

Infanticide and baby dumping are crimes, but at the same time, these acts are also cried for help [5]. Reinforcing the above information, another participant said:

*"I was doing my Grade 10 and didn't want to hear anything about having a baby. So I, decided to get rid of it and now I am here. I lost my school and now I am here in prison."*

### **Sub-theme: Participants experienced feelings of despair and hopelessness**

Hopelessness is the despair felt when one has abandoned hope of comfort or success [13]. In this study, many of the participants experienced similar types of hopelessness as indicated in their responses below:

#### **Alienation**

Alienated individuals believe that they are somehow different and they have been cut loose, no longer considered to be worthy of love, care, or support.

*"I never knew that I could feel so unwanted and so unworthy. It is amazing how someone you thought love you could just change overnight and say, 'I don't want anything to do with you'."*

#### **Forsakenness**

The word "forsaken" refers to an experience of total abandonment that leaves individuals feeling deserted in their time of greatest need.

*"I felt so alone; the people whom I thought were for me, they seemed to be so far though they were so close."*

### **Uninspired**

Feeling uninspired can be especially difficult for members of underprivileged minorities for whom opportunities for growth and positive role models in their groups may either be lacking or undervalued.

*"I looked at the person who impregnated [me], and was so discouraged; he was not working and I was also not working; the thing he could best was drinking. So, I thought where are we going? Almost everyone in that location was drinking and I started thinking about the life of the baby I was carrying. I didn't want it to go through the same misery I was going through, so I thought terminating the pregnancy was the best option."*

### **Powerlessness**

Individuals feel incapable of navigating one's way toward desired goals, that is, when a feeling of powerlessness fills the hollows of one's being.

*"I felt so powerless, so defeated because it didn't matter what I thought of doing but nothing seemed to work."*

### **Oppression**

Oppression involves the subjugation of a person or group.

*"I tried to get rid of this feeling that was trying to oppress my mind that I should get rid of the pregnancy but I could not just control it. I felt down and defeated by my own thoughts and later I found myself getting rid of the pregnancy."*

### **Limitedness**

Individuals experience themselves as deficient, lacking in the right stuff to make it in the world.

*"I was thinking to myself, I don't work and no one seemed to care. If I give birth to this baby, how am [I] going to care for it?"*

### **Doom**

Individuals weighed down by this form of despair presume that their life is over, that their death is imminent.

*"I am finished, I am done, what I should do... my life seems to be going down every day, what should I do? Telling my mom about the pregnancy was the last thing I dreamt of doing. I was caught up in this scenario and was very confused."*

### **Captivity**

Individuals fell "self-imprisonment." This occurs when individuals cannot leave a bad relationship because their sense of self will not allow it.

*"I am in prison because I have committed murder. I feel that I deserve it because I have killed an innocent blood but when will I be free?"*

### **Helplessness**

Helpless individuals no longer believe that they can live safely in the world and they feel exposed and vulnerable.

*"I felt so helpless in my situation being perhaps HIV positive and hearing that one cannot breastfeed while you are positive. I felt what I am going to feed the baby with? So, there was no other alternative then getting rid of the baby."*

### **Sub-theme: Participants experienced lack of support by family members, male partner, and the community**

In this study, participants experienced a lack of social support by family and partners which contributed to baby dumping and infanticide. Not only does this trend isolate a young woman from key, influential figures in her life but it also damages her self-worth [14]. A participant buttressed the role of support:

*"I am here imprisoned because of this crime that I committed. I don't know one day when I am discharge whether I will be able to face people. I am just afraid because people might reject me and don't want anything to do with me. It will be altogether another adjustment that I will have to make to be able to face people."*

Further, the participants in this study perceived that the assistance they got from the parents, family members, other relatives, and from their partners was not adequate at all, hence their heightened consideration of dumping their babies and committing infanticide. In support of this perception, participants said:

*"I was so surprised by the attitude of my parents. It was as if they did want me around them; they would say that I have to go to the person who has impregnated me to feed and to take care of me. I didn't work, I didn't know what to do. So, when I got the baby, I just decided to throw it away not really in the sense of throwing her away but I went to put her where any person would notice her and pick her up. Unfortunately for me, someone saw me and reported me to the police."*

*"Can you imagine, if your own sisters tell [sic] you that you should, "stand up and perhaps go anywhere you*

*want to go because I have to lock my room now because I am about to go to work.” Imagine that I have to eat because I am pregnant. Now tell me, where I will get food from because I don’t work? So, I just have to get rid of the baby.”*

### **Lack of support by family members**

Family support can serve as the foundation of security and growth for an expectant mother and her baby. Experts suggest that family support has a great and positive impact on the attitude of pregnant women. In this study, participants never had the support when they needed it, and young women fear rejection by their parents and the community if they are found to have had a baby outside of marriage. Some of the responses are given below:

*“If your loved ones whom you think will stand with you start to treat you as if you [are] a stranger, no caring, ignoring you. What else can one [do] but to resort to go secretly and get rid of the baby. It is not [to] say that [she] doesn’t want the baby but there is no support from any anyone; not from the family, and if say from [sic] the family that includes some one’s own siblings, talk less of the person who has impregnated you.”*

*“It was as if I was alone in this world, my parents were so detached, I tried to go and stay with my grandmother, she was so inquisitive and wanted to know why I didn’t want to stay with my parents. She later sent me away, the reason being she can’t stay with me if my parents didn’t give me permission to go and stay with her. You just imagine how I felt.”*

*“My mother said, I won’t stay with a person who has a baby out of wedlock, such people are not welcome in my house. Hearing that and knowing that you are not working and you are dependent on her doesn’t leave you with much option than to throw away the baby or aborting so that you can be accepted or be welcomed in the house.”*

### **Lack of support by a male partner (boyfriend)**

The general feeling among people is that there are intrinsic circumstances that lead to infanticide, chief among them is the neglect of men to take responsibility for pregnancy [15]. Partners have a big role to play. If they can be supportive and considerate, this will help the mother and the child, both during pregnancy and after the baby is born. Participants gave the following responses in support of this:

*“Because my boyfriend lost interest in me when I became pregnant, then I felt that the best thing to do was to get rid of the pregnancy. By so doing, I thought our relationship will be restored but that was not the case. Instead, the pregnancy drove us so much apart.”*

*“I was trying to get in touch with the guy but he was dodging me. I didn’t know what to do, there was no one to talk to. I was so confused. There was not even money to go for antenatal visits and in the meantime, the pregnancy was growing. So, I didn’t have another option than to get rid of the baby.”*

### **Lack of support by community/society**

While it is easy to blame women for dumping the babies, it must be acknowledged that society is also to blame; women just like their babies are victims of a ruthless society. The social stigma attached to premarital pregnancies forces women - especially teenagers - to conceal and abandon babies, leading to horrifying deaths. Participants buttressed this observation by saying:

*“My mother said, I won’t stay with a person who has a baby out of wedlock, such people are not welcome in my house. Hearing that and knowing that you are not working and you are dependent on her doesn’t leave you with much option than to throw away the baby or aborting so that you can be accepted or be welcomed in the house.”*

*“I looked around me and there was no one to turn to; feeding was [a] problem. Just to get somebody to help you [with] something was difficult. I couldn’t talk to anyone about my condition otherwise they would know that I was pregnant. I was so stressed and in the long run, I gathered courage and I did get rid of the pregnancy.”*

## **DISCUSSION**

Psychological factors refer to things that can influence the functions, attitude, and characteristics of the human mind. These factors can, in return, affect the behavior and well-being of a person. Psychological factors are factors that refer to the human mind or mental processes. These factors affect a person’s ability to do something. Examples of such factors are anxiety and a lack of motivation. Psychological factors can affect the thoughts, feelings, attitudes, and other cognitive or affective characteristics of an individual that influence the way in which he or she behaves [11].

### **Denial and rejection**

Rejection is a strong emotion that takes hold of a person’s mind and usually the woman experiencing it is in such despair that she cannot deal with its effects on her own. The pain of being excluded is not so different from the pain of physical injury. Rejection also has serious implications for an individual’s psychological state and society in general. Social rejection can influence emotion, cognition, and even physical health. Ostracized people sometimes become aggressive and can turn to violence [16]. Human beings have a fundamental

need to belong. Just as we need food and water, we also need positive and lasting relationships. This need is deeply rooted in our evolutionary history and has all sorts of consequences for modern psychological processes. Rejection elicits emotional pain so sharp that it affects our thinking, floods us with anger, erodes our confidence and self-esteem, and destabilizes our fundamental feeling of belonging [16].

Rejection could cause four distinct psychological wounds, the severity of which depends on the situation and our emotional health at the time [17]. Specifically, rejection elicits emotional pain so sharp it affects our thinking, floods us with anger, erodes our confidence and self-esteem, and destabilizes our fundamental feeling of belonging. Many of our experiences of rejection are comparatively mild, and our injuries heal with time. However, when left untreated, even the wounds created by mild rejection could become “infected” and cause psychological complications that seriously impact our mental well-being. Due to tradition, young women fear rejection by their parents and the community when they are found to have had a baby outside of marriage [18]. These social conventions undoubtedly increase the cases of baby dumping. Pregnant women are rejected by their boyfriends, who may even deny being in any relationship with the woman and the baby may then be dumped because a woman or girl fears that she will be unable to look after the child alone or to afford the child’s maintenance [18]. Participants in this study felt left to deal with their ordeal on their own. They felt that there was no one to turn to because the parents or family members who were supposed to care did not care. We want to be accepted by the people around us. We want to have stable relationships [19].

### **Fear**

The study found a high level of fear in most of the participants. Fear is an unpleasant emotion induced by a threat perceived by living entities, which causes a change in brain and organ function and ultimately a change in behavior such as running away, hiding, or freezing as a consequence of traumatic events. Fear may occur in response to a specific stimulus happening in the present, or to a future situation that is perceived as a risk to health or life, status, power, security, wealth, or anything held valuable. The response of fear arises from the perception of danger leading to a confrontation with or escapes from the threat, which in extreme cases can be a freeze response or paralysis. Fear is closely related to, but should be distinguished from, the emotion anxiety, which occurs as the result of threats that are perceived to be uncontrollable or unavoidable [20].

### **Anger**

In this study, it is evident in the findings that some participants took out the anger they felt on their unborn babies. Psychologists call this phenomenon displaced aggression. Often when we feel powerless, we dump our anger on

someone else; someone we know would not be able to fight back. When one feels helpless or powerless as a result of a situation, one may sometimes feel frustrated. This frustration can turn into anger toward oneself or other people [21]. Anger is an emotional response related to one’s psychological interpretation of having been offended, wronged, or denied. Often, it indicates that one’s basic boundaries have been violated. Some people have a learned tendency to react to anger by retaliating [22].

Anger is a negative feeling that is typically associated with hostile thoughts, physiological arousal, and maladaptive behavior [23]. This definition is supported by conflict resolution education [12] which says that “anger is an emotion characterized by a strong feeling of displeasure and sometimes a desire for revenge, usually triggered by a real or imagined wrong done to the victim.” Conflict resolution education [12] states that anger is often called a secondary emotion because we tend to resort to anger to protect ourselves from or to conceal other vulnerable feelings. A primary feeling is what is felt immediately before we become angry. We almost always feel something else first before we get angry. We might first feel afraid, attacked, offended, disrespected, forced, trapped, or pressured. If any of these feelings are intense enough, their emotional response is anger. This anger classified as follow:

Anger expressed in this way is directed at the other person to hurt him/her emotionally, physically, or psychologically. The second one is passive anger whereby a person internalizes the expression of anger when he or she avoids dealing with the situation that has contributed to feelings of anger. The anger can then be expressed by getting even, holding a grudge, or being mean at some time in the future.

### **Assertive anger**

This is usually the best way to communicate feelings of anger because anger is expressed directly and in a non-threatening way to the person involved.

### **Thought of evil**

Evil thoughts are inevitable. While one has no control over their appearance, one always has the power to rebuke them or to replace those evil thoughts with thoughts that are positive [24]. In this study, the participants expressed evil thoughts during one-on-one interviews. Some women even thought of committing suicide because they did not know what to do. Another condition that also exacerbates these negative thoughts is post-natal depression [PND], also known as postpartum depression. According to the Royal College of Psychiatrists [25], this is a form of depression that affects 10–15 of every 100 women are having a baby. The timing varies. PND often starts within 1 or 2 months of giving birth; it could also start several months after having a baby. About



a third of women with PND have symptoms that have started during pregnancy and continue after birth. According to the research done by the Royal College of Psychiatrists [25], there are negative thoughts and thoughts of guilt that trigger depression that changes one's thinking.

### Despair

Hopelessness is the despair felt when one has abandoned hope of comfort or success [13]. Feelings of despair and/or hopelessness could be some of the most frustrating feelings one experiences in a state of depression. A sense of hopelessness reflects a negative view of the future with a conviction that nothing will ever get better again. Feelings of despair reflect a negative view of oneself. Self-esteem suffers, self-confidence is affected, and one may stop believing that feeling better is within reach. One may give up with the repetitive question in the back of the mind: "What's the use?" [13] Participants of this study were in despair and went into depression once they were rejected either by their family members or their male partners; many of them developed low self-esteem. Kierkegaard [26] describes despair as the sickness of the spirit. He mentions that the sickness of despair is rooted in the very structure of self. He continues to say that despair is not an imbalance within the structure of the self; rather it is an imbalance in the way we relate to ourselves. Borchard [13] identifies nine types of hopelessness. Other authors concur with her that each of these nine forms of hopelessness relates to the disruption of one or more of the basic needs that comprise hope. In this study, many of the participants experienced similar types of hopelessness.

### Support

Support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be either emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), companionable (e.g., sense of belonging), or intangible (e.g., personal advice). Social support can be measured as the perception that one has assistance available, the actually received assistance or the degree to which a person is integrated into a social network. Support can come from many sources such as family, friends, intimate lovers, neighbors, coworkers, and organizations. Government provided social support is often referred to as public aid [27].

In this study, participants experienced a lack of social support by family and partners which contributed to baby dumping and infanticide. Not only does this trend isolate a young woman from key, influential figures in her life but it also damages her self-worth [14]. Perceived support refers to a recipient's subjective judgment that providers will offer (or have offered) effective help during times of need. Received support (also called enacted support) refers to specific

supportive actions (e.g., advice or reassurance) offered by providers during times of need.

The participants in this study perceived that the assistance they got from the parents, family members, other relatives, and from their partners was not adequate at all, hence their heightened consideration of dumping their babies and committing infanticide. Family support can serve as the foundation of security and growth for an expectant mother and her baby. Experts suggest that family support has a great and positive impact on the attitude of pregnant women. This is hardly true for women who dump or kill their babies. The general feeling among people is that there are intrinsic circumstances that lead to infanticide; chief among them is the neglect of men to take responsibility for pregnancy [15]. Partner support has a big role to play, and if they can be supportive and considerate, this will help the mother and the child, both during pregnancy and after the baby is born. By supporting the mothers, it is possible for partners to help their future children while they are still fetuses. Similarly, partners may wish to accompany the mother on prenatal visits and to antenatal classes to learn more about how the pregnancy is progressing and what to expect [15]. That was not the case with partners of the young women who had dumped their babies and/or committed infanticide; on the contrary, the young women were left crying because they themselves were abandoned. According to a sociologist, most women dump their babies when they conceive them outside of wedlock, when the man denies responsibility when they feel they are not ready to be mothers and fathers, and when society frowns on the nature of how the baby was conceived [18]. In this study, women mentioned that men even denied being in any relationship with them and they subsequently dumped the baby because they feared that they would be unable to either look after the baby alone or afford the child's maintenance. If the men stay and are willing to get married, the women will not throw away their babies [18].

### Community support

The social stigma attached to premarital pregnancies forces women - especially teenagers - to conceal and abandon babies, leading to horrifying deaths. As long as society refuses to accept reality, baby dumping will continue to remain an increasing social scourge. Society needs to accept that premarital sex is inevitable despite strict family, cultural, and religious values. The causes of baby dumping may include social and cultural factors, as well as poverty which is often a root cause of child abandonment [18]. During an interview, participants mentioned that parents and society had to be more open and supportive by assisting girls to manage their pregnancies. This should not be viewed as condoning premarital sex. There is indeed a need for a change of mindset [28]. The initial social support given to a person is also a determining factor in successfully overcoming the

stress that is experienced by many pregnant women [28]. The presence of social support significantly predicts an individual's ability to cope with stress. Social support not only helps to improve a person's well-being but it also is a major factor in preventing negative symptoms, such as depression and anxiety, from developing.

## CONCLUSION

Based on the findings of the study, one central theme emerged namely psychological factors. Participants experienced a wide range of psychological effects of and due to baby dumping and infanticide. Participants experienced; denial and rejection by male partners, family, and the community; feelings of fear, anger, and evil thoughts that contribute to baby dumping and infanticide; feelings of despair; and lack of support by family members, male partner, and the community. It is clear that the psychological factors have a role to play among women who had dumped babies and/or committed infanticide. Measures must be formulated and introduced that aim at reducing this psychological burden among women, and in turn might lead to a reduction in cases of baby dumping and infanticide. Women who had dumped babies and/or committed infanticide are still members of the society irrespective of the magnitude of the crime they had committed, and they needed to be prepared to return to the society. The following are recommendations from the study:

### Government/MOHSS

The government through the MOHSS must formulate counseling and support programs for women incarcerated for baby dumping and infanticide to reduce chances of reoccurrence as well as prepare the women for integration into the society. In addition, government should also come up with awareness campaigns targeting the youths on safe sexual practices and how to prevent unwanted pregnancies.

### Community and family

Community elements such as family, community leaders, and churches must be strengthened and encouraged to support and advise the youths against baby bumping or infanticide. These elements can offer alternatives programs and support that deter individuals from committing these crimes. In addition, community elements must be strengthened to support those who were incarcerated for baby dumping or infanticide through having programs that facilitate their integration into the society.

## ACKNOWLEDGMENTS

We are grateful to all the participants who kindly agreed to participate in our survey. No funding was received for the study.

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