

**A PSYCHOSOCIAL EDUCATIONAL PROGRAMME TO FACILITATE
THE REINTEGRATION OF INCARCERATED WOMEN WHO HAD
DUMPED BABIES AND / OR COMMITTED INFANTICIDE IN NAMIBIA**

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ABSTRACT

Baby dumping and infanticide have become a social phenomenon with severe consequences that are drawing nationwide attention and condemnation in Namibia. Those women who are perpetrating these heinous acts provide numerous motives; such as fathers denying paternity, unemployment, young mothers who still want to continue with school, as well as a lack of awareness about institutional care, foster homes, and formal adoption. These young incarcerated women before and after having dumped their babies and / or committed infanticide, are psychologically and emotionally traumatised. That left them fearful to be reintegrated into the society upon release, hence the need for a psychosocial educational programme to facilitate their reintegration.

In this study, the researcher explored and described the views of women who had dumped babies and / or committed infanticide with regard to their experiences with the purpose of developing, implementing, and evaluating an educational programme to facilitate their reintegration upon release with their families and with society in general in the Oshana Region, Namibia. The study was qualitative, explorative, descriptive, and contextual in nature and was conducted in four phases, namely:

Phase 1: This phase comprised a situational analysis. It was carried out to explore and describe the lived experiences of women who had dumped and / or committed infanticide. The researcher used in-depth unstructured individual interviews for data collection and data was analysed by using Tech's method of qualitative data analysis. The findings of this study identified psychological challenges, fear for reintegration, socio-economic challenges, as well as legal and ethical challenges that were

encountered by women who had dumped babies and / or committed infanticide. These findings led to the development of the psychosocial educational programme to address those challenges.

Phase 2: During this phase, the conceptualisation framework guided the development of a psychosocial educational programme that facilitated the reintegration process of women who had dumped and / or committed infanticide. Dickoff, James and Wiedenbach (1968) identify the following three essential ingredients of a conceptual framework; namely, goal content, which is specified as the aim of the activity, prescription of the activity for goal realisation, and a survey list that accompanies the presentation of the prescription for the activity in terms of the goal realisation. The educational programme included the activities suggested in the survey list of Dickoff *et al.* (1968); namely, agent, recipient, context, dynamics, procedures, and terminus.

Phase 3: This phase focused on the development of a psychosocial educational programme to facilitate the reintegration process of women who had dumped their babies and / or committed infanticide. The survey list of Dickoff *et al.* (1968) was adopted as a reasoning map in the construction of the development of a psychosocial educational programme, as well as the findings of the situational analysis of this study.

Phase 4: This phase focused on the implementation and evaluation of the psychosocial educational programme that was developed to facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide. A three-day training workshop was held at the Oluno Correctional Facility to conduct the educational programme. The educational programme was

evaluated in order to validate whether the programme interventions were likely to bring about the desired change among the participants.

The evaluation of the programme was conducted immediately after every session and at the end of the training programme. The programme outcomes evaluation was carried out three months after the educational programme had been implemented. The programme participants commented that the programme implementation was useful, as well as informative and educative.

Conclusion: The study contributes to the body of knowledge in public health. This study emphasises that the young women who commit heinous crimes of baby dumping and infanticide are often immature and inexperienced leading to situations that force them to make decisions that are not often the best ones. The general insight includes the realisation that most of these young women commit these crimes at the spur of the moment and the root causes are well-known. These root causes include such factors or reason as tradition because some young women fear rejection by their communities or family if they are found to have had a baby outside of marriage. The economic state of the young mothers and their male partners who are denying paternity also contribute to baby dumping cases, since they are not able to raise a baby on their own.

As a matter of fact, women who have dumped babies and / committing infanticide are subjected to physical, social and psychological wretchedness, and socio-economic destitutions. These women find themselves incarcerated as a consequence of the atrocious acts they have committed while they are fearing the reintegration with their families and communities as result of rejection. However, an educational

programme can be effective to facilitate the reintegration of the incarcerated women with the purpose of overcoming their feelings of fear and rejection. In conclusion, the study also highlights the need for research about the challenges of male partners' responsibilities to accept paternity, since these challenges are one of the major reasons why women dump babies and / or commit infanticide.

Recommendations: The study recommends that the findings of the study be used or be incorporated in the curricula for training purposes.

The main objective of the Namibian Correctional Services (NCS) is to rehabilitate offenders, and a competent staff complement is a key factor to achieving this objective. Therefore, it is recommended that the Ministry of Safety Security invests more in staff training and development in order to effectively impact the education and the training in the prison system. Another recommendation was for the upgrading of the knowledge of the correctional officers to keep themselves abreast with all correctional educational programmes. Furthermore, these recommendations might decrease recidivism of women who dump babies and / or commit infanticide after they have been released to be reintegrated into the society.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychological Association
AU	African Union
CBT	Cognitive behavioural therapy
CCN	Council of Churches of Namibia
CWSA	Child Welfare South Africa
DBN	Development Bank of Namibia
DNA	Deoxyribonucleic Acid
ELT	Experiential learning theory
EMDR	Eye movement desensitization and reprocessing
FGD	Focus group discussion
HIV	Human immunodeficiency virus
ICPA	International Corrections and Prisons Association
IGA	Income generating activities
IGAF	Income Generating Activities Fund
ISPAC	International Scientific and Professional Advisory Council
LAC	Legal Assistance Centre
MDG	Millennium Development Goal
MGECW	Ministry of Gender Equality and Child Welfare
MoHSS	Ministry of Health and Social Service
NCS	Namibian Correctional Services
NGO	Non-governmental organisation

NKJV	New King James Version
PBL	Problem-based learning
PND	Post-natal depression
RNR	Risk-Need-Responsivity
SADC	Southern African Development Community
SME	Small and medium-sized enterprises
TIPEEG	Targeted Intervention Programme for Employment and Economic Growth
UNAIDS	Joint United Nations Programme on HIV / AIDS
UNAM	University of Namibia
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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DECLARATION

I, Ndemupavali Sumpi, hereby declare that this study is a true reflection of my own work, and that all the sources used have been acknowledged in the text and the list of references. The version of this work is original and has not previously been submitted in its entirety or in part for a degree at any other institution of higher learning.

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Ndempavali Sumpi

DEDICATION

I dedicate this dissertation to all the young women and young men of Namibia whom I believe will save lives and take the responsibility for caring for those special “small” people. I pray that this dissertation will enable you to do the proper thing at all times and to live a “condemnation free” life.

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION AND RATIONALE

The Ministry of Gender Equality and Child Welfare (2009) 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 one 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 deserting the baby younger than 12 month of age for an extended period of time, a child in a public or private setting with the intent to dispose of the child.

In Namibia, baby dumping and infanticide is a criminal act punishable by law. This implies that when a mother is prosecuted she may be sentence to prison with charges of murder and concealment of birth. Owing 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 (Ministry of Gender Equality and Child Welfare, 2009).

The Baby Dumping Prevention Awareness Campaign (2014) reports that over the years, Namibia have 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 (Hubbard, 2008). Lewis Kim (2013) also reports 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 reveals that thirteen dead babies are found every month at the sewage works in Windhoek. According to the Baby Dumping Prevention Awareness Campaign (2014), 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 1 000 live births. That places Namibia in the 47th position of the 2014 World Infant Mortality Rate.

The Ministry of Gender Equality and Child Welfare (2009) 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 (MGECW, 2009).

Ojedokun and Atoi (2012) mention 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 (Ajewole, 2011).

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 new-born babies at hospitals or at 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 (Ssendi, 2012).

In Zimbabwe, the Harare City Council (2009) reveals shocking statistics that at least 20 new-born 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 emphasising that baby dumping is illegal in Zimbabwe (Bentu, 2013). Baby dumping in Zimbabwe is considered as a form of genocide; genocide in the most brutal manner. Bentu (2013) deliberates that the mothers who decide that it is not obligatory to nurse a child are without a doubt mass murderers. Bentu (2013) calls them mass murderers because despite the lack of statistics, the undocumented reality is that thousands of babies lose their lives by being thrown away like garbage. These mothers may argue that they do so to protect the babies from a miserable life but that does not take away the fact that every baby who is dumped is human and has rights.

In Botswana, the situation of baby dumping is as catastrophic as in Zimbabwe. It continues to make news with glaring headlines like “New-born 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 new-born babies by paying attention to the factors that skew the experiences of poor mothers toward unmoderated vulnerability (Shabani, 2013). Social workers in Botswana reveal that dumping or abandoning babies is increasingly becoming common. They are of the opinion that not only does it corrode the moral fabric of society; the practice – if not stopped – may breed a generation of desolate and bitter youth. Although it is cumbersome to establish the frequency of baby dumping, more often a result of birth concealment, cases reported in the media are enough to draw attention to even the deafest of all human beings. Social workers generally attribute baby dumping to mainly social and cultural factors that are the result of poverty and teenage pregnancy (Shabani, 2013).

There are different main stakeholders according to researchers of baby dumping and infanticide of whom the girl or the woman who commits the act is the leading stakeholder who shares the parental responsibility with the partner who has denied paternity. The Social Work Department at the University of Botswana explains that it has been discovered that young children in Botswana become sexually active at the tender age of 10 years and these children cannot manage themselves without parental care. An unwed mother is the black sheep of the family and society treats her like a social leper. Unwanted, rejected, frowned upon, and reviled by many; an unwed mother opts to dump the baby in the hope that family and society will accept her again (Bentu, 2013).

In Cape Town, South Africa, baby dumping has reached crisis proportions. While the act of abandoning a new-born 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 (Koopman, 2013). Koopman (2013) 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. Ramklass (2010) states that 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 any 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.

In the western part of Africa, Gambia is also experiencing the scourge of baby dumping exactly like most other African countries, which is becoming unbearably frustrating in spite of the fact that women who fall into this trap are prosecuted for committing such an inhumane crime (Bah, 2010). Mwita (2013), in Tanzania, refers to baby dumping as a heinous atrocity. She discourses that twins are believed to be a rare gift from the Almighty God but they are still murdered by women and adds that recent research has shown that most baby dumping is done by women.

In Asia, an increase in the number of abandoned baby cases has been acknowledged by the Kuala Lumpur police. Sixty-five baby dumping cases were reported during the first eight months of 2009. The statistics showed that from 2005 - 2010, 472

babies were abandoned throughout the country; 258 of those babies had died while 214 were still alive (Salam, 2013). In a survey on the seven main causes that influence baby dumping among teenagers in Kuala Lumpur, Salam (2013) provides the following statistics about baby dumping: 6.71% of teenagers dump babies because they are feeling ashamed and 29% of them were afraid of their parents' disapproval. When respondents were asked whether it was fair to dump a baby because you were forced to have sex, 17.6% of the respondents said it was fair while 82.4% of respondents said it was not fair. Another 20 respondents showed that there was lack of religious upbringing which was the highest factor responsible for baby dumping among teenagers in Kuala Lumpur. Meanwhile, 17 respondents showed that there was poor application of religious knowledge and 11 respondents indicated the lack of parental supervision.

Baby dumping in Nebraska, a midwestern state in the United States of America, has become a controversial topic. On the one hand, some states in North America want to prevent the abandonment of babies and on the other hand, other states recognize that some mothers may be so desperate to get rid of their unwanted infants that they might resort to injuring their babies. As a result, some states have passed safe haven laws. Safe haven laws, known in some states as the Baby Moses law, allow parents to leave their uninjured infants in certain designated places, such as hospitals or police stations without fearing or suffering any criminal consequences. Parents remain anonymous and cannot be arrested or sued for child abandonment (Searcey, 2009).

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 towards baby dumping. That survey revealed that baby dumping and infanticide were the most likely response to an 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 (Ministry of Gender Equality and Child Welfare, 2009).

The perpetrators of this gruesome act are facing pressure and rejection from the community. Instead of rejecting or stigmatising them, the community should understand the anxiety they go through and provide them with love and compassion, information, and moral support. Social support can assist the young mother to be more rational while increasing the likelihood that she will not abandon the innocent baby (Ciccarelli, 2009). Therefore, De Bruyn & Parker (2005) state that the consequences of baby dumping and infanticide are imprisonment and these consequences lead to many psychological and psychosocial problems for the ones who commit such atrocities. Young women and girls are likely to deny that they are pregnant due to fear and shame. It is this denial that causes them to risk their lives in an attempt to end the unplanned pregnancy by instituting abortion or committing infanticide and / or baby dumping. Ideally, any young woman who faces an unwanted pregnancy should be able to count on her parents or guardians for support. It will be easier for an adolescent to confide in the adults who care for her when they

have an open, loving, and non-judgmental relationship and when she does not fear negative repercussions; such as scorn, punishment, abandonment, or coercion when seeking a solution to her problem.

Currently, there is no study in Namibia that has interrogated the development of a psychosocial training programme that facilitates the reintegration of women who have dumped babies and / or committed infanticide. Therefore, the general goal of this study is to gain insight into the experiences of women who have been incarcerated as a result of dumping babies and / or committing infanticide. The goal of the study is to develop programmes and services that will enable the women who have dumped babies and / or committed infanticide to be successfully reintegrated into their families and their respective communities or society. This goal indirectly relates mainly to the Millennium Development Goals as one of the policies that Namibia conform to as an initiative aimed at reducing the infant or child mortality rate in adherence to the Namibian constitution that guarantees every person in Namibia the right to life, even the right to life of the unborn baby.

This chapter describes the background and impetus for conducting the study, the problem statement, the purpose of the research and the objectives, the paradigmatic perspective, the research design and methodology, ethical requirements, as well as the measures for ensuring the trustworthiness of the study.

1.2 BACKGROUND TO THE STUDY

This section of the study presents the motivation to conduct the study based on the enormity of baby dumping and infanticide and its impact on the general public the Namibian nation. The preliminary literature review is also discussed in this section.

The Republic of Namibia, is a Sub-Saharan country in southern Africa with the Atlantic Ocean as its western. It shares land borders with Angola and Zambia to the north, Botswana to the northeast, and South Africa to the south and southeast. Although it does not border Zimbabwe, less than 200 meters of riverbed (essentially the Zambia / Botswana border) separates the two countries at their closest points. Its capital and largest city is Windhoek. At 825 615 km² (CIA World Fact Book, 2008), Namibia is the world's thirty-fourth largest country (after Venezuela). According to the 2011 Population and Housing Census, the country's population stands at 2,113,077, with an increase of 1.5 percent in the last 10 years (Demographic Health Survey, 2013). Namibia is a member state of the United Nations (UN), the Southern African Development Community (SADC), the African Union (AU), and the Commonwealth of Nations. Namibia is divided into 14 regions and subdivided into 121 constituencies. This study was conducted in one of the correctional facilities in the Oshana region. The location of Oshana region is shown on the map of Namibia (Figure 1.1).

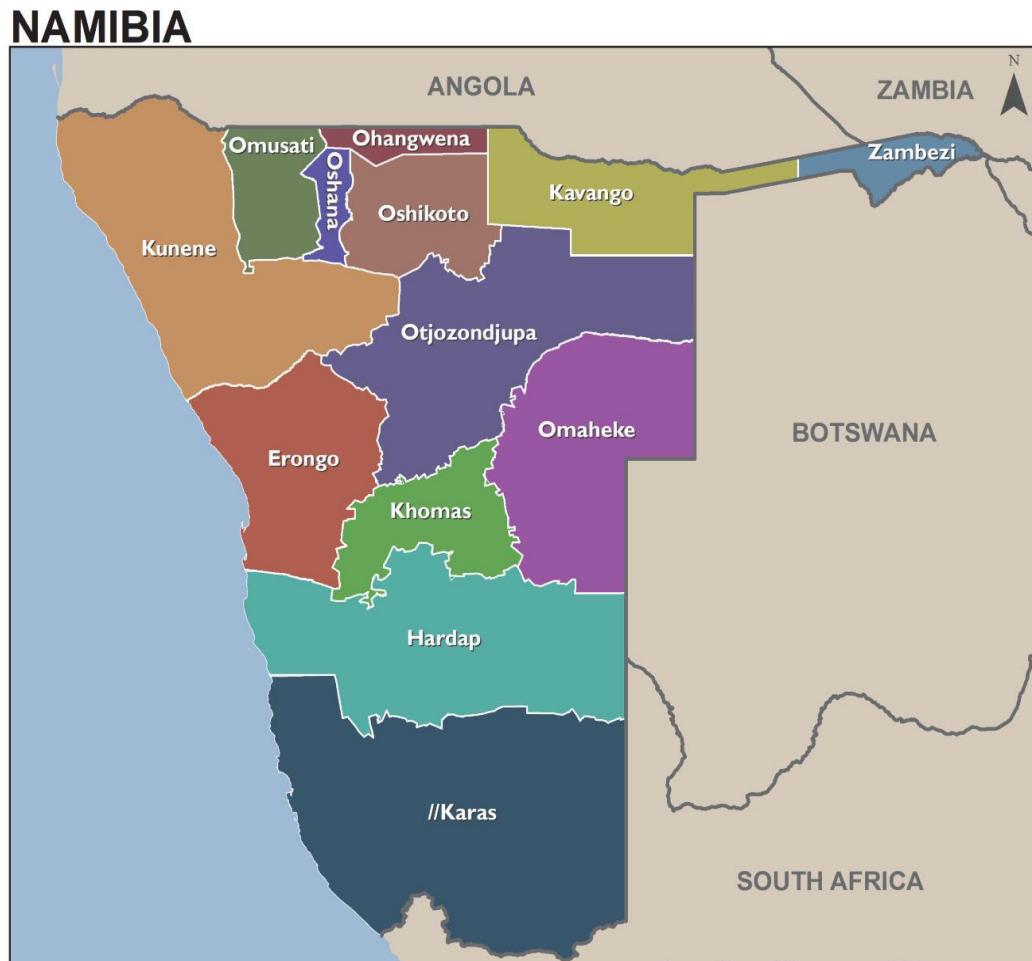


Figure 1.1: The map of Namibia

The Final Draft for the National Gender Action Plan for the Ministry of Gender Equality and Child Welfare (2011) which is aligned to the SADC Protocol on Gender and Development and the Millennium Development Goals, seven clusters were developed. One of the strategies in the second cluster deals with reproductive health among others to ensure access to and knowledge about health, sexual and reproductive services, and to enhance public education and awareness about, for example sexual reproductive health and baby dumping. The strategy requires actions to implement the national campaigns on sexual reproductive health, including baby dumping. Other actions include lobbying relevant ministries to ensure that a full

range of reproductive health-care services; such as family planning, parental care, antenatal care, delivery and postnatal care, as well as other reproductive and sexual health conditions are accessible and affordable to all users.

Timms (2005) states that one reason why women commit infanticide and / or dump their babies could be due to a condition called “puerperal psychosis”. “Puerperal” means the six weeks after having a baby and “psychosis” is a serious mental illness. So, “puerperal psychosis” refer to a serious mental illness in a woman shortly after she has given birth. Puerperal psychosis is most likely to be due to the effect of the huge hormonal changes that happen at the end of pregnancy and giving birth. Puerperal psychosis is rather rare and has a prevalence rate of 1 in 500 births.

In order to address the growing problem of baby dumping and improving the lives of the children instead, the Legal Assistance Center (2011) has called for an enactment of the Child Care and Protection Act. The Act has been opened to public debate because Namibia does not know yet how to tackle this problem. Kangandjera and Mapaure (2009) state that in any caring society, the importance of child welfare cannot be overemphasised because the future welfare of the entire community, as well as its growth and development depend on the health and well-being of its children. Children need to be regarded as valuable national assets because the future well-being of the nation depends on how its children grow up and develop.

Greiner (2001-2008) mentions that some parents in Nigeria recklessly abandon their babies in streets while other ones take them to orphanages and beg workers to take them, and some women even give birth at orphanages. Such kids are being taken to social welfare, are registered with the government, and are distributed to orphanages.

Various orphanages have been established all over Nigeria to ensure that such babies have a comfortable home.

The Gauteng Province in South Africa, dumping babies are increasingly becoming a large part of non-natural, undetermined deaths in the zero to four-year age group. These babies are dumped in dustbins and gutters, some are aborted or miscarried, and new-borns are disposed. This behaviour represents 60% of undetermined deaths of young children (Ramaklas, 2010). Some community members have come up with a facility that is called “Baby Moses” in their endeavour to make a difference. From “Baby Moses”, the children are placed with families, put into foster care, taken into private homes, and some are adopted (Daily Maverick, 2012).

Modie-Moroka (2011) mentions that there is a familiar but shocking catalogue of stories; for example, lifeless infants being dragged by dogs, fetuses blocking flush toilets, desperate cries of infants in pit-latrines, children lying cold at the roadside, and live babies saved from pit latrines who are covered in human excreta. Police records between 2005 and 2010 in Botswana indicate that at least 450 babies have suffered this fate. Botswana has designed separate offences for those who commit infanticide, since they acknowledge that there may have been exceptional circumstances involved in the crime. The government of Botswana states that it is in essence a challenge for the government to put in place structures for baby dumping that will promote the wellbeing of the child as outlined in the Children’s Act of 2009. Modie-Moroka (2011) also mentions that the establishment of safe haven centres are long overdue and DNA banks should be established to help trace the parents of the abandoned babies. This intervention should promote responsibility and readiness for

parenthood by both parents while deterring many from committing this kind of offence (Dzimiri, 2013).

Similar cases of baby dumping are found in Malaysia where people who are responsible for dumping babies who subsequently die would be investigated for murder while abandoned babies who are found alive would be classified and investigated as cases of attempted murder (Salam, 2013). In Kuala Lumpur, the capital city of Malaysia, the baby dumping statistics are critical as mentioned in the introduction. A comparative research project in Malaysia (Mazbah, Abdullah, Jaafar, Tagarano, & Safian, 2014) strongly suggests that baby dumping offender ought to be penalised. They state that there is a need to create and increase awareness about unwanted pregnancies while emphasising that studies need to be conducted to assess the level of awareness among the target group and also to examine the provision of alternative or preventive measures, such as baby hatches. The availability of preventive methods does not aim at encouraging a crime; it aims at avoiding more babies being dumped at dangerous places and the increased possibility of death. As a recommendation, they state that it is perhaps necessary to introduce a new law or section in the Penal Code with regard to baby dumping that clarifies the definition of baby dumping and identifies who specifically could be penalised for this crime. At the moment, legislation about baby dumping does not exist in Malaysia. They also emphasise the establishment of orphan care interventions because an increasing number of babies are being abandoned or dumped in unimaginable places; such as waste dumps, bushes, drains, and public toilets.

In Hamburg, Fernandez (2008) mentions that baby hatches opened in 2000 and since then more than 200 have opened across Germany, providing places of safety and care for abandoned babies. He also states that there are 40 – 60 babies killed in Germany every year and that their bodies are found in the toilets, forests, attics, and carrier bags.

There is no denying that baby dumping has become a grave social phenomenon that is drawing nationwide attention in China. In general, the infants who are discarded are born either out of wedlock, with some physical deformity, or in violation of governmental family planning regulations. The family planning policy, known as the one-child policy, is a population control policy of the People's Republic of China. As a result, the overwhelming majority of these discarded babies are girls, victims of traditional ideas that value men and disparage women. Chinese authorities have built a “baby abandonment” building where parents can anonymously leave their unwanted children.

Literature mentions two types of infanticide: On the one hand healthy but unwanted children are killed, and on the other hand ill, malformed, weak, or sickly babies are killed (Moseley, 1986). Roman and certain other ancient cultures regarded the birth of a deformed baby as a bad omen, therefore, babies who were born with even a minor defect, such as a cleft palate or missing finger, were put to death (Moseley, 1986). Infanticide used to be practised for various reasons; a baby being born out of wedlock, economic reasons, population control, and ridding society of potentially burdensome deformed members (Moseley, 1986).

Baby dumping is also attributed to reasons such as lack of communication. According to the MGE CW (2009), it is difficult for young people to communicate with their immediate family members, extended family members, and even with people in their community about pregnancy; hence pregnancies are usually concealed for as long as possible. Furthermore, infanticide and baby dumping are regarded as the result of rape or incest that goes unreported due to stigma, especially when it is committed by a family member. Forced sex constitutes a significant problem for Namibian youth. Existing research suggests that as many as 10 – 15% of young people have been victims of coercive sex (Schwarz, 2003).

The Secretary General of the Council of Churches in Namibia (CCN) mentions that mothers dump babies for cultural and economic reasons. Included in these reasons are fears of rejection for having a child outside marriage, fear of having to leave school, the inability to support the child financially, and a lack of knowledge about where to take the child for either fostering or adoption. Until this knowledge gap is closed, it is necessary to provide pregnant women with better information about safely handing over their child for care when they do not want to keep the children. Bentu (2013) notes a similar profile to the one mentioned by the Secretary General of the CCN about women who abandon, conceal, or kill their infants. He mentions that while most of them are poor, some of them are from affluent families. They usually are single, and under the age of twenty-five, often first-time mothers, or less educated.

Bentu (2013) points out that women who dump their infants generally do not receive any prenatal care, neither have they made plans for the birth or care of their child.

Furthermore, they are often not mature enough to thoughtfully weigh their options or the consequences of their actions. Reasons for dumping their infants include extramarital paternity, rape, illegitimacy, and perceiving the child as an obstacle to personal achievement. Bentu (2013) notes that resorting to infanticide and baby dumping for some women may be a response to chronic strains that result from deprivations, vulnerabilities, and a desire for alternative forms of survival. She says that a young woman with poor education, no vocational skills, and a number of dependent children experiences multiple barriers.

According to UNICEF / UNAIDS / WHO (2002), HIV and AIDS seem to be contributing to infanticide and / or baby dumping among women and adolescent girls because it is estimated that 50% of all new infections occur among young people aged between 15 and 24 years. When women assume that the baby might be HIV positive due to their own status, they may decide to dump the baby (Kopelman & Van Niekerk, 2005).

The Community Agency for Social Enquiry (2007) remarks that the high unemployment rate among women (39%) and men (28%) respectively may be another reason for infanticide and / or baby dumping. Infanticide and baby dumping have extremely negative and divisive effects on society. Efforts to understand and deal with these effects in a more holistic manner are called for (Sasman, 2010). The effects include abandonment by the partner, temporary absence from school, loss of a job, dishonour of the family when the girl is unmarried, disease, or death.

The Legal Assistance Centre (LAC) (2008) is of the opinion that women need better access to information about reproductive health, actions after being raped, the legal

aspects of abortion, and claiming maintenance. The LAC adds that having a baby can be very difficult for a mother if she does not have the information that she needs and that many do not know about the options available to them. Hubbard of the LAC (2008) states that baby dumping and infanticide in essence are cries for help because young mothers may be overwhelmed by the idea of parenthood. They may have difficulty coping with the drastic physical and emotional changes they are experiencing. They may be suffering from depression sometimes brought on by the hormonal changes associated with giving birth. They may be convinced that they would be unable to provide for the child while feeling that there is no one they can turn to for help. They may fear the shame of having given birth outside of marriage. They may fear inability to continue their studies.

1.3 STATEMENT OF THE PROBLEM

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 (LAC, 2008). Newspapers report that in most cases babies are abandoned, flushed down toilets, or dumped in pit latrines. Many are discovered on rubbish dumps, sewage works, and sewage outlets at isolated places. There are a few other indicators of the extent of the problem. For example, in April 2008 staff at Gammams Water Care Works in Windhoek estimated that they had discovered an average of 13 bodies of new-born babies each month amongst the human waste flushed down toilets. The situation of baby dumping and infanticide is not unique to Namibia as seen in the background information of this study.

Baby dumping is considered as a serious criminal offence in Namibia (LAC, 2008). There are women incarcerated in Namibia for having committed either baby dumping or infanticide. Due to the nature of the crime these women committed and the thoughts of feeling rejected by their family, they fear of reintegration after being released from custody into their respective society. It is clear that these women cannot be in prison forever, therefore, there is a need to develop a means of facilitating the reintegration.

Bentu (2013) states that perpetrators of baby dumping and /or infanticide are likely to have reported physical, sexual, and emotional abuse in their families of origin (especially in blended families), and subsequently in their later intimate relationships. He further points to the evidence which suggests that often the father would have denied the pregnancy and the parent(s) would have reacted with extreme anger, driving the young woman into isolation during pregnancy. Women who dump babies and / or commit infanticide could experience a similar situation. However, no study has been done to look at the experiences of these women. All these aspects can give rise to negative psychological and emotional issues to these women, especially the fear they are experiencing about being released from custody.

Therefore, the researcher was inspired to explore and describe the experiences of imprisoned women who had been involved in baby dumping and / or infanticide in Namibia.

The following question arises: What needs to be done to prepare and support women who have dumped babies and / or committed infanticide for being reunited or reintegrated with family and in the community? Before any assistance could be

intended, it was indispensable to undertake a research study to explore their experiences. The researcher formulated the following research questions in order to direct the effort of the study in a more distinct way.

- What are the experiences of incarcerated women who had dumped babies and / or committed infanticide?
- What should be done to enable the incarcerated women who had dumped babies and / or committed infanticide to be successfully reintegrated with their family and communities?

1.4 AIM OF THE STUDY

The aim of the study was to develop, describe, implement, and evaluate a psychosocial training programme to facilitate the reintegration of the imprisoned women who had dumped and / or committed infanticide in the Oshana Region of Namibia.

1.5 OBJECTIVES OF THE STUDY

The following objectives supported the aim of study:

- To explore and describe the experiences of women who had dumped their babies and / or committed infanticide in the Oshana Region.
- To describe a conceptual framework that facilitates the development of the psychosocial training programme for women who had committed infanticide and / or dumped their babies in the Oshana Region.
- To develop and describe a psychosocial training programme for women who had dumped babies and / or committed infanticide in the Oshana Region.

- To implement and evaluate a psychosocial training programme for women who had dumped babies and / or committed infanticide in the Oshana Region.

1.6 SIGNIFICANCE OF THE STUDY

Firstly, this study sought to contribute to an understanding of the challenges that imprisoned women who had committed infanticide and / or dumped babies were experiencing with regard to their fear of reintegration into society. Secondly, the psychosocial training programme developed from the study findings aimed at facilitating the successful reintegration of these women into society. Thirdly, the training programme is a unique contribution to the field of nursing and also to the field of rehabilitation for the correctional services.

1.7 PARADIGMATIC PERSPECTIVES OF THE RESEARCH

Polit and Beck (2012) describes a paradigmatic perspective as a “way of looking at natural phenomena that encompasses [sic] a set of philosophical assumptions, and [sic] that guides the researcher’s approach to inquiry”. According to Guba and Lincoln (2005), a paradigm may be viewed as a set of *basic beliefs* (or metaphysics) that deals with ultimates or first principles. It represents a *worldview* that defines for its holder, the nature of the "world," the individual's place in it, and the range of possible relationships to that world and its parts have, which include cosmological and theological points of view. The beliefs are fundamental, since they have to be accepted simply on faith (however well argued); there is no way of establishing their ultimate truthfulness.

Polit and Hungler (2006) describe assumptions as basic principles that are accepted as true on the basis of logic or reasoning, but without proof or verification. In turn, Burns and Grove (2009) define an assumption as a proposition or statement that is either considered to be true or self-evident on the basis of satisfactorily conducted research. In view of the fact that assumptions are regarded as axioms / proverbs, a researcher does neither question their truth value, nor submit them to empirical testing. The truth of the assumptions is accepted for the purpose of the study at hand. Mouton (2004) states that assumptions function as foundational beliefs or statements that support whatever decisions a researcher makes during the research process. These assumptions include the meta-theoretical, ontological, epistemological, axiological, and methodological assumptions.

1.7.1 Meta-theoretical assumptions

Botes (1995) states that meta-theoretical assumptions are not testable, deal with the human beings and society, and have their origin in philosophy. According to Botes (1995), meta-theoretical or meta-paradigm assumptions influence the research decisions throughout and serve as a framework within which theoretical statements are made. Creswell (2013) suggests that the following four fundamental interrelated questions should be asked by an inquirer in order to understand the assumptions.

Table 1.1 lists the assumptions of the naturalistic paradigm used in this study to address the basic philosophical questions.

Table 1.1: Major assumptions of a naturalistic paradigm

Assumption	Naturalistic paradigm
Ontological What is the nature of reality in this study?	Realities of the lived world of women who had dumped babies and / or committed infanticide were explored.
Epistemological What is the relationship between an inquirer and the research phenomenon?	The researcher conducted in-depth unstructured interviews. Subjective interaction was thus facilitated and it was assumed that knowledge is maximised in the findings.
Axiological What is the role of values in an inquiry?	Subjective interaction and values were inevitable and essential in this study.
Methodology How should an inquirer obtain knowledge?	Qualitative, explorative, descriptive, and contextual research methods were used to conduct the study. The participants shared their life experiences of baby dumping and infanticide.

1.7.1.1 Ontological assumption

Ontological assumptions are those assumptions that are concerned with the nature of the reality of a research participant in its various dimensions, therefore, ontological assumptions are implicit in our understanding of human nature (Kimberly, 2009). The research question that needed to be answered was: “What is the nature of reality as perceived by the research participants in various situations?” Creswell (2009) holds the point of view that reality is constructed by individual involved in the research situation. The reality in this study is the adolescent mothers’ experiences who had dumped babies and / or committed infanticide. According to Coady and Lehman (2008), reality is created as a consequence of an individual’s perceptions

and reaction to external stimuli to which that individual responds. Coady and Lehman (2008) also argues that reality is subjective and each individual's creation of reality is unique and independently formulated. Therefore, we as human beings create our own understanding of the phenomena that surround us by reflecting on our experiences. Edmonds & Kennedy (2013) note that "reality" arises from each individual's perception of his / her experience, for example dumping a baby and / or committing infanticide.

Ontology attempts to explain how the phenomenon is subjectively perceived and analysed by a researcher and participants to extrapolate the universal truth about a particular phenomenon. Hence, there is no single reality; there are multiple realities constructed by an individual from her / his own perception and interpretation of a given phenomenon (Edmonds & Kennedy, 2013).

In this study, multiple realities comprised multiple experiences; i.e. the realities of the researcher, the participants, and the readers who are interpreting the study. The researcher used direct quotations from interviews as supporting information. Data that had been gained from observations and interactions during the interviews were divided into sets of themes and summarised in order to provide clear meanings that reflected the lived experiences of women who had dumped and / or committed infanticide (Mertens, 2009). The reality of this study was complex, since it was built on the variety of individual opinions of the study participants.

1.7.1.2 The epistemological assumption

Epistemology, as a technical term in philosophy, refers to how we know; the relationship between the knower and the known (Creswell, 2013). According to Repko (2012), epistemology is the branch of philosophy that studies how one knows what is truth and how one validates truth.

The question that needed to be answered with epistemological assumption is: “What is the relationship between the inquirer and the participants?” In this study, the researcher facilitated and conducted unstructured in-depth face-to-face interviews that were large subjective. The purpose of gathering information during the interaction with women who had dumped babies and / or committed infanticide through the interviews was to enable the researcher to gain knowledge about experiences of the women’s fear of reintegration. Therefore, it was necessary for the researcher to conduct unstructured in-depth interviews with the women who had dumped babies and / or committed infanticide with the aim of getting answers since the truth was captured in the reality that they built for themselves. This truth aided the researcher with obtaining knowledge with regard to the fear these women had about the extensive reintegration process. The time spent with the participants during the interviews enhanced the researcher’s understanding of the importance of the context. The findings of this study were the result of interaction between the researcher and the participants through face-to-face individual interviews. The researcher assumed that the knowledge gained through these interviews maximised the findings. For that reason, the researcher openly discussed findings / values with

the participants. Furthermore, the researcher considered the findings / values as the shaped interpretation of the researcher, as well as the participants (Creswell, 2009).

1.7.1.3 The axiological assumption

The axiological assumption needs to answer the question of: What is the role of values in the inquiry? In this study, the subjective interaction between the researcher and the participants in the context of their respective values was inevitable and essential. Axiology is considered as the study of “being”, therefore, it influences how people view themselves in relationship with others.

Polit and Beck (2008) state that the inquiry should focus on the “subjective and non-quantifiable”, i.e. the context determines the boundaries of the inquiry. The individual aspects of phenomena are captured within the context of individual experiences, for example the experiences of women who have dumped babies and / or committed infanticide. The researcher acknowledged that qualitative research is value laden and exposed to biases. In this study, the values of the different identified groups, such as the researcher and women who had dumped babies and / or committed infanticide, determined the context. This study added value, since the availability of the training programme facilitated the reintegration of women had dumped babies and / or committed infanticide.

1.7.1.4 Methodological assumption

Methodology refers to the best ways and means of obtaining evidence. In order to clarify the methodological assumptions about the accuracy of the information contained in the data, it is incumbent on a researcher to explain the steps he / she

needs to take in order to justify the applicability of the information obtained from the participants (Creswell, 2007). In this study, the research process was based on a qualitative naturalistic methodology. The naturalistic methodological assumption emphasises the desirability to present the entire narrated information of the participants, as well as to contextualise the entire phenomenon (Polit & Beck, 2009). For the purpose of this study, an inductive process and the interpretation of narrated information from women who had dumped babies and / or committed infanticide were used. The findings were qualitatively analysed and findings were based on the results that identified the need to facilitate the reintegration of the imprisoned women who had dumped babies and / or committed infanticide in the society. The findings of this study and the implementation of the psychosocial training programme can be replicated in any appropriate context.

1.7.2 Rhetorical assumption

These meta-theoretical assumptions deal with human beings and society, therefore, they provide an essential framework for theoretical assumption of this study. In this study, rhetorical assumption was important because it meant that what the researcher was reporting was based on what she had observed in the most objective way possible. A rhetorical assumption does not concern itself with gathering quantitative data and performing statistical calculations. Rather, the rhetorical style of this research report had a more humanistic approach that sought to thoroughly interpret and describe the research results.

1.7.3 Theoretical basis of the study

Theoretical frameworks are testable for they offer epistemic pronouncements about the research field and give shape to the conceptual framework of a research project (Botes, 1995). The theories that were used during the course of this study were Dickhoff, James and Wiedenbach's (1968) practice-orientated theory, Kolb's learning theory, and Knowles' andragogical learning.

1.7.3.1 Dickoff, James and Wiedenbach's (1968) practice theory

Dickhoff *et al.*'s (1968) practice-orientated theory was utilised to achieve the purpose of the study, namely to facilitate the reintegration into the society of previously imprisoned women who had dumped babies and / or committed infanticide. The activities that Dickhoff *et al.* (1968) included in their situation producing theory were used as a reasoning map. The reasoning map is described in Chapter 4.

This study used the concepts in the survey list drawn up by Dickoff *et al.* (1968) that included the concepts of agent, recipient, dynamics, procedure, context, and terminus. The survey list formed the basis of the reasoning map:

- The agent is the one who has the required knowledge and is capable of performing activities identified that are related to the problem (Dickoff *et al.*, 1968). In the context of this study, the agent was the researcher in the capacity of lecturer and facilitator who implemented the training programme that had been developed in the context of this study.
- The recipient is the beneficiary of the activities designed by an agent. In this study, women who had dumped babies and / or committed infanticide were the beneficiaries of the training programme.
- The context is regarded as the environment where the activities take place. In this study, the lived experiences of women who had dumped babies and / or committed infanticide were explored in the environment where it took place.
- The procedure is the technique that guides the activities. In this study, the procedure was the training programme that facilitated the reintegration of the

previously imprisoned women who had dumped babies and / or committed infanticide in their respective societies.

- The dynamics are guiding rules, protocols, or techniques to be followed while activities are taking place and they facilitate a positive outcome; in this study, the outcome was the successful reintegration women.
- The terminus denotes activities and goals in which an individual is involved. In this study, the terminus encompassed the activities that were identified to address the reality of women who had dumped babies and / or committed infanticide.

The conceptual framework used in this study provided the basis for the development of an educational programme to facilitate the reintegration of imprisoned women who had dumped babies and / or committed infanticide in the society.

1.7.3.2 Kolb's experiential learning theory

Kolb's theory of experiential learning guided the procedure and the technique during the implementation of the psychosocial training programme as illustrated in Chapter 5 and 6. Kolb's model works according to a four-stage cycle that includes:

Concrete experience – doing or having an experience; this kind of learning results from discussions and feedback from other participants.

Reflective observation – reviewing and reflecting on experiences; this kind of learning comprises the observation of other people or reflective activities, such as role playing.

Abstract conceptualisation – concluding or learning from experience; this is learning from authority in directed learning situations, for example learning from lecture presentations and learning by constructing own conclusions.

Active experimentation – preparation and implementation of what was learnt; this kind of learning comprises active learning through experimentation; for example, engaging in group discussions, case studies, and simulations. Figure 1.2 outlines Kolb's four-stage learning cycle.

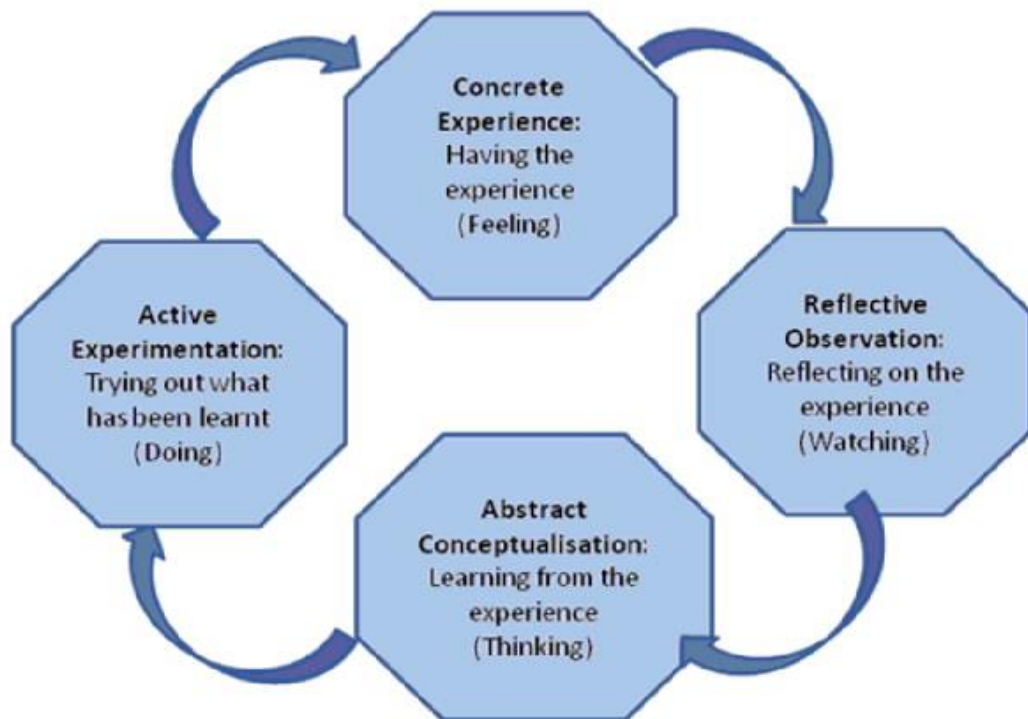


Figure 1.2: Kolb's learning styles

1.7.3.3 Knowles' andragogical learning theory

Since the women who had dumped babies and / or committed infanticide were young adults and adults, the Adult Learning Theory of Knowles was used in this study as outlined by Graig (1996) and applied in Chapter 5 and 6. The assumptions for this

study were that women who had dumped babies and / or committed infanticide as adults:

- wanted to learn what would be useful to them in order to know that they did not waste their time;
- expected to direct their learning, in other words, being actively involved in their learning;
- were more receptive to learning when the aspects of learning were relevant to the activities they were involved in;
- expected to solve their own problems and take relevant decisions to solve them; and
- wanted a clear demonstration of the benefits it would have when they participated in the activities.

The findings in Chapter 3 confirms the necessity for Knowles' Adult Learning Theory to be included in Chapter 5.

1.7.4 Definition of terms

For the purpose of this study, the key concepts below are explained and discussed in order to provide insight into their use in this study.

1.7.4.1 Psychosocial

According to the Collins English Dictionary (2006), psychosocial refers to one's living environment, relationships, and support and their impact on one's psychological state.

1.7.4.2 Programme

A programme is defined as an officially organised system of service activities or opportunities that assist people with achieving something (Cambridge Academic Content Dictionary, 2009). For the purpose of this study, programme refers to guided assistance to women who had dumped babies and / or committed infanticide.

1.7.4.3 Facilitate

Facilitate comes from the Latin word *facilitas*. It means to make something easier or more likely to happen (Collins English Dictionary, 2006). The synonyms are ease, simplify, expedite, and assist. Smith (2009) refers to facilitating as a process of working face-to-face with individuals and small groups in a learning environment. In this study, facilitating guidelines for women who had dumped babies and / or committing infanticide entailed offering understanding and assisting them during fruitful deliberations.

1.7.4.4 Reintegration

Reintegration is defined by Thurber (1997) as all programme activities conducted to prepare an offender to return safely to the community and live as a law-abiding citizen. In this study, direct services were provided to women who had dumped babies and / or committed infanticide and included: Case management for individual women in the jail and for one-year period after release, technical assistance, training, financial support for community service providers that served ex-offenders, staff support for a network of local service providers that coordinated services and

advocated for resources, and policy analysis and advocacy to identify and reduce barriers to successful community reintegration of women released from jail.

1.7.4.5 Imprisoned

Imprisoned refers to an act of putting in or confining a person to prison, the restraint of a person's personal liberty, or coercion exercised upon a person to prevent the free exercise of his powers of locomotion (Black's Law Dictionary, 2009). Women who had dumped babies and / or committed infanticide were all sentence for a couple of years in prison, meaning they had to serve their years of sentence before they were released.

1.7.4.6 Woman / Women

A woman is a female human. The term *woman* is usually reserved for an adult. The term *woman* is also sometimes used to identify a female human, regardless of age, as in phrases such as "women's rights". "Woman" may also refer to a person's gender identity (Morrow & Messinger, 2012). In this study, woman referred to a young woman who had dumped a baby and / or committed infanticide. These women were between the ages of 17 – 25 years when they had been incarcerated which have the indication that these young women were most vulnerable to getting pregnant. It was perceived that new mothers, especially young girls, were overwhelmed by the harsh reality of becoming mothers and all the responsibility it entailed.

1.7.4.7 Commit

Commit means to perpetrate or carry out a mistake, crime, or immoral act (Collins English Dictionary, 2006). Under current Namibian law, a person who dumps a baby could be convicted of a crime against an infant in addition to other crimes; such as murder, attempted murder, culpable homicide, or exposing a child or concealment of birth (Coomer, 2011). In this study, women had dumped their babies and / or committed infanticide which led to a criminal act that is punishable according to Namibian law.

1.7.4.8 Baby dumping

“Baby dumping” refers to the discarding or leaving alone, for an extended period of time, a child younger than 12 months of age in a public or private setting with the intent to dispose of the child. In Namibia, it is unacceptable and illegal to conceal a pregnancy before giving birth to, abandoning, or dumping the newborn child. In most cases, these newborn children die as a consequence of being dumped after birth. While baby dumping is a criminal offence, at the same time it is a cry for help (Crawford, 2012). The Ministry of Gender Equality and Child Welfare, with support from UNICEF and the LAC, is working to address the problem of baby dumping through legislative reform. In this study, it is implied that women who had dumped babies and / or committed infanticide were prosecuted and they were sentenced to prison with charges of murder and concealment of birth.

1.7.4.9 Infanticide

“Infanticide” is defined as the killing of an infant, where an infant is a child under the age of one year. This definition does not only denote the act of terminating the life of an infant, but also the act of passively allowing an infant to die without intervening when this would mean saving the infant’s life (Ministry of Gender Equality and Child Welfare, 2009). In this study, women who had terminated the lives of their children wilfully received prison sentences with convictions of murder.

1.7.4.10 Society

Society can be defined as a group of people involved in persistent social interaction, or a large social grouping sharing the same geographical or social territory, typically subject to the same political authority and dominant cultural expectations (Cambridge Academic Content Dictionary, 2009). The synonyms are community, the general public, and the population. The community that was part of the society had to be educated about and made to understand the reintegration of women who had dumped babies and / or committed infanticide to facilitate the reintegration process. In this study, women who had dumped babies and / or committed infanticide were rejected, stigmatised, and discriminated against either by their male partners (boyfriends) who denied paternity or by the family members and / or community, hence the development of guidelines to reintegrate these women successfully into their societies.

1.8 OUTLINE OF THE STUDY

Chapter 1 introduces the study and its rationale, as well as outlines the background to the study, the purpose, the objectives, the significance, and paradigmatic perspective of the research.

Chapter 2 describes the research design and methodology.

Chapter 3 discusses the research findings and literature control.

Chapter 4 describes the development of the guidelines to facilitate the reintegration of women who had committed baby dumping and / or infanticide in the society.

Chapter 5 describes the strategy for operationalising the guidelines in practice.

Chapter 6 summarises and concludes the study, identifies its limitations, and makes recommendations.

1.9 SUMMARY

This chapter outlines the study, including the introduction and rationale for the study, the background of the study, and the problem statement. The purpose of the study and its objectives are outlined, as well as paradigmatic perspective on which the study has been based. Terms are also defined. The next chapter covered the research design and methods.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION AND RATIONALE

Chapter 1 describes the overview, background, problem statement, objectives, and the purpose of the study, while this chapter presents the research design that supported the research processes followed in the study.

2.2 RESEARCH DESIGN AND METHOD

The researcher used a research design that was interpretivistic, qualitative, explorative, descriptive, and contextual in nature. These approaches focused on the way in which human beings make sense of their subjective reality and attach meaning to it. Holloway & Wheeler, 2006). Research design defined by Burns and Grove (2009) as the structural framework of a study. In other words, it is a plan or blueprint for the way in which a researcher intends to conduct a research study as a process of gaining a better understanding of the complexities of human interaction.

Thus, a research design may be described as a set of guidelines and instructions used by a researcher to make appropriate decisions in relation to the research problem. A research design encompasses an outline that will achieve the research objective (Babbie & Mouton, 2009; Burns & Grove, 2009).

The researcher followed this approach with the aim of understanding why women had dump babies and / or commit infanticide from the perspective of women who

experienced it and deducting key concepts from the research findings in order to develop an educational program.

2.1.1 Qualitative design

Polit and Beck (2012) describe qualitative research as “an investigation of phenomena, typically an in-depth and holistic fashion through the collection of rich narrative materials, using a flexible research design.”

Unstructured in-depth interviews were employed to collect primary qualitative data from women who had dumped their babies and / or committed infanticide. Secondary data was obtained through the review of textbooks, journals, Namibian newspapers, and relevant Internet materials.

The researcher used direct questions to interrogate the interview data in order to arrive at the research findings that reflected on the personal views and experiences of women who had dumped their babies and / or committed infanticide. The theoretical framework was not predetermined for the collection of qualitative data from the study participants. Direct quotations of the research participants were captured during the interviews to reflect personal experiences; therefore, a holistic approach was needed to acquire qualitative data.

In addition, qualitative designs are also naturalistic in nature, whereby the researcher entered the participants' life-setting. That enabled the researcher to better understand the meanings attached to women who had dumped babies and / or committed infanticide, how they constructed and made sense of their world. This research study

took place in a real-world setting and the researcher did not attempt to manipulate the phenomenon of interest (De Vos, 2009).

A qualitative design was selected for this study for the following reasons:

- A qualitative design represents an attempt to understand people's interpretation; in this study, the women who had dumped babies and / or committed infanticide.
- The data was collected in a natural setting (Babbie & Mouton, 2009; De Vos, 2009).
- The researcher was interested in the meanings implied in the way in which the participants made sense of their lived experiences, as well as the structures they encountered in their world (Creswell, 2008).
- The qualitative design enabled the researcher to build a complex and holistic picture through the analysis of the words used by the participants and the reporting of specific views and experiences of the participants about baby dumping and infanticide. These specific views and experiences were then accorded meaning in an effort to realise the stated objectives (Creswell, 2008; Babbie & Mouton, 2009)

2.1.2 Explorative design

Polit and Beck (2012) define an exploratory research design as “a study that explores the dimensions of a phenomenon or that develops relationships between phenomena.” Collins Thesaurus (2006) lists the following synonyms for “exploratory”: probe, scrutinise, search, and analyse.

By definition, baby dumping refers to women abandoning or discarding a child younger than 12 months in a public or private place with the intent of disposing of it. Baby dumping, according to Modie-Moroka (2011), involves leaving a child where they may or may not be found by other people.

Unstructured in-depth interviews were used to probe and explain issues with regard to the experiences of women who had dumped babies and / or committed infanticide. This was done through asking a general question after which the researcher used probing to elicit the experience of each study participant; the introductory question was:

“Tell me about your experience of baby dumping and / or committing infanticide?”

This study explored the experiences of women who had dumped babies and / or committed infanticide. An explorative design was used to explore the way in which a certain individual or group experienced the phenomenon about which the researcher had little knowledge, in order to discover more about the issues being researched. This design was used in this study to establish and gather new facts about women who had dumped babies and / or committed infanticide in order to determine whether there was new information that would enable the researcher to gain new insights about the phenomenon under study (Babbie & Mouton, 2009).

Explorative research implies that a researcher is studying ideas and possibilities and not allowing predetermined ideas to direct the research. In this study, the researcher endeavoured to gain access into the world of women who had dumped babies and /

or committed infanticide and to access their lived experiences. The key concepts were inferred from the research findings that were explored during content analysis to develop an educational programme.

Polit and Beck (2012) define descriptive research as “a study with the main objective of describing an accurate portrayal of the characteristics of persons or situations.” Polit and Beck (2012) further explain that the purpose of a descriptive design is to observe, describe, and document aspects of a situation as it naturally occurs with the aim of serving as a starting point for theory generation. Collins Thesaurus (2006) lists the following synonyms for “descriptive”: vivid, detailed, and explanatory.

A qualitative descriptive design was used to gather factual data by giving the participants time to describe their experiences with regard to baby dumping and infanticide. The participants provided information about the phenomenon under study through unstructured individual interviews that were conducted in Oluno Correctional Facility in the Oshana region. A descriptive design is committed to generating factual informal from the participants in their natural state where frank descriptions of the research phenomenon are supplied by the research participants (Mouton, 2006). A descriptive design aims at capturing the experiences of participants in their context in order to understand and interpret their present realities from their point of view. The researcher exposed the truth as a co-creator by describing the meaning and the participants’ experiences during the exploration of the research phenomenon (Henning, Van Rensburg & Smit, 2007).

The unstructured individual interviews allowed women who had dumped babies and / or committed infanticide to describe their own experience in their own words in

as much detail as possible (Polit & Beck, 2012). These descriptions assisted the researcher with obtaining complete and accurate information about the experiences of women who had dumped babies and / or committed infanticide.

2.1.3 Descriptive design

Polit and Beck (2012) define descriptive research as “a study with the main objective of describing an accurate portrayal of the characteristics of persons or situations.” Polit and Beck (2012) further explain that the purpose of a descriptive design is to observe, describe, and document aspects of a situation as it naturally occurs, with the purpose of serving as a starting point for theory generation. Collins Thesaurus (2006) lists the following synonyms for “descriptive”: vivid, detailed, and explanatory.

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2.1.4 Contextual design

It is important to understand the context in which guidelines are developed, therefore, the context is the situation in which a research project takes place and comprises human, environmental, professional, and organisational qualities (George, 2002).

The study was conducted in a rural area, namely at the Oluno Correctional Facility in Oshana region in Ondangwa Constituency in Namibia. Data was collected from women who had dumped their babies and / or committed infanticide. Babbie and Mouton (2009) maintain that qualitative researchers focus on describing and understanding events in their natural context, meaning is conferred on concerned events, and claiming that these events are understood.

The context represents the setting or the site where the phenomenon is studied. It is generally accepted that it is not possible for researchers to understand human behaviour without understanding the framework in terms of which the participants interpret their feelings, actions, and thoughts (Davies, Kumtepe & 2 Aydenis 2007). Thus, a contextual design provides an understanding of the circumstances that shape human meanings.

The aim of using a contextual design in this research study was to enable the exploration of the perceptions of women who had dumped babies and / or committed infanticide in the context of their experiences in their real-life situations. The choice to contextualise the participants' experiences was done intentionally to limit the researcher's influence to disturb or manipulate the natural setting of the phenomenon under study. The point of the view of the researcher acknowledged the fact that the participants were not isolated from their environment and the factors that affect their environment.

2.2 REASONING DESIGNS

2.2.1 Inductive reasoning

Polit and Beck (2012) describe logical reasoning as “a method of knowing that combines experience, intellectual faculties, and formal systems of thought.” Chinn and Kramer (2008) define logical reasoning as “a system of reasoning that deals with the form of relationship among propositions.”

In view of the fact that qualitative studies use interpretivistic approach, reasoning designs are discussed in accordance with their application to this research. The researcher used the following reasoning design principles to generate knowledge about women who had dumped their babies and / or committed infanticide: inductive reasoning, deductive reasoning, infer, bracketing, and reflection.

2.2.2 Deductive reasoning

Chinn and Kramer (2008) define deductive logic as “reasoning from the general to the particular.” Fain (2009) accentuates that deductive reasoning generates theory by beginning with known facts to test predictions and validate existing relationships. Chinn and Kramer (2008) also emphasises that in deductive logic, two or more premises are used to draw conclusions. Deductive reasoning moves from the pattern that might be logically or theoretically expected to an observation that tests whether the expected pattern is actually occurring (De Vos, Strydom, Fouchè & Delpont, 2006).

The reasoning during deduction is incomplete and it is possible to develop conclusions before a researcher confirms these conclusions with the research participants. Therefore, it becomes more important that researchers have to prove all their claims (De Vos *et al.*, 2006). Deductive reasoning is used in research to confirm whether a researcher’s assumptions are true or not for the purpose of the study (Babbie & Mouton, 2009).

In Chapter 4, deductive reasoning was used as the survey list: agent, recipient, context, dynamics, procedure, and terminus. In Chapter 6, deductive analysis was applied to describe the guidelines for operationalising the programme for women who had dumped babies and / or committed infanticide. The researcher used deductive reasoning in this study to conduct the literature control and to formulate practical guidelines for operationalisation.

2.2.3 Inferential reasoning

Chabeli (2001) defines inference as a process that applies one proposition to arrive at and affirm some other proposition. An inference is a meaning that is suggested rather than directly stated. Inferences are implied through clues that lead the reader to make assumptions and draw conclusions. Mouton (2006) explains that drawing an inference refers to a logic declaration that one makes from a premise to a conclusion.

During conceptualisation and the development of the training programme, inferential reasoning was used in the literature review investigation to clarify the meaning of women who had dumped infanticide their babies and / or committed infanticide (Chapter 3).

Inference can be done in four stages (Mouton, 2006).

1. *Observation*: Collect facts without bias.
2. *Analysis*: Classify the facts and identify patterns of regularity.
3. *Inference*: From the patterns, infer generalisations about the relations between the facts.
4. *Confirmation*: Test the inference through further observation.

2.2.4 Bracketing

LoBiondo-Wood and Haber (2010) refer to bracketing as a “reasoning approach to identify and hold in abeyance or put into brackets preconceived beliefs and opinions about a phenomenon under study.” Bracketing is used in research when a researcher suspends what is known about the research phenomenon, to allow the data to convey

undistorted information as described by the participants themselves (Brink, 2006; De Vos *et al.*, 2001). In this study, the researcher had to identify and write down her own principles, assumptions, biases, descriptions of her own perceptions, and what was known about the topic before beginning with the interview sessions with the purpose of bracketing these factors during the interview sessions.

Through bracketing (reductionism), a researcher holds in abeyance ideas, preconceptions, and personal knowledge (Groenewald, 2004). The goal of a researcher is to achieve transcendental subjectivity, which in turn, denotes that the impact of the researcher on the inquiry is constantly assessed by neutralising biases and preconceptions. The aim is to allow a researcher to view the phenomenon in its uncontaminated nature. This recommendation concurs with Husserl's (in Bernard & Ryan 2010) conviction that it is not only necessary to bracket an individual's consciousness, but also that of the outer world; as acquired through society, culture and history; and which may be contained in the literature reviewed.

In this study, the researcher took these arguments into account by deciding that each description of the experience of women who had dumped babies and / or committed infanticide contained certain unique experiences. In addition, each of those experiences included features that were intrinsic to that experience and which made the experience what it was. Therefore, it might not be possible to generalise the findings to other experiences of the same phenomenon. This background was present throughout the interpretive process and, although it informed the interpretations of the data, it did not influence them.

This technique enabled the researcher to constrain personal biases by “bracketing out” the self and examining her own prejudgement in order to obtain a clear picture of the people investigated (Burns & Grove, 2009; Polit & Beck, 2008). Furthermore, bracketing is a process that puts aside the knowledge and opinions with regard to the phenomenon being investigated and already known to the researcher to prevent them influencing the data.

2.2.5 Reflexivity

Reflexivity is a process of reflecting critically on self and of analysing and making note of personal values that could affect data collection and interpretation (Polit & Beck, 2008). Researcher credibility refers to the faith that can be put in the researcher to enhance the research (Polit & Beck, 2008).

Reflexivity was continually used during this study because the researcher guarded against the potential influence that might have contaminated the research design, the setting, her behaviour during data collection, data discussion, interpretation, and presentation (Hennink, Hutter & Bailey, 2011). Reflexivity between the researcher and the participants was achieved during the interviews through acknowledging and reacting to their backgrounds, characteristics, and positioning. During the interviews, the researcher and the participant contributed to the co-construction of reality about the research phenomenon (Hennink *et al.*, 2011).

2.3 RESEARCH METHODS

A research method is defined as a systematic set of techniques and procedures followed by a researcher when collecting and analysing data. It refers to the

particular steps, advanced procedures, and strategies used by a researcher when collecting and analysing data during the research process (Babbie & Mouton, 2009). Effective research methods ensure that a research question is answered as reliably as possible with the purpose of achieving the objectives of a study (Creswell, Rocco & Hachert, 2011). In this study, the researcher conducted individual in-depth interviews. The researcher kept written records of all the observations made and noticed during each interview and a voice recorder was used to capture each individual interview.

2.3.1 Phase 1 – Situational analysis

A situational analysis had been introduced as a planning step that assisted the researcher to gain an in-depth understanding of the experiences of women who had dumped their babies and / or committed infanticide in their respective social environments.

2.3.1.1 Population

Polit and Beck (2012) define population as the entire set of individuals having some common characteristic. In this study, an accessible population was used. The accessible population was eleven women who had dumped their babies to whom the researcher had reasonable access. The target population was women who had dumped babies and / or committed infanticide who met the sampling criteria.

Polit and Beck (2012) define an accessible population as the population of people available for a particular study and that is often a non-random subset of the target

population. LoBiondo and Haber (2010) define a target population as “the entire population the researcher is interested in, who met sampling criteria.”

As a result of the small sample size consisting of eleven women who were emotionally and psychologically affected, the researcher in consultation with her supervisor decided to conduct focus group discussions with the groups consisting of five members each with the exception of parents who were seven (females). The focus groups were parents, members of the community (pastors), male partners (boyfriends), and correctional officers. The researcher went to the Oluno Correctional Facility in Ondangwa where she found another five women who were newly incarcerated because of baby dumping and infanticide. These women had been asked for their permission to participate in a focus group discussion and they agreed to participate. Another reason for holding these focus group discussions was to augment and to give weight to the educational programme that had to be developed.

2.3.1.2 Sampling and sample methods

Babbie and Mouton (2009), Roberts (2004), and Polit and Hungler (2006) describes a sample as a subset of the population that is selected for a particular investigation. In other words, a sample is a set of elements that is purported to represent the accessible or universal population.

The sampling criteria were met when the study subjects only included women who had dumped babies and / or committed infanticide; those with the first-hand experience of dumping their babies. The subjects were able to express their

experiences in a language they were comfortable with and which the researcher understood. The sampling criteria facilitated the sampling process. The researcher used a non-probability purposive sampling technique to select the study subjects. Homogeneous sampling, which was one strategy of purposive sampling was used in this study because it relied on the judgment of the researcher to select participants who were similar based on the knowledge about the research phenomenon of interest and the assistance they could give to achieve the research purpose and objectives (Babbie & Mouton, 2009).

Polit and Beck (2012) describe a purposeful sampling method as “non-probability sampling in which the researcher purposely selects study subjects, based on personal judgment about which one will be most representative”. Women who had dumped their babies were, therefore, purposively selected as key informants in the study to share their experiences and provide quality data about baby dumping. The researcher conducted interviews until data saturation was achieved where information that previous participants had provided started repeating itself. Saturation, therefore, refers to the moment when the subjects’ descriptions become repetitive, with no new or different ideas emerging during the data collection process (Fain, 2009).

2.3.1.3 Inclusion criteria

Burns and Grove (2009) describe inclusion criteria as those elements that provide direction or comprise a list of the characteristics essential for inclusion in a sample. In this study, the sampling inclusion criteria upon which the selection of the participants was based were:

- 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 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 researcher was conversant in.
- Parents of the women who dumped babies and / or committed infanticide freely and voluntarily gave informed consent to be interviewed.
- Male partners who impregnated the women who dumped babies and /or committed infanticide. who were able to speak and understand either Oshiwambo or English or both; the languages that the researcher was conversant in.
- Correctional officers who were directly involved in the care of women who dumped babies and / or committed infanticide who expressed themselves in English.
- Members of the community (pastors) who were affected by baby dumping and / or committing infanticide. who were able to speak and understand either Oshiwambo or English or both; the languages that the researcher was conversant in.

2.3.1.4 Preparation of research field

Thorough and a detailed preparation is essential before entering the field to embark upon a research project. In this study, the field encompassed the Oluno Correctional Facility in Ondangwa, Oshana Region where women who had dumped babies and /

or committed infanticide were located. After gaining permission from the Namibian Ministry of Safety and Security, the researcher travelled to the north to familiarise herself with the correctional officers, social workers, the prison environment, and to explain the research study to the managers of the prison. That had been the first meeting with the people who were involved in the study; the researcher used the opportunity to secure a venue where the interviews could be conducted. The researcher was received with some scepticism because she did not have a personal relationship with the prison managers and the fact that the prison was a place of confinement. However, the researcher established rapport with the prison managers, as well as the participants while the research was progressing.

After identifying the locality, the researcher considered the ethical aspects in order to guard against any violation of the supporting principles of the research project. After the first engagement at the facility, the researcher was permitted to have a talk with the potential participants about the research project. That approach led to an agreeable and informative situation that influenced the participants positively. The researcher had explained the aim and importance of the study, after which the participants consented to take part in the study (Burns & Grove, 2009).

The researcher adopted the approach described above because, according to Silverman (2011), qualitative research is context bound. It means that it is a method of enquiry that requires a researcher to come into direct contact with the participants in their own environment and to obtain their consent to collect data. Data collection is regarded as a process during which relevant data to a phenomenon is sourced

through instruments such as interviews, questionnaires, observations, and field notes with the aim of providing possible answers to a research problem.

2.3.1.5 Data collection method

In this study, the researcher used unstructured individual interviews for the data collection process.

2.3.1.6 Unstructured individual interviews

According to Gomm (2004), unstructured individual interviews are conducted with the aim of extrapolating a picture of the understanding participants have of their life-world at a personal level. without any preconceived notions or expectations to guide the research, the main purpose of the interview in this study aimed at gaining a deeper understanding of the nature or meaning of the daily experiences of women who had dumped babies and / or committed infanticide. 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. Participants were also comfortable enough to supply meticulous descriptions that enabled the researcher to understand the phenomenon without fear of wasting time unnecessarily during the interview sessions. The participants were comfortable, since the unstructured interviews took place in a setting that was familiar to them (Watson, 2011).

The dates for the interviews were scheduled with the participants based on the dates that did not interfere with their activities. Eleven unstructured interviews and one focus group discussion consisting of five women were conducted which assisted the researcher to understand the lived experiences of women who had dumped babies and / or committed infanticide. The researcher aimed at gathering rich and in-depth

description of the lived experiences of the research participants from their point of view. The grand / central question was put to each participant in the same manner: *“Tell me about your experience of baby dumping and / or committing infanticide?”*

2.3.1.7 Pilot study

Holloway and Wheeler (2006) point out that a pilot study helps to focus the research. Burns and Grove (2009) are of the opinion that a pilot is essential to refine the data collection process. However, Holloway and Wheeler (2006) maintain that there is no need to carry out a pilot study in a qualitative research project, since the approach is developmental.

Nonetheless, the researcher conducted a pilot study for two women who had dumped their babies and / or committed infanticide in the Oshana Region in preparation for the major study. These women were excluded from actual research. The pilot study was conducted to test the interview guide and the procedure of collecting data in order to rectify any problems that could be identified; the pilot study comprised interviews with two women from the target population.

The general question was asked during the pilot study to the two participants: *“Tell me about your experience of baby dumping and / or committing infanticide?”*

The pilot study was of benefit to the researcher to focus on the study and that, in turn, enhanced the trustworthiness of the findings. The pilot study also aided the researcher to use appropriate facilitative techniques during the interviews.

2.3.1.8 Field notes

During each interview the researcher kept field notes. Those notes included non-verbal communication; such as gestures, lack of interest, enthusiasm, and uncertainty. According to Guba and Lincoln (2005), human beings collect data best through the direct employment of their senses: talking to people, observing their activities, and responding to non-verbal cues.

Through interaction and observation, the researcher collected data in an unstructured manner and by taking field notes. The field notes formed the foundation of Phase 2 and 3, which consisted of the conceptual framework and the development of the guidelines respectively. Field notes also supplemented the data that was not captured by the audio recordings of the interviews.

Field notes consisted, firstly, of observational notes where a researcher writes down what he / she has heard and seen, as well as a description of events that arise from both watching and listening to the proceedings. Secondly, field notes consist of reflectivity notes that include a researcher's reflections on his / her feelings, thoughts, and experiences during the interviews. The latter helps a researcher to prevent personal influences from affecting the research process, since these feelings, thoughts, and experiences may lead to bias (Creswell, 2008; De Vos, 2009).

Polit and Beck (2012) describe the field notes as notes taken by researches describing the unstructured observation they are making in the field. Mouton (2006) supports the use of field notes, and emphasises that it is imperative that a researcher documents the data collection process as accurately and in as much detail as possible

to keep a historic record for other possible researchers. The researcher took different kinds of field notes.

a. Observational notes

Polit and Beck (2012) define observational notes as “the observer’s in-depth descriptions about events and conversations observed in naturalistic settings.” With each interview, the researcher wrote descriptive notes, in terms of what had happened on that particular day, who was interviewed and where the interview was conducted. The researcher also recorded situations experienced through watching, and listening to provide information about actions and context as completely and objectively as possible (Polit and Beck, 2012)

b. Methodological notes

Polit and Beck (2012) define methodological notes as “the researcher’s notes about the methods used during data collection process.” The researcher took methodological notes during fieldwork to reflect the strength of using the phenomenological in depth-interviews to collect data and non-verbal observation during observation.

The methodological notes served as a reminder to the researcher about why probing questions during the in depth-interviews were essential and why they could be fruitful in the subsequent observations. Methodological notes were, therefore, essential for the researcher to critique her own tactics during data collection. (Polit and Beck, 2012).

c. Personal notes

Polit and Beck (2012) define personal notes as “written comments about the observer’s own feelings during the research process.” The researcher took personal notes while conducting the interviewed. The personal notes were, therefore, the researcher’s written comments on her own feelings, reactions, reflections, and experiences of the women who had dumped their babies (Polit and Beck, 2012).

d. Analytic notes

Polit and Beck (2012) define analytic notes as “notes detailing the researcher’s interpretations of observed behaviour.” The analytic notes were the researcher’s effort to attach meaning to the observational notes (Polit and Beck, 2012). Analytic notes were also helpful to formalise meaning into clusters of themes during analysis (Polit and Beck, 2012).

2.3.1.9 Documentary source data

Holloway and Wheeler (2006), suggest that researchers use documents and records because they give information for situations that cannot be investigated by direct observation or questioning. Also, documentary sources contain added knowledge about the group being studied. The researchers treat autobiographies, official documents, and reports – the latter ranging from informal documentary sources to formal and official reports; such as newspapers or minutes of a meeting –as transcripts of interviews or detailed descriptions of observation; they are coded and categorised. They act as sensitising devices and make researchers aware of important issues.

2.3.1.10 Data collection process

Data was collected during unstructured individual interviews until data was saturated. The researcher introduced herself prior to the interviews and explain the main purpose of the research to the participants. The unstructured interviews allowed the researcher to explore in greater depth the data provided by the participants and gained more extensive quality data. The interviews were voice recorded with the permission of the participants and that ensured precise transcripts. The date, venue, and time of the interview were arranged to the participants' convenience. Field notes were taken for observation and non-verbal communication which was important because those observations could not be voice recorded.

The researcher used the Oshiwambo language because that was the language that was spoken by almost all participants except for two participants who expressed themselves in English. The researcher translated the responses of participants who spoke Oshiwambo into English. Data was transcribed verbatim and included indications of silence, reservation, and doubt.

2.3.1.11 Interview setting

The participants were made to feel relaxed after the researcher has introduced herself. The participants were put at ease to ensure that the interview process progressed smoothly. 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 minimum interruption away from the offices.

The seating arrangement was such that participants felt comfortable and free to ensure good interaction. Even though there was a table in the room, the researcher and the participant sat far from the table. The researcher established rapport with participants that was maintained throughout the interview period. One participant brought her baby with; that was the very same baby whom she tried to get rid of and was rescued. The participants were encouraged to be calm and relaxed during the interviews. The researcher listened responsively to participants with minimal interruption from her side during the interviews while the participants were encouraged to talk as freely as possible.

a. Unstructured individual interviews

The interviews were conducted from August 2012 to September 2012 with women who had dumped babies and / or committed infanticide, indicated their willingness to be interviewed, and met the inclusion criteria. In order to ensure consistency in the interview process, the same interviewer (the researcher) conducted the unstructured, one-on-one, in-depth interviews. De Vos (2009) explains that unstructured, one-on-one interviews are also referred to as in-depth interviews.

Fain (2009) emphasises that a researcher is the primary research instrument in phenomenological research, therefore, a researcher is the primary data collection tool. The researcher asked participants the same central question: *“Tell me about your experience of baby dumping and / or committing infanticide?”*

During the unstructured individual interviews, the researcher probed areas suggested by a participant’s answers, picking up on information that had either not occurred to

the researcher or information of which the researcher had no prior knowledge. An audio recorder was used in the process with permission to record the voices of the participants, and that required the researcher to be physically present. The interviews were conducted in a special room within the prison far from any noise where no disruptions could interfere with the interview. The researcher went to the prison a day prior to the interviews to ensure that everything was well arranged before the interviews were conducted the following day. The social worker at the prison prepared the participants psychologically in advance before the actual day of the interview.

With the unstructured individual interviews, the researcher noticed that many of the participants were becoming emotional while they were re-living what had happened. The researcher was of the opinion that those were moments of offloading the burdens the participants carried for a long time and that there was somebody who was ready to lend them an understanding ear.

One of the participants whispered during the interview and later exclaimed loudly, saying:

“I have sinned before God and the government of Namibia and now I have to serve my punishment... I murdered an innocent blood... a lamb of God. I don't know what came over me that day...”

The researcher translated the main question into Oshiwambo to enable the participants to express themselves more authentically and their responses were later translated into English. That, in turn, helped to ensure the quality of the data obtained

because the participants were able to understand the proceedings. During each interview the researcher adhered to the techniques and suggestions as stipulated in De Vos (2009) by asking clear, noncontroversial questions. In addition, probing helped to ensure that the researcher conducted effective interviews with women who had dumped babies and / or committed infanticide. The researcher applied good listening skills in order to determine the next question based on a participant's responses (Polit and Beck, 2012).

Polit & Beck (2012) refer to data collection as “gathering of information to address a research problem”. The participants were asked a main question that had been prepared and reviewed. That was followed by probing when the responses lacked sufficient information or clarity. Furthermore, in order to link the responses to the main question, follow up questions were also asked during the interview. In addition, communication skills; such as paraphrasing and verifying with minimal verbal responses ensured that more comprehensive information from each individual were elicited. The interviewer also utilised various techniques, such as nodding and phrases, such as “tell me more” and “after that?” in an effort to encourage a participant to talk more freely. After each interview, the researcher labelled the audiotapes as well as the date of the interview. Member checking took place when the participants were requested to listen to the audio recordings.

During an interview, the researcher took care not to allow personal principles and biases to interfere with the eliciting of meaningful information about the phenomenon under investigation. Burns and Grove (2009) further advocate the

bracketing of any previous knowledge about the phenomenon in order to make space for new information from participants. Each interview lasted about 45 minutes.

2.3.1.12 Facilitative communication technique

The researcher observed facilitative communication techniques; such as probing, clarifying, silence, minimal verbal responses, non-verbal encouragement, and summarising to smooth the progress of the interviews.

a. Probing

Polit and Beck (2012) describe probing as eliciting more useful information. This is a way of encouraging participants to talk more freely and explain themselves more clearly while providing detailed information. For example, “that is so deep, I have heard that before, can you explain more...”

b. Clarifying

The Oxford Advanced Learner’s Dictionary of Current English ((2006) defines clarify as “to make a point clearer or easy to understand”. The researcher said, for example, “I didn’t clearly, did you say...”

c. Silence

The Oxford Advanced Learner’s Dictionary of Current English (2006) defines silence as “absence of sound”. The participants were at times very emotional while they were re-living their experiences and the researcher would be silent to give them a chance to regain composure before they continued with the interview.

d. Minimal verbal response

When a subject was no longer responding to the researcher or responding minimally, then the researcher would say: “hmmm...” or “eh...” That was done to encourage every participant to say something or to respond to a question. During that time, the researcher used as few words as possible to ease the conversation or the interview.

e. Non-verbal encouragement

The Collins English Dictionary (2006) defines non-verbal communication as “communication not involving words or speech”. In this regard, the researcher sustained a very relaxing facial expression, for example she smiled and also used nodding of the head to restore confidence in the participant that she was actively listening during the interview.

f. Summarising

According to the Oxford Advanced Learner’s Dictionary of Current English (2006), summarising is a “brief account of a process giving the main points of something.” At the end of each interview, the researcher summarised the conversation by saying, “to conclude or to summarise, what you said...”

2.3.1.13 Data analysis

Data analysis is the process of categorising, ordering, manipulating, and summarising the data, as well as describing them in meaningful terms (Brink *et al.*, 2009). Chinn and Kramer (2008) further emphasise that the data analysis process should be consistent with the qualitative research design and purpose of the study. Qualitative

data analysis requires insight, creativity, initiative, conceptuality, as well as sensitivity and is more complex than the statistical analysis of quantitative data (Groenewald, 2004). Furthermore, Groenewald (2004) emphasises that qualitative analysis processes focus on searching for meanings and relationships among categories and generating themes. Thus, the data is dissembled, conceptualised and put back together in a different way. The purpose of this study was to develop a psychosocial training programme, and the explorative research design and method adopted justified the use of a qualitative content analysis. Data analysis in qualitative research is an active and interactive process. Therefore, the researcher immersed herself in the data to search for meaning and to develop an understanding of women who had dumped their babies (Polit & Beck, 2012).

In this study, data collection and data analysis occurred concurrently. The researcher used qualitative analysis techniques to analyse words rather than numbers. The researcher utilised Tesch's descriptive method of data analysis (De Vos, 2009; Creswell 2008; Roberts, 2004) by using an open coding method to analyse, organise, and interpret data:

- The voice recordings were carefully transcribed verbatim and those transcripts from the data collection process in conjunction with the field notes were used while the researcher was also listening to the recorded interviews with the purpose of obtaining a sense of the bigger picture.
- In view of the fact that all the participants spoke in their vernacular (Oshiwambo) language except for two who spoke in English, the translation from the vernacular language to English was a necessity.

- The researcher read the individual transcripts again while writing notes in the margin.
- The researcher dissembled the data and examined it closely. Similar ideas and meanings were clustered together and then grouped into unique themes.
- The most descriptive wording was found and turned into themes.
- The themes were reduced by arranging topics that related to one another and lines were drawn to show the interrelationships between themes.
- Themes and sub-themes were identified.
- The researcher also used co-coders to assist with verifying the data analysis. The researcher and the co-coder reached consensus about the themes.

2.3.2 Phase 2 – Development of a conceptual framework

The researcher developed the conceptual framework after the data had been collected and analysed. A conceptual framework is potentially useful as a tool to scaffold research and, therefore, to assist a researcher to make meaning of subsequent findings (Reichel & Ramey, 2009). The framework formed the basis for the educational programme with the purpose of reintegrating women successfully who had dumped babies and / or committed infanticide. The conceptual framework for an educational programme in this study was constructed according to the three essential ingredients of a situation-producing conceptual framework as proposed by Dickoff, James, and Wiedenbach (1968); i.e. goal-content, activities prescription, and a survey list.

2.3.2.1 Mind map of the researcher

The researcher used the ideas of Dickoff *et al.* (1968) to formulate the conceptual framework used in this study. The survey list of Dickoff *et al.* (1968) includes the context, agent, recipient, dynamics, procedure of the activity, and terminus.

Who is the agent? Who is the recipient? What is the procedure? What are the dynamics? What is the context? What is the outcome? These concepts were used as the basis for the formulation of the conceptual framework.

Dickoff *et al.* (1968) further mention three issues that need to be addressed in the development of the conceptual framework; namely the goal content, the prescriptions of the activity to attain the desired outcome, and the survey list to identify the gap between the intended activity and the prescriptions for the activity. The aim of the framework was to identify major concepts that could be reflected in the educational programme aimed at assisting women who had dumped babies and / or committed infanticide. Those concepts were utilised to develop the theoretical framework of the guidelines for women who had dumped babies and / or committed infanticide (Chapter 4). The researcher's mind map symbolised the interaction between the agent and the recipients to inform the contextualisation within a specific framework and procedure. The context determined the procedure to be followed, whilst acknowledging the dynamics that were reinforcing both the interaction and the facilitation of reintegration process with the aim of accomplishing specific goals or outcomes. The conceptual framework is described fully in Chapter 4.

2.3.3 Phase 3 – Development of an educational programme

This phase entailed the development and implementation of the educational programme. The educational programme was developed according to the themes that had been extracted from the interviews and from the field notes. Since the population of women who dumped babies and / or committed infanticide consisted only of eleven women, the researcher with the permission of the supervisor decided to conduct focus group discussions with parents, pastors, male partners, and correctional officers. This was done to give weight to the content of the educational programme that was going to be developed. The implementation was designed to cover topics that assisted women who had dumped babies and / or committed infanticide during their reintegration period. The implementation was in the format of a workshop, conducted over three days to include the orientation, working, and terminal phases. The details are described in Chapter 5.

2.3.4 Phase 4 – Programme implementation and evaluation

It was vital to evaluate the guidelines after they had been implemented to enable the researcher to identify the weaknesses of the guidelines with the purpose of affecting the necessary improvements. Written and / or verbal feedback events were conducted after the daily workshops with the participants through evaluation forms. A follow-up was conducted after two months with all the women who had dumped babies and / or committed infanticide and attended the workshop to evaluate the effectiveness of the guidelines (Chapter 6). Figure 2.1 illustrates the four phases of this research study.

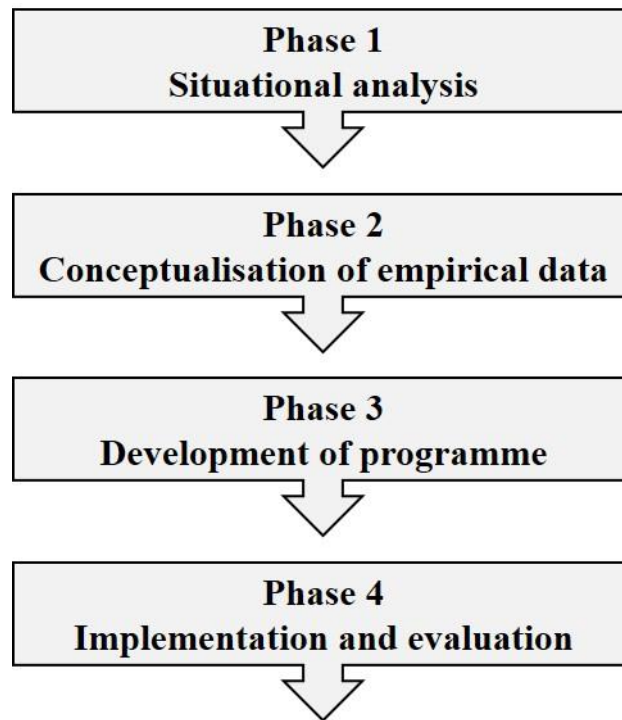


Figure 2.1: Illustration of the four phases of the research study

2.4 ETHICAL ASPECTS

Polit and Beck (2012) describe ethics as “a system of moral values that is concerned with the degree to which the research procedures adhere to professional, legal, and social obligations to protect the rights of the study participants.” Ethical standards in research were examined by the review board of the institution to confirm whether the research process would be executed ethically without violating the participants’ rights (Hennink *et al.*, 2011). After approval by the UNAM Postgraduate Research Committee, the researcher obtained written permission to conduct research with the research participants from the Ministry of Safety and Security. The researcher adhered to the ethical standards applicable to research projects.

2.4.1 Informed consent

According to Tolich (2009) and Slowther, Boynton & Shaw (2006), informed consent can only be obtained after participants have been adequately informed about the risks and benefits of the research project. 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, therefore, during the process of obtaining consent forms from participants, they were not coerced in any way on the recruited to give consent to participate in the study (Hennink *et al.*, 2011). The consent form included participants' title, the researcher's name, the names of the supervisors, the purpose, objectives, method and duration of the study, brief description of the study, as well as its procedures.

2.4.2 Confidentiality and privacy

Confidentiality of the participants was preserved and protected at all times during the study by not disclosing information discussed between the individual participants and the researcher. The worth and dignity of the participants were maintained. An invasion of an individual's privacy might cause a loss of dignity, or result in feelings of anxiety, guilty embarrassment or shame, hence, any such invasion of privacy was guarded against by ensuring that no information was / would be shared either without the knowledge of the participants or against their will. The instruments and methods to be used during the interviews were made known to the participants. Anonymity involved the removal of any identifiable information that could link the data collected to any particular participant (Hennink *et al.*, 2011). The researcher

compiled a list of all the participants who participated in the study and used a coding system that allocated a code to each participant's transcript (Ruger, 2008). The participants were informed that they would each be allocated a number and that their real names would not be used in naming the files that contained the voice recordings of all the interview sessions. During the interviews, the confidentiality of the participants was maintained, since their names were not mentioned during the recordings (Silverman, 2011). The researcher made the voice recordings available to only the research supervisor and the independent coder by creating a secure, unidentifiable copy on a disk (Matheson, 2007).

2.5 ETHICAL PRINCIPLES

Without human participants, research about the lived experiences of people would not be possible. Human subjects expect to be treated fairly, with respect, and in an ethical manner when participating in research. Therefore, it was important for the researcher to adhere to the applicable ethical principles.

2.5.1 Beneficence and non-maleficence

The benefits of the study were made clear to the participants by explaining the advantages of the study. Although not all participants benefitted directly, the ones who were willing to participate in the psychosocial educational programme were invited to attend. Potential harm and discomfort were avoided or minimised by using a private room for conducting the interviews. Participants were also informed of their right not to answer questions that they were uncomfortable to answer.

2.5.2 Principle of justice

Each participant was treated in the same way and was carefully selected based on the problem under study and the inclusion criteria. This principle refers to the equal and fair treatment of all research participants. Justice implies that all citizens have an equal right to the goods distributed, regardless of what they have contributed or who they are. (Butts & Rich, 2008).

2.5.3 Respect for humanity

The rights of women to self-determination and to decide whether to participate or not were explained. Participants were assured of their right to withdraw from taking part in the study at any time without any penalty. The purpose, objectives, and process of the study were fully explained to the participants with the purpose of enabling them to make an informed decision before giving their consent. The researcher provided the information in the language that the participants understood. Before giving their consent, the researcher gave the participants an opportunity to ask questions.

2.6 MEASURES TO ENSURE TRUSTWORTHINESS

The researcher adopted strategies suggested by Lincoln and Guba as cited by Tappen (2011) to establish trustworthiness of the data. These strategies describe trustworthiness as “the degree of confidence that the qualitative researcher have in their data by using the criteria of credibility (trust value), transferability (applicability), dependability (consistency), and confirmability (neutrality)”. The researcher applied these criteria of Guba’s model (Guba & Lincoln, 2005) to enhance the trustworthiness of this study.

2.6.1 Credibility

In this study, credibility was maintained through prolonged engagement, persistent observation, triangulation, referential adequacy, peer group debriefing, and member checking. Bowen (2005) refers to the confidence one has in the truth of the findings of a study that could be established by complying with different methods, e.g. prolonged engagement and support. In this study, credibility was ensured by prolonged engagement during the unstructured individual interviews. Participants were allowed to describe their experiences with regard to the research topic for a month and a half until data saturation occurred. Each interview took about 45 minutes which allowed for thorough exploration of the experiences of women who had dumped babies and / or committed infanticide. Triangulation was ensured by conducting both focus group discussions and unstructured individual interviews sessions. The agreement on themes and sub-themes was reached by having a consensus meeting with an external coder. Focus group interview sessions and all unstructured individual interviews were captured by using a voice recorder (Babbie & Mouton, 2009). These interviews enabled the researcher to understand the lived experiences of women who had dumped babies and / or committed infanticide. A debriefing session with an experienced qualitative researcher and the researcher was held after the interviews had been conducted. The purpose of the debriefing session was to learn from the feedback by the experienced qualitative researcher and to clarify issues that had occurred during the interviews (Onwuegbuzie , Leech & Collins, 2008).

These issues included confirming and assessing the intentions of the participants, correcting obvious errors, and allowing additional information to be supplied voluntarily by participants (Babbie & Mouton, 2009).

Verification of this programme was done by involving the participants who verified whether the study results represented what they have described during the interview sessions, and indicated whether the developed programme would address their needs during the workshop. Table 2.1 summarises the strategy for ensuring trustworthiness of credibility.

Table 2.1: Criteria for and application of credibility

Strategy	Criteria	Application
Credibility	Prolonged field perception	• Researcher collected data from August and half of September in 2012. • The researcher went to the field in July 2015 and conducted a workshop to verify whether the study results represented experiences that the participants shared during the interviews and whether the developed programme would address their needs during the reintegration process.
	Examine the phenomenon under different circumstances	• The researcher was involved in data collection at the Oluno Correctional Facility. • The researcher persistently observed the participants all the time during focus group discussions and individual interviews. • While conducting the educational programme, the researcher also observed the participants.
	Reflexibility (field journal)	• Researcher participated fully in the research during the research proposal development, data collection, data analysis, and data interpretation.

Strategy	Criteria	Application
	Triangulation	• Eleven unstructured individual interviews and one focus group interview were used during the data collection process. • A voice recorder was used to capture all interviews. • Field notes were taken during all the interviews. • Bracketing was done as well.
	Member checking	• Participants were debriefed at the end of each interview, when necessary. • The voice recordings were played back to the participants.
	Peer examination	• The University of Namibia analysed the research proposal. • Faculty seminars were conducted. • Different experts in the nursing research field from South African universities were also involved in the research discussions. • External coder was used.
	Interview techniques	• Reflecting, timing, paraphrasing, clarifying, focusing, silence, and probing were used during the interview. • Interpersonal attitudes; such as congruency, acceptance, and empathy were also employed. • Focus group discussion and unstructured individual interviews were used.
	Structural coherences	• Data analysis process: The Tesch's (1992) eight steps for data analysis were used.
	Referential adequacy	• The researcher underwent specific training before the commencement of the research process – doctoral programme at the University of Namibia.

2.6.2 Transferability

Transferability was ensured through thick, descriptive, clear criteria for nominating the sample and time sampling, as well as a clear description of the participants based

on the intensive way in which the data was collected. Transferability means that other researchers could apply the findings to their own settings, using the research methods that another researcher has used, provided it was described thoroughly (Bowen, 2005). Furthermore, transferability refers to the extent in which the findings of the study could be transferred to another context or with other participants. In this study, the researcher presented a thick description of the research findings in Chapter 4. A thick description of the research methodology is detailed in this chapter (Chapter 2) (Babbie & Mouton, 2001). The research collected sufficiently detailed data in the natural setting, i.e. the Oluno Correctional Facility where the participants were incarcerated. In this study; homogenous, purposive sampling (Johnson & Davis, 2012) was used to collect data from women who had dumped babies and / or committed infanticide. Table 2.2 summarises the strategy for ensuring transferability aspect of trustworthiness.

Table 2.2: Criteria for and application of transferability

Strategy	Criteria	Application
Transferability	Nominate sample	Criteria for the female participants were identified.
	Generalisation from sample to the target population	Data had been collected until saturation was reached.
	Dense description	The researcher provided an adequate and clear database that allowed transferability of judgement by other subject matter experts.

2.6.3 Dependability

Dependability was maintained through an external inquiry audit, a dense description of the research method, stepwise replication, triangulation, peer examination, and a code–recode procedure (Krefting 1991; Babbie & Mouton, 2001). The researcher sent the notes that emerged from the interviews, the interpretation of those notes, as well as the voice recordings of the interviews to supervisors for them to check whether the researcher adhered to acceptable standards in respect of the research process. The concept of dependability refers to the consistency of research findings in a qualitative research study. Indirectly, the measures of credibility were insured by dependability (Babbie & Mouton, 2009). Table 2.3 summarises the strategy for ensuring the dependability aspect of trustworthiness.

Strategy	Criteria	Application
Dependability	Dependability audit	• Peer examination was done. • Guidance was offered extensively by supervisors. • Dense description of the methodology. • Experts in the field were consulted. • A literature controls was conducted.
	Dense description of the research methods	• Research methods; such as the nomination of the participant population, sample and sampling, data collection, and analysis were clearly indicated.
	Triangulation	• Sampling, data collection, and data analysis were conducted as well as bracketing..
	Peer examination	• Experts in the field were consulted to critique and to comment.
	Code-recode procedure	• The services of one internal and one external coder were employed.

Table 2.3: Criteria for and application of dependability

2.6.4 Confirmability

The researcher ensured the safekeeping of the voice recordings, written documents, and notes from the interviews to enable the supervisor to determine whether it was possible to trace the conclusion and interpretation back to their sources and whether the conclusion and interpretation were supported by the inquiries. In this study, confirmability was assured by using triangulation of data collection techniques; such as written field notes and the use of a voice recorder to support verbal responses

during a focus group interview and unstructured individual interviews (De Vos *et al.*, 2006). Table 2.4 summarises the strategy for ensuring the confirmability aspect of trustworthiness.

Table 2.4: Criteria for and application of confirmability

Strategy	Criteria	Application
Confirmability	Triangulation	• The researcher conducted unstructured interviews, kept field notes and did bracketing.
	Reflexive adequacy	• The researcher wrote field notes and made use of a voice recorder
	Independent decoder	• The researcher made use of an independent decoder who had experience in qualitative data analysis.

2.6.5 Authenticity/validity

Authenticity is the extent to which qualitative researchers fairly and faithfully show a range of different realities in the analysis and interpretation of their data (James, 2008). In establishing authenticity, researchers seek reassurance that both the conduct and evaluation of research are genuine and credible, not only in terms of participants' lived experiences but also with respect to the wider political and social implications of research (Guba & Lincoln, 1994). Authenticity emphasises the practical outcomes of the research, i.e. providing women who had dumped babies and / or committed infanticide with information to prepare them for the reintegration process (Bryman, 2012). This approach ensured the tactical

authenticity of this research project (Tobin & Begley, 2004). Table 2.5 summarises the strategy for ensuring the authenticity aspect of trustworthiness.

Table 2.5: Criteria for and application of authenticity

Strategy	Criteria	Application
Authenticity	Fair	The researcher presented all value differences, views, and conflicts of participants.
	Ontological	The research outcomes increased understanding.
	Educative	Perspectives of other social group were better appreciated.
	Catalytic	The research has influenced the participants to change.
	Tactical	The research participants have been empowered by the research to change.

2.7 SUMMARY

This chapter introduces the research designs and research methods of the research project. The qualitative, exploratory, descriptive, and contextual nature of the research design, as well as the strategy and method of the research process are described. The following reasoning designs were also described; namely induction, deduction, inference, bracketing, and reflexivity.

The research method for the study comprised three phases: Phase 1 consisted of a situation analysis, Phase 2 comprised the development of the conceptual framework, and Phase 3 consisted of the development of the guidelines, as well as the implementation and evaluation of the educational programme. The chapter also describes the ethical measures of the research project. Trustworthiness is described in

terms of the credibility, transferability, dependability, confirmability, and authenticity of the research project.

In the next chapter (Chapter 3), the results of the situation analysis , as well as the literature control of the study are described.

CHAPTER 3

DISCUSSION OF THE DATA ANALYSIS AND LITERATURE CONTROL

3.1 INTRODUCTION

This chapter focuses on the research findings, and consistently compares the findings with those of previous studies. The findings are presented in a narrative form, and the participants' responses are quoted verbatim to support the findings. Four main themes were identified during the data analysis process. The researcher took into account the emic perspective which assumes that 'there is not one correct view only'. This was a helpful premise when considering the thoughts and opinions of women who had dumped their babies and / or committed infanticide; first individually and then collectively. This approach permitted a degree of interpretation of what had been reported by a wide variety of participants.

LoBiondo-Wood and Haber (2010) describe a theme as a label that describes data in a condensed format that assists the reader with understanding the information from an emic perspective. The findings provided a notable understanding of the lives of women who had dumped babies and / or committed infanticide. The findings are discussed, and supported by existing literature in order to indicate whether these findings either agree or disagree with the findings from previous studies while pointing out gaps in previous studies. Furthermore, the literature control enables the discovery of whether the themes identified have been previously documented. In addition, a literature control enhances the reliability and credibility of the results.

In the next section, the researcher describes the field activities and the description of the participants.

3.2 FIELD WORK ACTIVITIES

The Phase 1 objective, which formed the basis of the discussion was to explore and describe the experiences of the women who had dumped babies and / or infanticide. The participants expressed their willingness to participate in the research project, though some were somewhat reserved. However, the researcher being a trained community health nurse, and having worked with the different communities, established within a short period of time a good rapport with the participants. On the other hand, the researcher understood the reservations of some participants very well due to the nature of the research, since the study was going to open up wounds of the past which many participants would probably have liked to avoid. The fact that they could access the information on completion of the study put their thoughts at rest.

The central question was formulated in order to fulfil the abovementioned objective. Unstructured one-on-one interviews were held with individual participants and the central question was posed to every participant: *“Tell me about your experience of baby dumping and / or committing infanticide?”*

The researcher also kept field and personal notes where the researcher commented about own feelings, reactions, reflections, and experiences. The field notes were integrated into the discussion of the research findings.

3.3 DESCRIPTION OF PARTICIPANTS

The sample of the participants consisted of eleven women who had dumped their babies and / or committed infanticide in a semi-rural region in Namibia.. According to Silverman (2011), it is the richness of responses that is important and not the number of participants who share their experiences because the aim is to achieve quality instead of quantity.

The section about the demographic profile of the women is shown in Table 3.1. The demographic profile included gender, age, ethnic group, employment status, marital status, and level of education. Data was collected from eleven women who had dumped babies and / or committed infanticide. Initially, there were 12 women who agreed to be interviewed but one woman later opted out and preferred not to be interviewed due to personal reasons.

The participants' ages ranged between 20 and 37 years. The majority of the participants were between 25 and 27 years, while the eldest participant was 37 years, one was 31 years old, and another 30 years old respectively. The majority of the participants were Oshiwambo speaking with the exception of one participant who was from Olukwangali origin who could only express herself in English as well as one Oshiwambo speaking participant who preferred to be interviewed in English.

None of the participants were employed, and the youngest participant was a Grade 10 learner at the time that the event took place about three years before the study was conducted; at the time of the study, she was 20 years old. Upon asking whether the participants were married, none of them were married, however, they all had

boyfriends. This demographic data clearly showed the dependency of the participants on their male partners (boyfriends) and family members.

The participants all came from a strong religious background and were affiliated to one or another particular religious group. The eleven participants were affiliated to various denominations; such as the Evangelical Lutheran Church in Namibia, the Anglican Church, and the Catholic Church. The reason for asking them about their affiliation and church attendance was to determine how the norms and beliefs in the church could influence the experiences of women who had dumped their babies and / or committed infanticide. All the participants acknowledged that they were attending church, though not so regularly. Some women mentioned that they never thought of committing such gruesome acts because of religion that is against committing murder but they found themselves going against their beliefs.

Table 3.1: Profile of women who had dumped babies and / or committed

Characteristics of participants	Frequency	Percentage
Age:		
20 – 25	1	0.7%
25 – 30	7	73%
30 – 35	2	18%
35 – 40	1	0.7%
Marital status		
Married:	0	0%
Unmarried:	11	100%
Qualifications:		
Grade 12:	0	0%
Grade 11:	2 (but didn't finish)	18%
Grade 10:	4 (but didn't finish)	36%
Grade 9:	2	18%
Grade 8:	2	18%
Grade 6:	1	0.7%
Ethnic group:		
Oshiwambo speaking:	10	91%
Lukwangali:	1	0.7%
Religion:		
Anglican	2	18%
Evangelical Lutheran Church in Namibia (ELCIN)	7	73%
	2	18%
Catholic	0	0%
Employment:	0	0%

infanticide

3.4 DATA COLLECTION PROCESS

Initially, the researcher had intended to collect data for the study at the prisons in the following towns: Omaruru, Walvis Bay, Lüderitz, Gobabis, Grootfontein, and Oshana but there were no prisoners who met the inclusion criteria in those prisons, except at the Oluno Correctional Facility in the Oshana Region. That was the reason why the researcher conducted this study at that correctional facility.

Polit and Beck (2008) refer to the data collection process as “gathering of information to address a research problem”. Data was collected during unstructured individual face-to-face interviews (Streubert & Carpenter, 2007; Creswell *et al.*, 2011), since those interviews enabled the researcher to seek more clarity and to give the participants an opportunity to elaborate on the statements. Individual interviews were conducted until the data was saturated. Qualitative researchers continue to collect data until they reach the point of data saturation. Data saturation occurs when a researcher no longer obtains new information (Qualitative Methodology, 2008).

3.5 DISCUSSION OF RESULTS

From the data analysis, the researcher identified four main themes and eleven sub-themes that were clustered around the central storyline. The researcher used Tesch’s (1990) method of open coding and data conceptualization to analyse the data. The data was collected during unstructured in-depth interviews about the experiences of women who had dumped babies and / or committed infanticide. The interviews were audio recorded and transcribed verbatim. The majority of the interviews were

conducted in Oshiwambo, one of the local vernaculars, and then translated to English. According to Tesch (1990), the aim of data analysis is to organise and group many words into fewer, relevant content categories that must be applicable to the purpose of the study. Themes and sub-themes were identified as interviews were documented and thereafter topics with the same meaning were amalgamated. The researcher gave the transcripts to external experts to read through to provide an indication of the accuracy and trustworthiness of the generated themes and to prevent any distortion of the information (Bernard & Ryan, 2010). In a qualitative study, data consists of words and observations that require analysis and interpretations to create order and understanding, unlike expressing findings in numerical format as in quantitative research (Bernard & Ryan, 2010). Nevertheless, the researcher took care during the translation process from vernacular to English not to influence the original meaning of the data by trying to use by all means words used by the participants during the interviews.

Furthermore, a thorough literature control is of utmost importance, since it serves the purpose of relating the findings to the context of the existing body of knowledge and current trends about the phenomenon under study with the aim of observing either a confirmation, or a contradiction of existing literature. A literature control also allows a researcher to state new insights from a new study that contributes to the existing literature (De Vos *et al.*, 2007). An overview of the main themes and sub-themes are presented in Table 3.2.

Table 3.2: Overview of themes and sub-themes of participants' experiences

Themes	Sub-themes
Theme 1: Participants experienced psychological factors that contribute to baby dumping and committing infanticide.	1.1 Sub-theme: Participants experienced denial and rejection by male partners, family, and the community members 1.2 Sub-theme: Participants experienced feelings of fear, anger, and evil thoughts that contribute to baby dumping and infanticide. 1.3 Sub-theme: Participants experienced feelings of despair. 1.4 Sub-theme: Participants experienced lack of support by family members, male partners, and the community.
Theme 2: Participant experienced socioeconomic factors that contributed to baby dumping and infanticide.	2.1 Sub-theme: Participants experienced alcohol and drugs abuse that contributed to baby dumping and infanticide. 2.2 Sub-theme: Participants experienced multiple sexual partners / promiscuity that contributed to baby dumping and committing infanticide. 2.3 Sub-theme: Participants experienced poverty that contributed to baby dumping and committing infanticide. 2.4 Sub-theme: participant experiencing HIV and AIDS that contribute to baby dumping and infanticide.
Theme 3: Participants experienced fear to be reintegrated into society	3.1 Sub-theme: Fear of reintegration after being released from prison into own community. 3.2 Sub-theme: Needs for reintegration policies / guidelines to facilitate the support by family member, male partners (boyfriends),

Themes	Sub-themes
	and government. 3.3 Sub-theme: Needs to strengthen the establishment of foster homes, orphanages, and adoption.
Theme 4: Participants experienced the need for legal and regulatory frameworks to facilitate the understanding of women who had dumped babies and / or committed infanticide.	

3.5.1 Theme 1: 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 behaviour 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 (Peterson, 2009).

The researcher is of the opinion that the general public should understand the psychological turmoil women go through after they have dumped their babies and / or committed infanticide. These women are subjected to mental torture due to the situation they go through; as a result, their judgment is adversely affected. In this

study, the researcher also realised that women who had dumped their babies and / or committed infanticide were going through different emotions that were difficult to handle, since their minds were constantly bombarded with negative emotions.

Buttressing the above, one participant 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!”

The above expression by this participant is a typical example of an already made up mind to commit the act as a result of a crowded mind. Therefore, an immediate goal of understanding individuals who are going through an emotion is an ultimate objective and by many accounts, it will eventually aim at benefitting the person. Another participant reinforced the above statement:

“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.”

3.5.1.1 Sub-theme: Participants experienced denial and rejection by male partners (boyfriends), family and the community

In this study, the majority of the participants mentioned that they were rejected by their family and male partners, and that the male partners denied their responsibility towards their pregnancies. According to Dube (2013), women in most cases dump their babies when the babies are conceived outside of wedlock, when the father

denies responsibility, or when society frown upon the way in which the baby got conceived. Denial is probably one of the best known defence mechanisms, used often to describe situations in which people seem unable to face reality or admit an obvious truth. Denial is an outright refusal to admit or recognise that something has occurred or is currently occurring. If a person is in denial, he or she is trying to protect himself or herself by refusing to accept the truth about something that is happening in his or her life. Denial functions to protect the ego from things that an individual cannot cope with. While this may save us from anxiety or pain, denial also requires a substantial investment of energy. As a result, other defence mechanisms are also used to keep these unacceptable feelings from consciousness (Cherry, 2014).

Cherry (2014) states that refusing to acknowledge that something is wrong is a way of coping with emotional conflict, stress, painful thoughts, threatening information, and anxiety. One could be in denial about anything that causes one to feel vulnerable or lose one's sense of control, such as relationship conflicts. One could be in denial about something happening to oneself or to someone else. She continues by saying that when one is in denial, one refuses to acknowledge a stressful problem or situation, avoids facing the facts of the situation; and minimises the consequences of the situation.

The above statement was reinforced by a participant when she 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.”

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. In other cases, it might involve admitting that something is true, but downplaying its importance. Sometimes, people will accept reality and the seriousness thereof, but they will deny their own responsibility and instead blame other people or other outside forces (Cherry, 2014).

The above point of view was demonstrated by one of the participants:

“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.”

A common response given by the majority of participants was:

“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.”

The researcher also noticed from the findings that rejection was one aspect that characterised women who had dumped their babies or committed infanticide. 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 affects on her own. As researchers dig deeper into the roots of rejection, they find surprising evidence that 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 for society in general. Social rejection can influence emotion, cognition, and even physical health. Ostracised people sometimes become aggressive and can turn to violence (Weir, 2012). 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 destabilises our fundamental feeling of belonging (Weir, 2012).

Echoing the above statement, one participant said:

"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."

Guy (2013), in his new book, *Emotional First Aid*, mentions that rejection is such a strong emotion that the body actually registers the sensation as if it were a physical pain. Think of a breakup; if you have ever been rejected by a romantic partner, you

might have felt pressure suffocating you, trouble breathing, or a jabbing pain like a sharp knife.

Supporting the above description, one of the 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”

Another participant reinforced that point of view:

“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.”

Guy (2013) elaborates that rejection could cause four distinct psychological wounds, the severity of which depends on the situation and our emotional health at the time. Specifically, rejection elicits emotional pain so sharp it affects our thinking, floods us with anger, erodes our confidence and self-esteem, and destabilises our fundamental feeling of belonging. Many of our experiences of rejection are comparatively mild and our injuries heal with time. But when left untreated, even the wounds created by mild rejection could become “infected” and cause psychological complications that seriously impact our mental well-being. When the rejection we experience are

substantial, the urgency of treating our wounds with emotional first aid is far greater. This not only minimises the risk of “infections” or complications but also accelerates our emotional healing process. In order to administer emotional first aid and successfully treat the four wounds rejection causes, we need a clear understanding of each of them and a full appreciation of how our emotions, thought processes, and behaviour are damaged when we experience rejections.

Guy (2013) also wrote about practical strategies about recovering from rejection.

- Acknowledge as soon as possible that rejection is hurting.
- Contend with self-criticism. List in writing any self-critical or negative thoughts you have about the perceived rejection. Then list counter arguments for each of them.
- If it is romantic rejection, understand that people reject romantic partners and prospects for many different reasons, most of which have little to do with anyone's shortcomings. Most often it is a simple matter of chemistry.
- Revive your self-worth by making a list of your character traits that other people find valuable and desirable.
- Seek support from friends and those people you trust, or volunteer to help someone else.
- Find places and people who can help.
- Desensitise yourself, when you are confident that you can manage on your own. Ask romantic partners out on dates. After a while, you will become desensitised to hearing “no”. Another word for persistence is resilience.

- Consult a mental health professional to deal with old persistent pain, or psychological pain so deep that it is wrecking your self-esteem. If you have thoughts of harming yourself or another person, seek immediate help from a professional or head to the nearest hospital emergency room. Remember, feelings change, even when they seem like they never will.

Dube (2013) emphasises that 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. These social conventions undoubtedly increase the cases of baby dumping. Dube (2013) also notes that 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.

One of the participants confirmed the above explanation:

“I was thinking, what I will give the baby if the father doesn't want anything to do with me. I don't work and my parents are turning a blind eye towards the whole situation. So, I just told myself that I am going to drop this baby somewhere where somebody may see it and perhaps pick it but my intention was not [to] kill it.”

The same participant elaborated:

“My mother would say, I don't have anything to give you. Why don't you go to the one who has impregnated you to give you soap or body lotion? We too are having problems of our own.”

The researcher came to understand that most of the participants 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 (Cherry 2014).

Rejection and denial experienced by women who had dumped babies and / or committed infanticide were strong psychological states with serious implications. Therefore, these psychological states needed to be addressed by this study in order to bring about inner comfort and stability for these women. This study sought reconciliation to emanate from the training programme with the purpose of addressing the rejection and the denial felt by women who had dumped babies and / or committed infanticide.

Feelings of fear, anger, and evil thoughts that contributed to baby dumping and/or infanticide were so intense that women felt they had no other option but to commit these atrocious acts. One participant said:

“I didn’t see another way out but do [sic] to do what I have done.”

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

The study found a high level of fear in most 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 behaviour; 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 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 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 (Öhman, 2000).

Reinforcing the above perception, one participant said:

“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.”

According to Burton (2011) there are two kinds of fear, namely fear for the unknown, and fear of uncertainty and unpredictability. He explains that many people are scared of the unknown. The unknown can branch out too many areas, such as fear for the next day. Burton (2011) states that the stress of living in a constantly unpredictable environment can cause anxiety, other psychological problems, and physical problems. People can develop fear for uncertainty.

One of the participants concurred:

“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.”

Cognitive behavioural therapy (CBT) has been successful in helping people overcome fear. Because fear is more complex than just forgetting or deleting memories, an active and successful approach involves people repeatedly confronting their fears. By confronting their fears in a safe manner, people can suppress the fear-triggering memories or stimuli. Known as exposure therapy, this practice can help 90% of people with specific phobias with mitigating their fears successfully (Travis, 2004). Cognitive behavioural therapy is a form of psychotherapy (Beck, 2011) that originally had been designed to treat depression, but in current circumstances it is used to treat a number of mental illnesses (McKay, Sookman, Neziroglu, Wilhelm, Stein, Kyrios, Mathew & Veale, 2015; Schacter, Gilbert & Wagner, 2010).

It aims at solving current problems and changing unhelpful thinking and behaviour (Beck, 2011). The name refers to behaviour therapy, cognitive therapy, and therapy based upon a combination of basic behavioural and cognitive principles (Beck, 2011). Most therapists who work with patients who are dealing with anxiety and depression use a blend of cognitive and behavioural therapy. This technique acknowledges that there may be behaviour that cannot be adjusted through rational

thought, since it is based on prior conditioning from the environment and other external and / or internal stimuli. CBT is problem focused (undertaken for specific problems) and action orientated (therapists try to assist the client with selecting specific strategies to help address those problems) or directive in its therapeutic approach (Schacter *et al.*, 2010).

Some individuals respond with anger to situations that are beyond their control. It happens because the situation triggers a feeling of despair and while a person does not plan to become angry, it is an automatic reaction to the situation.

a. 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 (Beck, 2013). 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 are been violated. Some people have a learned tendency to react to anger by retaliating (Fernandez, 2008).

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."

According to the American Psychological Association (APA) (2014), anger is an emotion characterised by antagonism toward someone or something one feels has deliberately done one wrong. The APA (2014) adds that anger is a negative feeling that is typically associated with hostile thoughts, physiological arousal, and maladaptive behaviour. This definition is supported by Conflict Resolution Education (2012) 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 (2012) states that anger is often called a secondary emotion because we tend to resort to anger in order 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.

Anger is like an iceberg, since only some of the emotions are visible. The other emotions exist below the water line where they are not immediately obvious to outside observers. These emotions are, for example humiliation, anxiety, hurt, rejection, and frustration. Conflict Resolution Education (2012) emphasises the

importance of understanding anger. They say there are three general types of anger expression, namely:

- **Aggressive anger:** Anger expressed in this way is directed at the other person to hurt him / her emotionally, physically, or psychologically.

A participant said:

“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:** A person internalises 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 future.

Another participant said:

“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:** This is usually the best way to communicate feelings of anger because anger is expressed directly and in a nonthreatening way to the person involved.

One of the participants expressed this concept precisely:

“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."

The researcher is of the opinion that anger needs to be recognised and appropriate actions should be taken to deal with the situations in a positive way. Anger management does not mean internalising or suppressing anger but instead, it means to try and understand it and act in a positive way to alleviate the negative aspects of one's anger. According to Conflict Resolution Education (2012), there are ways to deal with anger constructively.

Conflict Resolution Education (2012) states that solutions are more important than problems; it is more important to focus on ways to resolve problems through effective problem solving interventions, by talking about the problem, and by finding amicable solutions. They add that one can learn to express oneself in an assertive manner without being aggressive; effective communication is a key interpersonal skill and by learning how to improve one's communication is beneficial because communication is a two-way process. Improving communication involves both how one speaks to other people and how one would like to be spoken to by other people.

Staicu and Cutov (2010) state that building trust with friends and family and being honest with them will help one to explain one's actions or decisions when one needs to. It includes keeping the channels of communication open for when things go wrong. Miscommunication contributes to frustrating situations. Therefore, Staicu and Cutov (2010) suggest that one needs to listen to what someone says; it assists one with finding a resolution without getting angry. They also suggest that one needs to

improve one's active listening skills so that when other people are speaking, one should focus on what they are saying; allow them to finish speaking before deciding how to respond. When they are done speaking, acknowledge what they have said by reflecting with the purpose of ruling out miscommunication.

Smith (2004) mentions that one should remember to be assertive, not aggressive. An aggressive person focuses on winning with little regard for other people's feelings, rights, and needs. When one is assertive, one focuses on balance. One is honest about what one wants and one respects the needs of other people. Smith (2004) continues that when a person is angry, it is often difficult to express oneself clearly. He adds that one should learn to assert oneself and make other people aware of one's expectations, boundaries, and issues. When doing that, one would develop self-confidence, gain respect, and improve relationships; he says that should ensure making long-term changes and forgiving people who have angered one.

It is not easy to forget past resentments (Smith, 2004) but the only way to move beyond them is to let go of these feelings. Depending on what or who is at the root of one's anger, one may have to seek professional help to achieve this objective. Make amends with a person that you have hurt through your anger. It might be difficult, but you will feel better afterwards. In addition, you will be one step closer to healing the relationship.

The findings of this study provided evidence that women who had dumped babies and / or committed infanticide expressed their anger aggressively which was directed at the male partners who hurt them emotionally or psychologically. The researcher came to the conclusion that oppressive and evil thoughts overwhelmed the

participants. The participants were isolated while experiencing their problems without anyone to talk with the result that the situation got the better of them.

e. Evil thoughts

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 (Macedo, 2013).

In this study, the majority of women expressed evil thoughts during the one-on-one interviews. Some women even thought of committing suicide because they did not know what to do.

One participant said:

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

During a conversation with the researcher, a participant shared her experience:

“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.

Another condition that also exacerbates these negative thoughts is post-natal depression (PND), also known as post-partum depression. According to the Royal College of Psychiatrists (2014), this is a form of depression that affects 10 to 15 of every 100 women are having a baby. The timing varies. PND often starts within one or two 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 (2014), there are negative thoughts and thoughts of guilt that trigger depression that changes one's thinking.

One of the participants gave an account of her experience:

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

Hubbard (2008) states that infanticide and baby dumping are crimes but at the same time, these acts are also cries for help. New mothers – especially young mothers – may feel overwhelmed by the idea of parenthood. They may struggle to cope with the drastic physical and emotional changes they are experiencing. They may be suffering from depression sometimes brought on by the hormonal changes associated with giving birth. They may be convinced that they will be unable to provide for the

child and they may feel that there is no one they can turn to for help. They may fear the shame of having given birth outside of marriage, or they may fear that they would be unable to continue with their studies.

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.”

Many people are struggling with evil thoughts; taking control of one’s thoughts is essential. Proverbs 4:23 states, "Above all else, guard your heart, for it is the wellspring of life." The “heart” includes the mind and all that proceeds from it. Someone said that every sin we commit, we commit twice, once in our thoughts and again when we act upon those thoughts. It is easier to rid our lives of sin when we attack it at this fundamental thought level rather than waiting to dig it up after it has rooted itself in our lives and borne fruit in our actions. It is important to understand that when a thought enters our mind, we examine it based on the principle of our religious frame of reference to determine whether we should continue down that path or reject the thought and replace it with another thought. If we have already allowed a habit to form in our thought lives, it becomes more difficult to change the path of our thoughts (Hunt, 2015).

When depression is not well managed, and it is probably hidden, it could lead to feelings of helplessness and hopelessness. Many participants experienced such feelings. The abovementioned feelings were also associated with depression which

led to other feelings, such as despair. The researcher became more aware that a training programme was needed to address those feelings by correcting the participants' thinking patterns.

3.5.1.3 Sub-theme: Participants experienced feelings of despair

Borchard (2009) refers to hopelessness as the despair felt when one has abandoned hope of comfort or success. 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?" (Borchard, 2009).

Supporting the above perspective, many of the participants echoed what this participant had said:

"I was so depressed and crying most of the time, and I did not know what to do because the person who impregnated me didn't care at all. Eating was a problem and I was thinking if it is like this while I am not having the baby so what will happen when I get the baby? So, there was no other alternative then to remove the pregnancy."

The findings of this study revealed that the majority of the participants were in despair and went into depression once they were rejected either by their family members or their male partners; many of them developed a low self-esteem.

Kierkegaard (2005) 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.

There is a good reason why despair has always been regarded as particularly dangerous to the human spirit because it is a paralysing force. The Collins Thesaurus (2006) defines despair as to lose all hope; to be overcome by a sense of futility or defeat. Despair can be conceptualised as a profound and existential hopelessness, helplessness, powerlessness, and pessimism about life and the future. Despair is a deep discouragement and loss of faith about one's ability to find meaning, fulfilment, happiness, and to create a satisfactory future for oneself. Deep depression is the last result of despair; when despair is not relieved, it ultimately might lead to suicide (Havens & Ghaemi, 2005).

Borchard (2009) 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

a. Alienation

Alienated individuals believe that they are somehow different. Moreover, they feel as if they have been cut loose, no longer considered to be worthy of love, care, or support. In turn, the alienated individuals are inclined to close themselves off because they fear further pain and rejection.

A participant said:

“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’.”

b. Forsakenness

The word “forsaken” refers to an experience of total abandonment that leaves individuals feeling deserted in their time of greatest need. Recall Job in the Old Testament, crumpled over and covered with sores, pleading with a seemingly indifferent God.

One of the participants said:

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

c. 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.

This experience was confirmed by one of the participants:

“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."

d. Powerlessness

Individuals of every age need to believe that they can author the story of their life. When that need is thwarted, when one feels incapable of navigating one's way toward desired goals; that is when a feeling of powerlessness fills the hollows of one's being.

One of the participants gave an account of her experience:

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

e. Oppression

Oppression involves the subjugation of a person or group. The word "oppressed" comes from the Latin *opprimere*, which means to press down; synonyms are down-trodden, crushed, or flattened.

Buttressing the above feelings, another participant said:

"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."

f. Limitedness

When the struggle for survival is combined with a sense of failed mastery, individuals feel limited. They experience themselves as deficient, lacking in the right stuff to make it in the world. This form of hopelessness is all too common among the poor, as well as those people who are struggling with severe physical disablement or learning disabilities.

Confirming the above account, one participant said:

“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?”

g. Doom

Individuals weighed down by this form of despair presume that their life is over, that their death is imminent. The ones most vulnerable to sinking into this particular circle of hell are those individuals diagnosed with a serious, life-threatening illness; as well as those people who see themselves worn out by adverse conditions of life. Such individuals feel doomed, trapped in a fog of irreversible decline.

One participant said:

“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.”

h. Captivity

Two forms of hopelessness might result from captivity. The first consists of physical or emotional captivity enforced by an individual or a group. Prisoners fall into this category, as well as those people held captive in a controlling, abusive relationship. We refer to this as “other-imprisonment”. An equally insidious form of entrapment is “self-imprisonment”. This occurs when individuals cannot leave a bad relationship because their sense of self will not allow it.

One participant concurred:

“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?”

i. Helplessness

Helpless individuals no longer believe that they can live safely in the world. They feel exposed and vulnerable, like a cat after being declawed or a bird grounded by a broken wing. Trauma or repeated exposure to uncontrolled stressors can produce an ingrained sense of helplessness. In the words of one trauma survivor, “I was terrified to go anywhere on my own... I felt so defenceless and afraid that I just stopped doing anything.”

A participant reinforced this statement:

“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.”

The researcher is convinced that self-esteem is needed to address the problem of feelings of despair in women who had dumped and / or committed infanticide. Self-esteem is the regard or respect that a person has for self. A person with positive feelings about the self is said to have a high self-esteem (Frank, 2014). The Oxford Advanced Learners Dictionary of Current English (2006) refers to self-esteem as the “feeling of being happy with one’s character and abilities”. The Collins English Dictionary (2006) defines self-esteem as the “respect for or favourable appreciation and opinion of one-self”.

The researcher emphasised the need for women who had dumped babies and / or committed infanticide to be taught that there was value in every person, that each person was lovable and capable and that each person possessed the potential to make a difference, no matter the circumstances. Therefore, the researcher departed from the premise that concepts such as self-efficacy are important to be explained and discussed with women who had dumped babies and / or committed infanticide in order to address feelings of despair.

Self-efficacy is a person's confidence in their ability to accomplish some specific goals or tasks. It generally corresponds to the level of competence an individual feels (Frank, 2014). According to Jordaan and Jordaan (1998), the need to achieve is associated with self-efficacy and internal locus of control. People with self-efficacy and internal locus of control are convinced that they can effect change where they

feel change is needed, and that it is up to them to effect the change (Jordaan & Jordaan, 1998).

Barrable (1995) describes the locus of control as “the point at which we place ourselves and cope with life”. Barrable (1995) further explains the two poles of locus of control, namely the inner perspective and outer perspective. At the pole of the inner perspective, an individual is the creator of circumstances; the person takes the responsibility of becoming part of an action; has freedom of choice; and the person also knows how to create, initiate, process, and deal with circumstances. At the pole of the outer perspective, if a person believes things will happen to him or her over which he or she has no control, the person becomes a victim, and the person is certain that he or she is where he or she is because of either blows or blessings of life.

Women cited numerous psychological factors as the cause of baby dumping and / or infanticide. Factors identified in various comments and responses of the participants included lack of support by family, partner, and community.

Many participants experienced feelings of despair that was the result of a lack of support by their male partners, family, and community. A training programme needed to be developed to address the sense of despair that reflected a negative view of the future with bleak prospects that originated from the low self-esteem and self-confidence of women who had dumped babies and / or committed infanticide that was affected.

3.5.1.4 Sub-theme: Participants experienced lack of support by family members, male partners, and community

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, neighbours, co-workers, organisations. Government provided social support is often referred to as public aid (Gurung, 2006).

In this study, it was evident from the findings that the 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; it also damages her personal self-worth (Rozycki, 2010).

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.”

Furthermore, Gurung (2006) describes five types of support:

- *Emotional support* is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance that sources of social support provide. (Taylor, 2011). Emotional support makes an individual feel valued. It is also sometimes called esteem support or appraisal support.
- *Tangible support* is the provision of financial assistance, material goods, or services (Heaney & Israel, 2008). Also called instrumental support, this form of social support encompasses the concrete, direct ways in which people assist fellow human beings.
- *Informational support* is the provision of advice, guidance, suggestions, or useful information to someone. This type of support has the potential to help people solve their problems.
- *Companionable support* is the type of support that gives someone a sense of social belonging (and is also called belonging). This can be seen as the presence of companions with whom one could engage in sharing social activities with. (Uchino, 2004).
- *Intangible support* according to Corter (2006) this kind of support include the “human” side of services, general societal attitudes towards parenting and sense of “community”. In services, the importance of relationships and how parents feel is often overlooked; even those programs that emphasize skill-building and information for parents have interpersonal dimensions that are crucial to their success.

The researcher is of the opinion that when one examines these different kinds of support, it is evident that any woman who is pregnant is supposed to receive this kind of support in order to ease the stress they undergo that increases the possibility of baby dumping and infanticide. Researchers also commonly draw a distinction between perceived and received support (Taylor, 2011). *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. According to the majority of participants, parents, family and / or relatives and their partners provided little or no assistance; in fact, the majority felt that they were left to their own devices during their time of difficulty.

In support of this perception, one of the participant 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."

Another participant had this to say:

“Can you imagine, if your own sisters tells [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.”

These young women may seek to affiliate with deviant peer groups. Through their affiliations with such groups, they are driven to practice risky behaviour of aborting and dumping their babies. This compensates for the lack of support from parent(s), to gain attention from their parents, or to remove themselves from the painful environment at home (Clarke, 2005).

It is against this background that participants had experienced a lack of support by the family and later opted for baby dumping after the baby had been born or even resorted to infanticide.

a. 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. This is hardly true for women who dump or kill their babies. The relationship with the family in most cases goes sour immediately after their girl child has told them that she is pregnant. Researchers conclude that the home environment in which a young woman is raised is indirectly influences her decision-making ability when she chooses to get rid of the baby.

Young women who have poor relationships with their parents are at risk of dumping and committing infanticide, since they fear their parent(s) (Clarke, 2005).

A common response given by the majority participants was:

“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.”

Gumbo (2013) writes, “There is no justification for killing or dumping children”. He mentions that it is important for parents to accept their daughters when they have been impregnated while they are still at school. Sending them away will not help the situation. Instead, they should take care of their grandchild and send their daughters back to school to ensure they pursue their education. Baby dumping is a sign of the breakdown in family ties and is proof that people are now self-centred and place their rights above others. The unforgiving condemnation of parents or guardians and society could compel a woman to become ruthless. In this study, it was clearly evidenced that the majority of the participants never had the support when they needed it. In one of the interviews, a participant said:

“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.”

As if scarred family relationships before a pregnancy are not enough adversity to face, Hanna (2005) emphasises that an imminent pregnancy damages many familial relationships even further. Many young pregnant women face abandonment, judgment, and isolation from family members (Hanna, 2005). There is a cultural stigma due to the principle of abstinence which is the main reason why pregnant girls are so eager to hide their pregnancy. Due to our custom, young women fear rejection by their parents and the community if they are found to have had a baby outside of marriage. This custom absolutely increases the cases of baby dumping (Clarke, 2005).

Reinforcing this stance, a participant said:

“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.”

For young women, family support is the most important element in their lives. As part of their growth experience, they usually expect a lot of things from their parents. Inadequate support from the parents will likely increase the chances of becoming depressed when they find themselves in unfortunate situations with their parents. This occurs because they usually become confused when they expect to get plenty of help and positive reinforcement from their parents, but it does not happen (Stice, Ragan & Randall, 2005). Therefore, parental support for children also provides much needed social support. By creating rules for the child to follow, the parent helps to

shape the child's social actions and to acquaint the child with the way the world operates. Without these boundaries, a child may develop peer social support that includes inappropriate actions (Clarke, 2005).

In support of this point of view, one participant said:

“I knew that my parents will never understand when I tell them that I am pregnant because my upbringing was very strict. Though they love me, I knew that what I have done was inexcusable. I wanted to finish my Grade 10, and I knew that there [was] no place for a child in my life. I didn’t know what to do, I was so confused and eventually I ended up removing the pregnancy and dumping the baby. I consulted with friends, who told me what to do. So, I went and did what they told, but today I regret it because it is a life that I have taken.”

Baby dumping is a sign of the breakdown in family ties and is proof that people are becoming more self-centred and placing their rights above the rights of fellow human beings. It is the ultimate in selfishness. It puts the mother’s convenience and desires above the life of her own baby. To dump a baby means to consider oneself more important than anyone else (Hanna, 2005). What these young women are doing is against the value of the family. It is a mistake. They become desperate; they do not have the right person who can help them find an acceptable solution. By the time they start thinking, the baby will be already born. That is the reason why they would rather take the risk than to be rejected by family (Hanna, 2005).

“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.”

These young women are not simply lacking the support of the family but also of their lovers who are supposed to support them. It is not merely rejection by the family but also the lack of support by both the parents and by the partners.

b. 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 a pregnancy (Gumbo, 2013). Behaviour, such as silent treatment and withholding affection are forms of rejection by a partner. It is human nature to want to be loved. When people are pushed away or frozen out, most people will alter their behaviour to cope with the situation (Clarke, 2005).

Supporting this perspective, a participant said:

“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.”

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. 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 in order to learn more about how the pregnancy is progressing and what to expect (Gumbo, 2013). 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 Dube (2013), 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 upon the nature of how the baby was conceived. 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. It is this fear of taking care of the child on her own, of being seen as an embarrassment, that makes abortion an option for many women (Dube, 2013). The woman has to make the decision alone; she does not have anyone to turn to and the man by then has disappeared. To them, it is their fault because they are the ones who have fallen pregnant. Rejection, therefore, by a man and the embarrassment of having an unwanted baby are contributing factors to baby dumping. If the men stay and are willing to get married, the women will not throw away their babies (Dube, 2013).

One of the participants verbalised this observation:

“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.”

Another participant elaborated:

“I don’t understand how people can be so heartless. This person claimed to be in love [with] you but the moment you tell him that you are pregnant then you he tells you, ‘[What] Do you want me to do? I am not ready for marriage? I was just having fun, that’s all. Go and get rid of the thing’.”

Society also has the tendency of blaming pregnancy on women rather than on men and this could also be a contributing factor to the rising cases of abandoned babies (Dube, 2013).

c. 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. Why these women do what they do, although thoroughly sickening, is quite understandable: Society leaves them with no other option. An unwed mother is the black sheep of the family and society treats her like a social leper. Unwanted,

rejected, frowned upon, and reviled by many; an unwed mother opts to dump the baby for winning the favour of society again (Gumbo, 2013).

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 are often a root cause of child abandonment (Dube, 2013).

A participant 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.”

During an interview, one of the 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 mind-set (Hanna, 2005). Hanna (2005) further states that the initial social support given to a person is also a determining factor in successfully overcoming stress that is experienced by many pregnant women. The presence of social support significantly predicts an individual's ability to cope with stress. Knowing that they

are valued by other people is an important psychological factor that helps them to forget the negative aspects of their lives and think more positively about their pregnancy. Social support not only helps to improve a person's well-being, it also is a major factor in preventing negative symptoms, such as depression and anxiety, from developing.

One of the participants could not agree more:

“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.”

Sometimes, just knowing that there is someone to talk to and confide in can help people to overcome their problems. The people with a greater social support system, whether family or friends, have a greater chance of resolving problems that they face. The process of coping can be improved simply because someone is there to talk with about problems, to give people unconditional love and support, or to possibly provide a resolution (Hanna, 2005).

The researcher is of the opinion that the community and society in general need some time and energy to develop and maintain healthy social support systems. Furthermore, they are not in control of what happens in other people's lives; in other words, when interacting with fellow human beings people may be ill or under considerable stress themselves. To some extent, this may contribute to young

women finding themselves caught up in some social evils that contribute to baby dumping and infanticide. In this study, the majority of the young women asserted that babies had more often been dumped by their parents out of frustration. The researcher observed that the intention of some of the baby dumpers was not to put the baby's life in danger but they were rather hoping that some Good Samaritan would pick up the baby. Worthy of mention is the case of the eldest participant:

“I am having other five children besides this one I dumped. I didn't dump the baby because I wanted to kill it but I decided to put the baby in a spot where any person could spot it and take it. Unfortunately, the person who most probably saw me just saw me as a person who came [to] dump the baby. I was frustrated by everything; my parents and secondly by the man who impregnated. My parents always talked against me when it comes to eating, they will say all sorts of things and the guy who has impregnated me was dodging me. I went to speak to his parents but to no avail; his mother tried to talk to him but it all proved abortive. So, when I got the baby, I just decided to dump it somewhere for somebody to pick it up but unfortunately it didn't work out that way.”

Lack of support of these women by their families, male partners and community led to frustration which in turn gave rise to irresponsible behaviour of baby dumping and infanticide. Therefore, appropriate support to the women who are pregnant should be strengthened and young women should not be left alone in their condition but should receive some kind of socioeconomic support that will consequently enhance their well-being.

3.5.2 Theme 2: Participants experienced socioeconomic factors

The socioeconomic status of many young mothers has been found to be contributing to baby dumping and / or infanticide owing to their inability to raise babies on their own. It is a sad, since the main culprits of these heinous crimes are young women, who are in most cases unemployed or still students at one of the tertiary institutions in the country. Social evils are the bad habits or activities that take root in the society and cause harm not only to the people who are involved in them but also influence families and society in general. Alcohol and drug abuse is more readily acknowledged as a root cause, or at least the trigger for many of the social ills that are threatening the well-being and development of Namibian society. The problem is exacerbated by poverty, disease, unprotected sex, unplanned pregnancies, and the spread of potentially lethal sexually transmitted infections and diseases; most notably HIV / AIDS (UNICEF, 2007).

3.5.2.1 Sub-theme: Participants experienced alcohol and drug abuse that contributes to baby dumping and infanticide

The use and misuse of alcohol and other drugs are one of the more controversial issues in our society and it often is a source of conflict amongst generations and amongst sectors of society. Alcohol and drugs are powerful substances with a potential to harm users or to entice them into over-indulgence. Drinking greatly lessens people's ability to say no to unwanted sexual encounters that would definitely have been avoided if they were sober (LeBeau & Yoder, 2009).

One of the participant related her opinion:

“Some of these irresponsible actions are brought about by our intake of alcohol. You see, one goes and drink [sic], and while you are pregnant with this guy’s baby then you go and have sex with another person who is not the owner of the pregnancy. You know what brings about this kind of things; it is nothing else but alcohol!”

The president of Namibia has called for urgent action on alcohol and drug abuse, saying he is disturbed by the rate of alcohol and drug abuse by the youth in the country. The exchange of alcohol for sex is a well-known reciprocal relationship in Namibia. Of particular concern are girls, some as young as 14 or 15 years old, who frequent the bars with other school girls and allow older men to buy them drinks. This behaviour puts the girls in risky situations, such as being alone in the company of strange men. Some young women know what is expected of them and simply accept it, while others try to find escape routes from the inevitable exchange, however, they might become victims of violence when they do not submit to the men’s demands. Many girls get trapped in the web of accepting drinks from men. If they have not already done so, they will eventually be expected to have sex with these older men who hang out in bars (LeBeau & Yoder, 2009).

When a participant was asked as what should be done about alcohol that destroys our young population, she replied:

“Alcohol is bringing confusion in our lives. It is better if alcohol and drugs are banned to be sold to the youth but I know that there is no[t] much control over this situation by our parents or government. I don’t know what to say about alcohol because alcohol brings wrong stuff.

When one is drunk you are so confused and when you do those irresponsible things of sleeping with men, you don't see yourself. You are drunk and you are getting contractions, how can you help yourself because in the first place you don't know what you are doing. When you are drunk, you don't think properly, you become like a mad person and things you do, you don't realise that you are putting yourself in trouble. When you awake [sic] in the morning, you are awaking with a strange man next to you. You won't be able to recall anything because you were drunk."

The Ministry of Health and Social Services (2010) reported the findings of the survey they conducted on drinking and risky behaviour among the youth. They found that there was a high incidence of concurrent sexual relationships and / or one-night stands when people were too drunk to remember whether they had a one-night stand or not; also, the Namibian youth who were drinking had more sexual partners.

It is also alleged that most of the baby dumping occurs in the areas where there are many shebeens or bars. This means there is a link between alcohol abuse and baby dumping and / or infanticide (LeBeau & Yoder, 2009).

Older women should remind young women of the dangers associated with consuming alcohol or using of drugs uncontrollably. The effects of alcohol and drugs lead to a lack of self-control and directly cause women to engage in illicit sex that results in unwanted pregnancies and subsequent baby dumping and / or infanticide. Therefore, young women should be encouraged to adopt a non-drinking attitude. However, parents are expected to be at the forefront of educating their daughters

about alcohol and drug abuse to prevent the occurrence of baby dumping cases which are increasing at an alarming rate.

3.5.2.2 Sub-theme: Participants experienced multiple sexual partners / promiscuity that contributed to baby dumping and committing infanticide

Diamond (2011) says the following about promiscuity: “Promiscuity is a culturally determined concept, but is formally defined, according to Webster, as including not only frequent but ‘indiscriminate’ sexual behaviour”. A preference for frequent sexual contacts is not necessarily the same as being sexually indiscriminate. Promiscuity in women comprises compulsive, and therefore, a pathological craving for excessive sexual activity, traditionally referred to as *nymphomania*. In men, this proclivity is called *satyriasis*. There is a correlation between multiple sexual relationships or promiscuity and substance abuse as indicated by Diamond (2011). It is inevitable that drinking alcohol in some instances might contribute to baby dumping and / or committing infanticide, since the pregnant woman does not really know who the father of the baby is.

In a group survey report in Malaysia (2013), Salam finds that one of the seven main reasons for baby dumping is young women’s involvement in prostitution that leads to promiscuous activities. The survey reveals that these promiscuous activities are a result of the poor family background of the young women. These women always have socioeconomic problems and sometimes they use these socioeconomic problems to go far away from the family where they are able to engage more in promiscuous activities. When they fall pregnant and babies are born, then they become unwanted and without thinking, they dump the babies anywhere without mercy.

In this study, a participant alluded to the use of alcohol and / or drug abuse as directly leading to multiple relationships or promiscuity and that later gave rise to baby dumping and infanticide. She mentioned that she was regretful that she never wanted to listen whenever her mother made mention of her drinking behaviour. In support of the report the Ministry of Health and Social Services (MoHSS, 2010), this is what she said:

“We girls are bringing trouble upon ourselves. One is having your boyfriend and all of [a] sudden when one goes and drink[s], you start being involved with other guys. Who would want to take the responsibility of such a baby if he knows that his girl was involved with other guys? Now you find that you are pregnant, whom are you going to point at? So, the only option left for one is just to get rid of the pregnancy.”

When the researcher asked her to shed more light on what she was saying, she responded by saying:

“I am referring to having love relationship with many guys. Which guy would like to have such a baby if he knows that his girl was involved with other guys? It is not a good thing but we are learning from our mistakes and unfortunately, it is a very expensive learning experience!”

The indiscriminate sexual behaviour in the young women should be discouraged at all cost and they should be made aware that irresponsible drinking could lead to irresponsible sexual behaviour. Poverty was among the common reasons given for

baby dumping and / or infanticide by most participants; they felt inadequate to take the responsibility of caring for the babies themselves.

3.5.2.3 Sub-theme: Participants experienced poverty that contributed to baby dumping and / or committing infanticide

Namibia is a developing country characterised by rising poverty that is said to be the root of many evils. There are social trends, customs, norms, and practices that are harmful for mankind; especially for young women and teenage girls. Poverty due the current unfavourable economic conditions that Namibians are experiencing was identified by nearly all participants as a major leading factor responsible for the incidence of baby dumping in the country. They reasoned that in any nation where the majority of the population is poverty-ridden, as is the case in Namibia, baby dumping remains unavoidable. There are several risk factors that may cause mothers to dump their babies and one of the underlying reasons is poverty because many young mothers are unaware of the options of assistance, adoption, foster care, and child support (Ramklass, 2010).

In a study that Ojedokun & Atoi (2012) in Nigeria about the perception of market women on the patterns, causes, and consequences of baby dumping; they report the multiple factors that the market women perceive as responsible for the problem of baby dumping. Factors identified in various comments and responses of the participants includes poverty. A common response given by the majority of the participants was: *“What do you expect in a country where government is insensitive to the plight of the common woman on the street? Parents, who can hardly afford*

one square meal daily may be desperate enough to abandon their offspring out of frustration”. (Focus group discussion (FGD), Market Women, Bodiya Market, 2012).

Hubbard (2008) cites Honourable Diende during the parliamentary debate (2007) emphasising that poverty is not an excuse for baby dumping but still one of the reasons behind the problem. She continues to ask that when women themselves do not have something to eat, how would they take care of an extra mouth to feed? She mentions that some of these women are unemployed; they are kicked out by their families and / or they are living on the streets.

In this study it was clear from the majority of the participants that poverty played a role in the dumping the babies and / or committing infanticide. The father's denial to take responsibility for the care of his unborn child was another reason cited by the majority of the participants. The termination of communication and the disappearance of the father from the scene left most young women in fear and insecurity for their unborn babies and left them with no option but to dump or to kill their babies.

One of the participants said something that the majority of participants had mentioned:

“One is not employed; the father of the baby has run away or he has denied the pregnancy. So, what else should one do?”

Jason (2013) established a foundation to help tackle the disturbing social evil of baby dumping. He undertook a survey in the informal settlements in and around Windhoek where he discovered 20 young mothers who were on the verge of dumping or

aborting their unborn babies. Among the 20 young mothers, five of them told him they were seriously considering dumping their babies because of poverty. He mentioned that some said it was because the fathers of their babies disappeared. He emphasised that poverty represented the biggest percentage amongst the causes of abortion and baby dumping. He mentioned that according to his research, most teenage mothers could not handle the pressure that accompanied poverty, such as being rejected by their families and being ridiculed by society. He mentioned that modern life was expensive and a young mother who was not employed or did not have any financial support from the father or the family members would consider any idea about what to do with the baby.

Statistics released by Child Welfare South Africa (CWSA) show that the number of abandoned children increased from 2 404 in 2010 to 6 562 in 2011. CWSA cites various reasons for mothers' decisions to dump their babies who are often just a few days old. Some of the reasons provided are that the mothers cannot afford to take care of the baby because she has not planned to have the baby or she has been pressurised by the partner to fall pregnant. New cases of abandoned children are highest in the Western Cape, Free State, KwaZulu-Natal, and Gauteng and a correlation can be drawn between population size and poverty. These problems could be addressed through poverty reduction and raising awareness. (Skosana, 2012).

Poverty is to blame for the rising incidents of baby dumping by young mothers, according to Gweshe (2013). At least two babies are abandoned each week at the Harare Maternal Hospital while several more are brought to the institution by the Zimbabwe Republic Police. Gweshe (2013) mentions that it is usually teenage

mothers who abandon their babies due to an unwanted pregnancy. Their boyfriends leave them and family members shun them, therefore, they find it difficult to look after the babies.

Many participants in this study acknowledged that poverty played a major role in baby dumping and infanticide. This is what one of the participants had to say:

“I wished I had a job because if I had, I wouldn’t have done what I have done. I was thinking to myself, ‘What am I going to give to this baby, how will I take care it?’ These thoughts were going through my mind because the guy who impregnated [me] just decided that the pregnancy was not his. I was devastated and bitter. So, I didn’t have an alternative that just [sic] to get rid of the pregnancy.

The problem of poverty among women needed to be address through social intervention programmes. Therefore, the influence of poverty on women who have dumped babies and / or committed infanticide should be seen as a major problem and warrants the necessary attention it deserves from government. Women who are involved in illicit sex due to poverty are also at risk of contracting HIV and AIDS. This study found that the dumped babies were often HIV positive or the mothers had committed infanticide in the fear of giving birth to an HIV positive baby.

3.5.2.4 Sub-theme: Participants experienced HIV and AIDS that contributed to baby dumping and / or infanticide

Granting the fact that during the past few years, HIV prevalence rates have decreased by almost 50 per cent among young pregnant women aged between 15 and 19 years

from 12% in 2000 to 6.6% in 2010, the distribution of new infections shows the continued vulnerability of young girls. An estimated 73% of new infections among young girls are seen in the age group between 15 and 19 years. In the age group between 20 and 24 years, girls account for 62% of new infections. (MoHSS, 2010). These staggering figures of new infections of girls are evident that these girls are still vulnerable to HIV and AIDS.

Akani and Erhabor's (2006) study conducted between 1999 and 2003 on 140 abandoned babies in Port Harcourt, Nigeria, indicates a strong correlation between infectious diseases and baby abandonment. Their study reveals a high prevalence of HIV infections among rescued babies; the general prevalence of HIV was 13.6%. They further assert that many of the abandoned babies are thought to be babies of HIV seropositive mothers who – for fear of stigmatisation, discrimination, and the burden of caring for an HIV positive child – abandon their babies.

One of the participants confirmed those statistics when she said:

“In this era, we live which [sic] is plagued by HIV / AIDS; one goes for testing and you are found to be positive and on the other hand, you find out that you are also pregnant. Now thoughts come into your head when you hear that an HIV positive mother is not supposed to be breastfeed [sic] the baby; you are not working and the one who has impregnated you doesn't work as well; this become a real big problem. One starts thinking about your own health and also start thinking how it would be with this HIV baby, then it all become a big challenge. You are so overwhelmed by thoughts that become so worried and can't think

straight anymore because your thoughts are affected. This thing leads to abortion because your aim will be to preserve your own life and a baby cannot be part of it. One doesn't want to really get rid of the baby but circumstances do not just allow you to go on with pregnancy."

In 2009, Namibia published a report on the behavioural and social drivers of the epidemic which were cultural and economic risk factors which included multiple and concurrent partnerships, inconsistent condom use, low HIV risk perceptions, and alcohol misuse (MoHSS, 2010).

The MoHSS Report on the 2010 National HIV Sentinel Survey states that HIV prevalence among pregnant women has stabilised at 18.8%, with the HIV prevalence in this population being approximately the same in rural and urban areas. While HIV prevalence is highest among women aged 30 – 34 years (29.6%) and 35 – 39 years (29.7%) and has increased in these group during the previous three rounds of sentinel surveys, the prevalence has declined among the 15 – 19 and among 20 - 24 years old women. This indicates a maturing epidemic with fewer new infections (MoHSS, 2010). Some women who are HIV positive think that their baby will also be infected and will die soon hence they opt for dumping or killing their babies. One of the participants affirmed this observation:

"I felt that being HIV positive that [sic] the baby will slowly die of AIDS maybe because I was frightened. I was very much afraid because I didn't [know] how to deal with the possibility of an HIV positive child."

All the deaths associated with baby dumping and / or infanticide are in fact preventable. Fortunately, there is evidence that this situation can be turned around, but concerted efforts from different stakeholders are needed. It is further asserted that current response systems do not reflect empathy, an ethic of care and compassion, comprehensiveness, and integration. These responses are often ill-timed, disconnected, and vengeful (Shabani, 2013).

The Government of Namibia took serious actions to address the scourge of the epidemic of baby dumping and infanticide. The Social Welfare Section at City of Windhoek Initiative in conjunction with the Government of Namibia, Legal Assistant Centre, and other stakeholders decided on having a Baby Dumping Awareness Campaign for the month of September 2014. It emerged from the analysis of the participants' data that some participants experienced sexually transmitted diseases such as HIV and AIDS that contributed to baby dumping and infanticide. Therefore, the researcher is of the opinion that first things should be done first, such as addressing behavioural and social drivers of the epidemic that were cultural and economic risk factors for women who had dumped and committed infanticide.

When people are drunk, they are far more likely to have unprotected casual sex (LeBeau & Yoder, (2009). According to the study by USAID in conjunction with LeBeau and Yoder (2009), many alcoholics are impoverished, unemployed, live in dreary conditions, and have a fatalistic attitude towards life. Thus, these informants are unconcerned about the effects of alcohol on their bodies and the risk of contracting HIV.

The staggering figures of new infections suggest that young women remain vulnerable in relation to HIV and AIDS and baby dumping. Therefore, a training programme should intensify the campaign against stigmatisation and discrimination; this would break the fear of caring for HIV positive children and reduce the abandonment of babies and / or infanticide.

3.5.3 Theme 3: Participants experienced fear of reintegration into society

Reintegration relates to activities upon release that directly emphasise the mitigation of identified social or environmental problems that women who have dumped and / or committed infanticide face. These problems are likely to constitute obstacles to a non-offending lifestyle following release. While the goal is similarly to reduce reoffending, reintegration in this context focuses on the specific problem rather than the general skills of the offender; the goal of re-integrative activities is the resolution or management of the identified issue (Workman, 2011). Having a stable support network upon release from prison is vital to successful integration. Families can be a source of that support, provided they are equipped to do so. While many families are happy to support their loved ones and do whatever is necessary, some do not want the responsibility (Workman, 2011).

3.5.3.1 Sub-theme: Fear for reintegration into society after being released from prison

Many participants expressed the fear of facing their families, their communities, and / or society. The fear is exacerbated by the feeling of shame and perceived rejection of the act of baby dumping and / or infanticide. These feelings had to be alleviated

by devising some means of coping strategies to facilitate the reintegration of the women who had dumped babies and / or committed infanticide into their respective family, community and / or societies. One of the participants affirmed the above information:

“I don’t have courage of facing my mother because since I was imprisoned she never visited me; I don’t know how I will be welcomed home. I tried several times to find out from my sister who is visiting me from time to time what she is saying about my imprisonment but apparently she is saying nothing about it. I am really wondering what will happen to me when I come out from jail.”

Another participant broke into tears during the interview and after some time when she calmed down said:

“I don’t know what to do or where to go when I come out from the prison. I can just imagine the community where I am coming from, especially my neighbourhood what they would say upon seeing me. Those people are very judgmental; I wish I knew people somewhere where I could go after my release. To stay in prison would even be better than going out but one cannot stay in prison forever.”

Another participant gave her perspective:

“I wished I could just die because the thought of meeting or seeing those people outside is traumatising, schhh! Its murder that brought me here,

so I cannot kill myself again but I wished I had the guts of just finishing myself, aye wan (exclamation)!”

The abovementioned statements of the participants are a clear indication that there is a need for reintegration programmes that should prepare them for their release. A range of support and information programmes should be available to assist women who have dumped babies and / or committed infanticide to prepare themselves for release. These transition programmes should aim at equipping these women with information, support and skills, to help them better manage the transition from prison to the community, and to cope better with life outside prison.

Managing long-term reintegration after release will have far-reaching benefits for the families and communities most affected by the release of the incarcerated family member. These interrelated opportunities bring the stakes of release from prison into view. There is much to be gained. The costs and opportunities also raise important questions about what should be done to prepare women who have dumped babies and / or committed infanticide and their communities for their inevitable return home.

Tang (2010) mentions the setting up of family resource centres to serve and assist the families of women who have dumped babies and / or committed infanticide, especially the ones who are impacted by the incarceration of their loved ones. These centres, outsourced to community welfare organisations, would offer information and referral services, short-term financial assistance, and even case management services for families with more complex needs with the aim of enhancing families' coping skills and, ultimately, building supportive family networks for their loved ones'

return from prison. In addition, community partners should also to be engaged to conduct family-focused programmes on various topics ranging from communication, interpersonal relationships, and reconciliation issues for supportive families to have a better chance of successful reintegration.

3.5.3.2 Sub-theme: Participants experienced the need for reintegration policies / guidelines to facilitate the support of family members, partners, and the community

Policy reviews or inclusions need to be facilitated by more open debates on a wider range of options and choices. This would allow building a broader public consensus on the best way forward to support reintegration by family members, the community, and government while at the same time recognising the effect of social disadvantage on an individual's life opportunities and the risk of becoming involved in crime once again (The National Economic and Social Forum, 2002).

The researcher is of the opinion that there is a need for programme policies in prison by government that focus on women who have dumped and / or committed infanticide, since this problem of baby dumping and infanticide has become a public health problem in Namibia. These policies should facilitate the reintegration of these women into their respective families and communities / societies. Policy development can be a complex issue in many social policy areas, nevertheless there should be a strong support for such prison-building programme policies. Such policy issues may be inclined to be more influenced by various interpretations of public opinion and media reaction. Therefore, these policies should be rather informed by findings of empirical research and lessons emerging from practical experience of formerly released prisoners.

a. Policy on counselling and support services

Reintegration could be a difficult and complicated process for women who have dumped babies and / or committed infanticide. In addition to the stigma that individuals suffer for being in prison, there would be a need for policy development to counsel prisoners before their release in order to provide necessary support and guidance. The researcher is of the opinion that chances of making a fresh start could be hampered by the lack of appropriate reintegration services, therefore, counselling services are of utmost importance.

According to the researcher (Samota, 2011), counselling services would assist with the preparation of women who have dumped babies and / or committed infanticide before release and would offer one-on-one support post-release. Preparing individuals for release and helping them restore relationships after release would be some of the services that could be provided by the counselling services. Upon release from custody, most women who have dumped babies and / or committed infanticide might find themselves in a vulnerable situation; some are homeless while many others are without education, employment, or a stable relationship. These issues could be addressed through the proposed counselling and support services.

b. Policy on networking and partnership

It has been widely accepted for some time that establishing partnerships with the voluntary sector plays a big part in reducing re-offending. The sector has made significant contributions in shaping and influencing public policy on delivering services to offenders and their families (Samota, 2011). The continued involvement

of policymakers and service providers during networking with women who have dumped babies and / or committed infanticide with regard to their reintegration is important to broaden their knowledge and understanding of re-entry issues. The most important issue for social service providers would be the need to better understand what services are available for individuals returning to the community after incarceration. It is believed that the voluntary sector agencies bring an important aspect of networking to their work with prisoners; namely empathy, trust, and understanding (Samota, 2011).

A participant suggested:

“There are so many businessmen here in [the] north. Why can’t these men come together with the government in partnership to assist us with erecting some buildings? These buildings could be used to accommodate women who are chased away by their relatives because of having become pregnant. These buildings could be used in the future for some other activities to assist destitute women.”

The partnership could be established as an interdisciplinary effort throughout Namibia to disentangle the complexity of reintegration of women who have dumped babies and / or committed infanticide. Awareness and understanding of different aspects of the reintegration process should be improved. During this partnership, exchange of experiences and methods of different actions concerning reintegration could happen. For example, during and after the imprisonment of women who have dumped babies and / or committed infanticide, formal and non-formal education could be undergone in order to make correctional staff aware of how to help these

women to develop social skills and knowledge that could increase their employability and facilitate their reintegration into society successfully (Samota, 2011).

There should be policies formulated to address the facilitation of integration of prisoners into their respective families and communities. Partnerships should be established throughout Namibia as an interdisciplinary effort to disentangle the complexity of reintegration of women who have dumped babies and / or committed infanticide. Awareness and understanding of different aspects of this reintegration process should be improved.

3.5.3.3 Sub-theme: Participants experienced the need for strengthening the establishment of foster homes, orphanages, and adoption

In any caring society the importance of child welfare cannot be overemphasised because the future welfare of the entire community, its growth, and development depend on the health and well-being of its children. Children need to be regarded as valuable national assets because the future well-being of the nation depends on how its children grow up and develop (Kangandjela & Mapaire, 2009).

According to the researcher, a need was expressed by women who had dumped babies and / or committed infanticide that orphanages should be open to the public so that women were able to leave their babies there freely and anonymously without being charged with child abandonment. These women felt that legislation should be promulgated in this regard that should identify specific orphanages where babies can be left in order to curb the scourge of baby dumping and infanticide in Namibia.

With support from the British High Commission, the LAC has launched a new initiative to help create awareness and prevent baby dumping. The LAC has created a series of posters with information about alternatives to baby dumping. Although the LAC would like to print as many posters as possible, funds are limited (Khobetsi, 2013). Therefore, an appeal is made to the government to speed up the the Child Care and Protection Bill that would allow the establishment of such orphanages.

According to the researcher, the most common reasons given by women who had dumped babies and / or committed infanticide were that the babies' fathers denied paternity, that some girls were still students, and that the women did not know about options; such as foster care, adoption, and institutional care. The most commonly suggested solution by the researcher was the need to provide more information about these options by engaging print, radios, and television media; as well as leaflets, posters, and billboards to the public in different vernaculars in all regions in semi-rural and rural communities.

The researcher is also of the opinion that formal adoption and foster home arrangements should be made more common in Namibia to provide a valuable alternative to baby dumping or killing that would benefit the mothers and their families. In addition, the rules and regulations associated with adopting babies and foster homes in Namibia should be relaxed to allow easy adoption to those who would like to adopt these unwanted babies. The problem of baby dumping and infanticide is becoming bigger by the day and something drastic should be done to reverse this social ill.

Formal adoption is not common in Namibia, although fostering by extended family members often takes place. There should be a public awareness campaign to encourage formal adoption in appropriate cases. The forthcoming Child Care and Protection Bill (2010) is providing for the possibility of long-term fostering arrangements in which foster parents and biological parent(s) share some parental rights and responsibilities, since some women may be reluctant to support adoption with its full severing of ties to the biological parent or family. It would be useful to provide a legal framework for the informal fostering arrangements often utilised in practice by extended family members, and to encourage pregnant women to consider making such arrangements when they feel that they would not be able to care for their children (Hubbard, 2008).

One of the participants emphasised this point of view:

“If there was perhaps adequate information or proper information where to take the baby after you deliver it then it would be better but now we have wrong information or sometimes it so not so clear and because of fear one ends [up] doing wrong stuff. I really hope that in the future there will be information in all vernaculars and on radios about adoption perhaps one would think of taking the baby there and not even harm it. Or if the government can perhaps designates [sic] some safe places where one can drop the baby because one does [not] really want to kill the baby but one just end up killing the baby. I don’t [know] whether this thing is possible but I think that could perhaps be somehow a solution to this problem”.

Formal adoption and foster home arrangements need to become commonplace in Namibia to allow easy adoption and foster care. The forthcoming Child Care and Protection Bill should hasten to allow the establishment of orphanages, adoptions, and foster homes for women who want to consider these options for their babies.

3.5.4 Theme 4: Participants experienced the need for legal and ethical advice

Law and ethics are both normative; they are concerned with a minimum standard of behaviour that may be considered acceptable or unacceptable by the society to which these laws and ethics apply to. Law is a system of rules that govern a society with the intention of maintaining social order, upholding justice, and preventing harm to individuals and property. Legal systems are often based on ethical principles and are enforced by the police and criminal justice systems, such as the courts (National Health Service, 2012).

Compliance with legal rules is mandatory and a failure to comply may result in penalties, therefore, it is important that the ethical aspects always should be present as aspirational to attempt the articulation of a framework for reflection. Whilst this may affect the way that a person acts as a result of such reflection it is by no means necessary that it would or even that it should produce the same action by all people in specific cases (Hope, Savulescu & Hendrick, 2003). It is, therefore, important for women to understand that though they have committed such atrocities, the law still provides them with some legal advice and assistance where possible.

The African Charter on Human and People's Rights (1981), Article 4 of the African (Banjul) Charter states that human beings are inviolable. Every human being shall be

entitled to respect for life and personal integrity. No one may be arbitrarily deprived of this right. Article 5 of the African (Banjul) Charter (African Charter on Human and People's Rights, 1981) further states that every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his or her legal status. All forms of exploitation and degradation of human beings; particularly torture, cruel, inhuman, or degrading punishment and treatment shall be prohibited. Therefore, women who have dumped their babies and / or committed infanticide must be treated with respect and dignity which are inviolable; also according to Article 8 of the Constitution of the Republic of Namibia (1990) notwithstanding the crime they have committed.

Women who have dumped babies and / or committed infanticide cannot forever remain in prison despite the aim of any Criminal Act; e.g. punishment, retribution, and deterrence. Therefore, according to the Promulgation of the Criminal Procedure Act, 2004 (Act No. 25 of 2004) of the Parliament of Namibia, pursuant to Article 12(1)(e) of the Constitution of the Republic of Namibia (1990), an accused has the right to be represented by a legal practitioner of his or her choice before the commencement of and during his or her trial in any criminal proceedings. The women are entitled to have their issues handled confidentially. These women need to be informed and educated about these legislative authorities that can govern their lives while in custody.

The United Nations also promulgated international norms for the protection of persons accused of crimes and / or deprived of liberty by their government. Two of the foundational instruments of human rights law, the Universal Declaration of

Human Rights and the International Covenant on Civil and Political Rights, guarantee persons freedom from torture and arbitrary arrest, the right to a fair trial, and the presumption of their innocence of any criminal charges brought against them (International Scientific and Professional Advisory Council of the United Nations Crime Prevention and Criminal Justice Programme (ISPAC) & International Corrections and Prisons Association (ICPA), 2006).

The majority of the women in this study claimed that their male partners denied paternity and that denial compelled them to dump their babies and / or to commit infanticide. Therefore, the women appealed to the government for paternity tests to be done to their male partners for confirmation of paternity. The women further indicated that the paternity tests would have enabled them to bring justice to their cases and to hold responsible the male partners who were refusing to take responsibility for the children they have fathered. The women also requested that the government should take some form of stringent steps against their male partners to serve as a warning to other men who might deny paternity in the future.

Therefore, according to the Child Care and Protection Bill (2010), there is a procedure for proof for parentage. According to the Child Care and Protection Bill (2010), in Section 90(1)(a), a putative father means a man who claims or is alleged to be the father of a person for whom paternity has not yet been established or acknowledged without dispute. The Bill in Subsection 2(a) states that proceedings to establish parentage may be brought by the mother or putative mother of the person whose parentage is in question. The Bill further states in Subsection 4 of Section 90 that proof on a balance of probabilities is required in order to establish parentage in

proceedings brought under Subsection (2). With presumption of paternity in Section 91(1)(b) of the Child Care and Protection Bill (2010), it is indicated that despite anything to the contrary contained in any law, a rebuttable presumption that a man is the father of a person whose parentage is in question exists if he cohabited with the mother of the person in question at the approximate time of conception of such a person.

In Section 92, Subsection (1) in (a) and (b) with regard to presumption on refusal to submit to scientific tests of the Child Care and Protection Bill (2010), it states that at any legal proceeding at which the parentage of any person has been placed in issue, the refusal by either party (a) to submit himself or herself or (b) to cause any child over whom he or she has parental authority to be submitted to any procedure that is required to carry out scientific tests relating to the parentage of the person in question; must be presumed, until the contrary is proved, to be aimed at concealing the truth concerning the parentage of that person.

The Bill further states in Subsection (2) that regardless of anything contained in Subsection (1), the High Court as the upper guardian of all children has the power to order that a child be submitted to a physical procedure referred to in Subsection (1) when a Court considers this to be in the best interests of the child.

It is evident that women have some recourse in view of the solicitations of the Bill. The Child Care and Protection Bill (2010) will be tabled during the Seventh Session of the Fifth Parliament in 2015. This means that the provisions of this Bill cannot be implemented until the Bill has been enacted.

Some of the women in this study who had dumped babies and / or committed infanticide wanted to know of the alternatives to baby dumping because this aspect was not so well known by women. Meanwhile, the upcoming Child Care and Protection Bill (2010) is set to provide despairing young mothers with practical options of finding a safe place for their unwanted infants. The Bill will allow mothers to legally leave unwanted babies in designated places; such as hospitals, police stations, and fire brigades instead of dumping them just anywhere. The Child Care and Protection Bill (2010) contains provisions that would facilitate the establishment of “safe havens” for unwanted babies, and provides safeguards against the misuse of such facilities.

The Maintenance Act 9 of 2003 is the culmination of some eight years of advocacy by the Gender Research & Advocacy Project of the Legal Assistance Centre and other non-governmental organisations (NGOs). The Bill of Maintenance was passed in 2003, and finally came into force in November of that year. The Maintenance Act 9 of 2003 provides that both parents have a legal duty to maintain their children, regardless of their marital status and the provisions of customary law. Improved enforcement and education around this law could help prevent baby dumping to the extent that the crime is caused by fathers’ refusal to contribute to the child’s welfare. The provision of maintenance is a human rights issue. Children have a constitutional right to be cared for by their parents, and parents have a duty to act in the best interests of their children under the international agreements that Namibia has ratified.

The Maintenance Act 9 of 2003 has introduced positive changes in the application of maintenance and many people are benefiting from the new law. However, the Gender Research & Advocacy Project of the Legal Assistance Centre conducted a study in 2013 which shows that the Act is not being as effectively implemented as it should be. This means that situations often occur in respect of gender-related laws, where the law is providing the legal framework that intends to support a strong system but efficient practical implementation is lacking. Therefore, the Legal Assistance Centre to the Minister of Justice has made six key suggestions for action for the improvement of the implementation of the Act (LAC, 2013). These suggestions are:

Maintenance investigators: The Maintenance Act allows the Minister of Justice to appoint maintenance investigators. To date, not a single maintenance investigator has been appointed despite the clear need. The LAC (2013) recommends that the Ministry of Justice appoints maintenance investigators to the maintenance courts most in need as soon as possible, particularly in light of the provision in section 8(4) of the Maintenance Act which states: *“The Minister must take all reasonable steps within the available resources of the Ministry of Justice to achieve the progressive realisation of the appointment of at least one maintenance investigator for each maintenance court.”*

Full utilisation of existing powers of investigation: As recommended in the 1995 maintenance study, maintenance officers need to be encouraged to use their powers of investigation more assertively to help locate defendants or to obtain accurate information about the defendants’ income and means, utilising their ability to

summon witnesses to court for this purpose if necessary. Otherwise, defendants in maintenance cases will be able to get away with hiding themselves or their assets to avoid contributing towards the support of their children. However, this recommendation is likely to be effective only if maintenance investigators are appointed to support maintenance officers

Providing trained volunteers to assist with maintenance cases: NGOs can provide volunteers to assist complainants with administering their maintenance complaints, or to give information to defendants who lack the means to present information to the court or request a substitution or discharge where appropriate. Such volunteers will reduce the burden on court staff and help to make the process more child-centred, particularly in cases where the parents are in conflict with each other.

Preventing large amounts of maintenance in arrears: Maintenance officers should inform complainants at the time the order is granted that arrears can be reported as soon as a single payment has been outstanding for 10 days to prevent arrear amounts from piling up. Defendants should also be fully informed about the implications of not paying maintenance, including the various civil and criminal enforcement possibilities that may be utilised in the event of non-payment. When maintenance is not paid, it is the child who suffers.

Information about the Maintenance Act: The study suggests that there are aspects of the Act that are not well-understood or well-utilised by either maintenance court officials or the public. For example, it would be helpful to ensure that all maintenance court officials are aware of the fact that the minor children can claim maintenance on their own, and familiar with the process and mechanisms for the

enforcement of maintenance orders. There is also a need for more information on maintenance aimed at the general public. Such information could be disseminated by the Ministry of Justice, or by NGOs working in partnership with the Ministry, by means of radio and television, news articles or advertisements, as well as pamphlets or posters placed at popular public places and at maintenance courts.

Amendments to the Maintenance Act and regulations: They recommend that the Law Reform and Development Commission and the Ministry of Justice consider amendments to the Maintenance Act to clarify and amend some issues, including revision of some of the key forms used under the Act.

These recommendations for amendment do not introduce new principles or innovations, since the Act already provides the key tools required for a successful maintenance system.

Furthermore, legal and ethical guidance are important for assisting women who had dumped babies and / or committed infanticide in balancing issues to reach a decision about the best option in their individual situations. Therefore, ethical principles are often combined in ethical frameworks that provide support and guidance for ethical decision making by enabling the important aspects of the situation to be highlighted and evaluated. Making ethical decisions is not a solitary activity, particularly where decisions have an impact on other people. Therefore, quality assistance for these women relies on a team approach that supports the decision-making of these women in a professional partnership where their views, wishes, and values are respected and acknowledged. Ethical principles should provide criteria on which to base judgments in relation to ethical ideas and these should include: Respect for persons (autonomy

and self-determination), beneficence (doing good), non-maleficence (avoiding harm), justice (fairness, equitability, truthfulness), veracity (telling the truth); and fidelity (remaining faithful to one's commitment). These principles serve as a guide to the legal practitioners in making ethical decisions (National Health Service, 2012).

In conclusion, the researcher is of the opinion that even though these women had dumped babies and / or committed infanticide, they needed to be informed and educated about these aspects of the laws in Namibia to enable them to make their own informed decisions based on that education.

3.6 CONCLUSION OF THE RESULTS

Based on the findings of the main themes of the study, four central concepts emerged from those themes; namely psychological factors, socioeconomic factors, the reintegration process, as well as a legal and ethical framework. Through consultation and member checking, it was concluded that an educational programme was suitable to prepare and support the women who had dumped babies and / or committed infanticide. The educational programme entailed the management and understanding of the psychosocial aspects, socioeconomic aspects, reintegration process, as well as the legal and ethical aspects of the women. These women are members of the society irrespective of the magnitude of the crime they had committed. They could not remain in custody forever for they were protected by the Namibian constitution that guaranteed a fair trial and sentence for every Namibian. Therefore, they needed to be prepared to return to the society. This was the reason why the researcher concluded that this study would include “a psychosocial educational programme to

facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide.”

3.7 SUMMARY

Chapter 3 describes the study results about the experiences of women who had dumped babies and / or committed infanticide in Namibia. The researcher presents the literature control to embed and re-contextualize the study result into existing literature.

Data analysis was done using Tech’s inductive, descriptive technique that is explained in Creswell (1994). The emerging themes and sub-themes from data and are clearly outlined in Chapter 3.

Chapter 4 of this study presents the reasoning framework that guided the development of a training programme to facilitate the reintegration of women who had dumped babies and / or committed infanticide into the society.

CHAPTER 4

CONCEPTUAL FRAMEWORK FOR FACILITATION OF REINTEGRATION OF IMPRISONED WOMEN WHO HAD DUMPED BABIES AND / OR COMMITTED INFANTICIDE

4.1 INTRODUCTION

Chapter 3 discusses the research findings and literature control with regard to the experiences of women who have dumped babies and / or committed infanticide. Eleven unstructured individual interviews were voice recorded and transcribed verbatim. The researcher used a systematic approach to analyse the transcripts and field notes using Tesch's open qualitative data analysis method. (Table 3.1). Chapter 4 describes the conceptual framework for the facilitation of the reintegration of women who had dumped babies and / or committed infanticide in the Oshana Region. The approach was consistent with the objective to:

- describe a conceptual framework for the facilitation of the reintegration of women who had dumped babies and / or committed infanticide in the Oshana Region.

The discussion is based on the results of the collected data as presented in Table 3.1. The conceptual framework forms the basis of the development of the training programme for women who have dumped babies and / or committed infanticide. The description in this chapter is in accordance with the reasoning map that is based on the survey list outline by Dickoff *et al.* (1968).

4.2 CONCLUSION OF RESULTS

The conclusions drawn from the discussion of the findings of the main themes in Chapter 3 were used to guide the development of the conceptual framework. Subsequently, the conceptual framework served as a tool or basis for the development and implementation of a training programme to facilitate the reintegration of the imprisoned women who had dumped babies and / or committed infanticide.

4.3 PROCESS OF REASONING MAP FOR CONCEPTUAL FRAMEWORK

Dickoff *et al.*'s (1968) state that a conceptual framework has the ultimate purpose of creating situations in order to attain the desired, preferred end results. It was for that reason that the survey list of Dickoff *et al.* (1968) was adopted as a reasoning map in the construction of developing an educational programme. The conceptual framework in this study was developed in relation to the themes that had emerged from the analysis of the data about the experiences of women who had dumped babies and / or committed infanticide. The use of reasoning maps is a powerful and a useful approach for modelling knowledge and qualitative reasoning.

The reasoning map of Dickoff *et al.* (1968) in this research study referred to a structure of concepts that represented the interaction between the agent and the recipients, contextualised within a specific situation and process. Dickoff *et al.* (1968) identify three essential ingredients of a conceptual framework; namely the goal content, (the aim of the activity), prescription of the activity for goal realisation,

and a survey list that accompanies the presentation of the prescription for the activity in terms of the goal realisation. The educational programme includes the activities suggested in the survey list of Dickoff *et al.* (1968); namely agent, recipient, context, dynamics, procedures, and terminus.

4.3.1 Agent

According to Dickoff *et al.* (1968) an agent is a propelling force that moves the practice towards a goal, and is either a person or thing that produces an effect and takes an active part, or the person who does the actual work. The agent should have certain characteristics and should play an important role in the facilitation of the reintegration of women who have dumped babies and / committed infanticide. A researcher in the capacity of a facilitator should have certain characteristics.

4.3.1.1 A facilitator's competencies of knowledge, skills, and attitudes

Ekman (2010) mentions that a facilitator guides participants to a “learning journey” in discovering their own experiences and exploring those of other people while identifying their strengths and weaknesses, and sharing what they already know to other members of the group. Ekman (2010) categorises the characteristics of an excellent facilitator into three major areas: attitude, knowledge, and skills.

a. A facilitator's competency: Knowledge

The role of a facilitator requires apt knowledge for discussing a given subject. As an agent, one has to have an understanding of what the purpose of a particular activity is. The knowledge should not be limited to the subject matter of the educational

programme but include a wide interest and awareness of women who have dumped babies and / or committed infanticide, as well as the community and / or society in general. As a facilitator, the agent should have a good understanding of the organisational issues too. When participants in the programme ask questions about the subject matter, the facilitator should be able to offer information and solicit ideas that may enlighten the group. Proper knowledge makes the smooth interaction and discussion between the facilitator and the group possible.

b. A facilitator's competency: Skills

Good facilitation skills must be demonstrated. This includes the ability to manage and lead a group, the skill to actively listen and use effective questioning techniques, and the capability to easily resolve conflict or misunderstanding. With these skills, a facilitator is able to create an environment that allows for healthy interaction among the participants and the effective sharing of ideas and messages.

An effective facilitator also requires good management skills with the purpose of motivating and empowering team members to realise their full potential and evenly delegate tasks amongst participants. Two of the most essential skills of a facilitator are active listening and effective questioning. A good facilitator knows how to hear not just the words but the thought or the message behind the word and responds appropriately to such messages. An effective facilitator is skilled to ask appropriate and intelligent questions that would assist the participants with discovering themselves and reflecting on a situation. Lastly, an excellent facilitator has an aptitude to recognise problems and to amicably resolve such problems.

c. A facilitator's competency: Attitude

People love to be with a person who has a desirable attitude and a pleasant manner of dealing with other people. A facilitator should have a friendly and honest disposition. It is difficult to interact with the members when the facilitator is not friendly and sociable. During the educational programme sessions, all the members should be treated equally the facilitator should know how to create a space that is conducive for the expression of each group member's personality. A successful facilitator must be patient and persevering in order to appreciate and understand the difficulties of the team and determined to ensure task accomplishment and the achievement of objectives.

The agent as a facilitator must be respectable, reliable, and inspirational to earn the admiration of each member. Commitment to help the participants learn independently should be one of the main targets of a facilitator. A confident facilitator projects a positive and purposeful atmosphere in an educational environment. A competent facilitator should also definitely demonstrate a professional attitude while carrying out the function.

4.3.1.2 Empowering skills

A researcher as the agent is expected to empower women who have dumped babies and / or committed infanticide and to encourage and promote openness by addressing the factors that leads to baby dumping and / or committing infanticide. The agent should establish a learning situation or an environment that enables recipients to succeed. A researcher should also be able to improve the low self-perception of

recipients by promoting positive self-perception self-awareness and improving self-evaluation and self-esteem. An agent has to have particular qualities to empower and support the recipients.

- **Competence:** Competence is a holistic concept that is defined as combination of skills, knowledge and attitudes, values, and technical abilities that underpin safe and effective operations (Queensland Nursing Council, 2009). Expertise in leadership skills is another dimension of competence. The ability to challenge, inspire, enable, model, and courage should be demonstrated if an agent is to be regarded as a capable and competent facilitator (Barry, 2015).
- **Ambassador:** According to Galford and Maruca (2010), an agent has to know how mitigate a variety of issues in relation to women who have dumped babies and / or committed infanticide in order to normalise hurting situations that are causing distress and pain and that eventually leads to dumping babies and / or committing infanticide. As an ambassador, an agent should ensure the social well-being of women who have dumped babies and / or committed infanticide by being their advocate and voice.
- **Creative team builder:** A team builder is best be defined as a strong person who provides the substance to unite a team with common purpose to realise a desired objective (Barry, 2015). Therefore, a researcher as an ideal agent should understand the process and dynamics required for the transformation of a team to progress from a group of strangers to a single cohesive entity. The latter compels an agent to be resourceful with a view to achieving the goals of the team (Galford & Maruca, 2010).

- **Effective communicator:** The ability of an agent to effectively communicate at all times is important. Therefore, an agent should be able to effectively initiate conversations focused on situations that improve communication between the agent, the recipients, and the stakeholders. There is a great deal of value placed on openness and directness in communication (Kouzes, 2010). Hence, the ideal agent is one who is open and communicate expectations and responsibility to the target group. An agent uses effective communication to clarify the expectations and state of mind of the recipients. Furthermore, an agent should be able to effectively negotiate and use persuasion when it is necessary to ensure the success of the interaction among the recipients and other stakeholders; such as social workers, correctional officers, and members of the community (Galer, Vriessendorp & Ellis, 2005).
- **Courage:** A model agent should be courageous with a hardy attitude who works tirelessly to overcome major problems or obstacles (Barry, 2015). A commitment and self-assured agent is one who holds his or her ground when he or she is criticised and has the courage to admit gaps in knowledge. The agent should have a firm commitment and courageous attitude to request guidance from stakeholders who have expert proficiencies in terms of baby dumping and / or infanticide (Jooste, 2010). A model agent has leadership skills and when he or she encounters stressful situations, he or she views it as an opportunity to influence the outcome. Out of the uncertainty and chaos of change, a leader rises and articulates a new image of the future that unites a team (Bennis, 2013).

- **Empathy:** It results in the promotion of a harmonious working environment that in turn encourages teamwork with the purpose of achieving set objectives (Jooste, 2010). A researcher, in his or her capacity as an agent, should be empathetic and support the recipients when necessary. The empathetic attitude of an agent should create an environment that is conducive to the encouragement of harmony that enhances team work that contributes to the achievement of set goals. According to Paul (2011), empathy presupposes the existence of the object (thing) as a separate individual, entitled to his or her feelings, ideas, and emotional history.

a. Interpersonal relationships

The key to good interpersonal relationships is realised when one has the ability to understand other people's needs (Goldman, 2012). The ideal agent enhances any interpersonal relationship by recognising needs of other people according to their responses and by meeting those needs. To achieve this, the ideal agent needs to have good interpersonal skills that are necessary for building positive interpersonal relationships. Good interpersonal relationships with other stakeholders; such as social workers, correctional officers, community members, as well as religious leaders are necessary for enabling an agent to effectively assist women who have dumped babies and / or committed infanticide. The agent should ensure that the recipients are reinforced, directed, encouraged, and provided with relevant skills and material resources according to their needs (Dickoff *et al.*, 1968).

4.3.2 Recipients

The recipients are defined as the people who are on the receiving end of an activity (Dickoff, 1968). In this study, the recipients of the researcher's actions were the women who had dumped babies and / or committed infanticide (Dickoff *et al.*, 1968). Furthermore, the recipients included:

- the family who rejected the woman because she had dumped the baby and / or committed infanticide;
- the male partner (boyfriend) who had denied the pregnancy and refused to accept the responsibility of paternity; and
- the community that stigmatised and rejected the woman due to cultural norms or taboos about falling pregnant out of wedlock.

The recipients were expected to have qualities that would enable successful reintegration into the society.

a. Characteristics of women

In this study, the women who had dumped babies and / or committed infanticide were the recipients. These women needed the necessary knowledge, skills, attitudes and values to empower them for effective reintegration into the society. Once these women were empowered, they should become active participants in their own health care by generating own ideas and making decisions that influence their lives positively. The women needed to be skilled in interpersonal relationships and skills.

i. Assertiveness

Assertiveness is a key communication skill, therefore, women were expected to be assertive and act assertively in all situations.

ii. Communication skills

Women as recipients needed to develop effective communication skills that could assist them with improving their self-esteem and build confidence that would in turn help them to feel more positive about themselves, including their ability to communicate. Effective communication skills are fundamental to success in many aspects of the women's lives because they feel welcomed, wanted, valued, and appreciated in their interactions.

iii. Negotiation skills

Negotiation is defined as a method that enables people to settle differences. It is a process that seeks compromise or agreement while avoiding argument and dispute (Brodow, 2014). Therefore, recipients should have negotiation skills for bargaining purposes that could assist with achieving the many goals they have. By voicing their needs, the recipients are equipped with a better understanding of all areas of concern.

iv. Motivation

Motivation is the ingredient that defines the difference between desire and determination in the process of setting and attaining goals. The recipients are expected to harness their emotions with the purpose of motivating themselves to take appropriate action, to be committed, to follow-through, and to work toward the achievement of their goals. Motivation is a source of encouragement because it initiates, guides, and maintains goal-orientated behaviour (Galer *et al.*, 2005).

Women who were actual recipients of this training programme needed to be open and receptive to the knowledge and skills they were receiving, since these skills would have enabled them to be successfully reintegrated into society. The women were also expected to establish effective interpersonal relationships with their families as a result of the training programme.

4.3.2.1 Family

The family is a basic, foundational social unit or institution of all human communities around the world and healthy individuals within healthy families are a core component of a healthy society (Defrain, Brand, Friesen, & Swanson, 2008). Therefore, the family as a recipient needs to be empowered with an understanding of its primary role to provide unity and support in the lives of young people and of its close proximity to support and care unconditionally for young women when they fall pregnant.

It is true that parents become disillusioned by the young women who become pregnant at such an early stage but they need to be fully aware that fear and despair mark the lives of young pregnant women. Therefore, parents should also be able to alleviate the fear that haunts the young pregnant woman. Lack of support and care by the parents or family members should be avoided and instead affection and consideration should be shown to these young women by both family members and the male partner of the unborn child.

The family should be reinforced through carefully designed strategies and activities to maintain those vulnerable family members. Recipients should also understand and

protect the values, experiences, and opportunities that unite family to act supportively when issues matter to them. Reconciliation and forgiveness should be encouraged between parents and daughters who become mothers at such a tender age instead of rejecting them and leaving them to their own devices (Hubbard, 2008). Parents should be able to comfort their young daughters and counteract the rejection they feel for their children, since it is their unstinting acceptance that would make effective reintegration possible. Support and care should characterise any family despite the pain and disappointment that daughters might cause.

The family members should be more understanding and accommodative despite the disappointments that these young women cause and encourage the male partners to do the same.

4.3.2.2 Characteristics of male partners

The male partners, young or old, have impregnated the women who dump babies and / or committed infanticide but choose to deny their paternity. An ideal male partner is a man who values selflessness, who loves and is supportive (Kieling, 2013). Male partners as recipients should be empowered with information to assist their female partners with the necessary support and care during pregnancy and after the baby has been born. According to the Maintenance Act (Act 9 of 2003), child maintenance comprises contributions to the expenses by the father in connection with pregnancy and childbirth; including the costs of medical and hospital expenses, as well as other expenses. Therefore, it is both parents of a child as recipients have a legal duty to maintain their child. A responsible male partner supports his child and provides a proper living and upbringing with material support; such as money for food,

accommodation, clothing, medical care, and education (LAC, 2007). An ideal male partner should take full responsibility for his child. The male partner is also legally liable to maintain the child, since he is the child's father.

The denial by the male partner to take responsibility for the care of his unborn child was one of the most common reasons cited by the majority of the participants in this study. Therefore, if male partners can just learn to take responsibility for the pregnancies they have brought about, the problem of baby dumping and / or infanticide is half solved, said one participant.

A greater responsibility should be encouraged in an entire society to promote more activities and opportunities for young male partners' personal and social development to inculcate a stronger sense of responsibility and self-discipline in terms of fatherhood. A reasonable male partner is a man who values the sanctity of human life from the womb to the tomb. It is a man who knows that human life is precious and ready to welcome children into the world instead of suggesting that they should be killed. It is also a man who does his utmost to ensure that children are cared for, protected, and given the opportunity to realise their full potential (Kieling, 2013).

The male partners have to acquire confidence in terms of raising and taking care of the babies they have fathered. By so doing as members of a greater society, they will directly motivate other men who contemplate denying their children.

4.3.2.3 Characteristics of a community

Coles and Knowles (2001) define communities as “clusters of individual[s] that make-up [sic] community, societies and cultures”. There are different community leaders in Namibia that include kings, chiefs and headmen, headmasters and teachers, community health workers, church leaders, councillors, and political leaders. These leaders are part of the stakeholders within a community. In the community, the opinions of these people are respected, their insights are valued, and their support is almost always needed to bring about any big changes. Generally, they are regarded as having a finger on the pulse of the community, able to express the point of view of the public (or some significant portion of the public), and usually have some influence over community opinion (Community Tool Box, 2015). These stakeholders:

- know what concerns people in the community;
- may have access to community history that members are unaware of which might affect the course of their initiatives; t
- may be able to garner participation, acceptance, and support for members’ initiatives in the community;
- may lend some credibility to a community cause by being associated with the members and their group;
- may assist with solving specific problems members are having in the community;
- may be able to convince people to support a group of community members who might otherwise be against that group; and

- may have access to resources; for example, people, space, and equipment that are difficult for individual community members to find (Community Tool Box, 2015).

Therefore, a community as a recipient and part of a society is expected to understand the dynamic and principled process of promoting the values and relations that enable all people to participate in social, economic, cultural, and political life on the basis of equal rights, equity, and dignity. Diversity, tolerance, non-discrimination, equality, security, and participation of all people are all qualities that communities should embrace to become functional reintegrating communities.

The social stigma attached to premarital pregnancies leads to women committing the heinous crimes of baby dumping and infanticide. These young women are subjected to much torture by both their male partners and society which leaves them no other alternative but to conceal and abandon babies in order to be accepted by their families and society. Society needs to accept that premarital sex is inevitable despite strict family, cultural, and religious values with the purpose of working towards amicable solutions to solve the problem of baby dumping and infanticide (Bentu, 2013).

Societies are to foster stable, safe, and just environments that are based on the promotion and protection of all human rights, as well as respect for and value of dignity of each individual that will allow these women who have dumped babies and / or commit infanticide to speak out. Communities as recipients are expected to bring and hold people together in society and instil a sense of belonging, participation, inclusion, recognition, and legitimacy. In the same vein, communities as recipients

are expected to create mutual trust among individuals, which forms the basis for shared responsibilities where issues of adoption are discussed freely. Therefore, good interpersonal relationships in a community are encouraged to enable people to adeptly interact with fellow community members and use their interpersonal skills to resolve the issues of baby dumping and infanticide instead of treating these women as social lepers. These healthy interpersonal skills reduce stress, resolve conflict, improve communication, enhance intimacy, increase understanding, and promote joy.

The community as recipient is expected to demonstrate its willingness to devise some constructive strategies to deal with the problem of baby dumping and infanticide holistically by working hand-in-hand with the correctional facility.

4.3.3 Context

Dickoff *et al.* (1968) describe a framework as the environment or context in which activities take place. Context may also be regarded as an environment, a setting, or circumstances.

Leiniger (in George, 2010) describes the environmental context as the totality of an event, situation, or experience. She further states that an environmental setting may be an internal (body, mind, and spirit) comprising the inner-self and / or and external (physical and social) setting. It is important to ensure that the location, as well as the structure, of the place where learning takes place accommodates women who have dumped babies and / or committed infanticide. According to Roy (in George, 2010), the environmental context includes all the conditions or circumstances, as well as the

influences that impact on individuals and affect the development and behaviour of individuals, either positively or negatively.

For the purposes of this study, the context was the setting where the study was conducted, namely the Oluno Correctional Facility in the rural area of the Oshana Region in Namibia. The context was also described as an environment where the training programme was implemented and data collected about the experiences of women who had dumped babies and / or committed infanticide because the study was contextual in nature.

According to Moskowitz (2005), the context is a situation or a background. For the Oluno Correctional Facility to effectively implement the psychosocial training programme and prepare the women to understand their psycho-social problems, the environment had to be adequately prepared with regard to the physical environment, psychological environment, socioeconomic environment, and the legal ethical environment (Figure 4.1).

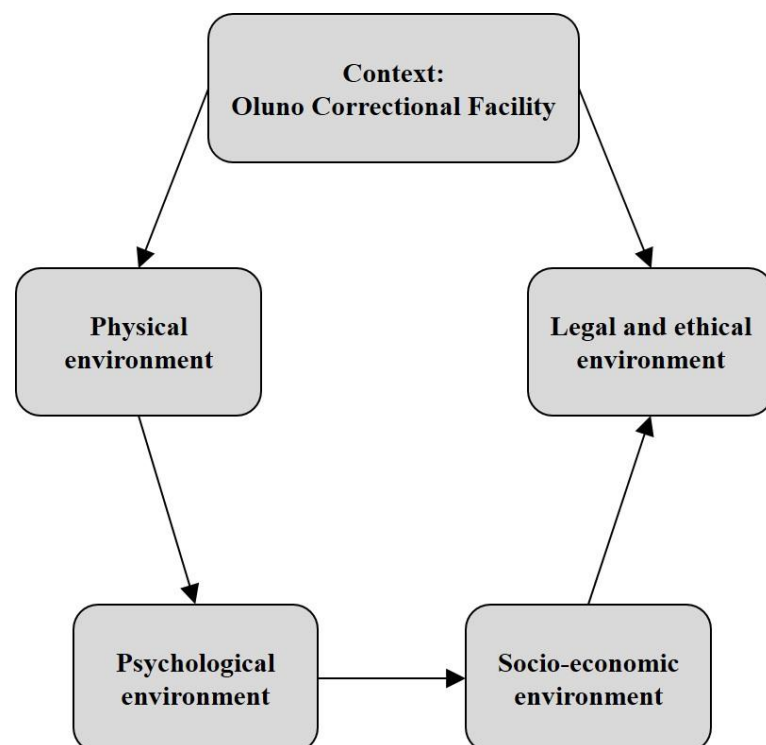


Figure 4.1: Context – Oluno Correctional Facility

4.3.3.1 Physical environment

The physical environment is the context in which the agent interacts with the women who have dumped babies and / or committed infanticide. In the context of this study, the physical environment referred to the context where the training had been conducted, that is the Oluno Correctional Facility. The physical environment should be free from any hazards that would obstruct healthy growth. Beyond the needs of safety, the environment should improve the young women's mental and emotional health (Cloud, 2003-2015). The agent has to ensure a safe and a conducive environment that will impact training effectively. The interaction of those participants within their physical environment was critical, since it influenced the outcomes of the activity. The context should have sufficient space for the size of the training group with comfortable a seating arrangement for participants. The training venue should be well ventilated with sufficient lighting and equipped with training manuals, training reference materials, as well as training aids; such as multimedia projectors, television monitors, and a laptop or computer.

4.3.3.2 Legal and ethical environment

The legal and ethical environment in this study referred to that context where women who had dumped babies and / or committed infanticide were nurtured and assisted in respect of legal and ethical issues. The environment was expected to include educational materials to assist and promote responsible mentoring by helping to

educate, mentor, and advise those women to make their own decisions. Furthermore, the availability of policies and procedures, as well as monitoring and evaluation tools in the context assisted with the training of those women. Therefore, an empowering environment included resources; such as the Namibian Constitution, the Criminal Procedure Act, the Maintenance Act, Child Care and Protection, and other legal documents; such as Human Right Charters. These resources enabled the women to be well conversant with their rights and with the necessary support they would need. This study aimed at creating an environment that included legal and ethical framework articles or policies with best practices to assist the recipients with actual information with services delivered in the context.

4.3.3.3 Psychological environment

The psychological environment is regarded as the features of the work environment that are relevant to worker behaviour. By behaviour, the three related types of psychological phenomena are considered: affect (e.g. emotions, mood, psychological symptoms, affective disorders), cognitions (e.g. attitudes, perception, decision-making), and behaviour (e.g. effectiveness, absence, motivation). The psychological environment is, therefore, the set of characteristics of a work environment that affects how the worker feels, thinks, and behaves. A conducive psychological environment focuses particularly on affective responses (Briner, 2000).

In this study, the psychological environment referred to an environment where women who had dumped babies and / or committed infanticide were to cope and understand the concept of their psychological well-being. Those young women were affected and influenced by the psychological and mental environment of origin

before they were incarcerated. That environment caused those young women to commit the heinous crime of baby dumping and infanticide. Therefore, the psychological environment needed to afford these young women with opportunities for counselling to enable them to deal with all the psychological challenges they were experiencing. Effective counselling would assist those women to make rational decisions about solutions or coping with psychological challenges. The counselling would also enable them as individuals to acquire knowledge, skills, and attitudes, that would assist them with properly adjusting to life and situations (Ramakrishnan & Jalajakumari, 2013).

A psychological environment needs to include recreational facilities with activities; such as exercise courses, woodworking, knitting, crocheting, singing, and Bible study. Recreational activities are essential for maintaining physical and mental health and for providing opportunities for constructive use of leisure time and development of positive social habits (Ramakrishnan & Jalajakumari, 2013).

4.3.3.4 Social environment

The social environment, social context, or milieu refers to the immediate physical and social setting where people live or where something happens or develops (Barnett & Casper, 2001). The agent should create an enabling environment that is suitable for supporting the women who had dumped and / or committed infanticide with empowering training to include competencies; such as knowledge, skills, and values with the purpose of facilitating their reintegration. Social interaction is a major constituent in the social environment; the family, the male partner, and society are stakeholders and as recipients of this training programme should be interacting in

a suitably supportive social environment with women who have dumped babies and / or committed infanticide. This interaction should exclude stigmatisation or any ill feelings. The family, the male partner, and society should promote social responsibility by striving to enhance social cohesion or social support and prevent social harms of the women through public education and advocacy.

4.3.4 Dynamics

Dickoff *et al.* (1968) describe dynamics as the internal energy or power sources or motivating factors that enables an individual to become successful. Dickoff *et al.* (1968) explain that dynamics explore physical, biological, psychological, or chemical power sources of agents and recipients. In this study, the women who had dumped babies and / or committed infanticide experienced psychological, socioeconomic, as well as legal and ethical challenges with regard to the reintegration process (Figure 4.2).

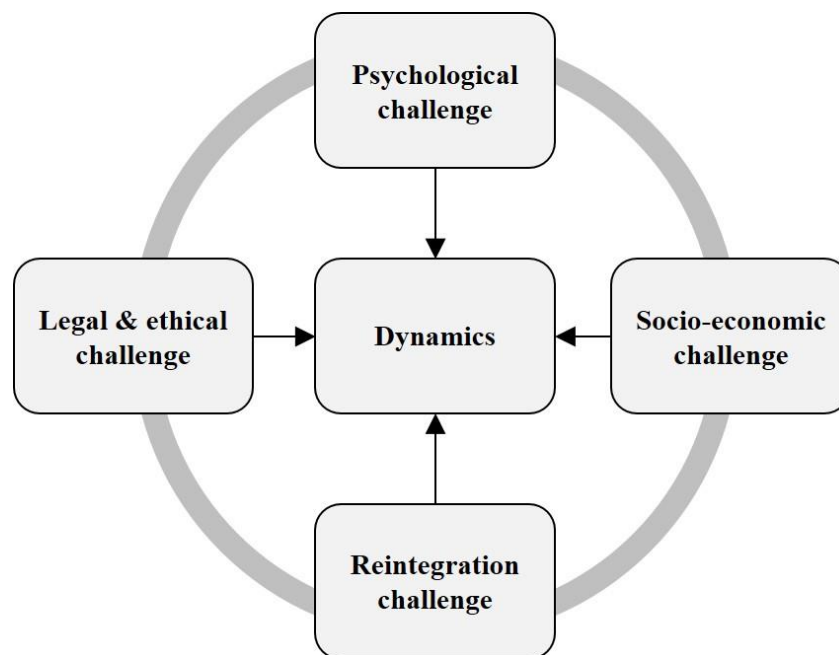


Figure 4.2: Dynamics

4.3.4.1 Psychological challenges

Psychological challenges in this study referred to the psychological factors that contributed to baby dumping. Those challenges included mental processes that affected the person's ability to think or to do something. In this study, those

psychological factors caused challenges to women who had dumped babies and / or committed infanticide, such as denial and rejection by family, male partners (boyfriends) and community; feelings of fear, anger, and evil thoughts; and feelings of despair and lack of support by family members (Chapter 3).

The above psychological challenges altered and influenced the functions, attitudes, and characteristics of the human mind of these women and led to committing the heinous crime of baby dumping and infanticide.

4.3.4.2 Socioeconomic challenges

The socioeconomic state of women in this study contributed to baby dumping and infanticide, since the women were not able to raise a baby on their own due to poverty. In this study, the socioeconomic conditions of the women led to socioeconomic challenges, such as alcohol and drug abuse that triggered to the rest of the adverse socioeconomic conditions. These socioeconomic conditions were multiple sexual partners / promiscuity and lethal sexually transmitted infections and diseases, most notably HIV / AIDS (Table 3.1).

4.3.4.3 Reintegration challenges

It is important to recognise that the process of successfully reintegrating an offender into the community does not begin at the time of release. The process begins at the time when the needs of the offender are assessed for rehabilitative purposes. This paves the way for the offender to be better prepared for reintegration upon release. If this preparation is not done, the likelihood of problems occurring increases (Tang, 2010).

Since the reintegration process is viewed as challenge, for an offender to be successfully reintegrated into the community, it is important to implement strategies address the needs and support required by every individual offender. As aptly put by China; factors such as family support, employment, accommodation, financial support, social acceptance, education, life skills, and occupational skills influence the process. All papers presented at the 24th Asia and Pacific Conference for Correctional Administrators (2004) shared the view that when offenders are provided with support in these areas during the pre-release and post-release phases, they are more likely to make a successful transition from prison to the community and are less likely to reoffend.

In this study, the challenge that women who had dumped babies and / or committed infanticide were experiencing was the fear of being reintegrated after they were eventually released from custody. Many participants in this study expressed fear of coming into touch with family and community members owing to the feelings of guilt, shame and perceived rejection of the act of baby dumping and / or infanticide. Therefore, for the reintegration process to be successfully implemented, the challenge of fear needed to be addressed.

4.3.4.4 Legal and ethical challenges

The women who had dumped babies and / or committed infanticide needed to understand the legal and ethical aspects and their implications to baby dumping and infanticide. Women might experience challenges when there is no understanding of the legal and ethical frameworks. It is clear that there are a number of factors that are causing women to take the desperate step of dumping their babies and / or

committing infanticide. One factor that contributes to their desperation is not being aware of their options when they are pregnant with a baby they do not want. Therefore, legislation should enhance services and programmes, as well as become part of a larger reform efforts to enhance services for women at risk and the other recipients, including the agent. The services and programmes in legal and ethical framework may include counselling women about private, confidential adoptions and other options for future purposes when the need for these services arises.

4.3.5 Procedure

The procedure comprises the protocols and devices that enables an agent attain a set of goals Dickoff *et al.* (1968). Dickoff *et al.* (1968) explains that the procedure emphasises the path, steps, or pattern for performing an activity. Dickoff *et al.* (1968) further points out that procedure does not prescribe the particular features of an activity. They explain that procedures are guiding rules, protocols, or techniques to be followed while activities are taking place (Dickoff *et al.*, 1968). The procedure implies the course of action to be followed for achieving the set goals of the activity. These steps should be taken into account while working towards the attainment of the outcomes. A detailed psychosocial educational programme was structured based on Kolb's Experiential Learning Theory and Adult Learning. To realise the education programme, the content of the activities included psychosocial and socioeconomic aspects, reintegration process aspects, as well as legal and ethical aspects.

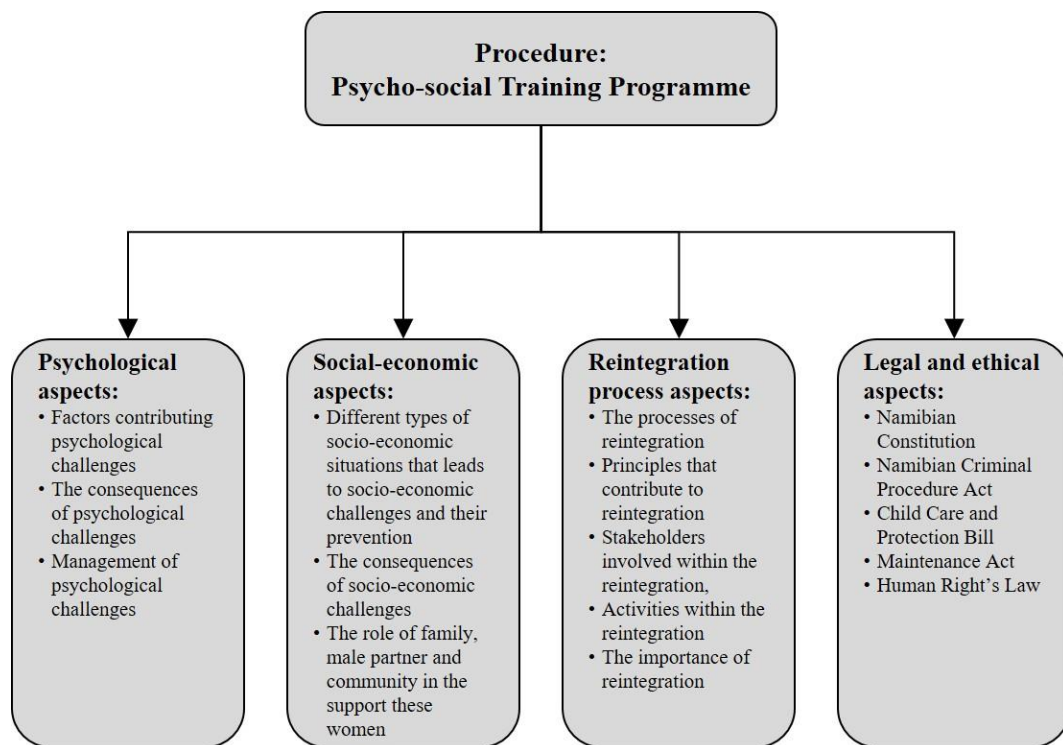


Figure 4.3: Procedure

Psychological aspects or factors refer to thoughts, feelings, and other cognitive characteristics that affect the attitude, behaviour, and functions of the human mind. These factors can influence how a person thinks and later affect his or her decisions and relations (Peterson, 2009). Therefore, the researcher engaged in promoting positive self-perception and maintained a sense of integrity of women who had dumped babies and / or committed infanticide in order to alleviate those psychological conditions. The researcher also addressed the aspect of self-esteem of the women for the purpose of inculcating positive feelings towards the self. The Oxford Advanced Learners Dictionary of Current English (2006) refers to self-esteem as a “feeling of being happy with one’s character and abilities”. Others psychological aspects or factors and psychological conditions that were addressed by

the educational programme entailed the consequences of psychosocial turmoil and the management thereof.

4.3.5.1 Socioeconomic aspect

Socioeconomic status or aspects is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power, and control are emphasized. Furthermore, an examination of socio-economic status as a gradient or continuous variable reveals inequities in access to and distribution of resources (American Psychological Association, 2015). In this study, poverty resulting from the existing unfavourable socio-economic condition was identified by nearly all participants as a very strong factor responsible for the incidence of baby dumping and infanticide. These socio-economic conditions posed challenges to women and these challenges and their prevention were addressed through the educational programme that developed for this study. Educational interventions were described in terms of skills and knowledge to enable women who had dumped babies and / or committed infanticide to cope with the challenges in a practical way. The educational programme involved also strategies that addressed the consequences of the socio-economic aspects as well as the role of the community and other stakeholders in providing skills in programmes and socio-economic empowerment that relates to improving access to education and microcredit schemes. Building good interpersonal relationships through communication with family members, community members and other stakeholders enabled the women to negotiate their life circumstances through the interactions with these support systems.

4.3.5.2 Reintegration aspect

Simply defined, “reintegration” is all activity and programming conducted to prepare an offender to return safely to the community and live as a law-abiding citizen (Thurber, 1997).

Before designing any strategies on prisoner reintegration, it is a good idea to first identify factors that are linked to relapse and desistance. These factors would be addressed through the implementation of the psychosocial educational programme. The reintegration process has levels where skills and knowledge are well set out to empower women who had dumped babies and / or committed for successful reintegration in the society and they are well explained in Chapter 6.

There are four elements that need to be focused on in developing appropriate programmes and service for prisoners in the reintegration process. First, released prisoners have similar essential needs, for example, accommodation, employment and good family relationships, as do other people. Second, apart from essential needs, a number of prisoners also have criminogenic needs that require specific treatment programmes. Third, even if prisoners are adequately prepared for release, reintegration can never be successful unless there is community acceptance of offenders returning to the community. Fourth, the continuity of service delivery has to be taken into account to ensure that released inmates do not fall through the gaps of service provision. Based on these elements, rehabilitation programmes and services are therefore implemented with the key focus placed on the areas of inmates’ essential needs, criminogenic needs, community acceptance and continuity of support (Rujjanavet, n. d.).

4.3.5.3 Legal and ethical aspect

Legal and ethical aspects are important for regulating social conduct and the moral welfare of people in any setting. The fact that women who have dumped babies and / or committed infanticide are incarcerated is only a circumstance of their situation and does not, and should not, change how they are viewed by anyone. In this study, legal and ethical aspects were designed to assist women to understand their legal rights and how to exercise them, as well as the respect, autonomy, and self-determination that they were entitled to.

According to some women in this study, they committed baby dumping and / or infanticide with the full consent of their male partners. The majority of participants felt that there should be legislative remedies specifically designed to impeach their male partners, since they were complicit in the crime. Women in correctional custody have a constitutional right to a fair hearing and representation. Therefore, the Constitution of the Republic Namibia, the Namibian Criminal Procedure Act, the Child Care and Protection Act, the Maintenance Act, and Human Rights Law were used in the educational programme to educate and explain the situation of women who had dumped babies and / or committed infanticide. A proper legal system should be ethical, for ethics provide a set of standards for behaviour that might help women who have dumped babies and / or committed infanticide to decide how they ought to act in a range of situations. In a sense, ethics is about making choices and about providing reasons why those choices are made.

4.3.6 Terminus

“Terminus” refers to the last stage, the end, or the finishing point (Dickoff *et al.*, 1968). The terminus is the desired outcome that an agent wishes to attain through the procedures. It is the end result or goal to be attained by an agent’s action that confirms whether the set goals are achieved or not (Dickoff *et al.*, 1968 & George, 1995). The terminus of this study was to psychosocially prepare women for successful reintegration into the society. It was expected, after having obtained the required knowledge as a result of the training programme, that the women should be able to facilitate their own development, keep up their knowledge and skills, communicate freely, and cope with the reintegration process. The training aimed at preparing the women to act independently in the interaction with other stakeholders without the interference of any negative feelings, such as fear and rejection.

4.4 SUMMARY

This chapter explains the conceptual framework that formed the basis of the development of a training programme to facilitate the reintegration of women into the society. The chapter, furthermore, adapts and outlines the survey list that included the agent, recipient, context, procedure, dynamics, and terminus in the context of this study (Dickoff *et al.*, 1968). The survey sought to respond to the activities that had to be performed and should have interactive significance during implementation.

Chapter 5 describes the structure and process of the educational programme and provides strategies for operationalisation of the educational programme in practice. It also uses various strategies to evaluate the educational programme.

CHAPTER 5

**DEVELOPMENT OF A PSYCHOSOCIAL TRAINING
PROGRAMME TO FACILITATE THE REINTEGRATION OF
IMPRISONED WOMEN WHO HAD DUMPED BABIES
AND / OR COMMITTED INFANTICIDE**

5.1 INTRODUCTION

Chapter 4 describes the conceptual framework according to the concepts that Dickoff *et al.* (1968) describe. These concepts include the agent, recipient, context, procedure, dynamics, and terminus. The results of the data analysis (Chapter 3) revealed how women who had dumped babies and / or committed infanticide were experiencing their lives. The concepts in the survey list of Dickoff *et al.* (1968) served as the foundation of the educational programme and created the possibility of developing an educational programme for women who had dumped babies and / or committed infanticide.

This chapter focuses on the development of an educational programme that is designed to facilitate the reintegration of women who have dumped babies and / or committed infanticide. The findings from the unstructured individual interviews with women who had dumped babies and / or committed infanticide and the conceptual framework described in Chapter 4 contributed to the development of the programme. The development of the educational programme aimed at effective running and internalisation of activities designed to support women who had dumped babies and / or committed infanticide to comprehend the capabilities and skills they had.

5.2 THE DEVELOPMENT OF THE EDUCATIONAL PROGRAMME

The development of the educational programme established in Phase 3 of this study was based on the survey guide suggested by Dickoff *et al.* (1968). The researcher was guided by its six survey components (Chapter 4). According to the data analysis, the women who had dumped babies and / or committed infanticide were experiencing psychological and socioeconomic challenges, as well as reintegration, legal, and ethical challenges. The researcher decided to develop a psychosocial educational programme to address those challenges. The needs assessment done during Phase 1 (situation analysis) provided the basis for the development of this psychosocial educational programme.

The researcher further realised that there was no programme of such a nature in Namibia that catered for the psychosocial aspects of women who had dumped babies and / or committed infanticide. Therefore, the researcher was inspired to assist women who had dumped babies and / or committed infanticide by developing this programme. The researcher as a facilitator of the educational programme should be an inspiration and a motivator of the recipients to encourage them through the educational programme to reintegrate successfully and without fear into the society.

The educational programme was also designed to meet the needs of women who had dumped babies and / or committed infanticide and to equip them with competencies; such as skills, knowledge, attitudes, and values to manage the psycho-social aspects and to facilitate their reintegration. These competencies are outlined in the themes and sub-themes of the study findings.

The educational programme was planned to educate women about issues in relation to interpersonal relationships and to build their decision making skills and life choices, thus improving their self-esteem and building their confidence, including their ability to communicate, to feel more positive about themselves.

5.2.1 The aim of the educational programme approach

The aim of the educational programme was to facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide. That was accomplished by conducting educational sessions based on the data collected during Phase 1 (situational analysis) of the study.

5.2.2 Objectives of the educational programme

The educational programme needed to be informed by the programme objectives that were formulated to address the content of the educational programme. The objectives were derived from the challenges to achieve the aim of the educational programme and sought to enhance the knowledge and skills to understand:

- and manage psychological challenges affecting women who had dumped babies and / or committed infanticide;
- and manage socioeconomic challenges of women who had dumped babies and / or committed infanticide by bolstering support from family, male partners and the community;
- and manage the reintegration process challenges that women were experiencing who had dumped babies and / or committed infanticide and

counteracting those challenges through well planned interventions / programmes;

- and manage legal and ethical framework challenges and their implications for women who had dumped babies and / or committed infanticide.

5.2.3 Content of the educational programme

The learning content of the programme was derived from Chapter 3, i.e. the themes and sub-themes that had emerged during the data analysis of the study and that were substantiated by the verbatim quotation of the participants' responses support the findings. The learning content for women who had dumped babies and / or committed infanticide was presented in the format of a two and half days workshop.

This workshop was conducted at that Oluno Correctional Facility in Ondangwa, Oshana Region in Namibia within two and a half days. The content of the developed programme entailed the aspects that had been derived from the findings of the data analysis (Chapter 3); namely psychological aspects such as psychosocial challenges, socioeconomic challenges, the reintegration process challenges as well as the legal and ethical challenges.

To address the psychological aspects, the researcher had to design activities that would enhance the knowledge and skills of women who had dumped babies and / or committed infanticide to understand and manage psychological challenges.

The researcher, furthermore, had to bear the factors in mind the characteristics of those people affected by psychosocial challenges, the consequences of psychosocial challenges, the general management of psychosocial challenges, therapy and

counselling for psychological problems (Help Guide), and conquering psychological and emotional challenges or trauma (Smith & Segal, 2015).

The researcher included another activity that addressed the socio-economic challenges of women who had dumped babies and / or committed infanticide. These activities included a module about support by families, male partners, and the community. The activities included types of different socioeconomic situations that led to issues, such as alcohol and drug abuse. The activities sought to empower the women with tools to mitigate the effects of the socioeconomic challenges they were facing. It provided educational and psychological interventions to deal with the causes, prevention, and effects of multiple sexual partners and promiscuity. The educational programme addressed poverty with activities; such as poverty reduction strategies, the poverty reduction programme by the MGECSW, and risk factors of poverty. The activities included HIV and AIDS and the drivers of the disease; for example, behavioural, social, and cultural beliefs and customs, as well as the socioeconomic consequences of HIV and AIDS. This part of the programme also dealt with the empowerment of women by means of behaviour modification strategies, a life options approach, and life skills.

The programme included activities to facilitate the reintegration process that involved different level of interventions; for example, the definition of reintegration; the processes of reintegration; the risk, need, and responsivity model; the throughcare service delivery model; stakeholders of the reintegration process; reintegration activities, and the importance of reintegration.

The last activity dealt with the legal and ethical frameworks for women to understand such frameworks and their implications. Table 5.1 illustrates the development of the educational programme.

Table 5.1: A psychosocial educational programme to enhance the reintegration of incarcerated women who had dumped babies and / or committed infanticide in Namibia

Aspect	Description
Programme objectives	To enhance the knowledge and skills of women to understand: • and manage psychological challenges affecting women who had dumped babies and / or committed infanticide; • and manage socioeconomic challenges of women who had dumped babies and / or committed infanticide by enhancing support from family, male partners, and the community; • and manage the reintegration process challenges experienced by women who had dumped babies and / or committed infanticide and counteracting those challenges through well planned interventions; and • legal and ethical frameworks challenges and their implications for women who had dumped babies and / or committed infanticide.
Programme structure	The programme was developed to be implemented in the format of a workshop.
Programme approaches	Kolb's learning theory and adult learning approach.
Programme phases	Orientation phase, working phase, and termination phase.

5.2.4 Description of the content of the educational programme

The objectives were divided into tables with their corresponding content that the researcher created on the basis of data analysis. All the reflected content in the tables below were the activities the researcher had to carry out in order to facilitate the preparation for reintegration by women who had dumped babies and / or committed infanticide.

5.2.4.1 Objective 1: To enhance the knowledge and skills to understand and manage psychological challenges of women who had dumped babies and / or committed infanticide

Table 5.2: Illustration of the content of Objective 1

Content
Factors that contribute psychological challenges: • Denial • Influence of denial on decision-making • How to overcome denial • Rejection • How rejection influences a person • Practical strategies to recover from rejection • Fear • Description of the term fear • Types of fear • How to overcome fear • Anger • Types of anger • How to overcome anger • Evil thoughts • How evil thoughts affect one's thinking • Management of evil thoughts • Despair (hopelessness and helplessness) • Types of hopelessness • Management of despair • Lack of support by families, male partners, and the community • Types of support • Family as the foundation of support • Male partners' responsibility and accountability for paternity • The role of the community in support to women

- Consequences of psychological challenges on:
 - An individual
 - Families
 - The Community
- General management of psychological challenges with regard to:
 - Self-efficacy
 - Locus of control
- Counselling and therapy for psychological problems – Help Guide (Smith & Segal, 2015)
 - How can therapy or counselling help you?
 - Why therapy or counselling and not medication?
 - Common types of therapy.
 - What to expect during therapy or counselling.
 - Making the most of therapy or counselling.
 - Overcoming psychological and emotional challenges or trauma.
 - What is psychological and emotional trauma?
 - Causes of psychological and emotional trauma.
 - Risk factors that increase vulnerability to trauma.
 - Symptoms of psychological and emotional trauma.

5.2.4.2 Objective 2: To enhance the knowledge and skills to understand and manage socioeconomic challenges of women who had dumped babies and / or committed infanticide

Table 5.3: Illustration of the content of Objective 2

Content
Types of socioeconomic challenges: • Alcohol and drug abuse • Causes • Family origin • Prevention strategies

- Consequences or effects
- Educational and psychological interventions
- Role of families, male partners and the community in prevention of socioeconomic challenges
- Multiple sexual partners / promiscuity
 - Causes
 - Prevention
 - Effects
- Poverty
 - Poverty reduction strategies
 - Poverty reduction programme by the Ministry of Gender Equality and Child Welfare
 - Risk factors of poverty
- HIV and AIDS
 - Drivers of the disease
 - Behavioural issues
 - Social challenges
 - Cultural beliefs and customs
 - Influence
- Women empowerment
 - Active training and sensitisation
 - Behavioural modification strategies
 - Life options approach
 - Life skills

5.2.4.3 Objective 3: To enhance knowledge and skills to understand and manage the reintegration process challenges of women who had dumped babies and / or committed infanticide

Table 5.4: Illustration of the content of Objective 3

Content
Reintegration process: • Processes within the reintegration experience • Pre-release phase • Cognitive behavioural programmes • Transition and re-entry programme • Anger management programmes • Family reunification programmes • Sport and recreational activities • Religious activities • Institutional counselling • Challenges • Suggestions by incarcerated women • Collateral effects of incarceration • Institutional based education • Reintegration phase • Preparation of the community • Collaboration of stakeholders • Risk-need-responsivity model • Post-release phase • Stakeholders at community level • Throughcare service delivery model • Principles contributing to prisoner reintegration • Importance of reintegration

5.2.4.4 Objective 4: To enhance knowledge and skills to understand and manage the legal and ethical framework challenges of women who had dumped babies and / or committed infanticide

Table 5.5: Illustration of the content of Objective 4

Content
Types of legal and ethical frameworks and their implications: • Namibian Constitution • Respect for human dignity (Article 8) • Fair trial (Article 12) • Child Care and Protection Bill • Different sections of the Bill • Alternatives to baby dumping • Establishment of “safe havens” • Criminal Procedure Act 25 of 2004 • Legal representation of an accused • Maintenance Act 9 of 2003 • Provisions of the Act with regard to maintenance of a child • Human Rights Law • Legal and ethical guidance • Ethical principles • Principle of respect for persons • Principle of beneficence • Principle of non-maleficence • Principle of justice • Principle of veracity • Principle of fidelity

5.2.5 The educational approaches

The structure of the educational programme developed for women who had dumped babies and / or committed infanticide was based on Kolb's experiential learning theory (Kolb, 1984).

5.2.5.1 Kolb's experiential learning theory (ELT)

Experiential learning is a well-known model in education. Kolb's ELT (Kolb, 1984) defines experiential learning as "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience".

The ELT provides a holistic model of the learning process and a multilinear model of adult development; both elements are consistent with what we know about how people learn, grow, and develop. The theory is called "experiential learning" to emphasise the central role that experience plays in the learning process; an emphasis that distinguishes ELT from other learning theories (Kolb, 1984). The philosophy of experiential learning focuses on experience as the most important tool for learning. The premise of experiential learning is that individuals create knowledge through the transformation of their lived experiences into existing cognitive frameworks, thus causing individuals to change the way they think and behave (Kolb, 1984). The researcher is of the opinion that the point of departure that facilitates learning should be from direct experience through active participation in the learning process and by continual reflection on what has been learnt during group work.

The researcher is convinced that the knowledge and skills that are learnt everyday form an integral part of human development. The researcher in this study also trusts that it is possible for women who have dumped their babies and / or committed infanticide to change their mode of thinking as far as their experience of successful reintegration is concerned as a result of what they might have learnt about reintegration. Therefore, the researcher agrees with the definition of Kolb (1984)

that “learning is the process whereby knowledge is created through the transformation of experience”. It is vital that all the steps in the cycle are implemented for the learning to take place successfully. The steps are depicted in Figure 5.1.

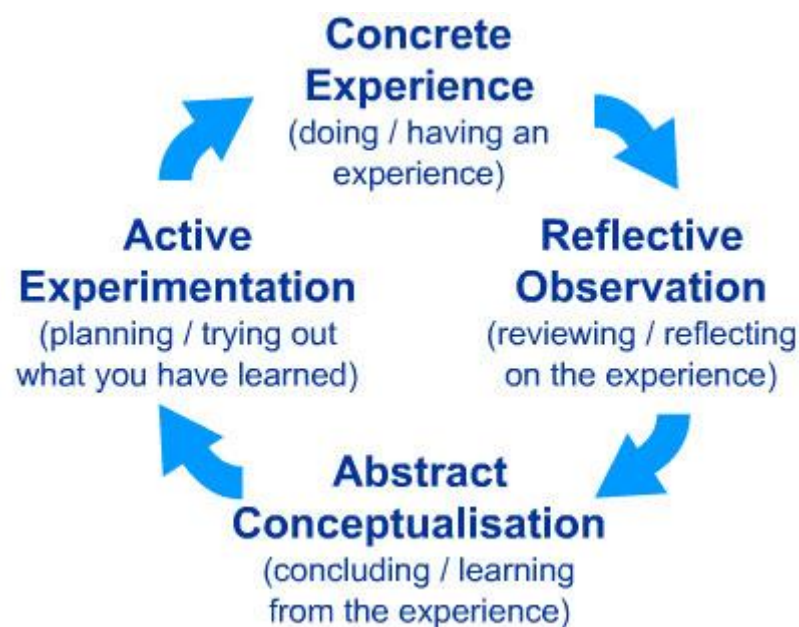


Figure 5.1: Steps in the experiential learning cycle based on women who had dumped babies and / or committed infanticide as adapted from Kolb *et al.* (1984)

The steps in the experiential learning cycle are discussed in detail in relation to women who had dumped babies and / or committed infanticide.

a. Concrete experiences of women who had dumped babies and / or committed infanticide

A concrete experience refers to a situation where women are involved in a new experience. The women who have dumped babies and / or committed infanticide would encounter concrete experiences of situations in terms of what they are going

through. The new knowledge that women experience causes them to openly describe their concrete experiences by making use of their existing experiences. Kolb (1984) views learning as an integrated process, therefore, experiential learning values and honours the existing knowledge and competencies that participants bring to a learning process (Willis & Rickets, 2004). The goal of experiential learning – or for learning to be truly experiential – is to involve something personally significant or meaningful to participants, for example the women who have dumped babies and / or committed infanticide (Andresen, Boud & Cohen, 2000). For that to happen, participants have to be personally engaged in their learning.

Furthermore, the women who had dumped babies and / or committed infanticide had a chance through the training programme to share their concrete experiences of fear to be reintegrated into society and that process enabled them to comprehend that fear could be overcome in the presence of strong caring support. The women developed an appreciation for the training programme, since they had experienced the new knowledge in a unique way while also becoming aware of the role they had to play in re-establishing the relationships with their families and society in general. Conversely, the training programme provided the women with an opportunity to reflect on and review their experiences while allowing them to bond with the rest of the women who were experiencing similar issues. The women who had dumped babies and / or committed infanticide shared their experiences with one another, therefore, learning became a new experience for all them.

b. Reflective observation for women who had dumped babies and / or committed infanticide

Reflective observation involves either watching other people, or developing observations about one's own experiences. In this training programme, women who had dumped babies and / or committed infanticide were expected to be wholeheartedly involved in the learning process while reflecting on their own experiences. Since these experiences were new, the learning experience did not only involve the women's intellect but also their senses, their feelings, and their personalities. Of particular importance in reflective observation is to take cognisance any inconsistencies between experience and understanding. Therefore, it is imperative that the researcher as a facilitator should be observant to see whether the new experiences are well written or understood. In this study, women who had dumped babies and / or committed infanticide exposed their psychological and social thoughts and shared what had happened during the process of dumping their babies. In reflective observation, participants get the opportunity to write or discuss their experiences and this should continue throughout the learning process. Reflective observation is otherwise termed as the stage during which learners are watching and listening, viewing issues from different points of view, and discovering meaning in the learning material.

In this study, the process of reflection caused women who had dumped babies and / or committed infanticide to work through their previous experiences and they matured to such an extent that transformation in behaviour became possible. The women who had dumped babies and / or committed infanticide described their

experiences of new found knowledge as a tool that empowered them to make the necessary plans in terms of their learning and that those experiences contributed immensely to the positive changes in their lives. Many participants considered reflective observation as a new way of reviewing their own lives with an obligation to make real changes. That motivated them to become actively involved in the learning process and increased their self-awareness, since they were reflecting on their emotional feelings of rejection, anger, and evil thoughts. The learning experience enabled them to make serious resolutions to change and face the reintegration process with positive attitude. Reflecting on their experiences, women who had dumped babies and / or committed infanticide were empowered to accomplish and evaluate their own learning and incorporate the new experiences or knowledge into their existing knowledge. The process of reflection also facilitated the need to establish a sense of trust, respect, openness, and concern for the well-being of the participants while they were being encouraged to become law abiding citizens. The experience added value to their lives in the sense of considering job opportunities and the positive influence education would have on their gainful employment.

c. Abstract conceptualisation

Abstract conceptualisation comprises the application of thought and logic to the learning situation as opposed to informing experience by feelings alone. That meant that the women who had dumped babies and / or committed infanticide were expected to reflect on their thinking or to review their thoughts with the purpose of putting them into logical patterns where those thoughts made sense to them and to

other people they were engaging with. Feelings and emotions – especially negative ones – were excluded from the learning situation because they had the potential to influence learning negatively. However, women who had dumped babies and / or committed infanticide were expected to analyse those feelings and emotions and then decide whether they were worth pursuing. They were afforded the opportunity to express these feelings and emotions and suggest how to cope and identify fruitful and useful changes or replacements. Therefore, the training programme enabled those women to mature and develop a keen interest to make plans for their future, since reflection gave rise to new ideas or a modification of an existing abstract concept that created ideas to explain observations.

d. Active experimentation

In active experimentation, women who had dumped babies and / or committed infanticide were encouraged to test what they learnt through concrete experience and make necessary conclusions from their learning experience. That was the last stage of the learning cycle and involved analysing ideas; therefore, whatever the women who had dumped babies and / or committed infanticide planned to do was carried out by sharing what they had gone through and how they were managing their situations. Active experimentation allowed women who had dumped babies to put into practice what they had learnt. That empowered them to make individual judgment about the experiences and / or their effects in relation to the intended action. They had to work diligently and were actively involved in their plans in order to enhance their learning through their experience. That increased their interest in self-discovery while the women were becoming enthusiastic, as well as more flexible about learning new

things. An expected outcome of this study was that women who had dumped babies and / or committed infanticide would be put into practice what they had learnt about reintegration during this workshop in their existing social relationships, thus becoming the initiators of change in their interpersonal relationships.

5.2.5.2 Knowles' adult learning theory

Adult learning is a theory that holds a set of assumptions about how adults learn. According to Knowles two key differences in the ways that adults and children approach learning are that adults desire to be self-directed and want to take responsibility for decisions. Courses for adult learners are sensitive to these desires and designed to permit some autonomy of participants to approach and schedule their learning activities. Other key characteristics of adult learners are a task or problem-centred orientation to learning, internal motivation, life experience is a rich source for learning, and a readiness to learn and develop from life tasks and problems.

The researcher assumed that for the implementation and evaluation of the educational programme, an adult learning theory was appropriate for setting and achieving goals. Graig (1996) describes the important aspects of Knowles andragogic learning theory that should be considered when the programme was presented. Assumptions about Knowles' adult learning theory are outlined in Chapter 1. This theory was part of the theoretical point of departure that the researcher used to develop a psychosocial training programme for women who had dumped babies and / or committed infanticide.

The researcher acknowledged that adult learners wanted to know about what would be useful for them because before attending the training they had asked themselves whether the training would be worth attending or whether it would be a waste of time. The psycho-social educational programme addressed the needs of women who had dumped a baby and / or committed infanticide based on the themes that had emerged from the data analysis of the participants' experiences. The experiences of the women who had dumped babies and / or committed infanticide were considered during training, since adult learners embarked upon a learning event on the basis of previous experiences and knowledge.

Women were expected to solve problems through problem solving learning during the implementation of any learning programme. In this learning programme, women who had dumped babies and / or committed infanticide were given an opportunity to work in groups while actively participating in their own learning.

The participants were ready to learn provided that the aspects of learning were closely related to the skills that would assist them during the reintegration process. The psycho-social educational programme was developed at a time that it was needed by women who had dumped babies and / or committed to improve their skills in interpersonal relationships and communication.

The educational programme was expected to be problem-based for women to use the information in their learning environment. In the educational programme, the problem-based scenarios were formulated to assist women who had dumped babies and / or committed infanticide to solve relationship problems related to their actual

real situations. The agent had to provide the information that would assist the participants with problem-solving.

The women depended on extrinsic and intrinsic motivators that empowered them to learn with more curiosity. The learning activities intended to clearly demonstrate to the learners how it would benefit them in their relationships.

5.2.5.3 Problem-based learning approach

Problem-based learning (PBL) is an approach that challenges students to learn through engagement in a real problem. It is a format that simultaneously develops both problem solving strategies and disciplinary knowledge bases and skills by placing students in the active role of problem solvers confronted with an ill-structured situation that simulates the kind of problems they are likely to face in future.

The problem-based approach was used in the programme because it would encourage the participants to engage in problem solving of relationship related problems while developing their thinking and reasoning skills. It would further assist them in analysing a situation, applying existing knowledge to new situations, and making objective judgment during their encounters with family and the community (Killen, 2007). Problem-based learning was chosen as an instructional method for the educational programme because it placed the participants in an active role amongst people who knew all about the identified problems related to their reintegration; those commonly identified problems would need their initiative to be solved. According to Harrison (2007), PBL aims at creating a learning environment that

stimulates learners' attitude to learn and allows them to practise and refine behaviour and skills they would need in real situations. The approach further complements self-directed learning because participants are expected to control aspects as stipulated by Ellis (2007); such as setting own goals based on the identified problem, identifying the expected outcomes for the activity, selecting learning materials from a variety of sources, employing preferred learning strategies, selecting documentation methods for reporting the applied processes, and structuring the learning environment.

5.2.6 Programme development process

In this study, the researcher followed the programme process to develop a psycho-social educational programme. Programme development is a continual and systematic process that a researcher follows to plan, implement, and evaluate an educational programme. Educational programme development requires a three-phase process, consisting of an orientation phase, a working phase, and a termination phase. Table 5.6 illustrates the three programme phases.

Table 5.6: Illustration of the three programme phases

Phase	Description
Orientation phase	• Welcoming and introduction to the workshop. • Purpose and objectives of the workshop. • Ground rules and expectations of workshop.
Working phase	• Activities to enhance skills and knowledge to understand and to manage psychological aspects for women who had dumped babies and / or committed infanticide.

Phase	Description
	• Activities to enhance knowledge and skills to understand and to manage socioeconomic aspects of women who had dumped babies and / or committed infanticide. • Activities that enhance knowledge and skills to understand and to manage the facilitation of the reintegration process for women who had dumped babies and / or committed infanticide. • Activities to enhance knowledge and skills to understand and to manage a legal and ethical framework for women who had dumped babies and / or committed infanticide.
Termination phase	• Evaluation to assess the effectiveness of the workshop. • Evaluation of the entire workshop.

5.2.7 Evaluation of the educational programme

The programme was assessed by conducting an evaluation of the proceedings at the end to determine whether the content that had been offered was well understood and integrated. The programme was also evaluated in accordance with the criteria for theory generation of Chinn and Kramer (1991) by answering these questions:

- How clear is the programme?
- How simple is the programme?
- How accessible is the programme?

5.2.7.1 How clear is the programme?

The concepts used in programme development were explored and described using the protocols and steps described by Dickoff *et al.* (1968). Furthermore, an intensive literature control served the purpose of relating the findings to the context of the existing body of knowledge and current trends about the phenomenon under study in order to observe either a confirmation, or a contradiction of existing literature. A literature control also allowed the researcher to describe new insights from a new study that contributed to the existing literature (De Vos *et al.*, 2007). The major concepts were identified, defined, and to enhance the clarity of the programme.

The concepts in the educational programme to facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide were systematic implemented, for example the researcher commenced with an exploration and description of the empirical data using different research methods and techniques. That process was followed by formulating themes and sub-themes. Dickoff *et al.*'s (1968) survey list was used as a reasoning map to develop the conceptual framework.

The researcher identified the concepts and familiarised herself with existing literature relating to the topic of interest. That involved not only reading the literature but also critiquing the level and usefulness of the existing concepts in the literature. Others fields of study were examined for new ways of looking at the topic of interest. The researcher read widely in order to identify relatedness and dissimilarities to the concepts identified and then chose parent concepts or sets of concepts from other

fields to use in the derivation process. Finally, the researcher redefined the concepts or sets of concepts from the parent field in terms of the topic of interest.

5.2.7.2 How simple is the programme?

There was evidence of simplicity in the programme, for example the programme was easy to understand and to implement because it indicated, firstly, the context in which the programme should take place, namely the Oluno Correctional Facility. Secondly, it described the agent or the facilitator of the programme and, thirdly, the recipients and the procedures to follow while activities were taking place (Chapter 4).

5.2.7.3 How accessible is the programme?

There was evidence of empirical accessibility in the programme due to the fact that the descriptions generated for the programme were specific. Related concepts had been defined, therefore, it created conceptual meaning.

5.3 SUMMARY

In this chapter, the training programme for women who had dumped babies and / or committed infanticide is discussed. The educational programme was developed based on the study results that had emerged from data analysis using Tesch's qualitative data analysis approach (De Vos *et al.* (2002). It was evident from the study results that women who had dumped babies and / or committed infanticide needed to be successfully reintegrated into society. For that to happen, they had to take part in a psychosocial educational programme that sought to assist them with

their relationships with their families and the community. The programme had specific outcomes to empower the women who had dumped babies and / or committed with knowledge and skills to manage the reintegration process activities that were provided in the programme.

In the next chapter, the researcher describes the implementation and evaluation of the training programme.

CHAPTER 6

IMPLEMENTATION AND EVALUATION OF THE EDUCATIONAL PROGRAMME TO FACILITATE THE REINTEGRATION OF INCARCERATED WOMEN WHO HAD DUMPED THEIR BABIES AND / OR COMMITTED INFANTICIDE

6.1 INTRODUCTION

In Chapter 5, the researcher discusses the development of the programme. This chapter focuses on the implementation and evaluation of a psychosocial training programme to facilitate reintegration of the imprisoned women who have dumped babies and / or committed infanticide. This chapter consists of two sections. The first section deals with the implementation of the psychosocial training programme while the second section evaluates the implementation and the outcomes evaluation of the of the programme. The programme was completed during a three-day workshop at the Oluno Correctional Facility in the Oshana Region of Namibia.

6.2 PROGRAMME IMPLEMENTATION

In this section, planned activities for the programme had been identified and described before the programme was implemented. Effective implementation of the programme was based on the objectives and the appropriately selected method of implementation. The section also contained the content of the training programme developed, the methods used, as well as the theories and their application for the

programme implementation. For this study, a three-day workshop was designed for the implementation of an educational programme for women who had dumped babies and / or committed infanticide. The context where the programme was implemented was as well described.

6.3 THE CONTEXT OF THE PROGRAMME IMPLEMENTATION

Context is referred to as the environment where planned activities take place. The environment where this programme was implemented was the Oluno Correctional Facility in Ondangwa, Oshana Region, Namibia. The researcher was the facilitator of the educational programme because she had the necessary knowledge and skills to assist and support women who had dumped babies and / or committed infanticide.

6.4 THE PROCESS INVOLVED IN THE PROGRAMME IMPLEMENTATION

Careful organisation and preparation was needed to ensure the smooth implementation of the programme. With this principle in mind, the researcher created a safe and favourable environment to facilitate learning and to augment the participants' knowledge and skills. For the aims of the programme to be successfully implemented, it was essential to carry out certain activities in advance. This methodology is supported by Rew (2005) who explains that effective organisation creates a safe environment conducive to the participants' exploration and discovery, as well as one that extends their skills.

The programme implementation also consisted of a work plan that was drawn up to provide guidelines about the content to be implemented; as well as when, by whom,

and how it should be implemented (Watson, 2011). The implementation of each session was based on specific objective activities and outcomes to assist the women who had dumped babies and / or committed infanticide with the reintegrated process. The participants evaluated each session and that evaluation was done at the end the workshop. The post-evaluation of the feasibility of the training programme was conducted two months after the implementation.

Prior to the programme implementation, the women who had dumped babies and / or committed infanticide were asked whether they were willing to participate in the programme. After all the plans and preparations were thoroughly done, the researcher contacted the participants and the implementation of the programme commenced in the format of a workshop at the Oluno Correctional Facility, Ondangwa. A workshop for 11 women who had dumped babies and / or committed infanticide was conducted over three days. The workshop schedule was timely communicated in writing to the participants which included particular aspects about the programme implementation.

6.4.1 Programme schedule

The programme facilitator was flexible with the schedule of the programme that was divided into three sessions to be covered during a two and half day workshop. The facilitator also adhered to the programme schedule to make sure that all items on the programme received due attention and that all training activities were completed. Nonetheless, it as necessary to make unexpected changes to the programme schedule and to the programme activities. The uniqueness of the participants' learning abilities was taken into consideration. The facilitator also took into consideration the

individual needs of the participants and responded to them as they arose, for example language barriers.

6.4.2 Time schedule

The workshop was held from eight o'clock in the morning the first day and it went until four thirty in the afternoon. Icebreakers were used in between the programme activities to help participants experience less stress or tension by making the learning experience enjoyable. The participants registered for the workshop by 08:00 in the morning. The time schedule provided for participants to have tea and lunch during the course of the day.

6.4.3 The venue

The participants met in a well-organised room with sufficient space and without distraction. The correctional service boardroom for staff was the chosen venue for the workshop. The venue was suitable and spacious; an informal sitting arrangement was adopted to put participants at ease and to contribute to the smooth running of the programme implementation. The informal sitting arrangement created an environment conducive to open communication and a feeling of freedom to participate without fear and prejudice. For group work and other activities, tables and chairs were prepared in the configuration of a circle.

6.5 LEARNING TECHNIQUES

Effective learning is observed when integrated learning methods are used and when learners are mutually supportive. Therefore, the appropriate methods enable participants to benefit from the information and the learning experience. In this

study, using different learning techniques were employed to assist the women who had dumped babies and / or committed infanticide in their learning endeavour, as one particular method might have benefitted one learner while the rest of them would not have reaped the benefits of the educational programme.

6.6 FACILITATION TECHNIQUES

To facilitate means to guide and to enable participants to uncover and discover their existing knowledge, to explore their potential, and to identify their weaknesses (Neill, 2006). The facilitator's approach to learning makes a classroom a highly participative and richly rewarding environment. Knowing a person's learning style enables learning to be orientated according to the preferred method (Kolb, 1984). Experiential or action learning methods are said to increase the retention rate to 80-95% (Hazelhurst, 2013). Facilitation is a commonly used approach during workshops. In this study, the facilitation was used to guide the participants through the learning content of the training programme and it was found to be a useful method for the researcher in her role of facilitator. This approach starts with an orientation phase, progresses to a working phase, and culminates in a termination phase (Quinn, 2007).

6.6.1 Role play

Role-playing is a teaching strategy that fits within the social collection of models. The researcher applied this teaching strategy to emphasise the social nature of learning, to improve cooperative behaviour, and to stimulate participants socially and intellectually. Role-playing was employed because it offered an advantage for the

participants as there was increased involvement on the part of the participants during the role-playing learning event. Research has shown that “integrating experiential learning activities in the classroom increases interest in the subject matter and understanding of course content” (Poorman, 2002).

The facilitator noticed that role-playing as a teaching strategy taught the participants empathy and an understanding of different perspectives to human dilemmas. Another typical role-playing activity that the facilitator observed was participants who assumed a particular character, learning and acting as that individual would have done in real situations.

6.6.2 Group discussions

Exchange of ideas between several people is the best process of learning from one another. Group discussions were found a highly effective technique in conveying information to women who had dumped babies and / or committed infanticide. The participants were encouraged to participate in the discussions because group discussions are a method of instruction that afford learners an opportunity to orally express their views or opinions on certain issues. In this study, the women who had dumped babies and / or committed infanticide were also encouraged to share ideas and experiences during the group discussions, solve problems, and promote tolerance with understanding. Dawson (2010) describes a group discussion as an ideal opportunity for group members to evaluate the logic of and the evidence for their own positions or situations.

The researcher found that the discussion of issues was one of the best ways of promoting a conducive learning environment and convenient teaching circumstances because all participants had an opportunity to freely exchange their ideas verbally. Respecting other participants' points of view and team work were encouraged. Before each discussion commenced, the facilitator had opened the session with an ice breaker. According to Neill (2006), an ice breaker helps the members of a group to relax and laugh while meaningful learning is taking place.

6.6.3 Lecture method

The lecture method of instruction comprises the presentation of information by a facilitator or researcher. This method is recommended for participants with very little knowledge or limited background knowledge about the topic. In this study, the researcher sometimes had to use this method to present information but it was always used with discretion and in combination with other methods. The researcher mostly used the lecture method when she wanted to promote effective learning to encourage participants to be involved actively. The facilitator remained mindful of the fact that despite the popularity of lectures, the lack of active involvement of participants limited its usefulness as a method of instruction.

6.7 THE LEARNING CONTENT

For implementation, the researcher had developed content for a three-day workshop for women who had dumped babies and / or committed infanticide. The content was structured according to sessions as indicated in Table 6.1.

Table 6.1 The implementation of a psycho-social training programme to facilitate the incarcerated women who had dumped babies and / or committed infanticide for reintegration into the society

Day 1

Opening session:

- Welcoming address and introduction
- Purpose and objectives of the workshop
- Expectations and ground rules

Session I: Enhancing knowledge and skills to understand and manage the psychological challenges affecting women who had dumped babies and / or committed infanticide.

(Group activities and discussions.)

Session II: Enhancing knowledge and skills to understand and manage the socioeconomic challenges of women who had dumped babies and / or committed infanticide, as well as enhancing support from family, male partners, and the community.

(Group work and discussions.)

Evaluation of the activities of the day.

Day 2

Recapitulation of the training that took place on Day 1.

Session III: Enhancing knowledge and skills to understand and manage the challenges of the reintegration process experienced by women who had dumped babies and / or committed infanticide and counteracting those challenges through well-planned interventions.

(Group work and discussions.)

Session IV: Enhancing knowledge and skills to understand and manage challenges with regard to the legal and ethical framework for women who had dumped babies and / or committed infanticide.

(Group work and discussions.)

Evaluation of the activities of Sessions III and IV.

Day 3

Session V: Recapitulation of the training that had happened on Day 2.

Evaluation of the activities that had taken place during Sessions I – IV.

The facilitator, as the agent, ensured that the programme was carried out within the framework of the experiential learning approach as discussed in Chapter 5.

The training material used during the training programme was exceptionally beneficial and stimulated the participation of attendees during the training sessions. The following audio visual materials were used to stimulate the participants' interest during the learning sessions: Videos, multimedia presentations, posters and pamphlets, handouts, and flip charts.

6.8 GROUP NORMS

Group expectations and group norms had been discussed with the participants at the beginning of the programme before the training sessions commenced to obtain their input with regard to group norms. Those expectations and norms had to be maintained throughout the programme. In order to facilitate communication during the programme, participants wore name tags that displayed their preferred names for the purposes of the workshop. The group members were once again assured that confidentiality would be respected and observed.

6.9 DESCRIPTION OF THE PHASES OF THE EDUCATIONAL PROGRAMME

The programme was implemented in three phases and the researcher was the facilitator of this educational programme as illustrated in Figure 6.1.

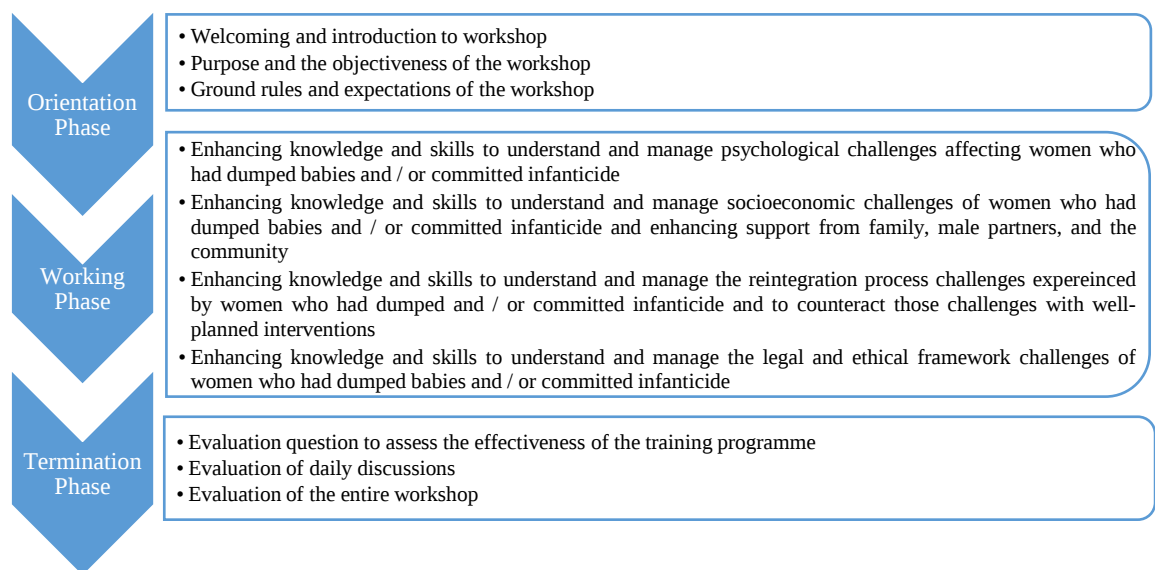


Figure 6.1: Illustration of the implementation process of a training programme

6.9.1 Orientation phase

During the orientation phase, the researcher met with the participants. They were welcome and introduced to assist with establishing a rapport and trusting relationship between the researcher and the participants. The facilitator as the agent applied her knowledge and skills to develop a relationship between herself as an agent and the women who had dumped babies and / or committed infanticide who were in the as. The group expectations and ground rules were explained and discussed at the commencement of the workshop and everybody respected those rule throughout the workshop. Freedom of expression of views and of opinions about baby dumping and infanticide was encouraged and respected.

6.9.2 Working phase

This phase focused mainly on educating the women who had dumped babies and / or committed infanticide about the psychosocial challenges of reintegration. During this phase, the major goals of the programme were presented followed by the themes identified during the data analysis process of the research study. The facilitator started with an introduction and thereafter introduced the content pertaining to the theme for the specific session. Discussions were held after various sessions were presented during the workshop. Finally, at the end of this session, all information presented during the workshop was summarised and the sessions were evaluated. It was during this phase of evaluation that women who had dumped babies and / or committed infanticide shared their experiences, including the psychosocial challenges they were facing.

It was also during the evaluation phase that group activities were discussed to enhance interpersonal relationships and communication skills that would augment the reintegration process. The participants' thinking and decision making abilities were enhanced while they were discussing common experiences during this phase. The sessions were of such a nature that they addressed the psychosocial needs and the management of the needs of women who had dumped babies and / or committed infanticide, as well as the need to be successfully reintegrated into the society.

6.9.3 The termination phase

This phase involved the closure of the workshop. During this phase, women who had dumped babies and / or committed infanticide were given an evaluation question to assess the effectiveness of the training programme with regard to daily workshop activities, discussions, and the workshop in general. Also in this final phase, knowledge and skills with regard to psychosocial needs and management, interpersonal relationships, communication, and the mobilisation of support systems were realised during the internalisation segment of the experiential learning cycle. Finally, the implementation outcomes of the psychosocial training programme for women who had dumped babies and / or committed infanticide sought to successfully reintegrate them into the society after their release from prison.

The participants were assured of confidentiality at all times; therefore, they were encouraged to express themselves liberally and to give their points of view and opinions without restrictions about the issue of baby dumping and infanticide. After the introduction and explanation of the ground rules and their discussion, activities

for deliberation for the day were outlined and presented. Figure 6.2 describes the planned activities for the three days.

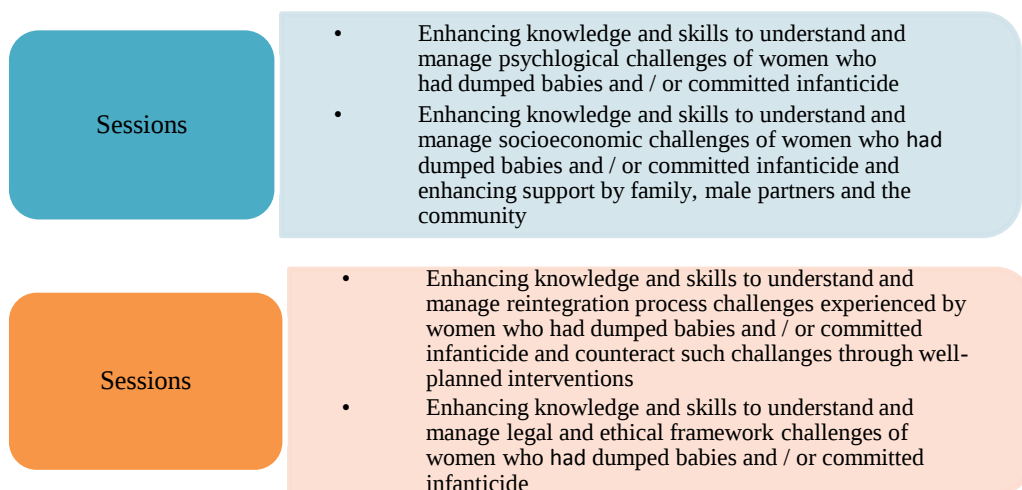


Figure 6.2: An illustration of the sessions presented at the workshop

6.9.3.1 Session 1: Enhancing knowledge and skills of women to understand and manage psychological challenges affecting women who had dumped babies and / or committed infanticide

This session aimed at enhancing knowledge and skills pertaining to psychological challenges experienced by women who had dumped babies and / or committed infanticide. Psychological challenges are regarded as challenges that can interfere with emotional or physical health, relationships, or life adjustment and should be attended to urgently before it gets out of control (Franklin, 2010). In other words, psychological challenges can affect the thoughts, feelings, attitudes, or other cognitive or affective characteristics of an individual, as well as influence his or her behaviour.

In this study, the majority of the women who had dumped babies and / or committed infanticide reported that they were rejected by their families and by their male partners and that the majority of the male partners also denied paternity (Chapter 3). According to Guy (2013), rejection is such a strong emotion that the body actually registers the sensation as if it were a physical pain. Guy (2013) explains that rejections could cause four distinct psychological wounds, the severity of which depends on the situation and the emotional health at the time. Specifically, rejections elicit emotional pain so sharp that it affects our thinking, floods us with anger, erodes our confidence and self-esteem, and destabilises our fundamental feeling of belonging. Many of the rejections are comparatively mild and injuries heal with time but when left untreated, even the wounds created by mild rejections can become “infected” and cause psychological complications that seriously impact people’s mental well-being. When the rejections we experience are substantial, the urgency of treating our wounds with emotional first aid is far greater. This not only minimises the risk of “infections” or complications but also accelerates our emotional healing process. In order to administer emotional first aid and successfully treat the four wounds rejection causes, we need a clear understanding of each of them and a full appreciation of how our emotions, thought processes, and behaviour are damaged when we experience rejection.

The women who had dumped babies and / or committed infanticide were expected to overcome the feelings of rejection. Guy (2013) writes about practical strategies for recovering from rejection.

- Acknowledge as soon as possible that rejection hurts;

- Argue / contend with the feeling of self-criticism. List in writing any self-critical or negative thoughts you have about the perceived rejection. Then list counter arguments for each of them;
- If it is romantic rejection, understand that people reject romantic partners and prospects for many different reasons; most of which have little to do with anyone's shortcomings. Most often it is a simple matter of chemistry;
- Revive your self-worth by making a list of your character traits that others find valuable and desirable;
- Seek support from friends and those you trust, or volunteer to help someone else;
- Find places and people who can help; and
- Consult a mental health professional to deal with old persistent pain, or psychological pain so deep that it is wrecking your self-esteem. If you have thoughts of harming yourself or another person, seek immediate help from a professional or head to the nearest hospital emergency room. Remember, feelings change even when it seems like they never will.

Fear, anger, and evil thoughts were some of the feelings that gripped the women who had dumped babies and / or committed infanticide. For them to heal, they had to replace those negative feelings with more positive ones.

Fear is described as 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 behaviour; such as running away, hiding, or freezing as a result 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, life, status, power, security, and material wellbeing.

According to Burton (2011), there are two kinds of fear; namely, fearing the unknown and fearing uncertainty and unpredictability. He states that many people are scared of the “unknown”. The unknown contains a vast expanse of fear triggers that even includes fear for the next day. Many participants were fearful of what the future held for them. Since they were first time mothers and their male partners denied paternity, their fear increased and uncaring family members or hostile relatives who didn’t want them around did not make matter any better. Burton (2011) explains that the stress of living in a constantly unpredictable environment can cause anxiety, other psychological problems, and physical problems.

CBT has been successful in helping people overcome fear. Because fear is more complex than just forgetting or deleting memories, an active and successful approach involves people repeatedly confronting their fears. By confronting their fears in a safe manner, people can learn to mitigate the fear-triggering memories or stimuli. This approach is known as ‘exposure therapy’ and it is particularly helpful for people with specific phobias (Travis, 2004).

CBT works to solve current problems and change futile thinking and behaviour (Beck, 2011). The therapeutic approach refers to behaviour therapy, cognitive therapy, and therapy based upon a combination of basic behavioural and cognitive principles (Beck, 2011). Most therapists who work with patients dealing with anxiety and depression use a blend of cognitive and behavioural therapy. This technique acknowledges that there may be behaviour that cannot be changed by

rational thought because it might be the result of prior conditioning by the environment and other external and / or internal stimuli. CBT is problem focused (undertaken for specific problems), action orientated (a therapist tries to assist the client to select specific strategies that would address specific problems), or directive in its therapeutic approach (Schacter *et al.*, 2010).

Some of the participants acknowledged that they were so infuriated by the denial of paternity of their male partners, hence the decision to dump the baby and / or committing infanticide. Such an experience triggers a feeling of despair. According to Fernandez (2008), anger is an emotional response related to one's psychological interpretation of having been offended, wronged, or denied. Often, it indicates when one's basic boundaries are violated. Some people have a learnt tendency to react to anger through retaliation. The American Psychological Association (2014) defines anger as an emotion characterised by antagonism toward someone or something one feels has deliberately done one wrong. This definition is supported by Conflict Resolution Education (2012) that says “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 (2012) emphasises the understanding anger in order to rise above its dire effects. They say there are three types of anger expression.

Aggressive anger: Anger expressed in this way is directed at the other person to hurt him / her emotionally, physically, or psychologically.

Passive anger: A person internalises 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 of communicating feelings of anger because anger is expressed directly and in a nonthreatening way to the person involved.

The majority of the participants in this study experienced aggressive and passive anger were the ones experienced; therefore, the researcher came to the conclusion that anger needed to be recognised and appropriate actions should be taken to deal with the situations in a positive way. Anger management does not mean internalising or suppressing anger; instead it means to try and understand the anger and act in a positive way to alleviate the negative aspects of anger.

According to Conflict Resolution Education (2012), there are ways to deal with anger constructively. They state that solutions are more important than problems; it is more important to focus on ways to resolve problems through effective problem-solving strategies by talking about the problem and arriving at amicable solutions. They add that one could learn to express oneself in an assertive manner without being aggressive; effective communication is a key interpersonal skill. It is beneficial to learn how to improve one's communication because communication is a two-way process and improving communication skills involves both how one speaks to other people and how one would like other people to speak to him or her.

Staicu and Cutov (2010) state that building trust with friends and family and being honest with them will help one to explain one's actions or decisions when one needs to. When things go wrong, it is important to keep the channels of communication open. Miscommunication results in frustrating situations. Therefore, Staicu and Cutov (2010) suggest that one needs to actively listen to what someone says with the purpose of finding a resolution that doesn't involve an angry response. They suggest that one needs to improve one's active listening skills to avoid formulating one's response while one should be listening to everything a person has to say. Before one responds to what a person has said, one should first reflect to demonstrate that active listening took place. This approach limits the negative effects of miscommunication.

Smith (2004) mentions that one should remember to be assertive, not aggressive. When one is aggressive, one focuses on getting the upper hand. One cares little for other people's feelings, rights, and needs. When one is assertive, one focuses on balance. While being honest about what one wants, one does not cease to respect the needs of other people. Smith (2004) adds that when one becomes angry, it's often difficult to express oneself clearly. He continues that one should learn to assert oneself and make one's expectations, boundaries, and issues clear to other people. When one does, one develops self-confidence, gains respect, and improves one's relationships. He is convinced that such an approach would ensure making long-term changes and forgiving people who have angered one.

It is not easy to forget past resentments (Smith, 2004) but the only way to move on is to let go of these feelings. Depending on what or who is at the root of one's anger,

one may have to seek a professional's help to achieve this. Make amends with a person that one has hurt as a result of one's anger. While it might be difficult, one feels decidedly better afterwards. In addition, one would be one step closer to healing the relationship.

Women who had dumped babies and / or committed infanticide were also plagued and attacked by evil oppressive thoughts; these women were expected to learn to overcome evil thoughts. Evil or wrong thoughts are inevitable. One cannot stop them from surfacing but one has the power to overcome them if endurance is practiced (Macedo, 2013).

One needs not to feed one's mind with information that promotes harm or evil thoughts that can lead to self-harm. This is the idea of Proverbs 4:23 – “Keep your heart with all diligence for out of it springs the issue of life” (New King James Version (NKJV), 1982).. One needs to guard one's heart by being mindful of what one allows into it and what one allows it to dwell on Avoiding evil periodicals, videos, websites, conversations, and situations that exacerbate the influence of impropriety would contribute to a clear mind and constructive thoughts (Macedo, 2013)..

One should also avoid spending time with people who encourage activities that harm one's wellbeing. It is important to embrace positive pursuit of mind-sets instead of entertaining oppressive thoughts. This is the principle of replacement. When tempted to hate someone, one replaces those hateful thoughts with good actions: One does good to those who hurt you, speaks well of them, and prays for them. This brings healing in the long run with the of psychologist (Macedo, 2013). The "putting off" of

wrong actions and wrong thoughts and then "putting on" correct actions and thoughts are advisable for someone who is struggling to control his/her thoughts . Merely seeking to put off destructive thoughts without replacing those thoughts with positive ones leaves an empty field for oppressive thoughts to find fertile soil in your thoughts once more (Macedo, 2013). The researcher is of the opinion that the women who dumped babies and / or committed infanticide are from different religious backgrounds, so whatever religious instructions given when adhered to would yield the necessary impact.

Feelings of despair (hopelessness and helplessness) were also experienced by women who had dumped babies and / or committed infanticide. Those women needed to learn to how to obliterate those kinds of feelings. In this part of the training programme, participants were encouraged to express those feelings for the training programme to provide them the skills to extinguish any harmful thought.

Borchard (2009) refers to hopelessness as the despair felt when one has abandoned hope of comfort or success. Feelings of despair and / or hopelessness can be some of the most frustrating feelings one experiences while one is depressed. A sense of hopelessness reflects a negative view of the future as a place where nothing will get better. Feelings of despair reflect a negative view of oneself. Self-esteem suffers, self-confidence is affected, and one might be convinced that one has no control over feelings that undermine one's wellbeing. One may become a victim of despair and thinks, "What's the use?" (Borchard, 2009).

The findings of this study revealed that some of the participants were in despair and went into depression when they were rejected by either their family members or their

male partners; as a result, many suffered from a low self-esteem. One of the expressions used by one participants was as follows:

‘I felt as if I was used as a cheap towel by this man. After using me, he threw me away, leaving me as al useless woman.’

Kierkegaard (2005) describes despair as a sickness of the spirit. He mentions that the sickness of despair is rooted in the very structure of self. He elaborates that despair is not an imbalance within the structure of the self; rather it is an imbalance in the way we relate to ourselves.

There is a good reason why despair has always been regarded as particularly dangerous to the human spirit, since it is such a staggering force. The Collins Thesaurus (2006) defines “despair” as to lose all hope; to be overcome by a sense of futility or defeat. Despair is conceptualised as a profound and existential hopelessness, helplessness, powerlessness, and pessimism about life and the future. Despair is a deep discouragement and loss of confidence about one's ability to find meaning, fulfilment, and happiness, as well as to create a satisfactory future for oneself. Deep depression is the inevitable result of despair and if despair is not attended to, it ultimately might lead to suicide (Havens & Ghaemi, 2005).

Borchard (2009) identifies nine types of hopelessness. These nine forms of hopelessness all relate 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.

a. Alienation

Alienated individuals are convinced that they are somehow different. Moreover, they feel as if they have been cut loose; no longer considered to be worthy of love, care, or support. In turn, the alienated individuals are inclined to close themselves off, fearing further pain and rejection.

b. Forsakenness

The word “forsaken” refers to an experience of total abandonment that leaves individuals feeling alone in their time of greatest need. Recall Job in the Old Testament, crumpled over and covered with sores, pleading with a seemingly indifferent God.

c. Uninspired

Feeling uninspired can be especially difficult for members of underprivileged minorities, for whom opportunities for growth and positive role models within the group may be either lacking or undervalued.

d. Powerlessness

Individuals of every age need to believe that they can author the story of their own lives. When that need is thwarted, when one feels incapable of navigating one’s way toward desired goals, a feeling of powerlessness can set in.

e. Oppression

Oppression involves the subjugation of a person or group. The word “oppressed” comes from Latin and means to “press down,” and its synonym, “down-trodden,” suggests a sense of being “crushed under” or “flattened.”

f. Limitedness

When the struggle for survival is combined with a sense of failed mastery, individuals feel limited. They experience themselves as deficient, lacking an acceptable set of personal qualities to make it in the world. This form of hopelessness is all too common among the poor, as well as among people who are struggling with severe physical handicaps or crippling learning disabilities.

g. Doom

Individuals weighed down by this form of despair presume that their lives are over, that their death is imminent. The ones most vulnerable to sinking into this particular pit of hell are those diagnosed with a serious life-threatening illness, as well as those who view themselves as worn out by adverse conditions of life. Such individuals feel doomed, trapped in a fog of irreversible decline.

h. Captivity

Two forms of hopelessness can result from a sense of captivity. The first consists of physical or emotional captivity enforced by an individual or a group. Prisoners fall into this category, as well as those held captive in a controlling, abusive relationship. We refer to this as other-imprisonment. An equally insidious form of entrapment is self-imprisonment. This occurs when individuals cannot leave a bad relationship because their sense of self does not permit that to happen.

i. Helplessness

Helpless individuals no longer believe that they can live safely in the world. They feel exposed and vulnerable, like a cat after being declawed or a bird grounded by a broken wing. Trauma or repeated exposure to uncontrolled stressors can produce an ingrained sense of helplessness. In the words of one trauma survivor, “I was terrified to go anywhere on my own ... I felt so defenceless and afraid that I just stopped doing anything”.

Borchard (2009) states that hopelessness can be overcome by first recognising which of these nine types are experienced. For each form of hopelessness, a mind-body-spirit treatment cocktail, involving a restructuring of thoughts, accessing the right kind of hope-sustaining relationship, and specific spiritual practices should be embarked upon.

j. Overcoming alienation and its offshoots (alienation, forsakenness, uninspired)

This form of hopelessness may be fuelled by cognitive distortions; such as overgeneralisation, or all-or-nothing thinking. This requires courage in the form of trust and openness to survey how other people actually experience you.

When one feels forsaken, it is important to view oneself objectively to see whether one's inner reality is an accurate reflection of the outside world. Most people who feel forsaken are overgeneralising from a relatively small sample of experiences. With more extensive sampling, it is highly likely that they will encounter more hope-promoting responses from other people. The antidote to all-or-nothing thinking is

thinking in shades of grey; opening oneself up to the continuum of possibilities for one's life.

k. Overcoming doom and its offshoots (doom, helplessness, captivity)

The best antidote for jumping to conclusions is examining the evidence. When one feels alone and taken captive by one's thoughts, one should do one's homework by gathering the facts to assess whether there is no one who really cares.

l. Overcoming powerlessness and its offshoots (powerlessness, oppression, limitedness)

Three cognitive distortions frequently underlie feelings of powerlessness: discounting the positive, personalisation, and labelling. When individuals fail to appreciate their own talents and gifts, they are prone to discount any evidence of personal success or effectiveness. Examining the evidence is a good strategy for dealing with discounting the positive. One way to do this is to make a list of successes.

The researcher emphasised the need for women who had dumped babies and / or committed infanticide to be taught that every person had value, that each person is lovable and capable, and that each person possesses the potential to make a difference despite adverse circumstances.

Numerous psychological factors were perceived by women as responsible for the problem of baby dumping and / or infanticide. Factors identified in various comments and responses by the participants included a lack of support by family, partners, and the community. An educational programme addressed the lack of support that reflected a negative view of the future that nothing would improve as a

result of diminished self-esteem and self-confidence of women who had dumped babies and / or committed infanticide.

Support is seen as that perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network (Gurung, 2006). Furthermore, Gurung (2006) described four types of support and these included the following:

Emotional support is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support (Taylor, 2011). Providing emotional support can let the individual know that he or she is valued. This type of support also often involves listening and empathizing. With emotional support, family members and male partners were expected to listen to these women letting them know that they care.

Esteem support is shown in expressions of confidence or encouragement. Someone offering esteem support might point out the strengths you are forgetting you have, or just let you know that they believe in you that you can make it. Women just needed to know that their relatives and male partners are with them believe in them; this would make the women believe in themselves more and keep the pregnancy.

Tangible support is the provision of financial assistance, material goods, or services (Heaney & Israel, 2008). Also called instrumental support, this form of social support encompasses the concrete, direct ways in which people assist other fellow human beings. Tangible support also includes taking responsibility for someone else

to enable him or her to deal with a problem. There are also active ways in which one could assist someone else to manage a problem. Someone who offers you tangible support may help you brainstorm solutions rather than telling you what you should do. Like in the case of informational or other forms of tangible support, one could actively assist a person to deal with the issue at hand. This is the kind of support women in this study needed from their families, male partners, and from caring members of the community.

Informational support is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help other people solve problems. People who offer informational support do so in the form of gathering and sharing information.

Companionship support is the type of support that gives someone a sense of social belonging (and is also called belonging). This kind of support could be obtained from community members, such as pastors.

Women who had dumped babies and / or committed infanticide needed strong family support during their ordeal. Orellana (2012) mentions that a strong family is only as good as its support system; a strong family is supportive of the decisions its members make. A parent is the one who takes time to educate, to teach, and help children to become one day role models to their children by demonstrating what a healthy, strong family looks like. Orellana (2012) believes that there should be support systems for families who face many doubts and troubles in order to keep them united.

Society sometimes set unrealistic standards but family support systems should be tenacious enough to ensure their families maintain an unbreakable bond of communication, respect, and love; a quality that society does not necessarily emphasise. The support organisations that continually work to improve the lives of families according to their vision of helping many other people. Families that are not able to care for their loved ones need to seek support elsewhere to find the road to self-sufficiency. A strong united family over time contributes to a better society (Orellana, 2012).

The educational programme endeavoured to inculcate a positive social support system of family and friends because it plays an important role in one's ability to make healthier choices and decisions. Social support means being able to access people that a person can rely upon in times of need. The support of family and friends during a crisis has long been seen to have a positive emotional effect. However, this support also has a psychological benefit because during stressful times, the presence of friends or family members reduces these stressors during difficult periods (Gallant, 2003).

The educational programme also needed to educate male partners about the responsibility and accountability of paternity. According to Dube (2013), women in most cases dump their babies when they conceive outside of wedlock, when the man denies responsibility and when society frowns upon the way in which the baby has been conceived. Denial is probably one of the best known defence mechanisms, often used to describe when people seem unable to face reality or admit an obvious truth. Denial is an outright refusal to admit or recognise that something has occurred

or is currently occurring. When a person is in denial, he or she is trying to protect himself by refusing to accept the truth about something that is happening in his or her life. Denial functions to protect the ego from things that an individual cannot cope with. While this may save people from anxiety or pain, denial also requires a substantial investment of energy. As a result, other defences are also used to keep these unacceptable feelings from consciousness (Cherry, 2014).

Cherry (2014) states that refusing to acknowledge that something is wrong is a way of coping with emotional conflict, stress, painful thoughts, threatening information, and anxiety. One could be in denial about anything that makes one feel vulnerable or threatens one's sense of control, such as conflict in a relationship. One could be in denial about something happening to oneself or to someone else. She explains that when one is in denial, one refuses to acknowledge a stressful problem or situation, avoids facing the facts of the situation, and minimising the consequences of the situation.

Smallwood (2009) provides some practical strategies and skills to confront denial. She mentions that disappointments, setbacks, and unwelcome changes are part of life and one factor of overcoming them is the ability to be honest with oneself. She provides the following suggestions:

Examine and acknowledge those areas in which you are not being honest with yourself. What thoughts or situations are you trying to ignore because they remind you of something you need to do?

Focus on things you have tried to ignore. Look for the truth in those things you have tried to ignore or avoid. Is there some truth in what people have been telling you? If so, what do you plan to do about it?

Allow yourself to feel and experience the truth. It is not pleasant to face aspects of yourself that you would rather not see. Do not be surprised when you feel some embarrassment and depression when you start making progress in confronting your denial.

Do not procrastinate. The longer you defer to do something about the situation you have been avoiding, the easier it is remaining in denial. Courageously, face your own behaviour, make a plan to improve it, and stay with that plan while you struggling to form new habits.

It takes courage to make changes for the better.

The community should be educated about its role of taking care of its members and curbing social and cultural factors that are often a root cause of child abandonment. Community partners should also be engaged to conduct family-focused programmes on various topics ranging from communication to reconciliation issues, since it is recognized that prisoners who have supportive families are more motivated to change and have a better chance to reintegrate successfully. It has been posited that crime weakens, and often destroys, community bonds and relationships (Bazemore & Walgrave, 1999). Therefore, restorative justice should be attempted because of its nature that emphasizes repairing the harm caused or revealed by criminal behaviour. It is best accomplished through cooperative processes that include all stakeholders.

The researcher is convinced that there is a need to embark on practices and programmes reflecting restorative purposes which involve all stakeholders that would respond to identify and take steps to repair harm. For example, upon release these young women can ask for forgiveness from parents and other relatives for heinous acts committed and young men can also ask to be forgiven for having denied paternity. In this instance, restoration and reconciliation can be effected.

Of equal importance is the consistent underlying purposes of restorative justice. Assistance programmes should attempt to develop these young women's capacities with the purpose of enabling them to function legitimate in the community or society. According to Bazemore and Walgrave (1999), prisoner assistance programmes provide opportunities for prisoners to make the transition from institutionalisation to community membership, from stigmatised offender lacking social capital to restored individual possessing marketable skills.

Churches are part of society and should aspire to have church-based, non-residential aftercare programmes that aim at mobilising the support of the business community, social service agencies, and other local resources to meet the needs of these young women and their families, especially the ones in dire need of support (Van Ness & Strong, 2000). Van Ness and Strong (2000) argue that these spheres of interdependency translate into accountability while the women are assuming job and familial responsibilities.

Women need to be educated and trained in terms of the impact and the magnitude of the psychological challenges of baby dumping and / or infanticide and its influence on a person's life. Wongzy (2013) has listed the effects of these challenges.

m. Effects on the individual

The effects of baby dumping on an individual can be destructive and such an individual may experience an emotional nervous breakdown and severe feelings of guilt. They will never forget about these atrocious acts they have committed. They might find ways to conceal shame of not wanting to look after a baby but the psychological turmoil will carry on haunting them in ways that they never could have anticipated. While terminating the pregnancy, an individual may suffer severe haemorrhage, sepsis, and likely sustain severe tears. There is high possibility of not being able to fall pregnant again because of injuries sustained to the womb during the termination of a previous pregnancy.

n. Other consequences on the individual

Individuals experience other physiological problems; such as pregnancy induced hypertension, fistula, anaemia, as well as vulnerability to HIV / AIDS and other STIs. Economically, most young prospective mothers drop out of school and these young women find themselves trapped in economic insecurity (Mwale, 2008).

o. Impact on the family

At the same time, due to baby dumping, the institution the family might collapse. When the family institution collapses, the disharmony affects the other siblings negatively too. Baby dumping can also bring shame and dishonour to the parents. This child would be considered as having given the family a bad name. The family would always be worried about what the surrounding neighbourhood would say, they would be regarded with suspicion, and be negatively labelled.

The parents have to deal with all these criticisms while perhaps being questioned about their child's unacceptable behaviour. While putting the family in a bad light, this does not only bring dishonour to the culprit herself. However, the shame will always remain of having to face people who continue to view you with suspicion (Wongzy, 2013).

p. Effects on the community

Baby dumping affect the community because the image of the surrounding communities is affected whenever they discover a baby that has been dumped. It always brings embarrassment and disappointment upon the community when there is a baby that has been dumped. Young women and teenagers are always blamed for baby dumping, since the problem of baby dumping is more prevalent among the young people. Indirectly, it creates a negative perception to people outside that community that they are not capable of controlling or overcoming baby dumping in their community (Wongzy, 2013).

With general management of psychological challenges, the researcher is convinced that concepts such as self-efficacy are important to be explained and discussed with women who have dumped babies and / or committed infanticide in order to address all the negative feelings about the self.

Self-efficacy is a person's belief in their ability to accomplish some specific goal or task. It generally corresponds to the level of competence an individual feels (Frank, 2015). According to Jordaan and Jordaan (1998), the need to achieve is associated with self-efficacy and an internal locus of control. People with self-efficacy and an internal locus of control are convinced that they can effect change where they feel change is needed and that it is up to them to effect the change (Jordaan & Jordaan 1998).

Barrable (1995) describes the locus of control as “the point at which we place ourselves and cope with life”. Barrable (1995) further explains the two poles of locus

of control, namely the inner perspective and the outer perspective. At the pole of the inner perspective, an individual is the creator of circumstances, the person takes the responsibility of becoming part of an action, has freedom of choice; the person also knows how to create, initiate, process, and deal with circumstances. At the pole of the outer perspective, if a person believes things will happen to him or her over which he or she has no control, the person becomes a victim, and the person is convinced that he or she is where he or she is because of the misfortune or blessings of life.

Smith and Segal (2015) have designed a therapy and counselling help guide that can be an effective treatment tool for mental and emotional problems. In order to reap the benefits of such a tool, it is important to choose the right therapist. A good therapist and / or a counsellor helps one to become stronger and more self-aware. In order to make the most of one's interaction, one should be an active participant.

Therapy and counselling can help one to talk about one's thoughts and feelings with a supportive counsellor who makes one feel better. It can be very healing, in and of itself, to voice one's worries or talk about something that's weighing on one's mind. It feels good to be listened to; to know that someone else cares about you and wants to help.

It can be very helpful to talk to a therapist or counsellor who can help one. They are professionally trained listeners who can help one get to the root of one's problems, overcome emotional challenges, and make positive changes in one's life.

Why should one consider therapy and / or counselling and not medicine? Mental and emotional problems have multiple causes, and medication is not a one-stop cure. Medication may help ease certain symptoms, but it comes with side effects. Furthermore, medication cannot solve the “big picture” problems. Medication will not fix your relationships but counselling will help you figure out what to do with your life.

Therapy can be time consuming and challenging, since uncomfortable emotions and thoughts often arise as part of the treatment process. However, therapy provides long-lasting benefits that go beyond symptom relief. Therapy gives one the tools for transforming one’s life, for relating better to others, building the life one would like to have, and coping with whatever adversities.

Common types of therapy: Most therapists do not limit themselves to one specific type of therapy; instead they blend different types of therapy in order to best suit a situation.

Individual therapy: Individual therapy explores negative thoughts and feelings, as well as the harmful or self-destructive behaviour that might accompany them. Individual therapy may delve into the underlying causes of current problems (such as unhealthy relationship patterns or a traumatic experience from the past) but the primary focus remains on making positive changes that are necessary for present-day demands.

Family therapy: Family therapy involves treating more than one member of the family at the same time to help the family resolve conflict and improve interaction. It

is often based on the premise that families are a system. If one role in the family changes, all the other members are affected and need to change their behaviour too.

Group therapy: Group therapy is facilitated by a professional therapist and involves a group of peers working on the same problem; such as anxiety, depression or substance abuse. Group therapy can be a valuable opportunity to practice social dynamics in a safe environment and get inspiration and ideas from peers who are struggling with the same issues.

What should one expect of therapy or counselling?

Expect a good fit between you and your therapist: Do not settle for a dysfunctional therapeutic relationship. One may need to consult with one or more therapists until one experiences feelings of being understood and accepted.

Therapy is a partnership: Both you and your therapist contribute to the healing process. You are not expected to do the work of recovery all on your own, neither can your therapist do it single-handedly either. Therapy should be a collaborative effort.

Therapy will not always feel pleasant: Painful memories, frustrations, or feelings might surface. This is a normal part of therapy and your therapist will guide you through this process. Be sure to communicate with your therapist about how you are feeling.

Therapy should be a safe place: While there will be times when you will feel challenged or when you are facing unpleasant feelings, you should always feel safe.

If you are starting to feel overwhelmed or you are dreading your therapy sessions, talk to your therapist.

To make the most of therapy or counselling, one needs to put what one is learning during therapy into real life practice. Fifty minutes of therapy each week is not going to solve all one's issue; it is how one applies what one has learnt to the challenges of everyday living. One needs some strategies to get the most out of one's therapy.

Make healthy lifestyle changes: There are many things one could do during your daily life to support your mood and improve your emotional health. Reach out to other people for support. Get plenty of exercise and sleep. Eat well. Make time for relaxation and play. Consider any other healthy lifestyle changes could assist the psychological healing process.

Do not expect the therapist to tell you what to do: You and your therapists are partners in your recovery. Your therapist can help guide you and make suggestions for treatment, but only you can make the changes you need to face the future.

Make a commitment to your treatment: Do not skip sessions unless you absolutely have to. If your therapist gives you homework in-between sessions, be sure to do it. If you find yourself skipping sessions or are reluctant to go, ask yourself why. Are you avoiding painful discussions? Did the last session touch a nerve? Talk about your reluctance with your therapist.

Share what you are feeling: You will get the most out of therapy when you are open and honest with your therapist about your feelings. If you feel embarrassed or

ashamed, or something is too painful to talk about, do not be afraid to tell your therapist. Slowly, you can work together to deal with all the issues.

Lawrence, Da Silva & Henly (2010) state that psychological and emotional trauma is the result of extraordinarily stressful events that shatter one's sense of security, leaving one feeling helpless and vulnerable. Traumatic experiences often involve a threat to life or safety, but any situation that leaves one feeling overwhelmed and alone can be traumatic, even if it doesn't involve physical harm. It is not the objective facts that determine whether an event is traumatic, but one's *subjective emotional experience* of the event. The more frightened and helpless one feels, the more likely one would be traumatised.

Possible causes of psychological and emotional trauma are any events that will most likely lead to emotional or psychological trauma when one is unprepared for them, when one feels powerless to prevent them, or when someone has been intentionally cruel. Psychological and emotional trauma can be caused by a single blow, a one-time event such as denial of a pregnancy by male partners like in most cases of many women who have dumped babies and / or committed infanticide.

Risk factors that increase vulnerability to trauma are such in nature that they make people susceptible to emotional and psychological trauma. Some are more likely to be traumatised by stressful experiences when they are already under a heavy stress while other people are more likely to be traumatised by new situations are similar to ones that have traumatised them before; especially if the earlier trauma occurred in similar circumstances to the one happening at present.

Psychological and emotional symptoms of trauma may manifest in shock, denial, disbelief, anger, irritability, guilt, shame, self-blame, feeling sad or hopeless, confusion, difficulty concentrating, anxiety and fear, and feeling disconnected or numb. These symptoms and feelings typically last from a few days to a few months, gradually fading as one processes the trauma. Nonetheless, even when one is feeling better, one may be troubled from time to time by painful memories or emotions; especially in response to triggers; such as an anniversary of the event or an image, sound, or situation that reminds one of the traumatic experience.

Treatment for and healing of psychological and emotional trauma depend on whether one faces and resolves the unbearable feelings and memories that have been long avoided. Otherwise, these feelings and memories will return time and time again, unbidden and uncontrollable. Treatment and healing involves processing trauma-related memories and feelings, discharging pent-up fight-or-flight energy, learning how to regulate strong emotions, and building or rebuilding the ability to trust other people. Some therapy treatment approaches are commonly used in the treatment of emotional and psychological trauma.

Somatic experiencing takes advantage of the unique ability of the body to heal itself. The focus of therapy is on bodily sensations, rather than thoughts and memories about a traumatic event. By concentrating on what is happening in one's body, one gradually gets in touch with trauma-related energy and tension. From there, one's natural survival instincts take over, safely releasing this pent-up energy through shaking, crying, and other forms of physical release.

Eye movement desensitisation and reprocessing (EMDR) incorporate elements of cognitive-behavioural therapy with eye movements or other forms of rhythmic, left-right stimulation. These back-and-forth eye movements are thought to work by “unfreezing” traumatic memories, allowing one to resolve their debilitating consequences.

Cognitive-behavioural therapy helps with processing and evaluating thoughts and feelings about a trauma. While cognitive-behavioural therapy does not treat the physiological effects of trauma, it can be helpful when used in addition to a body-based therapy, such as somatic experiencing or EMDR.

Psychological and emotional recovery takes time. Give yourself time to heal and do not try to force the healing process. Be patient with the pace of recovery. Finally, be prepared for difficult and volatile emotions. Allow yourself to feel whatever you are feeling without judgment or guilt. Many trauma strategies can help with the process of healing.

q. Trauma self-help strategy 1: Do not isolate

Following a trauma, one may want to withdraw from other people, but isolation makes things worse. Connecting to other people will help you heal; make an effort to maintain relationships and avoid spending too much time alone.

Ask for support: It is important to talk about one’s feelings and ask for the help one needs. Turn to a trusted family member, friend, counsellor, or religious leader.

Participate in social activities, even when one is not up to it. Do ordinary things with other people, things that have nothing to do with the traumatic experience.

When one retreats from relationships that once have been important, make the effort to reconnect.

Join a support group for trauma survivors: Being with other people who are facing the same problems can help reduce one's sense of isolation and hearing how other people cope may be inspirational.

Volunteer: Like helping other people, volunteering can be a great way to challenge the sense of helplessness that often accompanies trauma. Remind yourself of your strength and reclaim your sense of power by comforting or helping other people.

r. Trauma self-help strategy 2: Stay grounded

In order to stay grounded after a trauma, it helps to follow a structured schedule.

Stick to a daily routine, with regular times for waking up, sleeping, eating, working, and exercising. Make sure to schedule time for relaxing and social activities too.

Break large jobs into smaller, manageable tasks: Take pleasure from the accomplishment of achieving something, even when it is a small thing.

Find activities that make you feel better: Keep your mind occupied (reading, taking a class, cooking) to avoid dedicating all your energy and attention to focusing on the traumatic experience.

Allow yourself to feel what you feel when you feel it: Acknowledge your feelings about the trauma as they arise and accept them. Accepting your feelings is part of the grieving process and is necessary for healing.

s. Trauma self-help strategy 3: Take care of your health

A healthy body increases your ability to cope with stress that results from a trauma.

Get plenty of sleep: After a traumatic experience, worry or fear may disturb your sleep patterns. A lack of sleep can make your trauma symptoms worse and make it harder to maintain your emotional balance. Go to sleep and get up at the same time each day and aim for 7 to 9 hours of sleep each night.

Avoid alcohol and drugs: Their use can worsen your trauma symptoms and exacerbate feelings of depression, anxiety, and isolation.

Exercise regularly: Regular exercise boosts the release of serotonin, endorphins, and other feel-good brain chemicals. It also boosts self-esteem and helps to improve sleep. For maximum results, aim at 30 to 60 minutes of activity on most days.

Eat a well-balanced diet: Eating small, well-balanced meals throughout the day will help you keep your energy up and minimise mood swings.

Reduce stress: Making time for rest and relaxation will help you bring your life back into balance. Try relaxation techniques, such as meditation or deep breathing exercises.

6.9.3.2 Session 2: Enhancing knowledge and skills to understand and to manage socioeconomic challenges for women who had dumped babies and / or committed infanticide and support from family, male partners, and the community

Socioeconomic challenges are concerns in respect of the factors that could impact an individual's or family's social standing and economic status. These concerns or questions include the ethics, fairness, and results of policies; theories and institutions that may result in a different standard of treatment; and opportunities based on socioeconomic status. Women who had dumped babies and / or committed infanticide experienced a high level of socioeconomic desperate situations during their time of pregnancy. Those women simply needed some form of comfort, encouragement, and / or some financial assistance from either the family, or male partners and the community. Though these women committed the unpardonable

immorality according to their families and the community, their narratives would have been different if they received the assistance and support they needed.

There are different types of situations that lead to socio-economic challenges; such as alcohol and drug abuse, multiple sexual partners or promiscuity, poverty, and HIV and AIDS.

Alcohol and drug abuse is a risky-taking behaviour among young people. Needless to say, alcohol and drug abuse correlates highly with other forms of risk behaviour, such as promiscuity and sexually transmitted infections (e.g. HIV and AIDS). Therefore, the training programme endeavours to educate and train participants about these types of risky-taking behaviour.

Alcohol and drugs become a means of finding relief, comfort, or security. The use of alcohol, for example, becomes self-reinforcing when individuals convince themselves that it enhances social and physical pleasure or sexual performance, leads to arousal, increases in social assertiveness, and reduces stress.

According to Mwale (2008), alcohol and drug abuse has many causes:

a. Family origin

The following family factors correlate closely with excessive alcohol and drug use by young people while growing up:

- Alcohol and drug abusers less likely communicate openly with parents. Abusers are usually not as close to their parents, are more likely to have

negative adolescent-parent relationships, and experience a low degree of parental support.

- Abusers are more likely to have parents who drink excessively and / or use other psychotropic drugs.
- Abusers are more likely to come from broken homes or not living with both parents. Abusers' parents less often praise, encourage, counsel, as well as set limits for adolescent behaviour.

These types of family situations create personality problems that cause individuals to be more likely to turn to alcohol and drugs. Numerous other studies associate alcohol and drug addiction and dependency with dysfunctional family relationships and personality problems.

b. Other social and psychological correlates

Those who abuse drugs are more likely to have peers who use and approve of drug use. Abusers are more likely to:

be associated with deviant peers;

be in rebellion against social sanctions;

be truant from school; and

have frequent sex, a greater number of coital partners, and show a greater percentage of unprotected sex.

Research has also documented the relationship between certain personality traits, such as impulsivity and habituation to stimuli and the development of alcoholism.

The Substance Abuse and Addiction Health Center (2015) stipulate alcohol and drug abuse prevention strategies.

Efforts to prevent substance abuse should begin early in life with education, encouragement of healthy behaviour, and good family bonds.

Positive self-esteem, a supportive family, and positive role models help teens gain confidence to make good choices.

If one lives in a high-risk neighbourhood or a teen is at high risk of an abuse problem, a community programme could help teach teens skills to avoid substance abuse.

Even young school children have opinions about substance use; therefore, these children have to be taught the skills needed to avoid substance use from an early age.

Be a role model: As a parent, one's attitude toward alcohol, cigarettes, and drugs is one of the greatest influencing factors that heightens the likelihood of children abusing substances. If one has a substance abuse problem, seek help. If one quits, the teens in your family are more likely to seek help early after they have started abusing a substance.

Share your principles: Even though they may not act like it, most children listen to what their parents tell them. Talk with your teen about the effects of substances on emotions, schoolwork, and health. If you have a family history of abuse problems, talk with your teen about his or her increased risk for the same problems.

Stay connected: Know your teen's friends. Know where your teen is at all times. Set times when the family is expected to be together, such as at mealtimes. Plan leisure activities for the whole family.

Be fair and consistent: Extreme discipline could increase the risk of substance abuse. Set reasonable consequences for unacceptable behaviour and consistently carry them out. Praise your teen for his or her successes. Expect your teen to follow the household rules. Use a parent-teen contract to write down expected behaviour and consequences when the plan is not followed.

Encourage activities: Keep your teen busy with meaningful activities; such as sports, church programmes, or other group involvement. Teens who feel good about themselves are less likely to use alcohol and drugs.

Get informed: Learn about the substances commonly abused by teens. Talk with a doctor. Find out how the drugs work, what their street names are, and what the signs of being under the influence are.

According to Mwale (2008), alcohol and drug abuse has adverse effects on the physical, physiological, and psychological aspects of those who are constantly use them.

When taken in large quantities, alcohol and drugs could damage or even destroy biological tissues, including muscle and brain cells. The major mental and behavioural effect of alcohol and drugs on adolescents is reduced skilled performance. Skills of intellectual functioning; such as reading, writing, memory,

and recall become impaired while behavioural control and judgment become less efficient.

Education about psychosocial interventions is needed to bring about change in the lives of young people.

Relapse prevention is such an intervention that recognises that one is in emotional relapse when one's behaviour changes. Acknowledge when one is isolating oneself and remember to ask for help. Recognise when one is anxious and practise relaxation techniques. Acknowledge when one's sleep and eating habits are digressing and practise self-care. Make use of skills training opportunities that provide skills for performing an art, a profession, or a job. Young people should increase their employability.

Self-help groups, such as peer support groups, could be an invaluable source of guidance, assistance, and encouragement. Groups are very helpful, not only in maintaining sobriety, but also as a safe place to get support and discuss challenges.

When exposed to cues, use the opportunity to practise coping responses realistically to increase self-efficacy.

Family therapy plays a central role in the treatment of any health problem, including substance abuse; family efforts have become a strong and continuing theme of many treatment approaches.

A motivation enhancing counselling approach assists individuals with resolving their ambivalence about engaging in treatment and stopping their drug use. This approach

aims at evoking rapid and internally motivated change, rather than guiding young people stepwise through the recovery process.

Alcohol expectancy challenges or social experiments aimed at challenging the young people's perceptions about the rewards of drinking could successfully reduce both the quantity of alcohol consumed and the frequency of heavy or binge drinking among them.

The family, the male partners, and the community have a role to play in supporting the young woman who has unfortunately fell pregnant and disappointed them all. The family is expected to understand and protect the values, experiences, and opportunities that require the family to bond in order to deal with issues that matter to them. It is of utmost importance that core values and experience of the family should be shared. Values; such as love, support and caring, guidance, acceptance, and a sense of belonging should make it possible for families to live in harmony and to overcome any tribulation that attempts to disconnect the family bond. The reinforcement of opportunities to care and support should be the foundation of strong family ties with a strong sense of mutual commitment and obligations towards loved ones.

Greater responsibility should be encouraged in the society for paternity. Male partners responsible for fathering children should be urged to have a stronger sense of responsibility and self-discipline by supporting the children they have fathered. The basic principle of child maintenance implies that both parents should contribute to the maintenance of their children in accordance with their means. The new law of

maintenance emphasises the sharing of the maintenance responsibility of parents towards a child (LAC, 2007).

The community has a role to play in bringing about a strong sense of personal and social responsibility that should encourage support for vulnerable members of the society, which in turn should result in strong societies. The participants in this study experienced that traditional practices and cultural principles within communities rejected, intimidated, and discriminated against young women because they had fallen pregnant out of wedlock. They felt that the male partner's involvement in baby dumping was at times not well addressed by the community, therefore, they appealed that these practices should be addressed and changed. The lack of male partner involvement caused the participants to become frightened. The communities are expected to have higher levels of volunteering, social support networks, and charity.

Another socioeconomic challenge that is fuelled by alcohol and drug abuse is have multiple sexual partners and promiscuity. Many individuals who abuse alcohol or drugs will engage in promiscuous sex. This type of sex lacks intimacy and it usually involves multiple partners. The addict may regularly wake up in bed with a stranger with no memory of what had happened the night before. Promiscuity may become a habit and when young people are inebriated, they are more likely to make impulsive and poor decisions; often it applies to the people they end up having sex with. Such behaviour increases the risk of contracting a sexually transmitted disease. It can also lead to unplanned pregnancies. The only thing that could prevent this type of risky behaviour is to break the habit and use condoms at all times when having sex. Self-

control is an admirable virtue that young people in promiscuous relationships do not have (Dara Rehabilitation Center, 2011).

Poverty is another socioeconomic challenge that women who had dumped babies and / or committed infanticide experienced. Socioeconomic issues are factors that have a negative influence on an individuals' economic activity; including a lack of education, cultural discrimination, unemployment, and corruption. Poverty is also a variable that determines one's socioeconomic status; an individual's or group's position within a hierarchical social structure depends on a combination of variables; such as occupation, education, income, wealth, and place of residence. It translates into insecurity, powerlessness, and exclusion of individuals, households, and communities. It influences the susceptibility to violence, and it often implies living in marginal or fragile environments without access to clean water or sanitation. (UN Statement, June 1998 – signed by the heads of all UN agencies).

Women needed to be educated through this educational programme about poverty reduction strategies to enable them to take care of themselves and their families and also to disseminate this information to other people. A local researcher has presented various strategies to reduce poverty (Mwinga, 2012).

- The Affirmative Action Policy that aimed at including previously disadvantaged groups (blacks and women) in the formal labour market and address inequities in the labour market;
- Reform of the Namibian educational and training system, including strengthening vocational training;

- Expanded government capital expenditure (infrastructure spending), public works, and the recently introduced Targeted Intervention Programme for Employment and Economic Growth (TIPEEG);
- Private Sector Support: In order to expand the size of the economy and create jobs, government introduced various tax incentives and tax breaks targeting the private sector, especially manufacturing sector;
- Enterprise development through government tender procurement systems favour previously disadvantaged Namibians and rural-based entrepreneurs;
- Creation of the Development Bank of Namibia (DBN) to close the financing gap by providing finance to small and medium-sized enterprises (SMEs) and large projects that cannot be undertaken by commercial banks;
- Communal farming support: Government has since 1990 introduced various interventions; such as affirmative action agriculture loan schemes administered by the Agriculture Bank of Namibia (AGRIBANK) targeting communal farmers;
- Youth employment schemes, such as youth credit support and the national youth service;
- Community based employment creation programmes, such as creation of conservancies and other community projects;
- Promotion of SMEs and entrepreneurship support through provision of finance, skills, and other means to emerging entrepreneurs administered by various ministries and agencies;
- Subsidies and employment creation through self-employment;

- Black Economic Empowerment: The aim is to build a new class of black entrepreneurs as part and parcel of the fundamental economic restructuring and employment promotion; and
- Rural development initiatives: Increases in budgetary allocations to transform the relationship between the formal and non-formal economic sectors, as well as rural farm and non-farm activities.

The Ministry of Gender Equality and Child Welfare plays a major role in poverty reduction programmes to encourage women and men from disadvantaged communities to embark on income generating activities (IGAs) in order to promote self-employment among the poor urban and rural communities. The Income Generating Activities Fund (IGAF) is open to all Namibian citizens who are 18 years or older who do not have access to bank loans due to lack of collateral surety. The participants of IGAs who aim at developing their entrepreneurial skills and increasing their income opportunities can also apply to the fund.

The main criteria to select projects for support is that the project should be existing, new, or in development and should be run by well-organised and committed people. The project should also produce good quality items with a market for selling the products. If the project is new, then it should demonstrate some signs of good development or grow toward the level of a small industry and while indicating the possibility of creating employment. The IGAF supports any viable and sustainable projects.

The Ministry of Gender Equality and Child Welfare deals with the process of approval of all applications; the application forms can be obtained at any of its

regional offices. The completed forms, accompanied by three quotations should be submitted to the Regional Offices of the Ministry. The annual deadline for submission of all application forms is 31 March. There are conditions attached to IGAF: All applicants should know that materials and equipment supplied at the commencement of the project to them remain the property of the Ministry and when the projects fail to achieve the expected goals within three years, the Ministry will reserve the right to reallocate the material to other projects; the grant is a one-time financial contribution to the project. After care services are provided and the supported projects are advised to provide the Ministry with annual financial progress reports.

Women who had dumped babies and / or committed infanticide also needed to be educated in terms of risk factors involved in illicit sex due to poverty.

Impulsive sex can trap young women in an adverse poverty and vulnerability cycle as they may become adolescent mothers. They may be forced to leave school and are at risk of entering marriage early to preserve the honour of their family and themselves. Having sex with older men is a particular trap, since they are more likely to contract STDs, including HIV and AIDS. Some studies have linked economic motives to the level of poverty of the adolescent involved: While very poor adolescent girls engage in these relationships to meet their basic needs, other girls who are not as poor might do so in order to gain access to what they see as luxury goods. Some girls simply succumb to peer pressure (Hawkins, Price & Mussá, 2009). For example, poorer girls in rural areas might agree to have sex with older men in exchange for food; whereas girls in urban areas, with more diverse

livelihoods, might enter into these transactional relationships to access items they could not otherwise afford, such as expensive clothes or perfume.

Exchange of sexual favours for material support as a survival strategy has put women more at risk of HIV infection than men, given that the power differential makes it more difficult for girls to negotiate the use of a condom. Poverty seems to make women less able to exercise control over their sexual health, reduces the ability to bargain for safe sex, and shatters self-esteem. It limits the prospects of young girls to have productive future lives and compounds the cycle of sexual abuse and exploitation (De Bruyn & Parker, 2006).

Another socioeconomic aspect involves the HIV and AIDS issue. Young women need education about cultural and economic risk factors in order to become aware of the behavioural and social drivers of this dreadful epidemic. Cultural principles and customs influence sexual behaviour which in turn determines the risk of exposure to HIV / AIDS.

The health issues of the AIDS epidemic as are exacerbated by the risk behaviour of people. As the worldwide AIDS pandemic matures and changes, so too must the approach to prevention. AIDS prevention programmes need to incorporate more than mere individualistic psychological approaches to risk reduction. It is important to learn more about the effect of social, cultural, political, and economic factors related to HIV risk behaviour, and to develop creative, culturally appropriate, and community-sponsored prevention programmes that make substantive changes on multiple levels (Denison, 1995).

Women should be empowered through education and training to counteract the reluctance of men to use condoms because they are frequently unable to negotiate a safe sexual relationship with older, more powerful men. The intervention should also reduce sociocultural practices that increase the possibility of HIV infection; such as cross-generational relationships of younger women with older men, wife inheritance, and having sex without natural lubrication of the vagina to heighten the sexual pleasure of men. HIV is a sociocultural and socioeconomic disease in Nigeria, and the paradigm of its infection and spread particularly within the local communities is a reflection of the sociocultural and socioeconomic profile of the people. The factors have overlapping or interconnected relationships; none excludes the other in importance or in enhancing the spread of HIV and its progression (Dibua, 2009). Therefore, active training and sensitisation of women in this regard is the solution to the reduction of the sexual risk behaviour that is part of the pandemic.

Coupled with the reduction of sexual risk behaviour, behaviour modification strategies depend on an appreciation for the complexities of social context, risk, and relationships, as well as some impediments to discussing sex and negotiating safer sex practices. This includes an understanding of self-efficacy and social support, since sexual behaviour is not necessarily the outcome of a consensual and rational decision.

The life options approach includes life skills; such as assertiveness, communication, positive self-concept negotiation, and decision making. These skills assist young women with refraining from unprotected sexual debuts. Involvement of adolescents in activities; such as games, sporting activities, drama, and extracurricular clubs like

AIDS Toto and Young Voices can help ease the sexual tension, by limiting their time for idleness and the drive for having sex. This invokes the defence mechanism of sublimation that may encourage adolescents to channel their sexual impulses into activities other than sexual risky behaviour (Mwale, 2008).

The ultimate lesson for women who had dumped babies and / or committed infanticide (Mwale, 2008) is:

- the life skills of negotiation, assertiveness, refusal, and communication;
- cognitive skills of problem solving, critical thinking, and decision making;
- coping skills of stress management, increasing internal locus of control; and
- the practical skills of abstinence and using a condom.

Table 6.2: Illustration of programme activities to achieve Objective 1 and Objective 2

Date	Time	Activities	Teaching strategies	Learning approaches
21/7/2015	08:00- 08:30	Welcoming address & introduction Purpose & objectives of workshop Expectations and ground rules		
	08:30-09:15	Activity 1: Discussions of psychological challenges (denial, rejection, fear, anger, evil thoughts, despair; lack of support by family, male partners, and community; effects of psychological challenges, general management of psychological challenges, counselling and therapy of psychological problems & overcoming psychological & emotional trauma) encountered by women who had dumped babies and / or committed infanticide.	PowerPoint presentation about challenges encountered by women who had dumped babies and / or committed infanticide.	Kolb's learning theory. Concrete experience. Participants gained new knowledge and values through group discussions and discovered themselves through the presentation.
	10:00-10:45	Activity 2: Discussions about the suggested solutions to the psychological challenges and how to overcome them.	Role play, group work that entailed feedback and discussions about psychological challenges and how to	Kolb learning theory through active experimentation was used through feedback and group work.

Date	Time	Activities	Teaching strategies	Learning approaches
			overcome them.	Adult learner's theory. Participants shared their views and experiences and made contributions about the topic presented. Some participants ask for clarity about some presented information which they didn't understand.
	11:45-12:30	Activity 3: Practise counselling skills for providing psychological and emotional support that promotes restoration and inner healing.	Lecture presentation and practising of counselling skills for providing psychological and emotional support that promotes restoration and inner healing.	Abstract conceptualisation. Participants were allowed to access counselling for psychological and emotional support. Active experimentation. Participants were involved in role playing and group discussions while reflecting on restoration and inner healing.
	1230-14:00	Lunch	Lunch	Lunch
	14:00-14:45	Activity 4: Discussion of socioeconomic conditions that include alcohol and drug abuse, multiple sexual partners, poverty and HIV / AIDS, their implications and	Role play in a situation of poverty leading to baby dumping, followed by group work and then discussions, and plenary feedback.	Kolb's learning theory. Concrete experience. Participants need to listen to the

Date	Time	Activities	Teaching strategies	Learning approaches
		effects, and how to manage them.		presentations in order to gain knowledge; therefore, concept abstraction will be gained from the PowerPoint presentations. Adult learning approach that will be facilitated by allowing contributions to the topic presented by the participants through individual or group feedback.
	14:45-15:30	Activity 5: Discussions about the qualities of supportive parents and the community.	Role playing and group discussions about the qualities of supportive parents and relatives.	Reflective observation. Participants need to discuss their feelings and points of view in relation to the role play. Concrete experience. Participants need to listen to the PowerPoint presentations in order to gain concept abstraction.
	15:30-16:30	Evaluation of 1 day proceedings.		.

6.9.3.3 Session 3: Enhancing knowledge and skills to understand and manage the reintegration process challenges experienced by women who had dumped and / or committed infanticide and counteracting those challenges by well-planned interventions

The reintegration process relates to activities with the emphasis directly on identifying social or environmental problems facing the offender upon release. These problems are likely to constitute obstacles to a non-offending lifestyle following release (Workman, 2011). Offenders are sent to prison not only temporarily as a punishment for their wrongdoing, but also to receive the rehabilitation necessary to address their needs and problem behaviour before being released into the community (Rujjanavet, n.d.).

The aim of the educational programme was to assist women who had dumped babies and / or committed infanticide to be equipped with knowledge and skills with the purpose of being successfully reintegrated into society. The educational programme had three phases; i.e. the pre-preparatory or pre-release phase, the reintegration phase, and the post-release phase.

The *pre-release* phase focuses on areas that are designed to prepare offenders for return to the free community (Anderson, Dyson & Burns, 1999). The pre-release planning began while the women who had dumped babies and / or committed infanticide were confined in the correctional institution. The women are prepared through transitional services and formalised support interventions. These preparations entailed daily sessions designed to assist the women develop skills that

were necessary to become employable and attain mental health. The transitional services may entail the following activities (Lanigan, 1996-2015):

Cognitive behavioural programmes are to emphasise the deficit of women's basic and cognitive skills in order to strengthen their immunity to crime. The goal of the programme is to effectively change women's thinking with the view of changing their behaviour. It will assist women with breaking the cycle of incarceration when they acquire the skills to think before they react, to build positive relationships, and to think about things in a positive way.

The *successful transition and re-entry programme* is a release preparatory programme designed to address each major re-entry barrier faced by the returning women. This programme includes topics of employment, housing, transportation, education, family reunification, and finances. This programme will assist women in breaking the cycle of incarceration; addressing possible barriers associated with the re-entry process; teaching women how to nurture positive family relationships; preparing women to join the workforce; and assisting them with developing effective problem-solving, communications, and life skills. It will also provide women with vital resource information of services in the community.

The anger management programme is designed to assist women with recognising their angry feelings, identifying their causes, and dealing with them in a responsible way. Participants become aware of the connection between thoughts and anger and, more importantly, techniques to help them manage their anger.

The family reunification and transition programme enables offenders who leave prison to develop a plan for rebuilding family relationships and understanding their family's expectations upon their return. This programme is designed to assist offenders as they begin the process of reconnecting with their family members by addressing past and present behaviour and preparing for changes in the family that could affect female offenders' transition.

Several kinds of sport and other recreational activities should be offered in prisons for at least two reasons. As imprisonment can cause considerable stress and tension, playing sports can keep the women mentally and physically fit. Additionally, women can learn favourable interpersonal skills and sportsmanship through sport and recreational activities (Rujjanavet, n.d.).

Recognizing that religion is an important factor in improving inmates' mental status, every correctional facility should provide an opportunity to all inmates to practise their religious activities without discrimination. Provision should be made that inmates have time to perform religious activities, to pray, and to meditate. The programme aims at keeping the inmates calm and helping them regain consciousness (Rujjanavet, n.d.).

Institutional counsellors are counselling inmates to varying degrees depending on their individual needs. However, inmates should be assigned to a counsellor with whom they have considerable interaction and rapport during their incarceration. The institutional counsellors should be responsible for supervising and monitoring the inmates. However, they also perform a number of important duties which include:

- monitoring and assessing the inmates' adjustment problems;
- developing and recommending interventions considered most beneficial for the rehabilitation of the inmates;
- advising and counselling the inmates with regard to their problems and monitoring and evaluating their progress; and
- communicating with the inmates' family and contacts in the community to maintain established bonds outside the institution (Van Voorhis, Braswell & Lester, 2010).

There are challenges that confront women who had dumped babies and / or committed infanticide at the time of their release. Some of these challenges result from the offenders' past experiences while other challenges are more directly associated with the consequences of incarceration. Borzycki (2005) states that many offenders are challenged by skills deficits that make it difficult for them to compete and succeed in the community: Poor interpersonal skills, low levels of formal education, illiteracy or innumeracy, poor cognitive or emotional functioning, and / or a lack of planning and financial management skills. There are also several practical challenges that might be faced by offenders at the time of their release; including finding suitable accommodation with very limited means, managing financially with little or no savings until they begin to earn a lawful income, accessing a range of everyday necessities, and accessing services and support for their specific needs.

In this study, women who had dumped babies and / or committed infanticide suggested how they would like their reintegration to be handled. They suggested some institutionally based educational programmes before re-entering the society

that included education, mental health care, job or vocational training, counselling, and mentoring to be arranged for them in conjunction with the correctional services and with external professionals. Some of these programmes were to be offered prior to the release by community-based agencies that were equipped to provide after-care and follow-up following their release from confinement. The women also advocated for a coordination office within the community that should host different professionals who deal with social welfare services and referral systems. These activities should include: The recruitment employment office dealing with employment issues, social services such legal advice on complex issues, housing and accommodation, and refresher courses while in detention. Other social and welfare services also included activities; such as family counselling and education about living with the returned relatives or ex-offenders, community education through media to improve the public attitude towards the women, education at church level to teach restorative justice approach aiming at encouraging women to feel remorse, to accept responsibility for their actions, and to seek ways of restoring the harm done to victims and the community.

The period of transition from custody to a free community can be particularly difficult for offenders. The period of incarceration may itself have had several "collateral effects" (Borzycki, 2005; Borzycki & Makkai, 2007) upon many offenders: They may have lost their livelihood, their personal belongings, their ability to maintain housing for themselves, they may have lost important personal relationships, incarceration may have damaged their social networks, they may have

experienced mental health difficulties, and may have acquired self-defeating habits and attitudes.

The *reintegration phase* describes the outcome of a successful return from prison as independent and productive members of the community (Willis & Moore, 2008). Reintegration is often understood as the support given to offenders during their re-entry into society following imprisonment and relates to activities that emphasise identified social or environmental problems that directly face offender upon release. These problems are likely to constitute obstacles to a non-offending lifestyle after release (Workman, 2009).

Reintegration programmes should be a continuation of what has been started during the pre-release phase. Ways should be provided for returning women who have dumped babies and / or committed infanticide to create new identities for themselves by inter-mingling with pro-social individuals and performing valuable services (Workman, 2009). The success of reintegration depends on preparing the community as much as it depends on preparing inmates. All of the hard work and rehabilitation in prison will be in vain if the women are rejected by their respective communities upon re-entry. In terms of reintegration, communities are expected to build capacity to change the retributive culture to a more inclusive and restorative one through its practices. The ultimate goal of this programme is the satisfaction and understanding of all stakeholders, as well as an improved community that accepts these women back into their midst. The participants in this study suggested peer education; an opportunity to visit schools to speak to their peers and to warn them about the

dangers of baby dumping and infanticide; their effects on the individual, families, and the community in general; and to participate in radio and television talk shows.

The collaboration of relevant agencies or stakeholders is essential to ensuring the continuity of service, which is key to boosting offenders' chance of resettlement. Also, co-operation of every sector of the community is vital, since offender reintegration demands a great deal of resources and is a complex task that is unlikely to be accomplished by a single agency (Rujjanavet, n.d.). Considering the importance of collaboration, the NCS should always seek opportunities to establish partnerships with both government and non-governmental agencies.

Successful inter-agency or stakeholder collaboration as suggested by correctional officers who are part of reintegration process can produce effective interventions for these young women. They explain that the government and non-governmental agencies can provide skill-based services, such as job training and other survival needs, for example granting these women loans that can be used to start their own small businesses. There is a need to coordinate and network with other ministries or institutions for skills-based training or skills development that include personal developmental activities. These activities may include entrepreneurial activities and income generating activities, such as tailoring and agricultural activities. The government through the NCS needs to facilitate vocational-based training skills in collaboration with skills-based training institutions. Assessment of women's skills through psychometric tests should first be conducted to determine the level of skills for correct placement. Assessment of the risks and needs of women should also be done to design programmes. This intervention should match the level of service to

the women's risk of re-offending assessing criminogenic (causing or likely to cause criminal behaviour) needs, and targeting treatment.

Reintegration activities are directed at women who have dumped babies and / or committed infanticide seek to train, educate, influence, and / or transform these women to become generally better equipped to manage their lives positively. The goal of these activities is to reduce the risk of reoffending by directly targeting the women's motivation, attitudes, awareness, as well as general, personal, social, and occupational functioning.

These women may also find something they are interested in to keep themselves occupied while equipping themselves with knowledge and skills that are necessary for their future work. Another key to success is the support, love, and understanding that these women receive from their families, who are occasionally invited to participate in family activities held at the NCS facilities. Despite financial constraints, these initiatives are considered to be successful due to the tremendous support they receive from external agencies.

Research conducted by McKenzie (2006) and others has found that effective rehabilitation programmes include academic education, vocational education, moral recognition therapy, reasoning, as well as rehabilitation and cognitive restructuring.

The assessment and treatment of offenders are influenced by evidence-based practice referred to as the Risk-Need-Responsivity (RNR) Model (Andrews & Bonta, 2010; Caudy, Tang, Ainsworth, Lerch, & Taxman, 2013). The RNR model has been used with increasing success to assess and rehabilitate offenders and as suggested by its

name, three principles shape the model. The risk principle states that the level of service should match an offender's risk of reoffending. An agency should devote more resources to the highest-risk offenders and those interventions should target an individual's specific criminal risk factors. Low-risk offenders should receive minimal or no treatment. Risk levels are determined by examining factors linked to re-offending. Those risk factors can either be static factors that cannot be changed (including age, gender, criminal history, and age of first arrest) and dynamic factors that can be changed through successful interventions; such as substance abuse, educational deficiencies, antisocial personality patterns, and pro-criminal attitudes.

The need principle states that corrections agencies should assess an offender's dynamic criminal risk factors, often called criminogenic needs, and focus treatment on those factors. Major risk factors include an anti-social personality pattern, indicated by impulsivity, adventure or pleasure-seeking, and restless aggression and irritability; pro-criminal attitudes, indicated by rationalisation of crime and negative attitudes toward the law; social support of crime, indicated by criminal friends and isolation from positive social influencers; substance abuse; negative family relationships; poor school and / or work performance and a low level of satisfaction; and a lack of involvement in positive social, recreational, or leisure activities.

The responsivity principle essentially entails providing the right treatment at the right level. An agency can maximise an offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and support while matching interventions to an offender's learning style, an offender's motivators to change, abilities, and strengths.

Table 6.4 presents an overview of the major risk / need factors in conjunction with some less promising targets for interventions (i.e. non-criminogenic needs) and suggestions for assessment and treatment. The seven major risk / need factors are part of the central eight (criminal history completes the list but it is a static risk factor) needs. These seven criminogenic needs are worth assessing and targeting during interventions.

Some of the women in this study were in the category that represented major risk factors; such as drug and alcohol abuse; having sex without knowing who impregnated them, and poor family relationships. Other women were in the category of minor needs like the ones who had a poor self-esteem and self-worth, as well as vague feelings of personal distress leading to anxiety.

Table 6.3: The seven major risk / need factors in conjunction with some minor risk / need factors

Major risk / need factor	Indicators	Intervention goals
Anti-social personality pattern	Impulsive, adventurous, pleasure-seeking, restless, aggressive, and irritable	Build self-management skills, teach anger management
Pro-criminal attitudes	Rationalisation of crime, negative attitudes towards the law	Counter rationalisation with prosocial attitudes, develop a prosocial identity
Social support of crime	Criminal friends, isolation from pro-social people	Replace pro-criminal friends and associates with pro-social friends and associates
Substance abuse	Abuse of alcohol and / or drugs	Reduce substance abuse, enhance alternatives to substance use

Major risk / need factor	Indicators	Intervention goals
Family relationships	Inappropriate parental monitoring and disciplining, poor family relationships	Teach parenting skills, enhance warmth and caring
School / work	Poor performance, low levels of satisfaction	Enhance work / study skills, nurture interpersonal relationships within the context of work and school
Pro-social recreational activities	Lack of involvement in pro-social recreational / leisure activities	Encourage participation in pro-social recreational activities, teach pro-social hobbies and sporting activities

Table 6.4: Non-criminogenic minor needs and their indicators

Non-criminogenic minor needs	Indicators
Self-esteem	Poor feelings of self-esteem, self-worth
Vague feelings of personal distress	Anxious, feeling blue
Major mental disorder	Schizophrenia, manic-depression
Physical health	Physical deformity, nutrient deficiency

In designing and implementing interventions designed to assist offenders to successfully reintegrate into the community and to avoid further criminal offending, there are a number of realities that one has to take into account.

These women might be confronted by a myriad of challenges that will predispose them to recidivate after release. Many women have several needs that must be addressed in a holistic manner, including limited skill sets, substance abuse issues, and an absence of family and community support. Institutional correctional services

have to develop cooperative partnerships with community-based organisations and NGOs to develop seamless interventions that mobilise all the available resources to assist and, when necessary, supervise these young women. Since these programmes are not mandatory, those women who do not participate in rehabilitation and reintegration programmes are more likely to recidivate after release.

Post-release is a period following custody. There is not some agreed time frame when the post-release period concludes. Continual support might be necessary for months or even years when reintegration is the ultimate aim under the supervision of community correctional staff (Borzycki & Baldry, 2003). Post-release interventions aim at minimising reoffending and specific strategies are required to mobilise and sustain community interest and involvement in assistance of programmes. Some offenders can also be released *unconditionally*, that is, not on parole into the community upon completion of their sentences. Government correctional agencies do not provide post-release services or supervision to this group, although non-governmental and faith-based organisations may provide welfare and other services.

Some intervention programmes, such as counselling services that are provided to women who have dumped babies and / or committed infanticide during the pre-release and reintegration phase are considered to be post-release interventions because they aim at ensuring post-release adjustment.

The provision of throughcare and post-release services are important at community level. Throughcare refers to treatment and support that commences in custody and continues after release into the community. New models of service delivery to provide throughcare from prison to community, such as partnerships and case

management, are not easily implemented because weaknesses are identified to successful implementation, including factors such as community attitudes (Burrows, Clarke, Davison, Tarling & Webb, 2001). At the most practical level, effective throughcare can only be delivered if adequate human and financial resources are committed to it and its associated services and programmes.

Post-release services are a continuum that should be initiated at prison reception. For example, a prisoner's housing and family situation would be assessed to ensure that the housing authority and other human and community agencies secure the services needed upon release. Even when serving a short sentence, a release plan could be developed to examine needs for and arranging access to; for example, an alcohol or other drug worker, a mental health worker, and a parenting and life skills trainer. This can be done effectively through a model of throughcare service delivery that is illustrated in Figure 6.3.

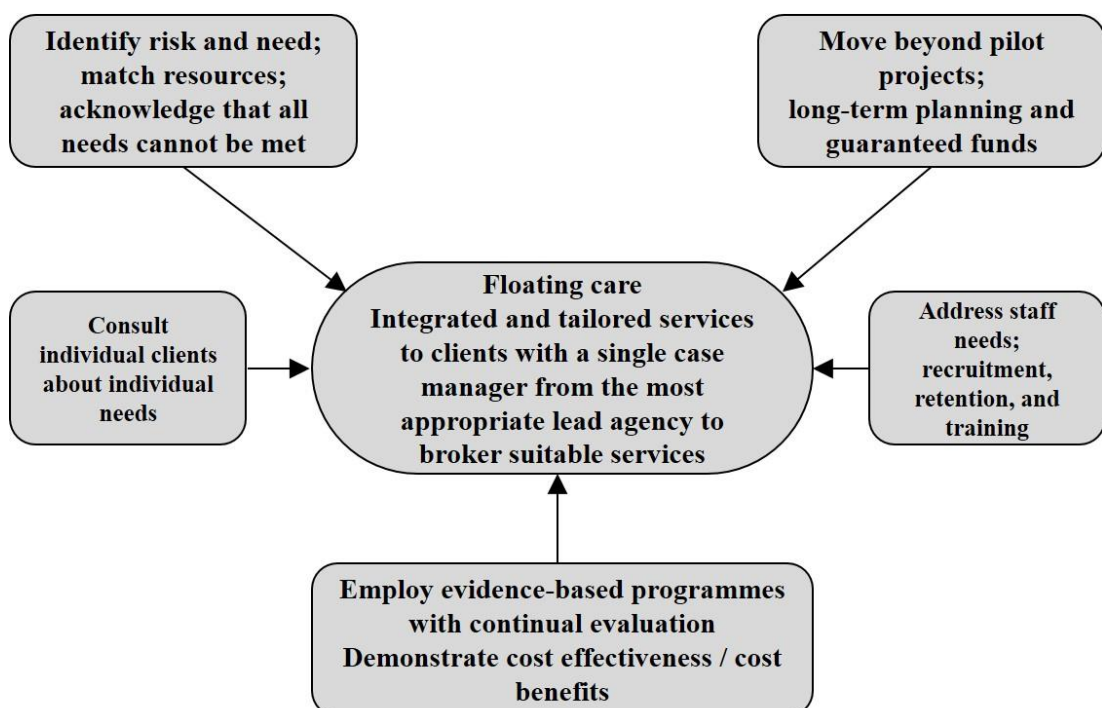


Figure 6.3: A model of throughcare service delivery to ex-offenders

Floating care, which is central to this model, has its roots in the provision of accommodation but can be used in a broad range of services. In the case of post-release interventions, floating care would involve a single case manager providing and / or brokering multi-agency support to a client from a base in the offender's own home. Optimally, the case manager would work with the client from reception to post-release. The benefits of this focus on accommodation are twofold. Firstly, it ensures that the accommodation issues that are so instrumental to successful integration are addressed upon reintegration. It also means that services are delivered from an accessible and familiar setting that a client will not experience as alienating.

It is important to remember that one size does not fit all in terms of post-release services. For example, independent accommodation, even with individualised floating care, may not be appropriate for some offenders as a result of institutionalisation, serious mental health problems, or intellectual disability. These ex-prisoners may be better placed in shared and supported accommodation. It is also important to recognise that such a model can be over-rationalised. The model will be ineffective without the enthusiasm and commitment of workers and without adequate resources to enable its effective implementation.

The faith-based organisations as part of the stakeholders at community level are to provide services, such as spiritual counselling in order to facilitate reconciliation between the family and the young women. Church programmes should conduct family counselling sessions about matters in relation to unity within the family to enhance family cohesion and deliverance ministry for securing absolute freedom and inner peace of the young women. The deliverance ministry can cooperate on a

voluntary basis with government rehabilitation centres. Religious leaders should continue counselling the women in respect of self-forgiveness and inner peace, prayer, the Bible studies, as well as self-reflection and self-worth.

Some principles have been identified to contribute to the prisoner reintegration process (Fox, 2010).

Balancing support and accountability: Bazemore and Stinchcomb (2004) recommend that offender re-entry programmes model themselves upon concepts similar to the best (restorative) practices of community justice, which balance support and accountability.

Re-establishing a sense of community: The strengths of restorative justice include re-establishing the sense of community and victim safety, while maintaining or enhancing an offender's attachment to the community.

Reducing offender stigma: In attaching or reattaching the offender to the community, one positive outcome can be reducing the stigma that originates from a deviant or criminal label. The challenges are somewhat magnified and an offender will likely need more intensive support to succeed after a long prison period.

Forging new identities: Bazemore and Stinchcomb (2004) emphasise several avenues for reintegrating offenders into communities. Essentially, they argue that individual offenders must have an opportunity to forge new identities, that they need to identify with support systems, and that communities must rally to engage offenders. They advocate the social psychological dimension of engagement in new, pro-social roles that can change the image of an offender a community has

(Bazemore & Stinchcomb, 2004). This happens at the micro level of community engagement. Clearly, though, helping to create new identities happens in a context of community opportunities that allow positive reinforcement.

Marshalling social capital: Communities must marshal their social capital to provide occasions “to develop shared norms and values, and build relationships of trust and reciprocity” (Bazemore & Stinchcomb, 2004).

The importance of the reintegration process and its developed programmes is to effect change in areas that are contributing to criminal behaviour. This approach increases the likelihood of these women functioning in the community as law-abiding citizens. The programmes that are designed for the reintegration process have to motivate and help these women to follow and benefit from the correctional plan. However, reintegration programmes are not mandatory; therefore, no inmate will be forced to participate.

The most important role of the reintegration process is its programmes that need to provide ways for returning women to create new identities for themselves by intermingling with pro-social individuals and for performing valuable services. It is important that many of these services and programmes might not be realised without government funding. Therefore, they have been mentioned with the aim of familiarising the reader with what other countries have and what has worked elsewhere in the world.

6.9.3.4 Session 4: To enhance knowledge and skills of women to understand and manage legal and ethical framework challenges of women who had dumped babies and / or committed infanticide

Legal frameworks have a specific law behind them, which will result in legal consequences if one does not obey it, for example murdering a person. Ethical frameworks, on the other hand, deal with decisions people make and actions they take during their daily lives (Vanderground, 2012). Therefore, the educational programme in this study made provision for educating and training women about the aspects of legal and ethical frameworks. It was imperative for the women to understand that though they have committed such heinous acts that, where possible, the law can still provide them with some legal recourse and assistance. The legal and ethical frameworks had to be presented in a simple language to make understanding of these frameworks easier for the women.

The women should understand that all people have certain basic rights. These rights can best be protected by a Constitution and that Namibia is a democratic country that respects the rule of law and justice for all. The rule of law means that everyone must obey the law, even people in positions of power. It also means that the law must apply equally to all people and that everyone has the right to seek help from the courts when the law is not followed (LAC, 1990). Fundamental human rights and freedom are most important in a democratic society. The rights that are listed in the Constitution must be respected by all government bodies and officials, as well as by all people in Namibia. The courts have a duty to help enforce these rights.

a. Respect for human dignity (Article 8)

The dignity of every human being must be respected. This means that all government bodies and all courts must treat the people who appear before them with respect. No one can be tortured or punished in any cruel way, not even a person who has been convicted of a crime.

b. Fair trial (Article 12)

Anyone who has been charged with a crime has a right to a fair trial by an independent and impartial court. An independent court cannot be told what to decide by anyone, not even by a government official or the President of the country.

An **impartial** court will not be influenced by a person's race, gender, or political persuasion. It will look only at the facts of the case and at the law.

Each person must have an equal chance to try and convince the court to decide in his or her favour.

All trials must take place within a reasonable time. This rule prevents people from being charged with a crime and then held in prison for a long time before they have an opportunity to defend themselves.

The Child Care and Protection Bill (2010) was passed to give effect to certain rights of children as contained in the Namibian constitution. The much-awaited Child Care and Protection Bill offers a legislative framework to advance some of the rights of children that are yet to be fully-recognised. The courts will have a duty to help enforce these rights. The rights are:

- Section 90(1)(a), explains that “putative father” means a man who claims or is alleged to be the father of a child for whom paternity has not yet been established or acknowledged without dispute. The legal definition of putative father is a presumed but not DNA-confirmed father of a child.
- Subsection 2(a) states that proceedings to establish parentage may be brought by the mother or putative mother of the child whose parentage is in question.
- Subsection 4 of Section 90 spells out that proofs on a balance of possibilities are required in order to establish parentage in proceedings brought under subsection (2).
- Section 91(1)(b) indicates that despite anything to the contrary contained in any law, a respected opinion that a man is the father of a child whose parentage is in question exists if he cohabited with the mother of the child in question at the approximate time of conception of such child.
- Section 92 subsection (1) in (a) and (b) with regard to presumption of refusal to submit to scientific tests, states that at any legal proceeding at which the parentage of any person has been placed in issue, the refusal by either party (a) to submit himself or herself, or (b) to cause any child over whom he or she has parental authority to be submitted, to any procedure that is required to carry out scientific tests relating to the parentage of the child in question, must be presumed, until the contrary is proved, to be aimed at concealing the truth concerning the parentage of that child.
- Subsection (2) states that regardless of anything contained in subsection (1), the High Court as the upper guardian of all children has the power to order that

a child be submitted to a physical procedure referred to in subsection (1) if this is in the opinion of that Court in the best interest of the child.

For the women who wanted to know about the alternatives to baby dumping, the enactment of the Child Care and Protection Bill will allow mothers to leave unwanted babies (legally) in designated places; such as hospitals, police stations; and fire brigades instead of dumping them simply anywhere.

The Child Care and Protection Bill contains provisions that facilitates the establishment of “safe havens” for unwanted babies and provides safeguards against the misuse of such facilities.

Some participants also wanted to get clarity about the Maintenance Act and to understand how it could assist them. The Maintenance Act was specifically passed to provide a legal basis for monitoring and ascertaining that parents, especially fathers, take full responsibility for all their children. The Act concerns the payment of maintenance, the holding of maintenance enquiries, and enforcement of maintenance orders.

The Maintenance Act 9 of 2003 (2003) provides that both parents have a legal duty to maintain their children, regardless of their marital status and the provisions of customary law. Improved enforcement and education about this law could help prevent baby dumping to the extent that the crime is caused by fathers’ refusal to contribute to the children’s welfare. The provision of maintenance is a human rights issue. Children have a constitutional right to be cared for by their parents, and

parents have a duty to act in the best interests of their children under the international agreements that Namibia has ratified.

Furthermore, legal and ethical guidance is important for assisting women who have dumped babies and / or committed infanticide in balancing issues to reach a decision about the best option in their individual situations. Therefore, ethical principles are often contained in ethical frameworks that provide support and guidance for ethical decision making by enabling the important aspects of the situation to be highlighted and evaluated. Making ethical decisions is not a solitary activity, particularly where decisions have an impact on other human beings. Therefore, quality assistance for these women relies on a team approach that supports the decision-making of these women in a professional partnership where their views, wishes, and values are respected and acknowledged. Ethical principles should provide criteria on which to base judgments in relation to ethical ideas and these criteria should include respect for persons, beneficence, non-maleficence, justice, veracity, and fidelity. These principles serve as a guide to legal practitioners in making ethical decisions (National Health Service, 2012). It is of utmost importance to clarify and explain the ethical principles to women who have dumped babies and / or committed infanticide. Beauchamp and Childress (2009) explain these ethical principles.

Respect for persons: This refers to the agreement to respect another person's autonomy and right to self-determination of a course of action and to support independent decision making.

Beneficence: It requires showing compassion, taking positive action to help other people, and desiring to do good to fellow human beings. Furthermore, it requires the core principle of advocacy for others, i.e. to speak on behalf of voiceless people.

Non-maleficence: It means to avoid harm or hurt. This principle requires an intention to avoid needless harm or injury that can arise from acts of commission or omission. In common language, it can be considered as “negligence” when one imposes a careless or unreasonable risk of harm upon another person.

Justice: This principle refers to an equal and fair distribution of resources, based on analysis of benefits and burdens of decision. Justice implies that all citizens have an equal right to the distribution of goods or services regardless of what they have contributed or who they are.

Veracity: It is the principle of truth telling and is grounded in respect for persons and the concept of autonomy. In order for a person to make completely rational choices, he or she must have the information relevant to his or her decision.

Fidelity: This principle requires loyalty, fairness, truthfulness, advocacy, and dedication to a client. It involves an agreement to honour obligations. Fidelity refers to the concept of keeping a commitment and is based on the virtue of being considerate.

Table 6.5: Illustration of programme activities to achieve Objective 3 and Objective 4

Date	Time	Activities	Teaching Strategies	Learning Approaches
22/7/2015	09:00-09:15	Recapitulation of sessions 1 and 11		
	09:15-10:00	Activity 6: Discussion of activities within the phases of the reintegration process, that is pre-release, reintegration phase, and post-release phase.	Lecture presentation, group discussion and plenary feedback on the phases of reintegration process.	Kolb's learning theory. Concrete experience. Participants needed to gain knowledge and information from presentations and to analyse them during discussions.
	10:00-10:45	Activity 7: Adequate preparation for reintegration process	Powerpoint preparation about adequate preparation and continual support for women who dumped babies and / or committed infanticide	Adult Learning Theory Participants need to listen to the presentations in order to gain knowledge; Adult learning approach that will be facilitated by allowing contributions to the topic presented by the participants through individual or group feedback
	11:00-11:45	Activity 8: Discussions of the ways how to involve the male partners in fatherhood and to accept their responsibility of paternity.	Role playing that focuses on involving the male partner in fatherhood and accepting their responsibility of paternity,	Kolb's learning theory. Abstract conceptualisation and active experimentation. Participants did the role play and were involved in group discussions while sharing

Date	Time	Activities	Teaching Strategies	Learning Approaches
				own experiences about being challenged by male partners' denial of paternity. Evaluated how knowledge and skills gained from the activity added value to future relationships
	11:45-12:30	Activity 9: Understanding and management of legal and ethical frameworks	Lecture presentation, group discussion, and plenary feedback about legal and ethical frameworks to enhance knowledge and skills to understand and manage in these frameworks.	Kolb's learning theory. Concrete experience. Participants needed to gain knowledge and information from presentations and to analyse them during discussions
	12:30-14:00	Lunch	Lunch	Lunch
	14:00-14:45	Activity 10: Discussions of legal and ethical frameworks with regard to the rights of the women who had dumped babies and / or committed infanticide to enhance knowledge and skills to understand and manage these frameworks	PowerPoint presentation and group discussion of legal and ethical frameworks with regard to the rights of women who had dumped babies and / or committed infanticide to enhance knowledge and skills to understand and manage these frameworks.	. Kolb's learning theory. Concrete experience. Participants gained new knowledge and values through group discussions about the PowerPoint presentation.
	15:00-15:45	Activity 11: Discussion about proposed alternatives to baby dumping and / or	Group discussion and plenary feedback on proposed alternatives to baby dumping.	Kolb's learning theory. Concrete experience.

Date	Time	Activities	Teaching Strategies	Learning Approaches
		infanticide		Participants needed to gain knowledge and information from presentations and to examine the proposed alternatives to baby dumping during discussions
	15:45-16:30	Activity 12: Discussion to make ethical principles clear to women who had dumped babies and / or committed infanticide.	Lecture method, group discussion, and plenary feedback to make ethical principles clear to women who had dumped babies and / or committed infanticide.	Kolb's learning theory. Concrete experience. Participants needed to gain knowledge and information from presentations and apply the ethical principles to their situations.
23/7/2015	10:00-11:45	Recapitulation of session 111 and IV		
	11:45-12:00	Evaluation of the entire workshop		.
	12:00-12:20	Closing of the workshop		
	12:30	Lunch	Lunch	Lunch

6.10 PHASE 4: EVALUATION OF THE TRAINING PROGRAMME

The previous session focused on programme implementation. According to Pretorius (2008), programme evaluation is the assessment of whether the programme activities have been congruent to the set programme. The participants of the programme were asked to voluntarily participate in the evaluation of the programme. Programme evaluation was done after each session to determine how effective the programme activities had been and to measure the impact of programme activities. A comprehensive evaluation was done at the closure of the workshop to assess the objectives and activities of the programme. After each session, the participants were given evaluation forms to express their views without limitation, as well as to provide their opinions about the programme activities. The evaluation enabled the researcher to make the necessary modifications or additions to the programme, as well as to accommodate participants' recommendations for the programme. Furthermore, a qualitative evaluation was conducted with the participants who described their experiences with regard to the programme activities. Another purpose of the evaluation was to determine whether the researcher had reached her objectives of successfully reintegrating women who had dumped babies and / or committed infanticide in the family and society. An additional purpose of the evaluation was to assess whether the researcher needed to include necessary improvements in the programme (Dawson, 2010).

For the purposes of this study, processes and outcomes evaluation were conducted as proposed by Metz, Bowie and Blasé (2007). A process evaluation was conducted immediately after the implementation session to assess the feasibility of the

programme implementation. The outcome of the programme evaluation was conducted three months after the implementation of the programme to determine whether the women who had dumped babies and / or committed infanticide were successfully reintegrated within their family and into society in general.

6.10.1 Programme evaluation planning

Evaluation is defined as a systematic collection of information about activities, characteristics, and outcomes of a programme (Fertman & Allensworth, 2010). It aims at providing feedback on whether the aim and objectives of the programme were achieved by utilising different approaches to examine the goals, processes, and outcomes of the programme (Jacobsen, 2011). This means that evaluation is conducted in order to determine whether the programme:

- had been implemented as intended;
- was effective (had reached the goals and objectives); and
- was efficient.

6.10.2 Evaluation of participants' general views of programme implementation

For the purpose of the evaluation, data was collected by means of filling in the evaluation tool that had been compiled by the facilitator and distributed to the participants to write down their individual responses. Open-ended questions were used in order to allow participants to express themselves without being prompted. Evaluation usually engenders substantial information that may comprise irrelevant and unrealistic data. Conversely, in the context of this study, the researcher

anticipated that the data provided would contribute to decisions about the programme, as well as to an improved understanding of what was going into the reintegration of imprisoned women who had dumped babies and / or committed infanticide.

An example of the general comment evaluation form appears in Table 6.7.

Table 6.6: Evaluation instrument for programme implementation

Share your general comments about the programme implementation based on following:	
1.	What did you learn during the sessions today?
2.	What did you like most about today's activities?
3.	What did you not understand during today's sessions?

4. What general comments do you have about the programme?

6.10.3 Discussion of the evaluation of the programme implementation by the participants

Upon request, the participants were asked to provide their comments about the workshop presentations and what they had learnt, what they understood most or did not understand, as well as providing their general comments about the presentation and content of the educational programme. The worth of learning and information determined the quality of the programme activities by the participants according to their answers to the evaluation questions. The majority of the participants pronounced the programme as worthwhile and effective because they felt that their interpersonal and communication skills were enhanced and that they were empowered to assert themselves. The evaluation guide for this study was designed and was handed out to the participants for their comments and recommendations every day (Table 6.6).

Table 6.7: Summary of comments and recommendations of the participants after the sessions and the workshop

Comments at the end of the workshop

I learnt about baby dumping and / or infanticide and that is punishable by law.

I learnt about other additional contributing factors that lead to baby dumping and / or infanticide.

The workshop was quite interesting; I learnt a lot of about baby dumping and infanticide.

I understood the importance of knowing yourself, that self-awareness.

I learnt the importance of support resources.

I learnt about support and how important it is to have people around you care to help you in terms of the challenges one is facing because one feels alone and forgotten.

I just wish my family members were present to hear how it is important to support one another as a family and relatives because my family don't really care.

I learnt about that there are four types of support and the importance of understanding each type.

I learnt about why one should understand who you are because if you do then

you cannot be manipulated by men.

I learnt how self-concept can help one to function as a human being.

I learnt also about the process of forming self-concept.

I am just grateful that I found myself here at this point in time in prison to learn all these things; I think I am in a position to help another person not to make the mistakes I made.

I understand now how self-efficacy can help one to change your attitude completely.

I understood that despair is a sickness of the spirit and that it is not good because it leads to depression.

I liked the presentation of lesson about despair because I saw myself in almost everything that was presented; I can testify that it is not a good thing to suffer from hopelessness and now I also understand why I wanted to commit suicide.

I learnt about interpersonal relationships and interpersonal skills, it was very interesting.

The qualities of good interpersonal skills were every interesting to learn and the role-play made it even more interesting.

I learnt a lot, thank you that [you] came to teach us.

I learnt that despair must be totally avoided if one can.

The nine types of despair were interesting.

I understood the importance of correct communication.

I liked the role plays; they were very interesting because they made things easier to understand.

I have seen why it is important to communicate; just to tell others how you feel instead of keeping quiet and expect people to know how you feel. It was quite interesting.

The reintegration process seemed to be a challenge but it is worth trying.

I just hope that the reintegration will be accepted, I hope it will work.

The whole workshop was an eye opener to me, thank you very much!

Recommendations at the end of the workshop

The programme should be expanded to other prisons because it was really good to be taught in this way.

This kind of workshop is needed in all the 14 regions of Namibia to create awareness about baby dumping and infanticide since it has become a national and social problem.

This kind of workshop should be held in all prisons in Namibia where there are women who dumped babies and / or committed infanticide.

The workshop could perhaps be televised to encourage all pregnant [women] not

to dump their babies and to inform them that there are solutions and that dumping and killing is not the only option.

It was a good workshop, we have learnt a lot and we appreciated this training a lot – we are really thankful.

Many of us who commit this atrocity are very young with no education, we will appreciate [it] if the correctional services could seriously think about establishing some kind of education system in prison because the years we are spending in prisons are so many and wasted.

6.10.4 Planned programme evaluation to support women who had dumped babies and / or committed infanticide after three months

This type of evaluation was necessary to determine the effectiveness and the impact of the programme, as well as to appreciate the level of understanding of the information formerly given during the workshop. On the other hand, none of the women who had dumped babies and / or committed infanticide were released from prison yet in order to establish whether they found the programme significant. Therefore, the participants were only evaluated on the information they had acquired during the workshop after three months. It was, therefore, also critical that the tools used for data collection were as trustworthy and effective to determine the definite effects of the programme as much as possible. Nevertheless, there was a substantial change noticed in the understanding of aspects in respect of baby dumping and infanticide by the participants in the three months after the programme

implementation in comparison with the conclusion immediately after the training had taken place.

6.10.4.1 Focus group discussions

A focus group discussion is defined as a group of interacting individuals having some common interest or characteristics brought together by a moderator who uses the group and its interaction as a way to gain information about a specific or focused issue (Marczak & Sewell, 2008). A group of nine participants were guided by a facilitator (researcher) who introduced the topic for discussion and helped the group to participate in a lively and natural discussion amongst themselves. Focus group participants were characterised by homogeneity, that is women who had dumped babies and / or committed infanticide, but with sufficient variation to allow for contrasting opinions.

Five open-ended questions were carefully planned and used during the focus group discussions and they aimed at exposing perceptions and experiences of programme participants, as well as stimulating and capturing in-depth discussions during the interview. These questions were conversational, natural and one-dimensional (they asked only one question at a time). The facilitator used probing during the focus group discussions when asking questions in order to get additional information (Ribeiro, 2008). The facilitator started the discussion with a thought provoking question about the programme implementation after opening the general discussion and before proceeding to the questions. The following questions were developed for the focus group sessions:

- What did you perceive with regard to the general factors that influence baby dumping and infanticide?
- What is your opinion about the self after you have received all that information in respect of self-awareness?
- In what way is your life different with regard to psychosocial challenges as a result of your participation in the programme?
- How do you view your interpersonal relationships and communication skills after your participation in this programme?
- What new and different things have you learnt with regard to mobilising support systems as a direct result of volunteering or participating in this programme?
- If you could change anything about the reintegration process after your participation in this programme, what would it be?

6.10.4.2 Opening the general discussions of the focus group discussion

In conducting the focus group interviews, the facilitator started the discussions by first thanking the group for attending, and then went on to explain how the participants were selected. The facilitator also gave the expected length of the interview session, i.e. only one hour. A brief explanation of the process of the discussion that helped to make all participants more relaxed and ready to participate was provided. Each individual introduced herself by first name only. This was to provide credibility to the research study and to make each participant more comfortable with the other participants in the group. The facilitator explained that a voice recorder was going to be used for clarification purposes only and that no

connection was going to be made between the comments shared and the individual participants in order to secure confidentiality. Ground rules were established, shared, and given consensus support. The ground rules included:

- Everyone will have the opportunity to speak one at a time;
- No answer is right or wrong, rather they are just differing views;
- No one is obliged to answer a certain question; and
- Please speak one at a time so that comments will not be garbled or misinterpreted.

6.10.4.3 The physical environment of the focus group discussions

It was important for the facilitator to choose or set up a physical space for the focus group interviews that was going to make the participants feel welcomed and comfortable. The environment was neutral, private, free from distractions, and easily accessible. The facilitator or interviewer created a permissive and nurturing environment that encouraged different perceptions and points of view and kept the discussions flowing and focused. The participants were arranged in a circle, and were told where the bathrooms were. It was important to consider potential distractions, such as background noise that might disturb the proceedings of the focus group discussions.

Furthermore, Burns and Grove (2009) state that the use of focus groups may assist the participants to express and clarify their views in a way that is less likely during a one-on-one interview. Focus group discussions were chosen as a feasible tool for data collection because it was going to assist with deepening the understanding of

baby dumping and infanticide, as well as gathering the information about the range of knowledge, opinions, experiences, attitudes, and principles of women who had dumped babies and / or committed infanticide (Harris, 2011).

The participants provided information related to programme implementation and the information provided had a general sense that the participants were satisfied with the programme, and they all agreed that the programme was very helpful. Only those participants who took part in the workshop were chosen for the focus group discussions. Unfortunately, the participants could not discuss the possible challenges or difficulties that they might have encountered because none of them had been released after three months. That resulted in no possible recommendations for necessary improvements, for enhancement of the effectiveness of the programme. After the discussions, the participants were thanked again for their valuable contributions and fruitful deliberations; then refreshments were served.

6.10.4.4 Findings from the focus group discussions after the programme implementation

The focus group discussions were conducted by the researcher who acted as the facilitator by asking open-ended questions. These open-ended questions were centred on the topics that were presented during the programme implementation workshop. The participants were encouraged to freely air their views, opinions, and feelings during the focus group discussions that were voice recorded with their permission (Annexure C). A colleague from the northern campus was asked to take notes in order to capture the proceedings of the focus group. Those notes had to be extensive and accurately reflect the content of the discussion, as well as any salient

observations of nonverbal behaviour; such as facial expressions, hand movements, and group dynamics. Participants were assured that there were no wrong answers and they were asked to respect other group members' points of view for the sake of allowing free participation. Probing was done carefully to allure some additional information from the participants and after the conclusion of the focus group discussion the voice recorder was re-played to the participants.

The participants listened to the data of the voice recording immediately while field notes were reviewed and read repeatedly, transcribed verbatim, and coded in order to identify themes (Barnett & Casper, 2006).

a. Views and perceptions of the participants about the activities conducted during the programme implementation workshop

The information that the participants previously had received during the implementation workshop was promptly reviewed and this made a whole lot of aspects in relation to baby dumping and infanticide markedly clearer, since some information was not well understood during the implementation workshop. The participants welcomed and appreciated the revision of information and were pleased that the information they received previously had been reinforced. They pointed out that the information would help them to further strengthen the application of the knowledge and skills that they had learnt during their psychosocial educational programme.

b. Information about enhancing knowledge and skills in relation to psychological challenges and their management

The seriousness of those heinous acts of baby dumping and infanticide were once again realised by women who had dumped babies and / or committed infanticide. The participants agreed with the numerous contributory factors of baby dumping and infanticide and emphasised the reinforcement of supportive resources after different types of support were explained.

The statements below demonstrated the understanding and depth of hurting feelings of the participants:

“I am grateful to these lessons because when I think back to what has happened during that ‘incidence’ then I can clearly see panic, ignorance, and lack of support.”

“I don’t know whether we are fortunate to find ourselves under this kind of circumstance at this point in time but I wouldn’t call it fortunate because what we have done was not laudable because we wouldn’t have heard and learnt all these things we know now.”

“These teachings are perhaps one of those experiences that I would never forget in my entire life; they changed my life, they brought back that flame of life back [sic] into me that has long been extinguished in my life through this baby I have dumped. Thank God, there is a light at the end of the tunnel.”

“This training meant a lot to me. My life has changed and I am ready [to] face challenges outside.”

It was clear that the participants had learnt and accumulated a lot of information from the training based on the kinds of comments they made. It was evident that the experiences the participants had during the training made them deeply realise their mistakes and they were ready to correct them when they were to be reintegrated into the society.

c. Information about socioeconomic challenges of women who had dumped babies and / or committed infanticide

The participants showed an understanding for the importance of self-respect and discipline and how essential it was to live a self-controlled life that shaped one's character. That information enabled them to gain a positive outlook on life and that there was always a second chance in life.

The participants appreciated the information given to them and it was evident in the statements they made about the training:

“If I had this information and knowledge before I dumped my baby, I wouldn't have done it.”

“The training was really good; now I know how to deal with life challenges and no one can bring me down again. I know now how to defend myself against those who want to abuse others.”

“We came to understand that there is value in every person and that each person possesses the potential to make a difference, no matter the circumstances; I have learnt that one should not look down upon oneself.”

“Information about self-controlled [sic] is important; it is because we don’t know ourselves that we are so vulnerable.”

d. Facilitating the interpersonal relationships and interpersonal skills

All good and successful interpersonal relationships are marked by effective communication that relieves any difficulty that may hamper relationships. In this study, women who had dumped babies and / or committed infanticide experienced one-sided relationships. The approaches to effective communication were designed to help the participants to communicate in a constructive manner during their period of reintegration. Strong interpersonal relationships suggested better support systems for women who had dumped babies and / or committed infanticide. That was done to place them in a better position of communicating with their family and members of the community.

Participants were informed that relationships lose their attraction when individuals did not express and reciprocate their feelings through good communication, therefore, healthy interaction was essential for healthy relationships (Management Study Guide, 2013). Women who had dumped babies and / or committed infanticide needed to acquire the qualities of good interpersonal skills that were necessary for building positive interpersonal relationships.

The following statements by the participants are evidence of their appreciation of the training:

“I didn’t even know to talk in order to defend myself but I am really glad for the lessons on how to overcome poor interpersonal relationships.”

“I think the best is to [sic] never to give up on oneself no matter the circumstance or the situation you are going through because all what one needs to [sic] is to be assertive and to make your point clear.”

“Losing hope is giving up on life; I am grateful that I know about the communication skills I have received through this workshop and I just need to maintain what I have received.”

“I wish many women were here to learn about what we are learning now so that they may also gain this knowledge in order to be able to protect themselves against those men who just want to verbally abuse one. Because not knowing how to talk, you will just be overpowered and be left alone with pregnancies by our boyfriends.”

e. Information about the reintegration process challenges

The participants were informed that the main aim of the reintegration process was to assist them to be successfully reintegrated into their family and community and to avoid further criminal offending. The proposed training programme was conducted with the aim of preparing the women who had dumped babies and / or committed infanticide to cope with reintegration in order to alleviate their fears. Therefore,

the researcher as the facilitator needed to boost the self-confidence of these women by altering the way they thought and / or did things. That was done through programmes and services that were provided to enhance their understanding with regard to the part they needed to play in the reintegration process.

The approaches to effective communication were designed to help them to communicate in a constructive manner during their period of reintegration. Strong interpersonal relationships suggested better support systems for women who had dumped babies and / or committed infanticide. That was done to place them in a better position of communicating with their family and members of the community.

Statements of appreciation arose from the participants:

“I am just hoping that the reintegration will be smooth and that I will be able to live happily together with my mother again because this baby dumping has really spoilt my relationship with her.”

“I am praying that I will be able to put my life together again after my release; the only thing that will help me is to get a job and have a new beginning.”

“I am just hoping that my family will be happy to have me around because many of my siblings were very judgmental towards what I have done”

“I am very excited about my release, and I wait to start [on] a new page.”

f. Information about the legal and ethical challenges

The participants were informed about the main aim of the legal and ethical frameworks. The women had to understand that even though they committed those atrocious acts that they still had the protection of the Namibian Constitution that propagated for human dignity and respect.

The educational programme was conducted with the aim of preparing these women with ethical information that enabled them to have autonomy and self-determination in decision-making. Therefore, the researcher as the facilitator needed to boost the self-confidence of these women by altering the way they thought about themselves, knowing that there was hope.

The participants expressed their appreciation:

*“I am just glad to hear that all hope is not lost with all these information
[sic] I got today.”*

*“I was in despair at first but this training came to boost me inner man
[sic] with so much hope and confidence that one day all will be well
again.”*

*“I am just grateful for the workshop and it was informative and I have
learnt a lot.”*

*“I am glad for this information, and I just hope that things will work out
well for me.”*

g. Themes arising from the focus group discussions

The researcher went through the data that arose from the focus group discussions and identified three main themes that emerged from the data. Those themes were then transcribed verbatim and they were:

- Satisfaction of learning about being self;
- Development and individuality; and
- Prospects of getting on with life.

h. Discussion of the themes

i. Satisfaction of learning about being self and how to tackle the reintegration

The women who had dumped babies and / or committed infanticide cited their satisfaction with receiving knowledge and skills about the maintenance of self-esteem and remaining psychologically strong and rooted. They especially expressed their appreciation towards the aspect of the self-esteem that one needed to have that regard of self and not allowing any person to devalue people irrespective of who they were. They were contented with the positive feelings they had about the self and believed that they would be able to work through all those negative thoughts that had been plaguing their minds. They also stated that many areas in their lives had been transformed by this educational programme.

According to the women, the educational programme that was implemented through the workshop was an eye opener and many attested that the programme helped them

to obtain knowledge and to mature into rounded adults. They believed that with the knowledge and skills they had acquired they would be able to approach the reintegration process with much confidence. They had the assurance that all would eventually work out well for them. One of the women was slightly sceptical about her release; she acknowledged that the training was a great success and that she enjoyed it but felt that she would rather remain in custody because life was cruel outside and that she enjoyed the serenity of the prison walls. She mentioned that she might perhaps change her sentiments later but as for the present, that was the state of her mind. Many women expressed they believed that the reunion with their families would be wonderful; they assumed that the information on interpersonal and communication skills they had acquired would assist them in smoothing the relationship with their families and relatives. Butressing the above, some women mentioned:

“It is not for nothing that I received all these information [sic] on interpersonal relationships and communication skills. I will have to work on my relationship with my mother and my siblings.”

“I believe all will be well as long as we are positive and accommodative towards our families.”

ii. Growth and individuality

The women were sensitised during the workshop about becoming active participants in their own lives by generating own ideas and making decisions that would influenced their lives positively. That empowerment made them aware of their

independent minds and skilled in controlling and overcoming negative emotions that, in turn, influenced their thinking and behaviour. They demonstrated individual strength and maturity while displaying qualities, such as boldness and self-respect.

During the discussion, the women showed both growth and assertiveness with regard to behaviour; feelings of timidity had disappeared. Most of them developed the skill of assertiveness that was an excellent virtue of self-development and growth because they had a good understanding of who they were and believed in the value they had as human beings. That served as the basis of self-confidence in every aspect of their lives and also assisted them to build the assurance that provided many other benefits, such as improving or mending their broken relationships with family and relatives.

During the workshop, they had been made aware of the importance of continuing to build capacity in the areas where they acquired knowledge and skills with the purpose of maintaining self-image and growth. The young women were also encouraged to carry on shaping the qualities of a moral character, since that was going to empower them and define who they were. An emotional and spiritual character was the most important principle they were expected to possess and to demonstrate inner strength that would make them different from other people. They became aware through the workshop that one needed to be sober-minded before engaging in any decision-making, since decisions made in times of despair had always been regarded as particularly dangerous to the human spirit. They also learnt that despair had a paralysing effect on people because it was a sickness of the spirit. They realised that self-determination, courage, and faith in oneself were essential components for one to make it in life. The women found the lessons about managing

despair very enlightening, since they were pivotal in enabling them to be effectively reintegrated into the society.

iii. Prospects of getting on with life

The majority of the women who had dumped babies and / or committed infanticide were convinced that they had to get on with life though their period of being released was still some couple of years ahead. Many were still young but without education. That was worrisome to them though some received functional literacy programmes that was provided by the NCS for all illiterate offenders who came into its custody within the first 12 months of commencing serving their sentences (NCS, 2013). However, prospects of continuing educational activities based on own interest by the inmates were difficult to some extent for those of them who could not afford it. These educational programmes are initiated by the prisoners themselves in Namibia owing to limited funds in the Ministry of Safety and Security (NCS, 2013).

According to Sinalumbu (2007), the majority of the educators who provide training in the NCS are also faced with multiple obstacles; such as a lack of funds, teaching and learning materials, and workshops and in-service training, as well as classrooms that are not conducive for teaching. These obstacles hindered the optimal performance of the educators. Sinalumbu (2007) is convinced that inmate learners who are confined to correctional institutions should have access to quality education.

Though many of the women who had dumped babies and / or committed infanticide felt positive after the workshop they attended, there was some scepticism in few about the future prospects of getting on with life. Some of the participants said:

“What is life without even the basic amenities but I want to believe that things will work out for me. I trust the Lord to see me through.”

“I don’t know how I am going to make it out there; time will tell when we come there.”

“I am sure I will meet good Samaritans who will have [sic] mercy on me; even if I have to do three domestic works on different days but I am determined to come out of this living hell.”

These statements were a clear indication that some of these women who had dumped babies and / or committed infanticide had a lot to deal with depending on how resilient they were to face all the challenges that might accompany reintegration. However, their positive attitude to face their ordeal and to make a success thereof was encouraging.

6.11 SUMMARY

This chapter provides an account of the implementation and evaluation of the psychosocial training programme to facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide into the society. The implementation of the programme and the evaluation at the end of the programme are discussed. The evaluation was done based on the implementation of the programme activities. The results of the evaluation pointed out that the participants found the programme meaningful and were encouraged by the knowledge and skills they had acquired through the implementation of the programme. The next chapter deals with the conclusions, limitations, and recommendations of this research project.

CHAPTER 7

CHALLENGES, CONTRIBUTIONS, RECOMMENDATIONS, AND CONCLUSIONS

7.1 INTRODUCTION

The purpose of this chapter is to assess the entire study and the results of the research objectives. The chapter also presents the findings, conclusions, challenges, contributions, and recommendations in relation to the psychosocial training programme to facilitate the reintegration into the society of incarcerated women who have dumped babies and / or committed infanticide.

7.2 THE PURPOSE AND THE OBJECTIVES OF THE STUDY

The purpose of this study was to explore and describe the experiences of women who had dumped babies and / or committed infanticide, to develop a psychosocial training programme that facilitated the reintegration into the society of incarcerated women who had dumped babies and / or committed infanticide. For the purpose of the study to materialise, in-depth individual interviews and focus group interviews were utilised as research instruments.

7.3 SUMMARY OF THE STUDY

The study objectives that are formulated in Chapter 1 are revisited to ascertain whether they have been accomplished. The study described the phases based on the objectives.

7.3.1 Phase 1 – Situational analysis

Objective 1: This objective aimed at exploring and describing the experiences of women who had dumped babies and / or committed infanticide

This objective was arrived at by attaining data from 11 women who had dumped babies and / or committed infanticide through in-depth individual interviews. The data obtained were then transcribed verbatim using an open coding method (Tech 1990). The latter was followed by authenticating study findings through a literature control. The experiences of women who had dumped babies and / or committed infanticide were quoted and the original meaning of the quotation were kept the same before the appropriate accounts from the literature.

It emerged from the findings that women who had dumped babies and / or committed infanticide experienced denial and rejection by their families, male partners (boyfriends), and the community general. These psychological afflictions led to numerous ill emotions and feelings that gave rise to fear, anger, evil thoughts, and feelings of despair; in the end, those emotions and feelings led to baby dumping and / or infanticide. Many of those women felt betrayed and disillusioned by the men who impregnated them, since they never expected such things to happen, and many decided to dump their babies and / or committing infanticide to take revenge against the men who had caused them the pain. Some of them had dumped their babies and / or committed infanticide simply as a result of the fear to take sole responsibility for the care of the baby without the support of the father and the family.

There were socioeconomic factors that also contributed to baby dumping and / or infanticide; such as alcohol and drug abuse, multiple sexual partners or promiscuity, poverty, as well as HIV and AIDS. The findings revealed that some of those socioeconomic factors resulted from the irresponsible behaviour of women who drank alcohol and got involved in illicit sex. They also experienced fear to be reintegrated into the family and community or society after being released from prison due to their fear of stigmatisation. Some women did not know how they would be received by their families and society, since imprisonment created an interpersonal relationship gap between them and their loved ones. The majority of women felt that there was a need for reintegration policies / guidelines to facilitate the support by family members, male partners, the community, and government. They felt that those the people had to support them during their difficult times.

It also emerged that women who had dumped babies and / or committed infanticide felt that there was a need to expedite the establishment of foster homes, orphanages, and adoption to allow placing the babies in a safe place instead of dumping or killing them. On the other hand, the women who had dumped babies and / or committed infanticide cherished the notion of being successfully reintegrated without fear into the family and society.

7.3.2 Phase 2 – Conceptual framework

Objective 2: The second objective aimed at developing a conceptual framework that would facilitate the development of the psychosocial training programme

This objective was realized through the data obtained during Phase I of the study. The conceptual framework was formulated in accordance with the reasoning map that was based on the survey list outlined by Dickoff *et al.* (1968). The Dickoff *et al.* 's (1968) survey list consisted of the agent, recipient, context, procedure, dynamic, and terminus. The conceptual framework formed the basis of the development of the training programme for women who had dumped babies and / or committed infanticide. Dickoff *et al.* (1968) states that a conceptual framework has the ultimate purpose of creating situations in order to attain the desired, preferred end result.

7.3.3 Phase 3 – Development of the educational programme

Objective 3: The development of the psychosocial training programme

The programme was successfully developed based on the research findings. The concepts in the survey list of Dickoff *et al.* (1968) served as the basis for the training programme and created the possibility of developing a training programme for women who had dumped babies and / or committed infanticide. The training programme was intended to train women who had dumped babies and / or committed infanticide about issues concerning interpersonal relationships and building their

decision making skills and life choices, thus improving their self-esteem and building confidence that would assist them with becoming more positive about themselves, including their ability to communicate. In other words, the purpose of the training programme was to assist and support women who had dumped babies and / or committed infanticide and to enable them to be successfully reintegrated into society.

7.3.4 Phase 4 – Implementation and evaluation of the programme

Objective 4: The implementation and evaluation of the programme
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The programme was implemented during a three day workshop utilising the experiential approach and selecting appropriate methods for the implementation of the training programme. Programme evaluations were done at the end of the workshop sessions. Those evaluations included an evaluation at the end of the day's activities, as well as at the end of the workshop. A final evaluation was conducted three months after the implementation of the programme on the basis of a once-off focus group discussion. This focus group discussion was held with participants who attended the workshop to verify how they had internalised the information they received during the three-day workshop. None of the women who had underwent the training were released at the time of the focus group discussion; they were not yet exposed to the aftercare programme / community intervention programme. Nevertheless, during the evaluation by the women who had dumped babies and / or committed infanticide, it emerged that they were positive, and were satisfied with learning about being self and how to tackle the reintegration process. They

demonstrated individual strength and maturity while displaying qualities, such as boldness and self-respect due to the growth and the sense of individuality they had experienced. Furthermore, the prospect of getting on with life was something to look forward to for many women but some of them remained somewhat sceptical about the reintegration process.

7.4 LIMITATIONS

As stated by LoBiondo-Wood and Haber (2010), research studies often encompass limitations / challenges or weaknesses that may be controllable. The women who had dumped babies and / or committed infanticide were not so keen to share and to describe their experiences with the researcher. This could be ascribed to the nature of the atrocious crime they had committed; some of them seemed too shy while some of the others were too uncertain and alarmed. Notwithstanding the assurance of anonymity and confidentiality, there was some ambiguity about the sharing of their experiences. Therefore, these interviews were very profound, since some of the participants were becoming openly emotional while they were recollecting the incidents that had led to dumping of the babies and infanticide. Those kinds of episodes made the interviews somewhat challenging for the researcher and prolonged some of the interview sessions to allow the participants sufficient time to compose themselves.

There were challenges, e.g. all participants were of the same ethnic group except for one, the sample was small and data collection was done in the Oshana Region only. The qualitative nature of the study design in conjunction with a small sample size limited the generalisability of the study to all women in all the regions of Namibia

who had dumped babies and / or committed infanticide. Another challenge the researcher experienced was the translation into English of the data that had been collected in the Oshiwambo language, one of the ethnic languages in Namibia. That might have occasioned misrepresentation of original meanings of some of the participants' responses.

7.5 CONTRIBUTION OF THE STUDY TO THE BODY OF KNOWLEDGE IN NURSING SCIENCE

According to the researcher, the study is unique in the sense that it provided information about extraordinary experiences of women who had dumped and / or committed infanticide. The study developed a training programme to the field of nursing as a unique contribution as well to the field of rehabilitation for correctional services. The experiences of women who dumped babies and / or committed infanticide contributed to the development of a conceptual framework using a reasoning map based on the survey list described by Dickoff *et al.* (1968). By using the survey list that contained the agent, recipient, context, dynamics, procedure, and terminus the researcher discovered the experiences of women who had dumped and / or committed infanticide. The collected data revealed new matters relevant to women who had dumped babies and / or committed infanticide. The data was collected during in-depth, unstructured individual interviews; therefore, bringing to the fore a new body of knowledge about women who had dumped babies and / or committed infanticide. The findings of this study were based on the themes after the data was analysed and the results interpreted. This study also accomplished its basic objective

by developing, implementing, and evaluating the psychosocial training programme for successful reintegration of the inmates into the society.

7.6 RECOMMENDATIONS OF THE STUDY

According to LoBiondo-Wood & Haber (2010), recommendations provide the consumers with a researcher's suggestions about the application of a study in practice, theory, future research, and furnish them with a final perspective on the use or helpfulness of a study. Various recommendations arose from this research study for the Namibian Correctional Services in the Ministry of Safety and Security, as well for further research to be embarked by the researcher herself at a later stage.

7.6.1 Recommendations to the Namibian Correctional Services

With regard to education and vocational training of women who had dumped babies and / or committed infanticide, the researcher is of the opinion that the NCS should strengthen its existing training and education system in prison in order to properly rehabilitate the women who have dumped babies and / or committed infanticide before they are released. This might be impossible at present due to acute shortage of staff in the NCS that lacks over 60 per cent of the staff complement it needs to run its correctional facilities as a result of the shortage of funds (Uukongo, 2015). The main objective of the NCS is to rehabilitate offenders, and the key is to have competent staff to achieve this objective. Therefore, it is recommended that the Ministry of Safety Security invests more in staff training and development in order to effectively impact the education and the training in the prison system. Another recommendation suggests the upgrading of the knowledge of the correctional officers to keep themselves abreast of all correctional educational programmes. These recommendations might decrease recidivism of women who have dumped babies and / or committed infanticide after they are released to be reintegrated into the society.

The researcher is also aware that the Oluno Correctional Facility where this study was conducted currently services Oshana, Omusati, Oshana, and Oshikoto and to some extent Kavango West, Kavango East, and the Zambezi Regions. There is a need for proper provision of staff and budget for the Namibian Correctional Services to run its business effectively otherwise this could hamper the operations of this particular correctional intervention.

7.6.2 Recommendations for further research

It is recommended that the focus of future research should be:

- To explore the experiences of how men need to be encouraged to help address the problem of baby dumping and infanticide;
- To explore the experiences of fathers who deny taking the responsibility of fatherhood and which punitive measures should be in place to address such problems; and
- Additional future analyses to examine reintegration success in broader terms by using longitudinal mixed methods approaches.

7.6.3 Recommendations for the recognition of the educational programme

Gruesome scenes of infants being dumped in rivers, dustbins, and dumpsites have become regular occurrences in Namibia, therefore, there is a need for this kind of training programme for women who have dumped babies and / or committed infanticide. This is a psychosocial educational programme that enables women to know who they are and to understand what despair is that leads to helplessness and hopelessness and how to deal with it. Therefore, it is recommended that all

correctional facilities in all the regions under the auspices of the Ministry of Safety and Security should implement this training programme for women who have dumped babies and / or committed infanticide. It is also recommended that the Ministry of Safety and Security should be engaged in partnership with non-governmental organisations, ministries, and all those interested parties who desire to curb the menace of baby dumping and infanticide in Namibia. Baby dumping and infanticide have become a public health problem and it is about time that interventions are implemented to decrease this phenomenon

7.7 ADDITIONAL RECOMMENDATIONS

The government of Namibia is facing an enormous problem with baby dumping and infanticide (LAC, 2010) and this should necessitate the government to seek or identify alternative measures to save the babies by augmenting the current policies with adoption and foster home options. It is clear that there are a number of factors that are causing women to take the desperate step of dumping their babies. One contributing factor is that many people are unaware of their options when they fall pregnant and do not want the baby (LAC, 2010). Therefore, other recommendations with regard to the options should include:

- ‘Baby boxes’ known as baby hatches or angel’s cradles where the babies can be safely deposited. These facilities are seen in countries like South Africa (Cape Town), South Korea, Malaysia, China, Indianapolis, and England.
- Babies can be left in safe places like hospitals, police stations, fire stations, and churches under legislation that would help some mothers give up their children safely and anonymously.

- More and clear information about alternatives to baby dumping; such as foster care, adoption, and institutional care. Bill boards should publish information nationwide about alternatives to baby dumping and infanticide; and
- Paternity tests to be made more available at a lower cost for the mother and the man who is alleged to be the father of the child. While these tests are extremely accurate, they are still far too expensive. Strong punitive actions can then be taken against the culprits who deny paternity.

7.8 CONCLUSIONS OF THIS STUDY

The purpose of the study was achieved through the development and implementation of the educational programme. The study was evaluated in terms of the purpose and objectives in order to determine whether the desired goals had been achieved. The study was conducted in four phases which were clearly discussed. It also made suggestions to the Namibian Correctional Services and other recommendations for further research. Furthermore, this chapter describes the validation of the study as contributing to the body of knowledge in nursing science. The study also experienced some limitations that are discussed. It is realised through this study that the young women who commit the heinous crimes of baby dumping and infanticide are often immature and inexperienced leading to situations that force them to make decisions that are often not the best ones. The general insight gained also includes the realisation that most of these young women commit these crimes on the spur of the moment and the root causes are well-known. Such factors or reasons include tradition, since some young women fear rejection by their communities or family if they are found to have had a baby outside marriage. The economic state of the young

mothers also contributes to baby dumping cases because they are not able to raise a baby on their own.

Nonetheless, women who had dumped babies and / or committed infanticide participated in the educational programme that provided them with a good understanding of the general insights into the aspects of baby dumping and infanticide. The training programme cultivated within them the importance and preservation of life and also helped them to develop good interpersonal relationships and communication skills that was pivotal to receiving the necessary care and support from their families or relatives and the society in general.

These women who had dumped babies and / or committed infanticide had to be released from custody to be reintegrated into the society; the study showed that they feared the reintegration process. A continuum of education and learning informed by good practice were prerequisites to successful reintegration. Education of women who have dumped babies and / or committed infanticide and learning is advocated for this paradigm shift and is viewed as the core of reintegration. Therefore, self-confidence in these women had to be strengthened in order to secure the successful reintegration through the psychosocial training programme. The lesson about self-awareness was very much appreciated because it taught these women the aspect of self-esteem; that one should feel happy about one's character and abilities. They valued the fact that with self-esteem, a respect for or favourable appreciation, and opinion of oneself were enhanced. The latter was necessary since the feelings of hopelessness and helplessness that had led to despair due the circumstances they

went through were destructive and self-demoting; therefore, they needed this upliftment to boost their confidence.

In conclusion, the study revealed that the women who had dumped babies and / or committed infanticide needed to be empowered with the necessary knowledge, skills, attitudes, and values to enable them to be effectively reintegrated into the society. Furthermore, through this empowerment it was found that they could become active participants in their own lives by generating own ideas and making decisions that influenced their lives positively. The researcher is of the opinion that cognisance should be taken that the situations of women who have dumped babies and / or committed infanticide are exceptionally challenging: Some are extremely young and vulnerable, they are alone, frightened and without support, since they do not know what to do; therefore, support of family and relatives, as well boyfriends is of utmost importance. Many of these young women never had babies before and taking responsibility for the care of a baby on one's own is a scary thing, therefore, support from good Samaritans, non-governmental organisations, government, and ministries can never be overemphasised. However, appropriate assistance and guidance to successfully reintegrate these women is the key for giving them a better opportunity to re-start their lives, to develop themselves without being an annoyance to other people in terms of dependence, and to find alternative ways of earning livelihood.

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ANNEXURE A: INDIVIDUAL INTERVIEW

Interviewer: Good morning, once again my name is Ndemupavali Sumpi. We met already yesterday where I explain everything to you about the appointment this morning. Here I am now to interview you, hope everything is still fine?

Interviewee: Yes, everything is still fine, we go ahead.

Interviewer: You are in prison for having dumped your baby. I need to hear as to what lead [you] to do such a thing. Was there any reason or challenge that caused you to dump your baby? Now, I want you to relax and to feel free to tell me what happened.

Interviewee: Sometimes, one may become pregnant then you tell your boyfriend about the pregnancy. Then he just starts behaving funny and starts treating bad. You ask him for something and then it becomes as just war. He does not want help you with anything and now one start wondering what is going on.

Interviewee: Mmmh (silence) hmmm...

Interviewer: I am listening, please go ahead.

Interviewee: Things continue to be like that for quite some time. I was becoming worried; at times, I would cry. When I phone him, he will not pick my calls or he picks my call then he will be very abrupt. He just made me to feel terribly bad.

Interviewer: So what happened?

Interviewee: I was so disturbed because it was time to start with antenatal care visits and I didn't have money to go there. In the meantime, my clothes started to be small, and to make matters, I was not working. I didn't have money not even to buy bathing soap or body lotion; he was not just helping me with anything.

Interviewer: What did he do or what was he saying when you approach him for help?

Interviewee: He didn't have time to talk to me at all, talk less of listening to me. He didn't just have that time at all at all to talk to me or wanting anything to do with me. I was so surprised by this sudden change.

Interviewer: Did you try perhaps to solicit help from somewhere like your parents?

Interviewee: It was as if the world has turned against me. My parents were so detached, they too were saying that they have problems of their own, and they would just say I should get whatever I need from my boyfriend. All these made me feel so bad.

Interviewer: Mmm, what else, tell me more?

Interviewee: I saw how my parents were isolating me, they parent didn't want anything to do with me. The people are in the house together with you but they have nothing to do with you, they are not talking you. You don't know where to go; you don't just have a clue what to do.

Interviewer: What were the parents exactly doing to you and was their attitude always like that towards you?

Interviewee: They were saying bad words to me; I could not do anything because I was in their house. They were saying that I am contributing to nothing to the household; I noticed the change in them just after I told them that I was pregnant.

Interviewer: You said they were saying bad things to you, what were they saying, for instance?

Interviewee: They would say for instance, you with that pregnancy of yours, you don't contribute to anything in this house even the person who has impregnated you doesn't help you with anything.

Interviewer: Okay, what else, tell me more?

Interviewee: I was just feeling bad and I felt frightened and the same time I was angry against this guy because I realised that in a way that he was sort of trying denying the pregnancy.

Interviewer: Why do you think that he was trying to denying the pregnancy?

Interviewee: Because one day I went again at his house and out of the blue he just said, "how do I know that the pregnancy is mine, we have just met, it scarcely three months and you are telling me that you are pregnant?"

Interviewer: Hmmm...

Interviewee: Hmmm, silence and then tears.

Interviewee: I was so shocked. I felt like fighting him but I knew that would not solve matters. It was then that thoughts started coming into my mind concerning many things. I was thinking about the way I was suffering and I was saying to myself that even if I have to get this baby I would not know what I would dress it with. I was thinking what I should do with this pregnancy.

Interviewer: Was it your first baby?

Interviewee: No, I have other children, I have six children; this one was the last born.

Interviewee: Three of the children were staying with us together with my parents and three were taken by their father.

Interviewee: I knew that I made a mistake by becoming pregnant because my parents were already complaining about the three children and that's why mother saying that she has three mouths she is feeding and now I am bringing another one.

Interviewer: Mmmhu, mmmhu, Aa ee, did you try to go to the guy's parents?

Interviewee: Yes, I went to his parents and they promised to speak to him but it didn't help because he did change at all. His parents spoke to him many times, in fact many times but to no avail.

Interviewer: Tell more, what happened afterwards?

Interviewee: Silence, mmm...

Interviewee: I carried the pregnancy to full term, then I got the baby I threw it away afterwards.”

Interviewer: When was that?

Interviewee: It was in 2010.

Interviewer: Tell me more.

Interviewee: In fact, I didn’t really want to throw away the baby. I just went to put her there with an idea that somebody might see her and pick her up. Because if I wanted to kill her I would have done it before I gave birth.

Interviewee: I wanted to become even with my boyfriend, I wanted to do something that will hurt him because if he would ask me where the baby was then I would just say I don’t know.

Interviewer: You have gone through such an ordeal, how do think can women who are outside be helped who might find themselves in the same or similar situation to prevent them from throwing away their children.

Interviewee: The first I would like to see is that these men who are treating women like dirt to be dealt with by the government. The government should really do something about this matter.

Interviewer: What do you mean when you say that the government should do something?

Interviewee: I think some decisions should be taken regarding these men. The reason why most of these girls are here in prison is because of a man who denied pregnancy. Some agreed with the girls that they should get rid of the pregnancy and now it is only the girls that are nailed down. They need to be incarcerated as well.

Interviewer: What do you suggest the government should do?

Interviewee: The government should come up with a law or something to bring these guys to book. The same way we were incarcerated the very same thing should happen to them. They have to be apprehended. This person is the cause of the trouble I am in, and now I am the only who is left in this. You are imprisoned while the other person enjoys peace at their homes.

Interviewee: One is now in prison but this is not what I really wanted. There is no person who will fall pregnant and then just decide that I will throw away the baby when I get it. It is the anger that gets hold of you and blinds you so that you are not able to see what you are doing. It is just that anger, and when one comes back to your senses than you have already done it.

Interviewer: Ooh mmm, does it mean you were angry when you throw away the baby?

Interviewee: I must admit that I was very upset and angry.

Interviewer: Did you approach anyone and said “I am very angry at what this thing this guy is doing to me?”

Interviewee: Yes, I went back again to his mother about two times, and she spoke to him and he seemed to have change a bit. From there he started again then I said this doesn’t just help.”

Interviewer: Okay, what else do you think can be done?

Interviewee: The government can perhaps help people with money to start their own businesses. The thing is that people just think one doesn’t want to work but this is not true. Everyone wants to work so that they take care of themselves and their children but there is no work.

Interviewer: Tell me more, I am listening.

Interviewee: I know that prison is not a good place to stay but I would prefer to stay here because in prison one feels so safe, no one can hurt you. I feel so scared when I think of being release one day.

Interviewer: Okay, hmmm? What will happen to your children if you want to stay in prison because you are scared to be released one day?

Interviewee: I feel that no one cares. My parents, who are supposed to care, were saying when I was apprehended that I should be locked up then I might perhaps stop to give birth just like that. How can my own parents [do] such a thing?

Interviewee: My parents can take of the children; they are their grandchildren by the way. I am just thinking whether things can ever be the same again between me and my parents.

Interviewer: What do you think can be done to restore your relationship with the parents?

Interviewee: I don't know; I really don't know. But I think that parents need to be spoken to. I don't know who can talk to them because the way my parents treated me was as if I was not their daughter. Perhaps I will forgive them one day but as from now I just feel that the prisons is the place where I want to be, from anyone I know.

Interviewer: So, what else do you say should be done to stop baby dumping and infanticide?

Interviewee: The government should perhaps build houses for women who are rejected or neglected either by their parents or male partners. I heard you saying yesterday that the problem of baby dumping and infanticide has become so big in Namibia. I think this will really help alleviating this problem.

Interviewer: Tell me how the government should go about this?

Interviewee: These houses should be built in every region and should be well just well controlled for people not to take advantage of them. These women can be accommodated there until they become strong after delivery or until the child becomes more or less 6 months old. In the

meantime, the government can provide them with money to start their own businesses. I think this might help quite a lot.

Interviewer: Do you see the government going to assist the people the way you are talking?

Interviewee: Silent for some minutes. This is just way I thought the government could assist because the government should try to assist the people, mmmmh! They have to see how they assist the nation. They have to do it and see how far they will come with that assistance.

Interviewer: What else do you think should be done?

Interviewee: I think I have said what I had in mind to tell you.

Interviewer: Is there anything that is coming to your mind regarding baby dumping?

Interviewee: I just want to say that all women throw away babies or kill them because they want to, this thing is done out of desperation. You without any means of survival, you don't have work and people around you are so indifferent, what can one do?

Interviewer: Okay, is there still something you want to say or add?

Interviewee: Silent, and say nothing.

**ANNEXURE B: FOCUS GROUP DISCUSSION WITH THE
CORRECTIONAL OFFICERS**

Facilitator: Good morning, my name is Ndempavali Sumpi; once again I welcome you to the focus group discussion. I have already explained to you yesterday all the aspects regarding this interview, and I [am] thankful that [you] honour your word to be here and without further ado I think we need to start. Please feel free to participate, remember there is no wrong that all opinions and views of every one of you are very important. Thank you.

Facilitator: I just want to know as to what should be done to reintegrate the women who dumped babies and/or committed infanticide in the society; can somebody tell me what the preparation for the prelease phase should entail in order to make reintegration possible?

Respondent 1: In our the Namibian Correctional Service, we are only having two rehabilitation programmes, the rehabilitative philosophy of unit management and the other is called living and thinking skills, where every offender that comes in jail is rehabilitated on. These two programmes are a bit general and they are behavioural based and concentrate on living skills as to how to live with others in harmony. Then we have one that targets drug abuse. So there is no programme that targets baby dumpers at the moment. Now knowing that baby dumping and infanticide is very rife in Namibia perhaps it is essential to have one that is just tailor made for this class of offenders.

Facilitator: As we have heard there are no programmes or services targeting baby dumping and/or infanticide. Can we perhaps think what can be done in the pre-release level to prepare in particular these women who have done babies and/or committed infanticide?

Respondent 1: As correctional officers we have the mandate of rehabilitating offenders. The most crucial thing that should be done is that we should deliver risk need responsiveness based programmes to them. This means that we should analyse the risks and not allow them to go out without these programmes. We look at what they need to be rehabilitated on so that we can make tailor-made programmes for them. Most of the programmes as literature indicate are mostly programmes that are cognitive behavioural based, that is, the way they think because what makes them to come in prison is because they are having a distortion in their thinking that make them to commit baby dumping and infanticide. Their reasoning should be somehow altered while they are in prison.

Facilitator: Can you please tell more as to how should the reasoning ability of the prisoners should be altered?

Respondent 1: We should have special designed programmes for each and every one according to their risk and needs because not all of them have the same needs. For example, one of them would say I have committed this crime because I only have grade 10 and I cannot secure a job to feed my baby if I happen to have it, the other may say that they had sex in a

spare of the moment while under the influence of alcohol that's why I committed baby dumping and/or infanticide, so their needs and risks won't be the same. So those who have grades to get educated up to grade 12 level and beyond can be educated so that may increase their chances of securing a job when they are released. The other might need only education on alcohol. These are the thoughts they had and they have taken decision according to what they were thinking.

Responded 2: The other thing which I can add is that we would need officers who are directly dealing with these offenders. These officers will need to carry out these educational programmes and they need to be educated themselves because if they don't have the knowledge of these programmes they might find it difficult to impact the programmes and to give the necessary services or education these women might need. They also need to be role models to these women by knowing what needs to be done. People like psychologists will need to be brought on board because they will be in better position to talk to the women because of the knowledge they have about fears. They have knowledge about how to handle rejection and stigmatisation. I think, people with knowledge should be running the programmes.

Facilitator: Ummm, okay. What else can you tell me?

Respondent 4: I just want to add to what my colleague has said, I think one of the most crucial things of the treatment programmes we are talking about here is that they should be offered by qualified persons as mentioned.

The way the offenders respond to the treatment programme is quite essential, we might have the same need for a specific programme but our response to the same programme might not be the same. Some are fast learners and others are slow learners, others don't grasp things the way you want. Once their responses are identified then we can place them according to their level of understanding in the programmes and mode of teaching is also selected at the same time.

Respondent 3: I also want to add about the programmes that care should be taken that these ladies are not stigmatised again by those who are conducting the programmes. These ladies should not be looked at as baby dumpers so there should be broad education for those who are going to run the programmes. An environment of support should be created for these ladies to put them at ease so that they can participate freely in these programmes.

Respondent 2: To add on that one, I think these programmes should not end with these women but they should be extended to the family as well as the community so that they are brought on par with what is happening in the prison to their daughters. I think if it done this way then will facilitate the acceptance by the family.

Respondent 2: I also think that the family and community can also be prepared through television and radios about how they should behave toward the offenders even before their release. Some correctional officers can go to the television or to the radio and others can be allocated to

certain families to educate them as to how they should behave towards the offenders, they should be made aware that all people make mistakes and need forgiveness and acceptance back into the community.

Facilitator: Can we have more responses on these programmes; tell me more about what is coming to your mind which you think might be suitable for these women?

Respondent 2: Some programmes might be on preservation and importance of life. Because these are women who dumped babies and some killed their babies so the importance of life should be emphasised. When these ladies are released one day they would go out with the mind that what they did was wrong.

Facilitator: Ummm, other programmes we have in mind?

Respondent 5: Counselling services can be offered like by social workers here in the correctional services. These women have gone through a lot of things in their lives; they would need perhaps services of pastors for them to get that inner peace and self-forgiveness for those who feel so guilty for what they done.

Respondent 3: Just to add on what my colleagues have said, I think another important programme that is needed is Bible study. We need to have Bible Study for inmates to learn about life and also to learn about the fear of the Creator. This programme is already in the correctional facility the

only thing is that the inmates must be fully involved in it. To want to be rehabilitated must come from these women because rehabilitation is not forced upon them, the programme is there and they only need to be fully involved. I believe that if they are fully involved then there will be a change upon their release.

Respondent 1: One of the rehabilitation principles is also imparting skills such as vocational training. Now while the people are still in prison it is important that we cooperate with the outside institutions so that after they have qualified here in custody then after their release they can be directly absorbed in some employment outside without labelling them, without stigmatisation and without looking at their previous conviction record

Respondent 2: It is true because we are saying in the correctional facility people should not come in and lie down without doing anything. People should be encouraged to do something in order to release their stress and to be involved with all activities in prison and these should be according to their preference. Activities such as sport and recreation can be good for spiritual upliftment and relieving of stress.

Facilitator: You mentioned stress, is there anything they do here in custody to release stress? Anyone who wants to add something about stress?

Respondent 1: There are some people who are coming from outside to deliver some short health talks on stress. But I think it is important to have lessons

on stress management and coping strategies because at times one really one sees that people are stressed and something must be done. I think lessons that are having a practical component attached to them might be of great use to these women.

Respondent 3: Another important thing is to have counselling sessions as has been mentioned before. To me this counselling should be done for these women with their families so that upon release the baby dumping and infanticide should be something of the past, it should not be an issue again. Counselling with her family will bring healing to these women since they feel rejected by family. It is also important that the family should be involved with the pre-release preparation programmes together with the inmate for that can even improve the relationship between the inmate and her family.

Facilitator: Ummm, who can add more?

Respondent 4: I think the correctional services should appoint more social workers because I just don't see how a correctional service can be without social workers. There is a need for such social workers on the premises to do counselling and to carry out some of these programmes we are talking about. Our heads should make such a motivation to the ministry for Oluno Correctional Facility to get one or two social workers. These baby dumping and infanticide might be one of those new programmes that the correctional services should take on. So if it

such a programme is started then the personnel will already be there to fill the vacancy.

Facilitator: What else, can somebody add more?

Respondent 6: I think also of programmes such as management of financial matters, just to give skills especially those who would like to start their own businesses after their release from custody. Some of these women might also not have a place to stay or anything to start her live with, so I believe that these aspects of general care should be awarded a programme where such issues are discussed. Otherwise, we should expect them here in custody not necessarily with baby dumping but perhaps with another crime.

Facilitator: Thank you, anything else, anyone wants to add, silence? We have spoken broadly about the pre-preparatory phase. I told you about the reintegration phase in my introduction so what do you should be entailed in the reintegration phase?

Respondent 1: As general saying goes that if you spend 80% in planning then the implementation and the after care can only each take 10%. In the reintegration phase, we should have something like checklist to make sure that all the essential elements or programmes we had in mind are catered for. For example, does the offender have a stable place to stay when she will be reintegrated and then it is ticked off. The family was

informed about the programmes that the offender underwent and is the community also informed about the release of the offender, etc.

Respondent 5: Others things that can be in the checklist will be such as “did we make any effort to secure a job for this person taking into consideration the skills they have obtained while in custody. Those are some of the essential elements that should be considered when setting up a checklist.

Respondent 4: I think there should also be a statute that people who bring up the labelling and stigmatisation thing should be dealt with by the court of law. This is the only way the public will stop and refrain from such attitudes and behaviours. The legal remedies will help to protect offenders.

Respondent 2: may be as we preparing that person for reintegration, we should perhaps involve the boyfriend in the programme if their relationship is still on. As my colleague was saying that there should be a law to stand in for these women when it comes to labelling and stigmatisation, I was thinking that there should be a law that should compel both parties to be involved in the programme. If the people were perhaps involved and things went sour between them and everyone chose to go his or her own way and the lady later go and dump the baby or commit infanticide, then the man should be brought in because he too contributed to whole dilemma because if they could

understand one another then the dumping or the infanticide would not have taken place.

Facilitator: Uuum, okay, who wants to add?

Respondent 3: There should be a law that deals with this kind of matters if men denied paternity within the reintegration phase. They law needs to bring these guys to book because I believe that in that way we are going to see an end to this baby dumping to a certain extent. The problem is that we don't have law in place, men go scot free and there is nothing to hold them responsible for what they done. The woman suffers alone and the man goes again and impregnates other women and nothing is done to men.

Respondent 4: The other problem with baby dumping is that the lady might implicate the man that he is responsible for the pregnancy while it is not true. So, I am suggesting that the government should make DNA test more accessible to determine paternity test so that men should not just be abused and given children who are not theirs.

Respondent 1: I was also thinking that these programmes that are offered in custody should also be entailed within the reintegration phase just to make a kind of a continuation of such programmes like for example the counselling we have spoken about. I think the women will still need counselling. These programmes should be accessible to the offenders after they have left custody.

Facilitator: Okay, what else?

Respondent 3: The other thing is that we should also look at the life style these women had and to put programmes in place to address those kinds of life style. Others they will find themselves time and again in prison. There should be programmes or services for transforming behaviour so that these ladies should not repeat those undesirable behaviours and find themselves in custody again, this is called recidivism.

Facilitator: Can you please elaborate a bit on recidivism and what it entails?

Respondent 3: recidivism means going back to a previous criminal behaviour; these programmes should have components of attitude transformation of the offender for him/her not to come back to prison again.

Facilitator: I see, thank you, can we have more input please?

Respondent 4: The other thing is that these women have been in jail all the time so they need sexual counselling and education so that they cannot go wild again and find themselves in the same problems. So, their state of mind is not so as normal as of the other ladies who have been outside so counselling would be an essential element to be considered. In fact, counselling should be from the pre-release phase, the reintegration and even the post-release as was mentioned before. These women are vulnerable and can be easily manipulated to do anything as far as sex is concerned because they have been deprived of sex for a long time.

Facilitator: Ummm, wonderful. Who wants to add?

Respondent 1: I believe that the male partners must be involved and the concept of restorative justice has to be brought in. By restorative justice I mean that people were involved in a relationship that went sour ending up in the lady dumping the baby, there is hatred between the girlfriend and the boyfriend. While the person is still in custody before reintegration into the society, the two parties have to come together and reconcile. This could be just a mere sorry and acknowledgement of the wrong that has occurred; this is very much important and will bring healing between the two parties. Who knows that they will afterwards restart the relationship again? We want people who are also responsible.

Respondent 6: As my colleagues have said, promiscuity might continue after imprisonment from the lady's side because she lost all her livelihood so re-education as far as social life is concerned might be needed. I believe a programme of this nature will help tremendously these ladies.

Facilitator: Is there anything anyone wants to add? Silence. Okay, we have spoken about the about the reintegration phase and now we have to talk about the post-release phase. What should be done for women who dumped babies and/or committed infanticide in the post-release phase?

Respondent 1: I can only speak on behalf of the correctional services; they say any programme is only as good as its practicability. We say we want to give the prisoners all these programmes, we are saying when they are released all these programmes should effected and be effective if possible. So any part of programmes or anything we offer should have a post-release programme that should be offered so that we can say that this person has been educated thus far. Now when she is released we able are to say this is how far we have helped her with to be a law abiding citizen. For example, I remember what one of my lecturers used to say. He said, if you have a company that bakes cakes, the cakes you bake until they go out they are nothing to the community because you have to hear from the community how your cakes taste. So we must listen to the community and hear what they are saying about our programmes. So, when we are talking about post-release, we are ourselves must make sure that we go visit and do follow-up to see how ex-offenders are doing.

Respondent 1: In our department, I know that the only people we go and visit, are those that are out of prison on parole because they are still attached to prison. Normally they are attached to someone who comes and sign them out but still have the responsibility to see how well they are coping in the community the same thing should be done when we have programmes for ex-offenders of baby dumping and infanticide.

We must take our services closer to the people so that when they are experiencing problems they can still come back to us.

Facilitator: Could you please shed more light on those services?

Respondent 1: I am talking about community based programmes which should be linked to the correctional services. It is important to have community based programmes for ex-offenders that are linked to the correctional services.

Facilitator: Okay, what else?

Respondent 2: I just want to add to what my colleague is saying. It doesn't make any sense that you have instituted a programme but you don't go and see whether the programme is working or not. There should be a follow-up system within the correctional services to assess how the ex-offenders are doing in their family or respective communities. If the correctional officers cannot do the follow, then these people should then be attached to the social worker within the community to do that follow-up.

Facilitator: Can you please elaborate more about the social workers in the community that should be linked to the correctional services? Will please shed more light on that?

Respondent 2: It is very important to have social workers working in close relationship with the family and the community, and these should be linked up to the correctional services. Otherwise we will have people

who will continue with the crimes they have been apprehended with before. These women will think that there is no one looking to see what I am doing so I can continue with my “whatever”. These ex-offenders need to be followed up by the social workers until they are sure that good habits and behaviour have been established in them. They will know that I am being watched or observed, and I need to be responsible, and I believe that they will not go back to their old life styles.

Respondent 4: Just to add, there should be continuous education of ex-offenders within the community and when they experienced challenges in the day-to-day life or activities then they will know that there are people whom they can go to.

Also, a suggestion should be made to the government to appoint more social workers to man these posts in the future in the community. Just as I have mentioned earlier in the preparation phase that the correctional services should also appoint two or more social workers to do these work with the women.

Facilitator: Is there still something any person wants to add?

Respondent 4: I was also thinking of aaah, it is only that our beliefs differ. I was thinking of the involvement of the churches. It will be good if there can be a working relationship between the correctional services and the church so that when women are discharge from prison, the social

worker or any other officers appointed for this task will now make an appointment with the church to introduce these women or ex-offenders to their respective churches. The church can play an important role of establishing these people in their faith and help them to become strong spiritually.

Facilitator: Can you shed more light on how the church can cater for these ex-offenders? What vital role can the church really play?

Respondent 4: I think the one role that the church can play is of home-visits to see how these women are doing after they have been introduced to the church. It is vital that the church should have a programme of home-visits.

Facilitator: Okay, what else?

Respondent 6: The church and the correctional services have the same role of rehabilitation. The difference is that the church does it from spiritual point of view. The person can be inspiration to others by testifying in church, how she was prior to imprisonment, the transformation that the person has undergone while in prison. May be the person can highlight the circumstances of imprisonment so that others can stop from following such behaviours. May be church can send this person from church to church to give her testimony, encouraging young ladies to refrain from such activities. This will boost the person's confidence not only encouraging other but she too will be encouraged.

By going around telling people who she was and what she has become now, will force her to live responsibly and to live by her word.

Facilitator 5: Ummm... wonderful. What else?

Respondent 3: Just to add to what my colleagues have said, I believe that targeting schools is also important. Most of the baby dumpers are of school going age and our society doesn't want to talk about sexual matters openly but if these girls can be encouraged to go to schools and share their experiences, I think there two or four who would take her words seriously. Many girls are getting pregnant while at schools and don't know how to deal with these pregnancies. So these ex-offenders will encourage them to do the right because they have the knowledge which they accumulated while in prison. The school going girls will know where to go should they find themselves pregnant because if they hear how many years their peers have spent in prison, I don't think they will try to do it.

Respondent 2: Young people should be encouraged to talk to others also during meetings arranged at community level because the problem is more among the youth than adults.

Respondent 4: I think it will be a good thing to involve the media as well. The print media and television should cover these events arranged at community level. The ex-offenders should be encouraged to speak

openly to the media and by so doing they will be able to encourage others from refrain from such activities of baby dumping.

Respondent 5: I also think about the Counsellors of different constituencies who should know that there are people who dumped babies and infanticide in their constituencies so that they can help them in any way they could. The prison's heads should try by all means to link up with different bodies at community level that can be used to help with reintegration the ex-offenders such as non-governmental organisations.

Facilitator: Thank you, can hear some input, what else can you tell me?

Respondent 2: We talked of the involvement of churches, I have seen a practical examples of churches that are following their members to the prisons and even when the person comes out of prison. I don't understand why there should be a gap between the church and a member if a person has committed a crime. Churches, I believe that they should be involved in prison's ministry throughout from the beginning until the end.

Respondent 4: Another thing also, qualifications that the inmates get from correctional services should be accredited by the national qualification board otherwise it will be time wasted training ex-offenders. These women have to go into the job market to work for themselves because poverty was one of the causes that made them to dump babies and do

infanticide. It should then be ensured or advertisement should be made to tell employers that the certificates of the ex-offenders are valid and that they need to be employed without discrimination because of the crimes they have committed.

Facilitator: Anything else, silence?

Thank you for your valuable input.

ANNEXURE C: CONSENT TO PARTICIPATE IN FOCUS GROUP

The purpose of the group discussion and the nature of the question have been explained to me. I consent to take part in a focus group discussion with regard to the facilitation of the reintegration process for women who have dumped babies and / or committed infanticide into the society. I also consent to be voice recorded during this focus group discussion. My participation is voluntary. I understand that I am free to leave the group at any time. If I decide not to participate at any time during the discussion, my decision will in no way affect the services that I receive at the Oluno Correctional Facility. None of my experiences or thoughts will be shared with anyone except with the supervisors of the researcher. The information that I provide during the focus group will be grouped with answers from other people so that I cannot be identified.

Please print your name

Please sign your name

Witness signature

Date

Date

**ANNEXURE D: PERMISSION TO VISIT THE OLUNO
CORRECTIONAL FACILITY**



Republic of Namibia



Namibian Correctional Service

Ministry of Safety & Security

9/3/2/1/5

Enquiries:

Tel No: (+264 61) 284 6111

Fax No: (+264 61) 238 469

My Ref:

Your Ref:

*Office of the Commissioner-General
Namibian Correctional Service
Private Bag 13281
Windhoek
Namibia*

2 April 2015

Mrs Ndemupavali G. Sumpi
Head of Department – School of Nursing and Public Health
University of Namibia
Pionierspark
Windhoek

Dear Mrs Sumpi

RE: REQUEST FOR PERMISSION TO VISIT OLUNO CORRECTIONAL FACILITY

I hereby acknowledge receipt of your letter dated 1 April 2015 on the above mentioned subject and has reference.

Permission is hereby granted to you to visit Oluno Correctional Facility to do research study titled: baby dumping and infanticide. Kindly take note that prior written consent must be obtained from the offenders targeted for interviews. You are requested to share your findings/report with this office before any publication.

Further arrangements be done with Assistant Commissioner Rooinasie, the Officer in Charge at tel no. 065-240148. This letter must be presented during your visit to the Facility.

Yours sincerely

**RT HAMUNYELA
COMMISSIONER GENERAL**

Cc. DCG T. Hangula: Operational Support

ANNEXURE E: PERMISSION TO CONDUCT A RESEARCH STUDY



Republic of Namibia



Namibian Correctional Service

Ministry of Safety & Security

Enquiries: DCP T. HANGULA

Tel No: (+264 61) 284 6111

Fax No: (+264 61) 238 469

Office of the Commissioner-General

Namibian Correctional Service

Private Bag 13281

Windhoek

Namibia

My Ref:

Your Ref:

11 October 2011

Mrs. Ndemupavali G. Sumpi-Mwashekele
Head of Department- School of Nursing and Public Health
University of Namibia
Pionierspark

RE: PERMISSION TO CONDUCT A RESEARCH

Your letter dated September 14, 2011 is hereby acknowledged and refers.

Permission is hereby granted to you to conduct interviews with female offenders convicted and sentenced in the Namibian Correctional Service Facilities of "infanticide and baby dumping", who are currently detained.

Kindly take note that prior written consent must be obtained from the offenders targeted.

Further, you are advised to contact the Officers in Charge of Walvisbay Prison, Oluno Rehabilitation Centre, Gobabis Prison, Omaruru Prison, Luderitz Prison, Grootfontein Prison and Keetmanshoop Prison to arrange the date and time of your visit. They are informed about the intention of your visit by copy of this letter.

Finally, you are requested to share your findings/report with this office before any publication.

Yours sincerely

DCP T. HANGULA
ACTING COMMISSIONER-GENERAL
NAMIBIAN CORRECTIONAL SERVICE

Cc: Officers in Charge: Walvisbay Prison
Oluno Prison
Gobabis Prison
Omaruru Prison
Luderitz Prison
Keetmanshoop Prison
Grootfontein Prison

*All official correspondence must be addressed to the Commissioner-General,
Namibian Correctional Service.*

ANNEXURE F: EDITING CONFIRMATION



* The stars that tell the spade when to dig and the seeds when to grow *

* Isilimela – iinkwenkwezi ezixelela umhlakulo ukuba mawembe nembewu ukuba mayikhule*

P O Box 65251
Erasmusrand
0165

14 November 2015

Dear Ms Ndempavali Sumpi

**CONFIRMATION OF EDITING THE DISSERTATION WITH THE TITLE A
PSYCHOSOCIAL EDUCATIONAL PROGRAMME TO FACILITATE THE
REINTEGRATION OF INCARCERATED WOMEN WHO HAD DUMPED
BABIES AND / OR COMMITTED INFANTICIDE IN NAMIBIA**

I hereby confirm that I have edited the abovementioned document as requested.

Please pay particular attention to the editing notes in the margin in the right for your revision.

The tracks copy of the document contains all the changes I have effected while the edited copy is a clean copy with the changes removed. Kindly make any further changes to the edited copy since I have effected minor editing changes after removing the changes from the tracks copy. The tracks copy should only be used for reference purposes.

Please note that it remains your responsibility to supply references according to the convention that is used at your institution of learning.

You are more than welcome to send me the document again to perform final editing should it be necessary.

Kind regards

A handwritten signature in black ink, appearing to read 'André Hills', is written over a horizontal line.

André Hills
083 501 4124