

HOMICIDE OF CHILDREN IN DAR ES SALAAM, TANZANIA

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Abstract

Background: Although data are sparse, it has been estimated that the highest rates of homicide death amongst children are in Africa. Little information is available on ages 0 – 14 years. No known quantitative surveillance of early neonaticide (killed at less than one week) has been conducted previously in Africa.

Methods: A Violent Death Survey following WHO/CDC Guidelines was completed in Dar es Salaam region, Tanzania (population 2.845 million) in 2005. Qualitative and quantitative data were gathered and analyzed.

Results: The overall age adjusted rate of discarded and killed children in DSM was 2.05 per 100,000. The rate of early neonaticide was 27.7 per 100,000 while the rate of homicide incidence for children older than one week was 0.54 per 100,000

Discussion: The overall estimated homicide rate for Africa of children under age 15 was 4.53 per 100,000. The rate in DSM was closer to the estimated global rate of 1.7 per 100,000. The results in DSM show that broad age groupings such as “<1 year”, “0-4 years” and “0-14 years” may mask a high incidence of neonaticide and an otherwise low incidence of murdered children. The print media provided good in-depth coverage for a few cases but it is not known if the reported cases are representative.

Conclusion: Eighty percent of homicides of children in DSM were neonaticides. Since it is believed that the forces behind neonaticide are fundamentally different than homicides of older children, it is suggested that data of future surveys be parsed to include neonates, until the phenomenon is more clearly understood and addressed. Further understanding of the mother and father of the deceased is needed. Continued surveillance data collection is important to expand the sample size.

Key words: Homicide, neonaticide, Africa, Tanzania, surveillance

Introduction

Although there is considerable variation in the incidence of homicide within specific age categories from region to region, the demographic distribution of homicide in Africa in terms of age and sex is broadly consistent with other regions of the world.¹ Worldwide, children usually have low rates of homicide death compared to other age groups, with the risk not rising until they reach 15-19 years.¹ It is estimated that the highest homicide rates in the world for children under age 15 years were in Africa. Of all deaths of children in Africa (4,936,180), the Global Burden of Disease Report for 2002 attributed 0.268% (13,228) to violence and an estimated rate of 4.5 per 100,000 (that is, 4.22 and 4.77 for males and females respectively).² This is in comparison to 0.026% of children's deaths worldwide that are attributed to violence, and an estimated global rate of 1.7 per 100,000. Most statistics available for young children use age groupings of “< 1 year” or “0 –4 years”,

which could mask important subgroupings. Neonaticide has been recorded in many places around the world^{3,4} but neither the *World Report on Violence and Health*⁵ nor the *Neonatal and Perinatal Mortality Country, Regional and Global Estimates*⁶ addressed the phenomenon. In Africa Region, neonaticide has been reported from Senegal, Benin, Burkina Faso, and Ghana, but rates have not been quantified yet.

First day neonaticide is believed to be fundamentally different from other child homicide.^{3,7,8,9} Reporting in 1982, Minturn and Stashak examining sparse data from 57 societies, found that infanticide occurred most often at birth, was most often performed by the mother, and the infants killed were most often twins, weak, deformed, or illegitimate.¹⁰ In general for lack of research specific to the issue, infanticide and more specifically neonaticide have been poorly understood. However the knowledge base about neonaticide is expanding rapidly. This paper focuses on Africa region.

The data presented here are part of a Violent Death Survey that was conducted in Dar es Salaam region (DSM), Tanzania (TZ), a population of 2.845 million, in year 2005.^{12,13} The overall age standardized homicide rate of 12.57 per 100,000 population was the lowest rate recorded in Africa so far, but about 50% higher than the world average. Using five year age groups, numbers of homicide deaths fell into a normal distribution

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which did not show evidence of skewness (Pearson's skewness coefficient 0.09).

This paper describes the homicide of children (<15 years) and the circumstances surrounding their deaths in DSM. Of 362 homicides in 2005, 24 (6.6%) were children. They have been divided into two groups: neonaticide and non-neonaticide.

Methods

This exploratory cross-sectional study took place at Muhimbili National Hospital mortuary, which is where all bodies of non-natural deaths ("police cases") in DSM were brought in 2005. Since data were sparse, both quantitative and qualitative research techniques were used in order to optimize data sources. One qualitative and twelve quantitative surveillance questions from the WHO/CDC *Surveillance* Guidelines were adapted to the DSM setting.^{14,15} The larger study depended on family respondents who were interviewed by the first and fifth authors. Newspaper articles were important data sources. Every issue of eight newspapers influential in Tanzania was examined from 1 January - 30 June 2005 for any mention of homicide in DSM. Five Swahili and three English language newspapers were followed of which six were privately owned (two were government owned) and five were dailies (three were weeklies).

Qualitative and quantitative data were linked physically and through cross-referencing and preserved specific to each case.¹⁶ Each survey questionnaire was filed by the victim's case number, with other same case data including observations, newspaper articles and memos.

Definitions

Homicide death: includes ICD-10 codes X85-Y09: "due to injuries inflicted by another person with intent to injure or kill, by any means".¹⁷ First-day neonaticide: Killing, abandoning or discarding of a neonate during its first day of life. Early neonatal death: Death within 7 days of life.² Late neonatal death: Death 8-28 days after birth.² Infanticide: the killing of a child under 12 months.³ Filicide: when the murderer is the parent of the victim.⁹

Data Analysis

Quantitatively, frequency distributions, means, standard deviations, proportions, rates, probability tests (Chi2 and Fisher's Exact), stratified and univariate analyses, age-specific and cause-specific mortality rates were calculated as

appropriate for each variable. Rates were adjusted to the world population standard (Ahmed et al., 2001).¹⁸ (Due to the small sample size, three neonates with unrecorded sex were proportionately distributed for analysis: 2 as males and 1 as female.)

Qualitative data were analyzed thematically by first categorizing the child victims (neonaticides and non-neonaticides).¹⁶ Newspapers and responses to the open-ended question were coded using *a priori* codes derived from the *Surveillance Guidelines*.¹⁴

Results

Child deaths had an uncommonly high rate (relative to overall homicide deaths) of unidentified and unclaimed bodies. Since family respondents could rarely be interviewed, police report and visual autopsy were especially important quantifiers for the sex, age, district and ward of injury, injury site, and cause of death variables.

Quantitative

In DSM in 2005, 24 children (17 males and 7 females) died from interpersonal violence with a rate of (24/ 931,301) which is 2.6 per 100,000 population under fifteen years (3.7 and 1.5 per 100,000 for boys and girls respectively). The overall rate adjusted to the world population standard was 2.05. The overall boy: girl homicide rate ratio was 2.43; however the rates between the sexes were not significantly different, $t X^2 (3, 24) = 3.2557, p = 0.354$.

Very few older children suffered a homicide death (see Figure 1). A boy aged five years and a girl aged six, died as bystanders to other crimes. A two year old boy was believed by relatives and neighbors to have been seized for witchcraft after his body was found in a graveyard. The homicide rate for children older than one week to 5 years was 0.91 per 100,000 and for children older than one week to 15 years it was 0.54 per 100,000.

In the 0-4 year group, the homicide rate was 6.72 per 100,000. Twenty one (87.5%) of these children were infanticides. Fifteen infanticides were male (95%CL 47.8 – 88.7) and six were female (95% CL 11.3 – 52.2); this was not a significant difference. The infanticides were all less than seven months. No child over seven months was killed by a relative or caregiver.

Nineteen of the twenty-one infanticides were first day neonaticides. Of the estimated 68,554 children born in DSM in 2005, the neonaticide rate was 27.7/100,000 (43.3/100,000 male births and

17.6/100,000 female births). Seventy four percent of neonaticides were males but the small sample

size resulted in a lack of significance (Fisher's exact p-value 0.727).

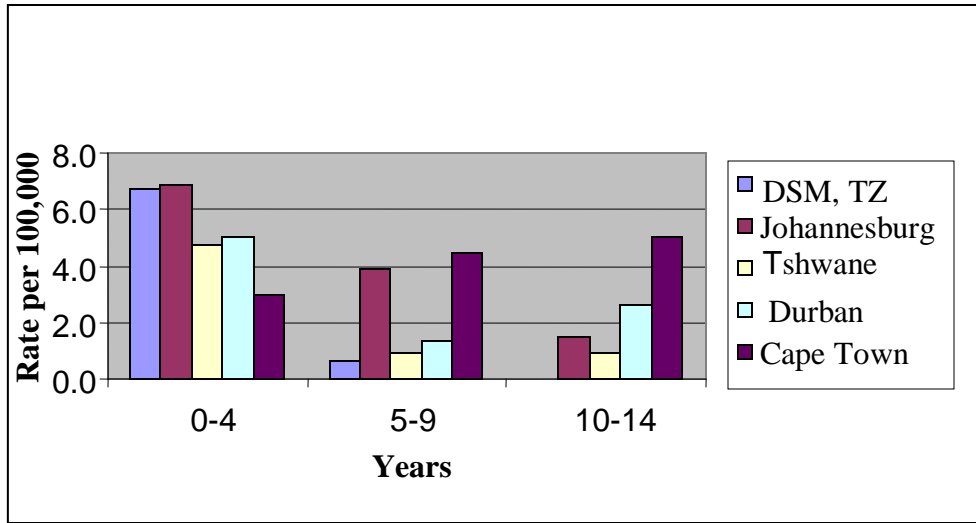


Figure 1. DSM, TZ 2005: Numbers of homicide deaths, by sex, and age groups

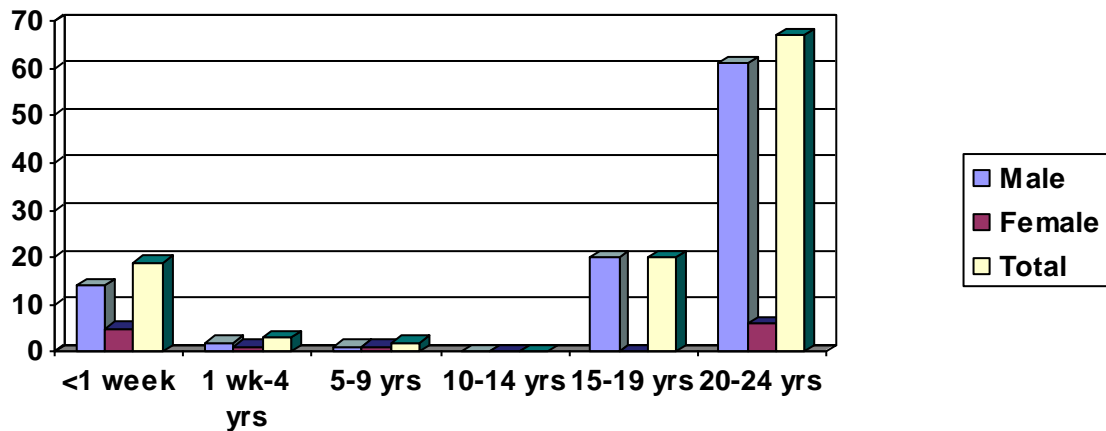


Figure 2. Homicide of Children in 5 African cities, 2005, Rates per 100,000, by 5 year age group

Note. South Africa data is from Prinsloo et al.²¹

Qualitative

Child homicides were of interest to the media. The media reported about half the cases. Newspaper entries were brief on unidentified neonaticides but insightful and nuanced in describing the circumstances surrounding the two identified cases.

Both cases received graphic photo coverage, in more than one newspaper. Both women were effectively single: one, a single primipara aged 22 and the second, a 31 year old mother of 3 children

whose husband had traveled “a long time ago” seeking treatment for an undisclosed illness. Both women were domestic servants and believed that her employer was the father of the neonate, as reported on Case 17-2005 in *Uwazi* newspaper.¹⁹

Kujifungulia chooni humo kisha kumtumbukiza mtoto huyo kwa madai kuwa aliogopa kufukuzwa kazi na pia ingebainika kuwa ajauzito huo alipewa na bosi wake.

She opened herself in the bathroom, then threw away that child alleging that she was afraid to be chased from work and also it

would be evident that that pregnancy was given by her boss.”

Another headline read “*Huu ni Uhitler*” (“This is Hitler-ian”).²⁰ The mother of Case 134-2005 in the accompanying photographs is shown wearing the conservative clothes of a poor but respectable middle aged woman, being escorted by policemen. The 600-word front page story was based on an interview with a neighbor who expressed sadness for the woman and the consequences of her being taken to prison. The 600-word front page story was based on an interview with a neighbor. Embedded in the story were sympathy for the woman and the consequences of her being taken to prison.

“ Kabla ya tukio hilo kutokea tumekuwa tukiishi naye vizuri na hakuna mtu aliyewaza kwamba angeweza kufanya kitendo kama hicho... mtoto mwenye asili ya Kiarabu wakati mumewe ambaye ni Mswahili akiwa amesafiri kwenda kwao Kwa kweli inasikitisha sana kwani ameache wanae hapa nyumbani wanateseka sana hasa huyu mdogo ambaye haishi kulia japo shangazi yao ndiyo amekuja kuwalea.”

“Before this event occurred, we have lived with her well and there is not a person who would imagine that she would do a deed like this....The child himself has the origins of an Arab while her husband who is a Swahili was traveling to their home...For truth it makes me very sad because she has left her (three) children here at the house. They are suffering a lot, especially that little one who does not stop crying, although a paternal aunt indeed has come to raise them.”

The perpetrators were assumed by police and mortuary attendants to be the mothers of the child. Some neonates were disposed into a pit latrine at birth. At least one was placed in a shallow stream. More often, neonates were found in public areas such as streets, bus stands, and small farms (*shambas*). They were brought into the Mortuary by the Police wrapped in a traditional cloth (*khangas*), placed in a heavy blue plastic shopping bag (*mfuko wa Rambo*) or a traditional palm frond basket (*kikapu*). Often the placenta would be tucked underneath, confirming age. Sometimes great effort had been expended to retrieve bodies, for example those disposed down pit latrines.

Discussion

In DSM, homicide of children is rare except for first day neonates. The rate of neonaticide, 27.7 per 100,000, is much higher than for other age groups.

Age

The only cities in Africa with comparable data are in South Africa.²¹ It appears that Johannesburg and Tshwane have a similar pattern to that of DSM: initial high rates of homicide decreasing to low rates (see Figure 2). In general, children are relatively well protected. Upon entry into adulthood, homicide rates rise sharply.

The only age group in which the DSM homicide rate is similar to South Africa's is the 0-4 years age group. The results in DSM show that broad age groupings such as “<1 year” or “0-4 years” can mask a high incidence of first-day neonaticide and an otherwise low incidence of murdered children. It is now known that in DSM most of the homicides in the 0-4 year age group are neonaticides. This has also been demonstrated in the United States, where homicide risk is ten times greater on the first day of life than at any other time in a person's life.²² It is not known if the South African cities also have relatively high rates of neonaticide.

Male: female ratio

Female infanticide has historical roots in China and India and has been attributed as a possible explanation for the present female deficit there.^{23,24} However in many other places including Dar es Salaam, infanticide does not appear to be skewed towards females. In Dar es Salaam, more males than females were killed at all ages. Similarly, Knobel and colleagues found that over a fifteen year period in South Africa, the boy: girl ratio for homicide death was 1.3.²⁵ For children 0-4 years old, this child ratio was estimated to be 1.41 in Africa²; in DSM the ratio was 2.66. Likewise, in the USA, more males than females died from neonaticide.^{26,27}

Perpetrator

Similar to what was discovered in DSM, the mother is reported as the usual perpetrator of neonaticide world wide.^{26,27} In Senegal²⁸ and Germany⁸ it has been found that women who committed neonaticide were effectively single and sane. In Senegal, a qualitative study conducted in the capital city during the years 1968-1994

included 33 women accused of infanticide.²⁸ All except two were neonaticides. Upon evaluation at the Psychiatric Clinic, it was noted that the women who committed infanticide had a wide range of ages, and were effectively single: 16 of the women had never married, 9 were divorced or widowed and the 14 wives were married to emigrants. Ninety seven percent were declared mentally sane. In Germany, it was found that mothers who committed neonaticide were also single and sane, but younger than mothers who committed filicide.⁸ The data from Tanzania supports the observations of a range of ages, being single, and sane.

Motive

The reason stated for 83% of German neonaticides was that the baby was unwanted.⁸ Fear of social rejection was stated as the reason for neonaticide by mothers in Senegal²⁸ and Algeria.²⁹ In eighteenth century England, pregnancy out of wedlock, poor social background, and working “in service” were the main factors responsible for a mother abandoning her child,⁴ which corresponds to the little that is known in Tanzania.

A categorically different type of neonaticide are the rituals that have been described in Benin,^{30,31} Burkina Faso,³² and Ghana.³³ For example in a well-studied area of northern Ghana, 4.9% of 1118 neonatal (4% of all early neonatal deaths were neonaticides, and 8% of late neonatal deaths) deaths between 1995 and 2002, were attributed to “chichuru” a public practice among some communities in which a soothsayer performs rituals within the compound of a suspected spirit child, who is then forced to take a portion of herbs.. The practice originates from the belief in the ‘spirit child’ phenomenon – that some children are born with supernatural powers that could be harmful to the family into which they are born and this could be only be averted by killing such children.³³ The neonaticides in DSM do not appear to have been associated with ritual practices.

Site of discovery

Similar to how and where neonaticides were found in DSM, the most likely discovery of a neonaticide in England⁴ and United States²⁶ was to find the wrapped body in a public toilet, public bus stop or road, dustbin, field or forest. In the 1950’s it was “a common occurrence in the United States to find dead newborn infants in sewers, alleys, and incinerators in any metropolitan community”.³ In the years 1985-2000 in North Carolina newborns were found in the trash (23.5%), toilet or pit latrine

(17.6%), landfill or dumpster (11.8%), woods or roadside (11.8%), shed or vehicle (8.8%), in the home (23.5%) and unspecified places (2.9%).²⁶

Safe surrender

Sharma refers to “dropped babies” in England as newborns being “left in a public place in the hope that it would be found and cared for” (p.153).⁴ This may have been the intent for some of the neonaticides found in DSM.

Safe surrender for unwanted newborns in mid-16th century Europe began as a result of so many “dropped babies”. Places of ‘safe surrender’ allow parents to anonymously transfer unwanted newborns to certain persons, or authorities such as religious institutions without penalty.^{4,26} As a way of decreasing neonaticide, they have been instituted in USA,³⁴ Germany and South Africa.²⁶

Infants found alive in Tanzania, are taken by the police to the district or regional hospitals. There, the children are stabilized, and then sent to orphanages. Based on discussions with nurses in charge of neonates in those hospitals it is estimated that in DSM that 10-20 newborns per year are found, and subsequently sent to one of two mission orphanages (Missionaries of Charity, Congregation of Mother Theresa) in Mburahati or (Tanzania Episcopal Conference Mission) in Msimbazi. It is possible that more of the neonates who were abandoned in public places could have been saved if their mothers had known of an explicit place for safe surrender.

Employment

Efforts to prevent neonaticide should focus on events preceding the day of the child’s birth and death. Although the data from Dar es Salaam is sparse, it supports Tanzania Media Women’s Association allegations concerning the vulnerability of “housegirls”.³⁵ The findings are similar to those found in Great Britain, during the Victorian era, when “many employers regarded young unmarried women in service as ‘fair game’. But for the woman, an illegitimate baby meant almost certain loss of employment and public censure.”⁴ “Pregnancy out of wedlock, poor social background, and working “in service” were the main factors responsible for a mother abandoning her child,⁴ which corresponds to what is known so far in Tanzania.

Limitations

Sample Selection

It is not known how many neonaticides were undiscovered, however it is believed to be few. The extraordinary effort that went into retrieving bodies, and the intense newspaper coverage of identified cases, indicate community concern about these deaths and leads the authors to believe that most would have been brought to the attention of the police who in turn would have brought the body to the mortuary. Some cases may have been misdiagnosed, e.g. counted as neonaticides but in fact were not born viable.

Small sample size

The one year sample of homicide deaths was too small to discover significant patterns of quantitative variables such as date of death, district of birth or injury, and sex. Although the qualitative sources enhanced the quantitative with important contextual information, the generalizability of the findings is unknown.

Conclusion

These data describe neonaticide in DSM as having important similarities to many other places. The data also illustrates that commonly used age groupings can mask the frequency of neonaticide. In fact about eighty percent of homicides of children in DSM were neonaticides. Since it is believed that the forces behind neonaticide are fundamentally different than homicides of other aged children, and therefore potential interventions must be equally different, it is suggested that data of future surveys be parsed to include neonates. The fathers of the neonates need description with special attention to their relationship with the perpetrator. Further understanding of the perpetrator and the forces acting upon her, is needed. Continued surveillance data collection is important to expand the sample size.

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