



Research article

Infanticide and illegal infant abandonment in Malaysia[☆]Salmi Razali^{a,b,*}, Maggie Kirkman^a, S. Hassan Ahmad^b, Jane Fisher^a^a The Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Australia^b Discipline of Psychological and Behavioural Medicine, Faculty of Medicine, Universiti Teknologi MARA, Malaysia

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ABSTRACT

Infant abandonment and infanticide are poorly understood in Malaysia. The information available in the public arena comes predominantly from anecdotal sources. The aim of this study was to describe the prevalence and characteristics of infanticide and illegal infant abandonment in Malaysia and to estimate annual rates for the most recent decade. Summaries of data about infanticide and illegal infant abandonment were gathered from police records; the annual number of live births was ascertained from the national registry. The estimated inferred infanticide rates for Malaysia were compared with the infanticide rates among countries of very high, high, medium, and low rankings on the Human Development, Gender Inequality, and Gini indices. From 1999 to 2011, 1,069 cases of illegal infant abandonment were recorded and 1,147 people were arrested as suspected perpetrators. The estimated inferred infanticide rate fluctuated between 4.82 and 9.11 per 100,000 live births, a moderate rate relative to the infanticide rates of other countries. There are substantial missing data, with details undocumented for about 78–87% of cases and suspected perpetrators. Of the documented cases, it appeared that more boys than girls were victims and that suspected perpetrators were predominantly Malays who were women, usually mothers of the victim; the possibility of arrest bias must be acknowledged. Economic and social inequality, particularly gender inequality, might contribute to the phenomena of infanticide and abandonment. Strategies to reduce rates of infanticide and illegal infant abandonment in Malaysia will require strengthening of the surveillance system and attention to the gender-based inequalities that underpin human development.

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Introduction

The United Nations Inter-agency Group for Child Mortality Estimation (2013) reported that almost 6.6 million children under the age of 5 died worldwide in 2012 and that 44% of these deaths occurred during the neonatal period. According to the report, most newborn deaths are attributable to pregnancy-related causes, including complications of birth, congenital abnormality, and infection. Rarely, an otherwise healthy infant might die suddenly without an obvious cause. Until a medico-legal investigation is concluded, each death is described as a Sudden Unexpected Death in Infancy (SUDI). SUDI is an umbrella label incorporating *explained deaths* and *unexplained deaths*. Unexplained deaths include Sudden Infant Death Syndrome (SIDS; Blair, Byard, & Fleming, 2012). Explained deaths include rapid infection, rapid onset acute medical

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condition, unrecognized pre-existing medical condition, accidental death, and non-accidental death. Infanticide is an instance of non-accidental death; abandonment may also be a cause of non-accidental death.

Difficulties Defining and Distinguishing Abandonment, Neonaticide, Infanticide

There is no precise, universally recognized definition of infant abandonment. Although the term is ambiguous, it is usually understood as leaving an infant in a public place or inappropriate site without care, protection, or supervision (Cesario, 2001). The infant may be found alive or after death from exposure, dehydration, or starvation. The infant might have been abandoned with the hope or expectation that s/he will be found quickly and saved; nevertheless, jurisdictions may assume that placing a baby without supervision in a public place is likely to lead to the infant's death. In certain countries, such as the United States, the distinction is drawn between *discarded infants*, who are abandoned at an inappropriate place, and *abandoned infants*, who are left in a hospital and unlikely to be discharged in the custody of the biological parents (Mueller & Sherr, 2009). The death of an infant can result not only from indirect action but also from violence (e.g., intentional suffocation, assault, being thrown; Blair et al., 2012). When an infant aged less than 24 h is killed, the act is described as neonaticide, the killing of an infant aged from one day to one year is called infanticide, and filicide is the term used when a child is killed by a parent (Resnick, 1969, 1970).

Discussions and reports of infant abandonment, neonaticide, and infanticide often do not distinguish clearly among these acts; there is lack of agreement in nomenclature and exact criteria for specifying infant abandonment and infanticide (Drescher-Burke, Krall, & Penick, 2004). In most cases, the study of infant abandonment and infanticide is based on data from autopsies, in which the cause of death, any motive for killing, and sociodemographic characteristics of the victim and suspected perpetrators are often undetermined. As a result, statistics of deaths from apparent abandonment are commonly combined with deaths attributed to neonaticide and infanticide (Beyer, McAuliffe Mack, & Shelton, 2008; Herman-Giddens, Smith, Mittal, Carlson, & Butts, 2003; Shelton, Corey, Donaldson, & Dennison, 2011).

There are other difficulties in accurate ascertainment of the nature and prevalence of these deaths. The acts are often concealed, undiscovered, unreported, and thus, underestimated (Putkonen, Collander, Weizmann-Henelius, & Eronen, 2007; Shelton, Muirhead, & Canning, 2010; Tursz & Cook, 2011). There have been debates and controversies about infanticide and SIDS (Brookman & Nolan, 2006; Stanton & Simpson, 2001; Wilczynski, 1994). It has been suggested that inappropriate labeling and misdiagnosis conceal murder in up to 20% of SIDS cases (Wilczynski, 1994). Moreover, inadequate surveillance of infant abandonment and infanticide occurs in most countries because there is neither a national agency that has an exclusive mandate to investigate these matters nor an appropriate data collection system or repository. In order to overcome this limitation, previous investigations have drawn on multiple data sources including police databases, coronial court records, medical and psychiatric records, forensic and autopsy records, death certificates, and reports in the media (Friedman, Horwitz, & Resnick, 2005; Porter & Gavin, 2010).

Evidence From High-Income Countries

In countries where economic and social development are well-established, it has been possible for investigators to draw on diverse records and registries in these settings and to publish substantial scholarly articles on infant abandonment and infanticide. A recent systematic review found that, in high income countries such as England, Scotland, Wales, United States, Canada, and New Zealand, infanticide rates ranged from 2.1 per 100,000 live births to 6.9 per 100,000 live births (Porter & Gavin, 2010). In Japan, 933 cases of filicide were identified from 1994 to 2005; nearly a quarter of cases involved an unwanted pregnancy that had continued to term, after which the newborn was abandoned or killed (Yasumi & Kageyama, 2009). In these countries, neonates and infants constitute the majority of victims with almost half to two-thirds of child homicides perpetrated on infants aged less than a year (Batje, Schlafke, Nedopil, & Hassler, 2011; Overpeck, Brenner, Trumble, Trifiletti, & Berendes, 1998; Rohde, Raie, Varchmin-Schultheiß, & Marneros, 1998).

Potential Risk Factors

Resnick's landmark reviews in 1969 and 1970 of reports of child-killing by a parent stimulated growth in research, especially in countries with high levels of human development and low gender disparities. Attempts have been made to delineate the potential risk factors of infant abandonment and infanticide. Identification of risk has focused on various factors related to social and gender disparities, such as perpetrator characteristics (including sex and marital and socioeconomic status), pregnancy-related factors (including gravidity, parity, and concealment or denial of pregnancy), and problems with mental health (including the perpetrator's exposure to childhood trauma, or having a personality disorder, substance abuse disorder, intellectual disability, or severe mental illness such as schizophrenia, major depression, postpartum depression, or psychosis). The available evidence has prompted researchers to conclude that women are the main perpetrators of infanticide and neonaticide (Porter & Gavin, 2010). Women who kill their babies are often labeled "mad" (mentally ill) or "bad" (Friedman et al., 2005).

Potential risk factors related to infant characteristics have also been investigated and include female sex, illegitimacy, congenital anomalies, and being born into severe poverty (Friedman & Resnick, 2009; Long, 1988; Palermo, 2003; Porter & Gavin, 2010). In countries with low human development and where social inequalities are evident, abandonment and killing

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