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SAD, BAD AND MAD: EXPLORING CHILD ABANDONMENT IN SOUTH AFRICA

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a degree of Masters of Anthropology

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: _____ Date: _____

DEDICATION & ACKNOWLEDGEMENTS

To my family, my husband William and my children Alexander and Isabeau, without whom I would not have had the courage to embark on this journey.

I would like to thank my supervisor, Dr Nolwazi Mkhwanazi, for her support and guidance throughout the complex process of my fieldwork and dissertation development. I would also like to thank the various members of the National Adoption Coalition of South Africa, and the different child protection organisation and individuals who gave so generously of their time, to support me during my fieldwork, whilst helping the orphaned, abandoned and vulnerable children of South Africa. I wish that every South African could know and understand the unbelievable work that you do, as always, I am overwhelmed by your fortitude and courage.

I would like to dedicate this dissertation to Nelson Rolihlahla Mandela, who died whilst I was writing up my findings, on the 5th December 2013. President Mandela once stated, "There can be no keener revelation of a country's soul, than the way in which it treats its children". I hope that through the insights gathered in this research study, we are able to improve the opportunities and lives of the children of South Africa.

ABSTRACT

The following dissertation explores the experience and representations of child abandonment in urban Johannesburg, South Africa. I examine this complex social behaviour through a number of perspectives specifically: how it is portrayed in the media; how it is represented and managed by child protection officers; the lived experience of the abandoning mother and the abandoned child; and finally how it is understood in the context of Western biomedical principles and those of indigenous African ancestral beliefs. I suggest that child abandonment has been individualised and medicalised in South Africa. Individualised, in that it has been termed a problem that falls entirely within the domain of poor women, and frequently that these women are young teenagers. Medicalised in that a social behaviour that is not new, is increasingly being defined in medical terms through the portrayal and labelling of the abandoning mother as emotionally unstable and criminally insane. I argue that this has been done in an attempt to motivate for stricter surveillance and control over women's sexual reproductive health and to divert attention from the state's role in addressing this growing social challenge.

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INTRODUCTION

"It's a big problem, if the child has no family, no nothing, it is better to give them to the government", said Funani, in response to a question I had asked her about adoption. Funani was around sixty years old and lived in Alexandra Township. We were discussing the issue of unplanned pregnancy and what options were available to a woman in this situation. We had discussed abortion, parenting, and foster care, and had moved onto the option of adoption. I asked her to explain why having no parents was such a problem. "If you know the parents of the child," she told me, "you can go back and talk to them, if there is a problem". I asked her, what happens to a child who has been abandoned, and has no parents? "The problem", she said, "is you take it and help it [the child]. It is not family, it is nothing about you. What if that child is naughty? Who can you go and talk to, to help you with it? It is a big problem." She later came to me, full of concern, and said, "I don't know where you are going to get family for those children".

I have had the conversation above, and variations thereof, a number of times over the past four years in my work with orphaned, abandoned and vulnerable children and the range of child protection organisations that help them. A common argument I came across was that due to their lack of knowledge and connection to their ancestors, black parents were not willing to enter into a formal legal adoption process with abandoned children. The idea was that the adopted children's lack of connection with their ancestors would result in troubled and unfulfilled lives. For the adoptive family, it would create problems amongst their ancestors. Indeed Mamphela Ramphele (1993) states that in South Africa, "Adoption is not seen as an option", and children who have no lineage are believed to have "alien blood that can only bring problems" (1993:85). This view is in conflict with the Western perspective of adoption, where it is perceived as the best long term outcome for children outside of their family (Mokomane & Rochat 2010:vii).

Child abandonment in South Africa

The incidence of child abandonment has increased in South Africa over the past five years, however, it is unclear as to why this is occurring and what the dimensions of the problem are. In terms of the Children's Act 38 of 2005, abandonment, in relation to a child, "means a child who has obviously been deserted by the parent, guardian or care-giver, or who has, for no apparent reason, had no contact with the parent, guardian, or care-giver for the period of at

least three months" (Act 38 2005:12). The Act goes on to state that care arrangements for children who have been orphaned, abandoned or who are vulnerable, need to be considered 'in the best interest of the child'. These include kinship care, child headed households, formal foster care, cluster foster care and adoption. The majority of children not living with their parents in South Africa, live with their grandparents or relatives. Over nine hundred thousand children are either adopted, living in a registered Child and Youth Care Facility (CYCC), in a child headed household, or on the street. This represents approximately five percent of the total child population in South Africa (Mokomane and Rochatt 2010:21).

There is little information about child abandonment in South Africa, and there are no official government statistics that can point to the exact amount of children who are abandoned annually. Estimates gleaned from child welfare organisations indicate that more than three and a half thousand children were abandoned in 2010[1]. All of the child welfare and protection organisations that I have engaged with throughout the course of my research believe that the number of abandonments has increased significantly over the past five years. Jo'burg Child Welfare now has a permanent social worker specifically for children who have been abandoned in their jurisdiction of the greater Johannesburg metropolitan area. The head of their adoption services once told me, "A good week is two children, and a bad week is around four, there always seems to be a child being abandoned in Johannesburg" (Adoption social worker: personal communication).

Children who are abandoned are placed into the child protection system, which means that they are sent to a place of safety such as a baby home or foster family, whilst an investigation is undertaken by the police and their allocated social worker. The aim of this investigation is to locate the child's biological mother, father or extended family members. If no biological relatives are found, the child is then assessed for adoptability. If found to be suitable for adoption, the child is placed on the Registry of Adoptable Children and Parents (RACAP) which is managed by the Department of Social Development. If suitable adoptive parents are found, an accredited adoption organisation or social worker will commence with the adoption processes. If biological relatives are found, the social worker allocated to the child, will

1. Child Welfare South Africa estimate the number of children to be abandoned in 2009/2010 at 2750, a marked increase from previous years (this number excluded Johannesburg and Cape Town metropolitan areas). Cape Town Child Welfare reported between 500 to 600 babies and children abandoned between 2009 and 2010, and Johannesburg Child Welfare (one of the largest child protection organisations in the Gauteng province) reported rescuing an average of fifteen babies a month over this period. It is widely believed that many child abandonments go unreported, yet these estimated numbers point to a total of over 3500 babies and children who were abandoned over this twelve month period (Weekend Post 27/08/2010).

assess whether the child can be reunified with the mother, father or extended family. Reunification with the mother is dependent on whether she still wants her child and how the child was abandoned. If the child was abandoned in a hospital, at a children's home or in a baby safe, this is considered to be a 'safe abandonment', however if a child is abandoned in a dangerous and life-threatening way, such as in the open veld or on a rubbish dump, the abandonment is considered 'unsafe', and the mother could be arrested and charged with 'concealment of birth' or 'attempted murder', as abandonment is a criminal offence in South Africa. The mother would require extensive counselling if reunification is considered possible by the courts and child protection officer. More frequently, members of the child's extended family are located and need to decide whether they can, and will, take care of the child. If they are unable to do this, the child is placed into foster care or a child and youth care facility until the family either takes responsibility for the child, or formally relinquishes their guardian responsibilities. In many instances abandoned children are left in a child protection 'holding pattern' until they become adults, at which point they are no longer considered wards of the state.

Of the 18.5 million children in South Africa, 4.5 million live with neither of their parents. A recent study by the SA Institute of Race Relations found that the number of orphans increased by 29% between 2005 and 2009, to 5.2 million children. In the same period, adoptions decreased by 52% and foster care grants increased by 72% (SAIRR 2012). An estimated 150 000 children live in 79 000 child headed households, and over 13 000 in residential facilities. It is also estimated that there are between 9,000 and 10,000 children living on the street (Mokomane and Rochet 2010). In 2013, there were 11,341,988 children registered for child support grants and 532,159 for foster care grants (SASSA 2013[2]).

A review of the unmatched parents and children on the Registry of Adoptable Children and Parents (RACAP) in November 2013 showed that of the 297 unmatched parents who were wanting to adopt a child, only 14 were black, 190 were white and 43 were Indian. Most were seeking a child of their own race, and girls appeared to be preferred to boys where gender was specified. A total of 50 applicants would consider a child with special needs, this includes children with HIV/AIDS and physical or mental disabilities. Of the unmatched children, 398 were black, 3 were white and 9 were termed 'mixed' race. The sex of the children was split equally. Of the unmatched children, over 60% were abandoned and less

[2] http://www.childrencount.ci.org.za/social_grants.php accessed 11/03/2014)

than 40% were formally consented for adoption by their biological parents or family. Of the 429 unmatched children, 38 were HIV positive, 22 were born premature and 53 had other special needs challenges. In summary, the analysis indicates that there were only 29 possible parents for around 428 children registered on RACAP as at November 2013 (NACSA). The most recent statistics from the Department of Social Development indicates that adoptions have declined significantly over the past decade with only 1699 adoptions taking place in 2013, from 2840 in 2004 (NACSA September 2013).

High levels of child abandonment and low levels of adoption, coupled with conflicting views and perceptions on these practices, point to a need for more understanding into the political and social context that created this situation. Differences between Western and African assumptions about the individual and society influence how child protection strategies are understood, positioned, planned and delivered in the context of child abandonment in South Africa. The aim of this study is to increase understanding of the cultural sources and meaning of child abandonment and the associated areas of unplanned pregnancy, abortion, institutional care, foster care and adoption.

Child abandonment and the law

The management of abandoned children, is governed by the Children's Act 38 of 2005. Child protection experts are subject to how the Act's implementation is interpreted and managed by the various government departments that they engage with in fulfilling their mandate. Whilst most of these experts believe the Children's Act to be a good piece of legislation, its implementation since 2010 has caused a number of challenges in the world of child abandonment and the solution of adoption.

In terms of the Act, a woman residing in South Africa illegally is unable to engage in the formal court system to sign consent for their child to be adopted. If an adoption social worker is contacted by an illegal immigrant about placing her child up for adoption, they are compelled to advise the relative authorities, and the mother and child [if it has been born] would be deported immediately. Illegal immigrants often fear returning home with a child whose father is of South African decent as they believe the child would be rejected and treated as an outcast. The criminalising of child abandonment has forced child protection officers to apply a 'relative morality' in helping the women they encounter daily, many of whom are illegal immigrants, to ensure that the child is not put at risk through 'unsafe' abandonment.

The Act also requires the consent of a child's legal guardian should she chose to place her child up for adoption. Many social workers believe that this sends conflicting messages to young women. A girl of any age can request an abortion from a state medical institution without the knowledge of her parents or guardian, however, placing a child up for adoption can only be done once a young woman is eighteen years of age. This they believe creates an environment where young women feel compelled to abandon their children illegally. They claim that the young women fear informing their parents of their pregnant state either due to their belief that they will be disowned by their family, or that they will be forced to keep and take care of their child, and possibly sacrifice their education and future as a result.

The public operation and communication of 'baby safes', a modern version of the 'foundling wheel'[3], also presents an area of contradiction in discourse versus action. This service is deemed illegal in terms of the Children's Act, due to the anonymous nature of the abandonment. However, more and more are being opened in South Africa due to the increased incidence of child abandonment. In Boipatong, the local 'baby safe' was installed by a caring police woman who became frustrated by the amount of dead abandoned babies she was called to deal with in her local community (Daily Sun 22/08/2013). The founder of Door of Hope, one of the longest running baby safes in Johannesburg, told me that her struggles to find a legal way to help her community with this service still continue fourteen years after opening. In the meantime, they have taken in 1317 babies, 151 of which came through what they frequently term the 'baby bin'. The Minister of Social Development, Bathabile Dlamini, has publically stated her opposition to baby safes, as in her opinion, "anonymous abandonment leaves children without any real way of their tracing family or heritage"[4].

Many abandoned children are not placed within the formal child protection system. A number of research respondents told me stories of police officers who would ask the people reporting an abandoned child if they would like to keep the child in question. Other stories involved the police simply handing the child over to a community member for care. With regards to any formal documentation of these placements, I was told that a person could simply sign an affidavit stating that they would take care of the child. This ad-hoc allocation

[3] 'Foundling wheels' were used in the middle ages and the 18th and 19th century in Europe and the America's as a means for women to leave their babies anonymously in a safe place where they would be found and cared for. It consisted of a cradle on a wheel, that when turned would take the baby into a foundling home or orphanage.
[4] www.aidsaccountability.org 01/08/2012

of guardians to abandoned children is contradictory to the rigorous screening that takes place during a formal adoption, and the level of government involvement in this process.

Child protection experts who deal regularly with the implementation of the Children's Act, often cited 'excessive regulation' by government. This was especially noted in the process of adoption which most consider to be the best long term solution for an abandoned child. I was repeatedly told of instances where accredited adoption social workers would do a report on a potential adoption, confirming a child's availability, the suitability of the adoptive parents, and the signed consent of the biological mother or family. They would then have to apply to the Provincial Department of Social Development for a 'letter of recommendation' before proceeding to the courts to finalise the adoption. Despite best practice stating that this letter should be forthcoming within ten working days, they have had to wait between six and eighteen months before receiving it. The provincial representative providing the 'letter of recommendation' is also not an expert on adoption, yet they are expected to give their opinion on an area of social work that is considered specialist in nature. This can result in an abandoned child remaining in an institution for up to two years, rather than being adopted into a family at this critical early development phase. Child protection experts believe that this infringes on the child's rights to a family, however, attempts by independent adoption organisations and legal experts to address the issue, have been met with little success to date.

Government influences the process of adoption in six key areas, and each of these areas are currently considered problematic by child protection experts and practitioners. The Department of Social Development regulates and provides accreditation to adoption organisations, which is a lengthy and complex process that is constantly under review. They manage the Registry of Adoptable Children and Parents (RACAP), which is currently experiencing a number of administrative challenges. As outlined above, they have to provide a 'letter of recommendation' before an adoption can proceed to the courts, which can take up to a year and a half to obtain. The Children's Court is the next step in the process, which falls under the Department of Justice. Many social workers cite incidents where presiding officers refuse to allow an adoption to proceed as there is no clear precedent on a particular issue at hand. New legislation often requires precedent for the purpose of interpretation of an Act, however, as one frustrated legal expert advised me, "They should use the Act to facilitate adoption, not to prevent it". The adoption community is therefore forced to take these issues to the High or Constitutional Courts to gain this required precedent, but this is a time consuming and costly endeavour. On gaining approval for the adoption by the courts, an

application then needs to be made to the Registrar of Adoptions, in the Department of Social Development, to gain additional approval by this department. The final step is to apply for the reissuing of a new birth certificate and identity documentation by the Department of Home Affairs. Even in this final step, social workers and adoptive parents have cited many challenges and delays in achieving this outcome.

In terms of the Children's Act, each of these government departments are expected to work together to ensure that children who have been abandoned are managed through this child protection system as expediently as possible. This is deemed to be in the best interests of the child, however, the experience of adoption social workers and legal experts currently in South Africa indicates that this is not the case. Although none would state it outright, most believed that this 'over-regulation' was tantamount to the constructive prevention of adoption. As this was predominantly experienced on transracial adoptions, either locally of internationally, it was also believed to be 'culturally motivated'.

THESIS OUTLINE

My dissertation starts with a literature review that explores the historical and social context of child abandonment. I examine how it has been represented in the field of anthropology to date, and using a range of international ethnographies I explore its perceived causes. Child abandonment influences the social reproduction of and within a society, as such, I then explore concepts of family, child rearing practices, ancestral beliefs and child protection strategies from a historical and contemporary perspective in South Africa.

In Chapter 2, I discuss the methodology of the study which, borrowing a term from Lock and Schepher-Hughes (1987), I define as a "mindful approach". I discuss the notion of medicalisation which, in accordance with Conrad (2007), I define as a two-step process. The first step being the identification and definition of the medical category and the second, the internalising of the category as a taken-for granted subjectivity by the general population. I then review anthropological literature on medicalisation, drawing attention to ethnographies and articles which are useful in shedding light on my argument in this thesis. These include the works of Ong (1987), Scheper-Hughes (1988 and 1992), Methieu (1993) and Kitanaka (2012). I conclude the chapter with a discussion of the ethical challenges and considerations that arose during my research and how I attempted to solve them.

In Chapter 3, I conduct a detailed discourse analysis of how child abandonment and associated areas such as teenage pregnancy, abortion, foster care and adoption are represented by the media. I suggest that the media depict the mothers responsible for abandonment in a simplistic dichotomy as either criminal or depressed. Abandoned children, in contrast are represented as vulnerable, physically and emotionally compromised, and with their unknown ancestral blood, considered likely to have troubled lives. Both these representations, I argue, are an attempt to define abandonment as a pathology, and illustrates the first step towards medicalising this complex social behaviour. The aim of this chapter is to show how the media, acts as a catalyst for medicalisation and in doing this, become the first interest group in what Scheper-Hughes (1988) refers to as the 'bad-faith' community responsible for the annexing of child abandonment as a medical category.

Chapter 4, entitled 'The management of child abandonment', explores how child protection officers, including social workers, nurses and the police, perceive and represent both the abandoning mother and the abandoned child in the execution of their duties. I suggest that the social workers define the mother as a victim of structural suffering and prone to depression, whilst the police, nurses and hospital workers refer more to the criminality of child abandonment and their concerns for 'spiritual afflictions'. This fear of spiritual suffering is derived from an indigenous or lay medical model of illness related to ancestral beliefs, rather than the western biomedical model related to depression, post-traumatic stress syndrome and postpartum depression favoured by the social workers. As with the media, these individuals both contribute towards the medicalising of child abandonment in representing both mother and child as sick or in need of medical care.

In Chapter 5, I explore the personal embodied experience of child abandonment, initially from the perspective of the mother and then from that of the abandoned child, who is now an adult. I suggest that both of these groups of people have internalised the dominant view of the medicalisation of abandonment, the mothers citing anger and depression, and the children referencing a range of psychological sequelae, following the discovery of their desertion. This chapter illustrates how the abandoning mother and the abandoned child have internalised the subjectivity of child abandonment as a medical concern and illustrates the role that they play in their own subjugation in the process of medicalisation.

Chapter 6, entitled 'The treatment of child abandonment', provides contrasting perspectives on how child abandonment can be addressed by different 'expert' healers. I first explore the

perspective of clinical psychiatrists and psychologists who are trained in Western biomedical psychotherapy, and who focus their treatment on the individual patient of abandoning mother or abandoned child. I then examine the views of traditional African spiritual advisors and healers, known as *sangomas*, and their belief in the need for a 'community of healing' to resolve the issue. I suggest that the psychiatrists and psychologists play a significant role in the continued medicalisation of this social behaviour, expressed through their belief in 'attachment disorder' and the associated psychological and behavioural challenges experienced by the mother and child. Rather than individualising and medicalising the problem of child abandonment, *sangomas* provide a more flexible view based on addressing the issue at a family, community and spiritual level.

CHAPTER 1: THE CONCEPTION OF CHILD ABANDONMENT

Children and abandonment

South Africa is a signatory of the United Nations Convention on the Rights of the Child (1989), which sets out their civil, political, economic, social, health and cultural rights. In summary, it grants children the right to a name and identity; to live in a family [their own or another]; to be educated and to share their thoughts and ideas; to be loved and understood [preferably by parents and family or by their government if the former is not available]; to be helped in times of need; to be protected against cruel acts and exploitation; and to not work before a minimum age. For signatories there is a legal obligation to put these rights and principles into practice and to protect them at a local, national and international level. Anthropologist Catherine Panter-Brick (2000) identifies that through this global initiative, a universal image of a 'proper childhood' has been created, predominantly based on Western values. Children are expected to grow up in safe, secure, happy environments, and to be taken care of by caring responsible adults. Views of childhood and child rearing, however, differ significantly around the world and what some see as "well-intentioned intervention or even moral imperative", is viewed as unwanted interference and even "cultural imperialism" by others (Panter-Brick 2000:11).

Child circulation and employment are the two most polarising issues when it comes to a universal view of childhood. In many developing countries, the care and upbringing of children is seen as a collective responsibility between biological parents and the child's extended family (Panter-Brick 2000:6). Fostering is a common practice in Africa and other parts of the world, and can assist the child in improving their economic situation and social mobility (see Radcliffe-Brown and Forde 1967, Bledsoe 1990, Leinaweaver 2008, Levine 2013). Child employment, although frowned upon by the United Nations, is sometimes critical for a family's survival in developing markets. Employment can also play an important role in a child's development, teaching them skills and establishing their position in their family (Boyden et al. 1998 in Panter-Brick 2000:8). Anthropologists now refer to the 'plurality of childhood', that recognises how the concept can be stratified by age, class, gender, ethnicity, rural and urban environments, disability or illness, and can also vary over time and space (see Archard 1993:20, Qvortrup 1994:5 and James *et al*, 1998).

As childhoods and views on child rearing differ across the globe, so too does child abandonment. The image of the abandoned child is a particularly contentious one, and as Ennew (2000) argues, has been used for decades as a moral rhetoric "to justify continued policies of rescue and redemption", whilst stigmatising the poor and disenfranchised (Ennew 2000:xv). Panter-Brick observes that the "uncritical use of the word 'abandonment' is common in media and the social welfare literature", and fails to examine the diversity of the lived experience of these children (2000:1). This could be anything from living on the street, to victims of war, refugee status, child prostitution or being left by a parent at birth, or shortly thereafter, as in the case of 'foundlings'. Abandonment is also used to describe parental and societal neglect, as highlighted by Nancy Scheper-Hughes and Carolyn Sargent (1998). They identify structural inequalities and socio-political interest as the root of the discrimination against street children in Brazil, and what they refer to as "child-hostile public policies" in the United States, Canada, and the United Kingdom (1998:20,28). Children are believed to be exceptionally resilient, and as noted by Panter-Brick, portraying them as helpless victims denies them both agency and competency (2000:11). Moving beyond treating children as passive recipients of adult culture, Sean Jones (1993) suggest that we should rather see children as active participants in the complex networks of adults and individuals that influence their worlds (1993:3). He calls for "an anthropology which acknowledges and accounts for both childhood in culture and culture in childhood" (1993:6).

An international perspective on child abandonment

The first, and in many respects most detailed, exploration of child abandonment was conducted on 17th and 18th century Europe. The Renaissance, or 'rebirth of creativity' in Italy also saw the establishment of the first foundling homes on the continent. These institutional homes, created for the management of abandoned babies, proliferated across Europe in support of the massive urbanisation that was occurring at the time. Most major Southern cities, predominantly Catholic in spiritual affiliation, facilitated the anonymous abandonment of children through their 'foundling wheels'. This device enabled women to place their child in a cradle, attached to a wheel, that when rotated took their baby into the home through a hole in the wall (Panter-Brick 2000:14). Abandonment at this time was seen as a form of child fostering, where the responsibility of the child was passed onto the state rather than family or community members in what Brodber (1974) refers to as 'delegated motherhood'. Sά (2000) argues that foundlings were seen as a resource for society, and were often

conscripted into the labour force or army in payment for the state's investment in them (Sά 2000:15). Foundlings, or what Kertzner (1994) refers to as 'surplus children', were also placed in foster families as potential workers in the home or fields (Panter-Brick and Smith 2000:15). The view of unattached children being perceived and used as a national resource was recorded as early as the 1500s amongst the Inca, where abandoned children were "reimagined" as *capci churikuna* or "sons of the community", raised by women with no children, to work in the community's coca fields (Salomon 1986:103-3).

The documentation of mass child abandonment was recorded again in 19th century New York where a network of alms-houses, asylums and hospitals were set up to manage the staggering increase in child abandonment caused by industrialisation, migrant labour and associated poverty. Miller (2008) notes that "of all young children who lived in nineteenth-century New York, foundlings were the most vulnerable, and their problems and those of their mother the most closely associated with the social disorganisation of large cities" (2008:2). Unlike the women of Europe, who could take advantage of urban foundling asylums, and what Miller refers to as the "tentacular system of porters, midwives, doctors and priests", the American federal government had no central welfare system. Child support services were unavailable to women in colonial America resulting in a proliferation of child abandonment (2008:17).

In more recent times, the late 1980s saw a significant increase in child abandonment in China, coinciding with the government's implementing of strict birth planning processes where married couples were restricted to having only one child. The high levels of abandonment were followed by an increase in the institutional care of infants, mostly young girls. This led to numerous deaths and what was termed a 'failure to thrive syndrome' amongst the children. This syndrome, where children fail to gain weight and often die very young, has been associated with mass institutional care around the world and across generations. A study was conducted to explore the impact of legislation and cultural perceptions of adoption, specifically whether people were willing to adopt children unrelated by blood or with unknown parentage (Johnson, *et al.* 1998:470). A connection was found between population policies and abandonment. Many of the abandoned children did not even make it into the welfare system, as informal adoptive parents "emerged spontaneously to handle the crisis of abandonment…many of them defying government adoption law and policy to do so" (1998:502). The study found that the greatest cause of child abandonment,

and the biggest obstacle to finding homes for abandoned children in China was government policy and opinion (1998:503).

In Fonseca's (1986) study of systems of child circulation in a Brazilian squatter settlement she found that although economic duress was a key driver of child abandonment, additional social and cultural factors were also at play. In these communities, household boundaries were seen as fluid and babies were "cherished at a community level", allowing them to be "borrowed" by a trusted neighbour or friend sometimes for extended periods of time (1986:19). Fonseca observed that this "voluntary swapping of children" created an environment where it was "not always clear which children are being raised by whom" (1986:19). Women who engage in this form of child circulation, often did so due to 'crisis conditions', such as death, divorce and remarriage (1986:15). Fonseca suggests that in these instances, the mother-child unit is an unsatisfactory survival strategy, pointing to a need to address child abandonment at a community rather than individual level (1986:15).

Sargent and Harris (1998) found that in Jamaica, child abandonment was a product of psychological, cultural and economic factors that reflect the "desperation and isolation" of the parents involved (1998:222). Brody (1981), referenced in the study, suggests that children used to be sent to kin or friends to improve their opportunities in life, however, present day child circulation is more akin to dealing with problem children in the urban environment in what he refers to as "crisis fostering" (1998:215). The authors found that child abandonment increased in relation to the decline in the Jamaican economy and to "the enduring cultural meanings associated with sex roles and family life" (Smith 1988:80 in 1998:215). With the high percentage of female headed households in Jamaica, women bear the brunt of child care responsibilities, whilst also being subjected to an insecure and inadequate wage economy. Sargent and Harris contend that women have generated a variety of survival strategies, in response to this growing economic crisis including fostering or abandonment (1998:216). They interpret abandonment as a socioeconomic issue related to sustained economic uncertainty and diminishing extended family support.

In Leinaweaver's (2008) exploration of child circulation in Peru, her historic findings supports Brody's (1981) view that this form of child-mobility was used to improve a young person's social standing and opportunities. However, in the contemporary global political economy the traditional system of child circulation and extended family are under threat. This threat is experienced internally through what can only be described as child trafficking,

and externally through the production of 'abandoned children' for international adoption. The impact of civil war in Peru led to an increase in the institutionalisation of children, and child abandonment, or what she refers to as "social abortion". In this instance international adoption was used as an acceptable means of dealing with a social crisis (2008:157). Leinaweaver, criticises the unbalanced and 'one way' form of international adoption from Third World poverty, war and disease to wealthy First World adoptive parents. She believes it undermines existing relationships of kinship, responsibility and care (2008:2), and constructs the child as an individual, disconnected and in need of protection, rather than as a valuable resource in an extended family system of kinship and belonging (2008:158). In the contemporary Peruvian context, child circulation is associated with poverty and race, as it is only the indigenous Indian populations that view this practice as central to their culture. As such, it is frowned upon by the dominant political power, of Spanish decent, in their efforts to globalise and standardise child welfare practices in the country (2008:159).

In the studies outlined above, we see a range of theories as to the causes and contexts of child abandonment. Population movement, urbanisation and migrant labour are seen as critical drivers in the breakdown of family support systems. This is exacerbated by poor social welfare and gender inequality, were women are forced to bear the brunt of child care responsibilities with little to no support. The unmarried mother is presented and treated as a social problem, to be controlled and managed, often into giving up her child either willingly or unwillingly. Government intervention is also a key driver, through legislating how many children a family is entitled to. They also decide who will be provided with maternal health care and child support, and who will not, in a practice Shellee Colen (1989) refers to as 'stratified reproduction' (see Ginsburg and Rapp 1995). In each of these examples, woman find themselves isolated and desperate in the face of an unplanned and possibly unwanted pregnancy. Traditional extended families and indigenous child circulation systems are breaking down to make way for standardised global child welfare systems including institutionalisation and international adoption.

Global child protection strategies

Although the institutionalisation of children is widely documented as being detrimental to a child's health and wellbeing, it is still a popular solution to manage 'excess children', even today (see Mulheir 2012). UNICEF estimates that there are at least two million children in

institutions or orphanages around the world[5]. Many of these children have families, however, due to poverty, war, work, and education they are unable to take care of them[6]. Children who are institutionalised at an early age can suffer from delayed emotional, social and physical development, and are also believed to be more prone to behavioural problems and learning difficulties (see Bowlby 1969, Howe 2005).

International adoption is also not without controversy. Initiated after World War II, it found its roots in Europe, but has quickly become a Third to First world phenomenon where children from Third World countries are sent to Europe, the United Kingdom and most often, the United States of America. Nearly one million children have been adopted internationally since 1948, however, numbers have been declining steadily since 2004 for a variety of reasons (Selman 2012:4). These reasons include prejudice against same sex adoption in the sending counties, reported abuse against adoptees, and the publicly voiced resentment of adoptees towards their countries of birth for sending them away. The largest sending country from Africa is Ethiopia, whose numbers rose from 620 in 2000 to 4,565 in 2009, replacing Russia as the second highest sending country in 2010 after China (Selman 2012:11).

South Africa is the second highest sending country on the African continent, with 1580 children being sent overseas between 2004 and 2010 (Selman 2012:12). The number of international adoptions, as with local adoptions, have decreased significantly over the past few years. The popularity of adoption from Africa, is often ascribed to celebrity adoptions such as that by Madonna and Angelina Jolie. Yngvesson (2010) associates these adoptions with a 'rescue narrative', and highlights concerns around the racism these children experience in their new homes (2010:33). She explores how adoptive children of different racial decent live a paradoxical life as they try to fit in and belong. She suggests that in acknowledging their nationhood, they sometimes have to deny their true ethnic identity or vice versa (2010:36-37). Root searches for biological parents are an increasing trend, despite traditional adoption processes that attempt to obliterate the existence of a previous biological family.

A historical perspective on family, child care and ancestral beliefs in South Africa

Many South African's will tell you that the concept of family is central to their way of being in the world. The first significant social act that is performed around a child, is their

[5] http://www.unicef.org/southafrica/protection_6633.html
[6] http://www.unicef.org/media/media_45451.html 17/03/2013

introduction to their family and their family's ancestors by means of their clan name. This is brought to life through an old Pondo proverb which states 'to be born alone is to be a heap of meat' - *Ukuzalwa weda ngunmtu wenyama* (Hunter-Wilson 1979:58-59).

In conducting research amongst indigenous African people in South Africa during the mid-1900s, Radcliffe-Brown found that "kinship results from the recognition of a social relationship between parents and children" (1967:4). Most of these societies were, and still are, patrilineal where the children belong to the father's clan and ancestors (1967:40). A child's social position was dependent on the source of the marriage payment that was made for his or her mother. A well-known Zulu saying is, 'cattle beget children', meaning that the marriage-cattle given for a woman, indicates the giver of those cattle as the father of her children. Gluckman (1938) states that, "Once a man has given marriage-cattle for a woman he is pater of all her children, even if she deserts him or if he dies...Thus Zulu marriage transfers a woman's fertility absolutely to her husband's agnatic kin-group, and it is an essential element in the contract that she have children" (Gluckman 1938 in Radcliffe-Brown 1967: 184,189).

A man can 'redeem' his illegitimate children with cattle, however, rights of inheritance vest exclusively from the agnatic lineage. If a child is not redeemed, they have no rights of inheritance in their mother's family. A man may pay *lobola* for a woman sometime after she has borne him children, or he may choose to just *lobola* the children, leaving the mother to marry someone else. This can lead to a conflict where a child is claimed by one father socially, but be related to another biologically. For the Swazi, however, "a child is said to be impelled by the 'call of blood' to seek him [his biological father] out in later life". Legitimate 'blood' offspring are believed to bring stability to the family, and the production of legitimate children, is seen as a social obligation of adult Swazi men and women (Radcliffe-Brown, 1967:89).

With regards to premarital children, if a girl falls pregnant before marriage she was said to lose her value on the 'marriage market'. Boys could be given a hefty fine, depending on the status of the girl and how he is judged by his elders (Radcliffe-Brown 1967:89). In Mayer's observations of Xhosa society in the 1950's, "girls who fell pregnant faced the wrath of their elders and ancestors, and could suffer various forms of public humiliation", it could also undermine her chances of making a good marriage (Delius and Glaser 2002:31). For the Pondo, a woman who has not had her bride price paid is said to have 'no honour' at her

husband's home, and no matter how many children she bears him, they can always be removed by her family for this lack of payment (Hunter 1936:190).

Although some of these ethnographies stated that infanticide was used as a means to dispose of unwanted children, sub Saharan Africa has been found to have a lower incidence than any other continent. The birth of twins in some ethnic groups could be considered an evil omen and resulted in both the children being killed. This has been recorded amongst the San in South Africa, who also considered infanticide if a child was born during a severe drought which threatened the child's continued survival. An unusual birth [being born with teeth, albino or a physical deformation], or the death of the mother during childbirth, could brand the child a 'witch baby'. Tribal customs, superstition and in some cases practicality, were all reasons where infanticide were considered. These related to the need for survival in harsh living conditions, succession and inheritance claims, climate concerns, the death of a husband, incest, and in some instances illegitimacy (Miller 2000:160-163).

There is no reference to modern day concepts of adoption in any of these early ethnographies, however, orphaned and destitute children were frequently taken in by families and cared for, even if they were not accepted into the broader kinship circle. Radcliffe-Brown (1967) noted that although adoption of non-related children was unknown, orphans whose parents had been killed in war or for witchcraft would be taken in by families. These children were identified with those of the family, however, they were described as *tigcili*, the equivalent of domestic serfs (1967:89). Conversely, foster care was a widely accepted practice with many children growing up in homes and villages with extended family members (see Gluckman 1967:202). Schapera found that amongst the Tswana, children were often sent to live with the people of their mother's parental home where they were warmly welcomed (1967:145).

Ancestors played an important role in each of these indigenous ethnic groups. They had power over their children and all decedents of the male line of their clan. The ancestors were consulted at key life-stages through the ritual killings of cattle or goats and beer offerings, specifically but not exclusively at birth, initiation, marriage and death. As noted by Hunter, ancestors were believed to be powerful in sending good and evil to their decedents, and as such, "the prosperity of the living depends upon the goodwill of the dead" (1936:266). Prosperity and conversely suffering, was something that people believed they had little control over and was therefore thought to be the result of one's ancestor's approval or disapproval. Magic could also be procured to influence one's fortune (Hunter 1936:456). A

man's ancestors were believed to watch over his conduct, and would punish him for what they deemed a breach of duty, this could include fathering a child and not acknowledging paternity (Radcliffe-Brown 1967:36). A man could consult a spiritual diviner and be told that a child he had abandoned and not introduced to his ancestors was still 'crying for him'. If he was unable to produce this child, the ancestors could inflict extreme suffering upon him. Personal boundaries between individuals and their families were, and still are, believed to be very fluid in African culture, and as such, suffering experienced individually could also be experienced by the guilty party's family (see White 2004).

Indigenous cultures in South Africa are dynamic and have adapted to external influences such as Christianity, migrant labour, urbanisation and more recently to modern consumerism (Magubane 1998:8). Hylton White (2004) notes that ancestors still play a crucial role in domestic life in Zululand, "as the guardians of their survivors", and are often consulted on important family matters (2004:145). The current political leadership in South Africa refer regularly to the role that ancestors play in their constituent's lives. President Jacob Zuma recently stated that "the ancestors will turn their backs on you, and you will have bad luck forever if you leave the ANC", at a political rally leading up to the 2014 national elections (The Times 27/01/2014). Understanding these cultural views and traditions is relevant to this study as it relates to how contemporary individuals, with traditional views, interpret concepts such as kinship, abortion, child abandonment and adoption.

A contemporary view on family and child protection strategies in South Africa

The current 'White Paper on Families' in South Africa (2012) defines family as:

> A societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence. (Department of Social Development (DSD) 2012:11)

The authors of the document chose to omit any reference to 'close emotional attachments', as in their view, not all family members are close (DSD 2012:5). The document has been criticised for its lack of insight into more traditional extended families, as well as more modern alternative families, that differ from the Western concept of the nuclear family. In addition, it fails to acknowledge the role of deceased family members, in the form of ancestors, who still play a crucial role in the everyday domestic life of many South Africans.

These ancestors are also responsible for enforcing the 'close emotional attachments' that they have omitted from their definition.

The White Paper cites a number of 'crucial issues' affecting South African families, which need to be addressed, these include: poverty and inequality; unemployment; housing; HIV/AIDS; absentee fathers; crime; substance abuse; gender-based violence; teenage pregnancy; and moral degeneration (DSD 2012:22). The paper goes on to state that there is a general consensus amongst academics and the public, "that South African society, with specific reference to family life and school life, is experiencing a serious moral breakdown or degeneration, described as the process of declining from a higher to a lower level of morality" (Louw 2009 in 2012:29). Many of the issues associated with this perceived 'moral breakdown', are also linked to child abandonment. The authors state that "ultimately, illegal abortions, the abandonment of babies, and child neglect are often seen by teenage mothers as inevitable" (DSD 2012:29). Other influencing factors include the low prevalence of marriage in South Africa, the associated vulnerability of single mothers, and the impact of urbanisation. I briefly review each of these factors from a South African perspective, in the context of child abandonment, in Appendix A to provide a contextual framework for the findings that follow.

Institutionalisation, child circulation, foster care and adoption in South Africa

The notion of 'Ubuntu' holds that no child can be an orphan in Africa, as roles of mother and father are defined collectively. As such, it is presumed that no man or woman who believes in Ubuntu will allow a child to be an orphan (see Samkange 1980). However, the impact of poverty and HIV/AIDS in South Africa has seen many children being placed in institutional care, or 'child headed households'. Close to half the children in child and youth care centres have been admitted for reasons of abandonment or neglect (Mokate *et al.* 2011). Child headed households [households where there is no adult member] are considered vulnerable and often have to cope with poor living conditions, no regular income, and struggle to access social grants due to an absence of valid identity documentation (see Hosegood, 2009; Mturi *et al*, 2005; Meintjies *et al*, 2009).

In South Africa, most orphans are taken care of by their extended family, however, the increasing impact of poverty, urbanisation and the weakening of family ties is placing this type of care under extreme pressure (UNICEF 2001:15). It is estimated that nearly 1.5

million children in South Africa, live in 'skip-generation' households, where a child is taken care of by their grandparents. These types of family based arrangements are informal, difficult to monitor, and fluid in nature, similar to the 'child circulation' found in Brazil and Peru (see Fonseca 1986; Leinaweaver 2008). In this situation, the child has no legal claim to inheritance should anything happen to their carer (Mokomane & Rochatt 2010:49).

Less than a third of African children live with their parents in South Africa (27%). This is attributed to poverty, labour migration, educational opportunities and cultural practices (Berry *et al.* 2013:87). During my fieldwork I was told a number of stories of children who were distributed to extended family members in a practice they referred to as "illegal adoption". This informal 'child circulation' was either conducted to keep an unwanted pregnancy secret, or due to the mother not being able to take care of the child for financial reasons. Some of these stories were very complex, where children were passed on a number of times to different family members, with more and more distant and tenuous connections to their biological parents. In these instances the children would often lose contact with their more immediate biological family.

Foster care is a temporary solution for children who have been orphaned, abandoned or who are vulnerable. It does not provide children with the level of legal protection and permanence that adoption does, yet it is considered "the most widely preferred form of alternative care in South Africa for children whose families have abandoned or relinquished them" (Mokomane & Rochatt 2011:1). The new Children's Act has had a significant impact on the foster care system in South Africa. The monetary gap between the Child Protection Grant [R300] and the Foster Care Grant [R800] has created an incentive to place children who have parents, with another relative to benefit from the additional funds. The Act also requires that all children in need of care, including orphans, be placed in the foster care system. The massive increase in orphans as a result of the HIV/AIDS pandemic has resulted in the system being completely overburdened with insufficient social workers to manage it effectively (see Barberton 2006). Most child protection experts believe that orphans should be absorbed into their extended families, in what they see as a 'natural solution' to a crisis of this nature. The current situation, where all orphaned, abandoned and vulnerable children are placed into the formal foster care system, has resulted in children who are in need of a swift child protection response, due to abandonment or abuse, frequently not being reached in an appropriate time.

Adoption levels are considered low given the high number of children accessing foster care grants. Mokomane and Rochet (2011) in their study on adoption patterns in South Africa, found that several factors including socio-cultural issues around lineage among African families and communities, were influencing the low levels of adoption (2011:9). Gerrand and Nathane-Taulela (2011), in their work on developing a culturally relevant adoption model in South Africa, found that black women face intense pressure to "prove their fertility for lineage requirements", by giving birth to a child. They state that black South Africans perceive adoption as "severing the child's relationship with his or her family of origin and clan roots" (Gerrand and Nathane-Taulela 2012:6). Despite this concern, the amount of black adoptive parents is slowly increasing in South Africa, however, numbers are still alarmingly low considering the amount of children in need of families. Foster care appears to be the only solution that the Department of Social Development supports proactively through their service delivery initiatives and social grant provision. Whilst paying lip service to adoption, it is often treated with mistrust by government representatives and social workers.

Contemporary urban South Africa has all of the challenges identified as causes in the production of child abandonment: restrictive legislation; poverty; mass urbanisation; high levels of violence; gender inequality; high levels of HIV/AIDS; and diminishing extended family support. The current solutions for abandoned children are not ideal, as institutional and foster care systems continue to buckle under the pressure of over-use. Despite its proven long term success in the global context, the government appear hesitant to openly support adoption as a means to alleviate the current child protection crisis. Reasons for this hesitancy are unclear, however, a review of traditional African ancestral beliefs indicates that the Western practice of adoption, where unrelated children are incorporated into families in a form of created kinship, could be problematic in this social environment. The KZN Commissioner for Traditional Leadership Disputes and Crimes, Jabulani Mphalala, recently stated that "it would take years before there was a flexibility of mind about adoption among most South Africans. We would have to have a big indaba [meeting] before it could be accepted. Ancestral spirits look after their relatives and no-one else. In our religion, in our culture, this thing is ring-fenced"[7].

[7] http://www.iol.co.za/lifestyle/family/kids/red-tape-slowing-down-adoptions-1.1650829 Accessed 24/02/2014

CHAPTER 2: THE EXPLORATION OF CHILD ABANDONMENT

My interest in child abandonment has emerged from assisting the child protection community over the past four years in the development of their National and Provincial Adoption Coalition in South Africa. This has included the facilitation of a number of workshops and conferences, as well as countless meetings with independent social workers, child protection organisations and representatives from the provincial and national Departments of Social Development. In this dissertation, I draw on these experiences as well as additional fieldwork, which was conducted from March 2013 to February 2014.

To try to understand the complex nature of child abandonment, I had to think creatively about how I approached the construction of my field site. I could not simply spend time in a single community where the issue of child abandonment is particularly high, as this would not necessarily guarantee me access to the individuals who were abandoning, or being abandoned. I could also not follow the process of abandonment from beginning to end, as this would entail first finding someone who was pregnant and considering abandoning their child. Once abandoned, I would then need to follow the child from infancy to adulthood to understand their personal journey.

In the tradition of George Marcus (1998) and his method of multi-sited ethnographies, I decided to follow the people and the conflicts that I encountered around the issue of child abandonment (1998:90-95). In doing this, I hoped to "examine the circulation of cultural meaning, objects and identities in diffuse time-space", in the context of child abandonment (1998:79). As child protection organisations provide a critical link for abandoned children, I identified a few key organisations, who play a dominant role in this arena in Johannesburg. These included AFM Abba Adoptions, Door of Hope, Jo'burg Child Welfare, Hotel Hope Ministries and Impilo Place of Safety. Much of my time was spent at these institutions, interviewing their founders, social workers and carers, and observing their day to day activity. I conducted 37 in-depth interviews and 12 workshops involving 134 participants in total. I also spent numerous hours engaging in participant observation in baby homes, counselling sessions, child and youth care facilities, conferences and at the Johannesburg Children's Court.

I had intended on focussing my research predominantly in Alexandra township, however, I soon discovered that even this parameter to my fieldwork would prove ineffective. The

informal areas of townships are fluid environments and people travel between them frequently, depending on their financial situation or the support of family and friends in the area. There is also no clear boundary to the police stations, child protection organisations, or hospitals that support these areas. A child could be abandoned in Alexandra, taken to a police station in Tembisa, have medical tests conducted at Johannesburg General Hospital, and then be referred to a social worker or child protection organisation in Tshwane. My participant observation focussed on three main townships surrounding the city of Johannesburg, specifically Alexandra, Tembisa and Soweto. Soweto is one of the oldest townships in South Africa dating back to 1904 and officially has 1,3 million residents. Alexandra township was established in 1912 and is recorded as having just under 200 000 residents. Tembisa, the Zulu word for 'there is hope', was established in 1957 on the East Rand of Gauteng and has half a million residents. The populations of these townships has increased by more than 25% from 2001 (Stats SA Census 2013[8]). These statistics, however, are still not believed to reflect the true residential population of the townships due to the high proportion of migrant and illegal immigrants that reside in these areas.

The development of my 'mobile ethnography', started with the consultation of a number of child protection experts to map out the 'process of abandonment' for a child, from in-utero to permanent care. This process formed the basis of my fieldwork exploration and included participant observation and in-depth interviews with a range of different people. The first of my research participants were young women experiencing unplanned pregnancy, who I observed and interviewed whilst shadowing a social worker who provided counselling, guidance and practical support at two schools and a community centre in Alexandra township. I interviewed or ran workshops in Alexandra and Tembisa with community members and police officers. I interviewed two women who had been caught for abandoning their children and who agreed to meet with me to share their side of the story. I was unable to gain ethical clearance to conduct fieldwork in public hospitals and clinics, however, I conducted a community engagement workshop with just over forty hospital social workers, from across Gauteng, and was also invited to a private monthly empowerment workshop with a group of twenty midwives, all employed at government health care institutions. With their full knowledge and consent, these health care practitioners agreed to discuss their views and experiences on child abandonment outside of the hospital environment.

[8] http://beta2.statssa.gov.za/ last accessed 11/03/2014

Much of my time was spent with accredited adoption social workers, as these are the individuals who deal primarily with abandoned children. They are also the people who I have worked with extensively over the past four years in my assistance to the National Adoption Coalition of South Africa. I spoke to legal experts from various child protection organisations and was also invited to attend a wide ranging discussion on the challenges they were experiencing around the implementation of the new Children's Act. I spent time in a number of baby homes observing and participating in the care of abandoned babies, one of which contained a 'baby safe'. I facilitated four personal empowerment workshops at a large children's home in Soweto, with children ranging in age from seven to nineteen years, many of whom had been abandoned. I met with two young men who had recently discovered their adoptive status and that they had been abandoned as babies by their mothers. I also met with a number of international adoptees and adoptive parents at an international adoption conference in the Faroe Islands in 2013. I conducted a number of interviews and a workshop with adoptive and foster care parents in Johannesburg. Finally, I ran a group discussion and conducted some in-depth interviews with five *sangomas* working predominantly in the Soweto and central Johannesburg areas.

In support of my interviews and participant observation, I conducted a detailed discourse analysis of an archive of newspaper articles from the past four years (2010 to 2013). These articles related to unplanned pregnancy (111 articles), abortion (41 articles), child abandonment (151 articles), temporary safe care solutions such as foster care and children's homes (137 articles), and adoption (99 articles). The articles were gathered from an editorial monitoring service (www.ornico.co.za), which tracks all key media from major newspapers, magazines and radio programmes in South Africa using key words[9]. I analysed 539 articles in total, to identify the messages, communication techniques, and sources of information that were amplified via the media. I conducted qualitative decoding of each article, identifying key themes and communication messaging, noting frequency of mentions and use. Critical discourse theory aims to highlight the language construction of a dominant point of view on a particular topic that is under discussion in the media (see Wodack 2004). Certain vocabulary, communication styles and images are used to create a common way of talking about a

[9] Newspapers and Magazines included The Daily Sun; The Citizen, New Age, The Star, Sowetan, Mail & Guardian, Argus, Daily Dispatch, Herald, Die Beeld, Pretoria News, Witness, Sunday Times and Sunday World; Move, Drum, People, Huisegenoot, Fair Lady and Your Baby.

particular topic. Mack *et al.* (2010), note that, "the discourse emerges as the normative way of thinking and talking about the topic, creating understandings about the world generally accepted as truth by the people who use the discourse" (Mack *et al* 2010:6-7). Discourses can reflect particular biases, but through widespread use, the bias becomes obscured, which highlights the importance of identifying agency, in terms of who is speaking and on behalf of whom (Mack *et al.* 2010:7). This discourse analysis informed my understanding of the symbolic representation of child abandonment and associated areas of concern in the media.

Due to the complex nature of my field-site, and the range of different perspectives that I encountered throughout my research, it became important to interpret my findings through a coherent model. Initially I used Scheper-Hughes and Lock's (1987) conceptual framework of the 'mindful body' to achieve this. An abandoned child enters this world with only one tool, their physical body. The way that this body is managed is influenced by a range of societal forces that impact on how abandoning women are perceived and abandoned children identify themselves. The 'mindful body' approach, provided me with a structure to think about this complex social behavior during my fieldwork.

The "mindful body" approach, identifies three perspectives from which the body may be viewed or analysed, as well as three different theoretical approaches and epistemologies (Scheper-Hughes and Lock 1987:8). The first of these perspectives, is what the authors describe as the "lived experience of the body-self", where the body is viewed from a phenomenological perspective. This is based on Mauss' hypothesis, that all people share an intuitive sense of the embodied self, and that the way we experience the world around us, and respond to it, differs from person to person (1987:7). It moves away from the Cartesian legacy of a separation or dualism, between body and mind, exploring rather how these elements work together in an integrated fashion to create meaning (1987:9-11). Abandonment is experienced both physically and emotionally by the abandoning mother and the abandoned child, and it is important to view this experience holistically to understand its true impact. This view was most relevant in my exploration of the personal experience of abandonment from the perspective of the mother and child.

The second perspective is that of the 'Social Body', where the body is used as a natural symbol to think about nature, society and culture, from a structural and symbolic perspective. This builds on the theory of the social, symbolic and structuralist anthropologists, and explores how the body can represent "organic wholeness", or conversely, "social

disharmony" in a society (Scheper-Hughes & Lock 1987:7). In the social body, we see how particular organs, body fluids and functions, take on symbolic significance for people. In the context of abandonment for example, conceptualisations of blood are central. As noted by the authors, "ethno-anatomical perceptions, including body image, offer a rich source of data on the social and cultural meanings of being human and on the various threats to health, well-being, and social integration that humans are believed to experience" (1987:16). I explored this symbolic perspective initially from that of the media and how it represents child abandonment, and then from the various child protection organisations and expert healers responsible for the care of abandoned children.

The third and final perspective is that of the 'Body Politic', which refers to the regulation, surveillance and control of bodies, from a post-structuralism perspective (1987:7-8). The body politic, explores how societal forces are used to 'regulate populations' and 'discipline individual bodies'. Both the abandoning mother and the abandoned child are subjected to a high degree of surveillance and management which influences their experience of their world. Douglas (1966) notes that "when a community experiences itself as threatened, it will respond by expanding the number of social controls regulating the group's boundaries" (Douglas 1966 in 1987:24). When social order is threatened by change, as in the case of increased child abandonment, symbols of self and social control become intensified. Scheper-Hughes and Lock observe that "boundaries between the individual and the political bodies become blurred, and there is a strong concern with matters of ritual and sexual purity, often expressed in vigilance over social and bodily boundaries" (1987:24). This final perspective led to my observation that child abandonment is increasingly being medicalised in contemporary South Africa.

The medicalisation of child abandonment

Despite its prevalence worldwide, and across generations, my exploration of child abandonment in urban Johannesburg, revealed the growing attempts by various interested parties, to medicalise this social behaviour. Medicalisation refers to the process by which non-medical problems become defined and treated as medical, usually in terms of 'illness' and 'disorders' (Conrad 2007:4). Conrad notes that the key to medicalisation is that of definition. Specifically, that "the problem is defined in medical terms, described using medical language and understood though the adoption of a medical framework or 'treated'

using medical intervention" (2007:5). Language therefore becomes important in constituting the reality that it seeks to represent.

Medicalisation often focusses on normal life events or transitions, such as childbirth, or everyday emotions such as feeling sad or depressed. Women, and their reproductive health have long been a subject of medicalisation, from menstruation to fertility, childbirth and ultimately menopause. Beyond these common life issues, medicalisation is also concerned with what is perceived to be deviant, immoral and sinful social behaviours. These include problems such as drug and alcohol addiction, homosexuality, eating disorders, and in the context of South Africa, child abandonment. The major concern with medicalisation is that medicine can be used as a tool to shift blame or to exercise increasing control over a population. Social issues which should be dealt with at a community or country level, suddenly become the responsibility of the individual. Problematic behaviour is reconstituted as sickness, taking the responsibility out of the 'patient's' hands and placing it into those of the doctor or pharmacist. Medicalisation, however, is more than just a tool of medical practitioners, as the support of social organisations, the state and the individual's concerned, often form a 'collective action' around the perceived issue being medicalised. These supporters can influence the degree of medicalisation as it is deemed more or less of medical concern (Conrad 2007: 6-7).

Aihwa Ong's (1987) work on spirit possession attacks on young, unmarried women, in multinational factories in Malaysia illustrates how definitions of behaviour can differ between various interest groups. In the face of extreme gender inequality, highly stressful working conditions, and the loss of family support, young women started to experience what they viewed as attacks by angry spirits. Malays consider spirit possession to be an illness that afflicts the soul and that these attacks were a result of the young women engaging in 'alien' and 'male' activities. They believed that these activities together with the clinical factory environments they worked in violated certain moral boundaries (1987:28). The factory management viewed this 'hysteria' as being caused by 'undernourishment' and 'superstitious belief', choosing to treat the young women with sedatives, isolation and the 'immunisation' of those suspected to be at risk (1987:30). Ong, however, suggests that these episodes were a result of the young women's profound sense of ambiguity and dislocation caused by the process of modernisation (1987:28). She notes of medicalisation:

> In Third World contexts, cosmopolitan medical concepts and drugs often have an anesthetizing effect, which erases the authentic experiences of the sick. More frequently, the proliferation of positivist scientific meanings also produces a fragmentation of the body, shattering of social obligations, and a separation of individuals from their own culture (Ong 1987:40).

In Scheper-Hughes' (1988) work on 'nervous hunger' among Brazilian sugar cane cutters and their families, she found that the subjects of medicalisation came to participate in their own subjugation and colonization (1988:431). Borrowing a term from Bourdieu (1979:173), she refers to this uneasy collaboration as a "bad faith" community, where each party plays their role in the portrayal of extreme malnutrition and hunger as 'nervoso', a folk term used to describe a range of nervous conditions in Latin America (1988:430). Highlighting a key concern of medicalisation, the state perpetuated this misconception to silent dissent in their working class. The doctors, fearing political retribution and worn down by the requests of their patients, prescribe vitamins and tranquilisers rather than food to 'cure' this condition. However, it is the behaviour of the residents of Bom Jesus, where the ethnography is situated, that it most perplexing. Rather than admit to their atrocious living and working conditions, and the endless barrage of political repression and extreme poverty, the men and women of this favela chose a nervous disease to justify their affliction. By supporting the medicalisation of their suffering, the author suggests that they are also "participating in the same moral world as their oppressors" (Lock and Nguyen 2010:77).

Scheper-Hughes (1992), expanded her exploration in Bom Jesus, into the relationships between mothers and their children. She was particularly concerned with how mothers would nurture stronger babies, who they believe would survive, whilst "mortally neglecting" those deemed weak, in some instances even helping these infants on their way to 'Jesus and His Mother' (1992:342). She describes this ethnography as a study of "the meanings and effects of deprivation, loss and abandonment on the ability to love, nurture and trust" by the mothers (1992:340). In this ethnography, we see how emotion is shaped by political and economic context. Scheper-Hughes argues against the universal notion of 'natural mother love', as posited by Sara Ruddick (1980), and finds in its place a view of maternal thinking and practice that is "grounded in specific historical and cultural realities and bounded by different economic and demographic constraints" (1992:356). In my fieldwork I was often told that the structural violence that women are subjected to in South Africa, supported by years of

oppression and the gendering of HIV/AIDS, causes them to discard maternal love in their pursuit of personal survival (see Farmer 1996, Hunter 2010).

The reconstituting of a social problem as an illness is again illustrated in Arlene Mathieu's (1993) work on homelessness in New York City. In an attempt to divert attention from the structural causes of poverty in the mid-1980s, homeless people were portrayed as mentally ill and regularly rounded up and institutionalised by the police and medical practitioners. The forced hospitalisation and medicating of these individuals was implemented under the guise of taking care of 'sick individuals', however, in 1986 it was found that 66% of these homeless individuals were actually families with children (1993:172). In contrast to child abandonment, homelessness was initially medicalised and then criminalised, in an attempt to silence the victims of extreme poverty. Mathieu argues that this redirection of public opinion was undertaken, as homeless people were believed to bring shame on a city that was trying to position itself as prosperous and full of economic opportunities (1993:176). The medicalisation of homelessness moved the responsibility from the state, to that of medical institutions and the individuals themselves, removing their obligation to implement meaningful social welfare interventions to alleviate the problem.

The medicalisation of depression is illustrated in Junko Kitenaka's (2012) work in Japan during the 1990s. Following an alarming increase in suicides, the condition of Karōshi, or death from overwork, was highlighted when the Supreme Court ordered a company to compensate the family of a deceased employee who had committed suicide (2012:1). Japanese people, until this time, had resisted psychiatric intrusion into their everyday lives, however, they had no social language to interpret this form of individual social distress (2012:5). Psychiatrists emerged as "unlikely agents of liberation", by creating a new and acceptable language to talk about depression, and in medicalising the problem they liberated individuals from self-blame and moral responsibility (2012:5). In highlighting the role that overwork can play in creating depression, the issue was elevated as a social problem that required political, economic and legal intervention (2012:18).

Each of these studies are relevant to understanding the medicalisation of child abandonment in South Africa. Ong's (1987) work illustrates how a social behaviour can be interpreted differently by various interest groups. The young women she studied, saw their hysterical episodes as spirit possession, whilst their employees deemed it to be physical and psychological stress to be treated with sedatives and isolation. Scheper-Hughes (1988)

illustrates how each of these interest groups play a role in the collective action of medicalisation, including the victims themselves. She also notes that medicalisation is a result of the specific historical and cultural realities in particular times and places that are severely impacted by structural forces such as poverty and gender inequality (1992). Mathieu (1993) illustrates how medicalisation can be used to divert attention from the states responsibility in solving pressing social issues, whilst Kitanaka (2012) conversely illustrates how psychologists in Japan acted as a force of medicalisation, using it to encourage state, economic and legal intervention.

Medicalisation, in its annexing of new medical categories, and their subjective internalisation and resolution often through biomedical intervention, poses many challenges for society. Psychologists Swatz and Levett (1989) highlighted this problem in the context of South African youth, who after years of long-term political oppression were often diagnosed with mental health issues. They argue that it is deceptive to assume that if something is wrong in a society, this will be reflected in the "psychopathalogical make-up of individuals" (in Lock and Nguyen 2010:78). The greatest concern with medicalisation is that the process is used as a tool to facilitate increasing control over populations. Just as 'nervoso' allowed the government of Brazil to exercise control and surveillance over its working class, so child abandonment and the associated area of teenage pregnancy, allows for the increased surveillance of young women's reproductive health and management in South Africa. Medicalisation often impoverishes the cultural resources which people have traditionally used to confront hardship. It diminishes their capacity to reflect on the social and political roots of their affliction, and as noted by Ong, 'fragments bodies', 'shatters social obligations' and 'separates individuals from their culture and community' (1987:40).

ETHICAL CONSIDERATIONS

The social challenge of child abandonment is laden with ethical questions itself, making its study a site of continuous ethical consideration. It is an emotionally fraught category, as women who appear to have little regard for their children, through their act of abandonment, come face to face with other women unable to have their own children biologically, often due to infertility, and who are wanting to adopt. As a mother of two children, who has struggled with infertility and multiple miscarriages, I was constantly reminded of the need to suspend my own judgement and feelings about my children during my fieldwork and the subsequent analysis of my findings. Supporting Lee Ann Fujii's (2012) view, ethics became an 'ongoing

responsibility'. I constantly thought through how to apply them in the practice of my research attempting to remain as 'neutral' as possible in conducting interviews and representing my findings (2012:717,718).

I conducted all of my fieldwork in line with the specified Code of Ethics for Research on Human Subjects, as outlined by the University of the Witwatersrand, and the guidelines and principles of conduct for anthropologists, as outlined by Anthropology Southern Africa (ASnA 2005). Given the sensitive nature of the content, I ensured that the identities of each of my research participants were protected throughout the research process. I maintained confidentiality through the use of pseudonyms in my field notes, analysis and findings. The selection of these pseudonyms was not considered lightly as I wanted to honour my research subjects fearless sharing of their lived experience, whilst maintaining their anonymity. I also ensured that each name was consistent with the linguistic home of their original name whether that be Zulu, Tswana, Xhosa, or Western in origin.

The interviews I conducted were emotionally charged, given that we were discussing issues such as rape, unplanned pregnancy, abortion and abandonment. In each instance I queried whether the individual I was speaking to had sought the support of counselling both during the interview and in follow up conversations. If they had not, and wished to engage in it, I provided them with a range of organisations available to assist them, in some instances providing them with transport to ensure the accessibility of this support. On two occasions I was contacted after an interview by participants asking if I could assist them in finding a job. This reminded me of Goduka's (1990) experience of conducting research amongst poor and marginalised communities in apartheid South Africa, where she, as researcher was viewed as a 'valuable patron'. I advised these individuals that I could not assist them in finding a job, however, I did put them in touch with an organisation who had a social enterprise arm that provided jobs and skills development in their community.

I obtained written or verbal informed consent from all of the participants in my field work, however, given the complexity of the subject matter I did need to consider whether their understanding of the scope of the research was sufficient. As a result, I spent much time discussing the challenge of child abandonment with my subjects, as an issue that we have little understanding of within our society. I explained the importance of their decision to share their honest thoughts and feelings on the subject as a way to facilitate this. The abandoning mothers that I interviewed expressed their desire to share their side of the story,

and it was critical that I provided them with a space to do this without them feeling judged. I constantly reviewed my findings to ensure that what they told me was expressed from their own personal perspective and in a neutral tone.

The child protection experts that I interviewed, all agreed to share their thoughts on the subject of child abandonment openly. However, on reflection of the role that the state plays in regulating their actions, I decided to use pseudonyms for them as well to ensure that there were no unintended repercussions to their involvement in my study. I gained written consent from all of the child protection organisations that I engaged with, and although I refer to them by name, I believe that I contacted a sufficient number so as to represent the dominant feelings of this community, enacting a 'safety in numbers' principle.

Some of my observations and interactions were with infants and children. I only did this in the presence of their carers and social workers, and with the written consent of the organisations who were responsible for their welfare. My research was not over an extended period of time, limiting my impact on their existing relationships and everyday decision making (see Bray and Gooskens 2005). I facilitated some workshops with children in a residential care facility, many of whom had been abandoned by their parents. The focus of these workshops was on assisting them in defining their personal vision and values rather than on their abandonment. Although my observations during these workshops provided a new level of insight into the experience of abandonment, I decided to omit these from my research report, as many of their insecurities were mirrored by the adults I interviewed, who had similar growing up experiences.

I was unable to obtain ethical clearance to conduct research in state medical institutions, however, following the advice of the medical ethics adjudicators, I engaged with the relevant medical experts in environments outside of their work place. These included meetings and workshops at which I introduced my research project in detail and gained their informed consent prior to commencing with my observation. I believed that given the critical role that health care practitioners play in the experience of child abandonment, it was crucial to obtain their perspective on the issue at hand. As with my research, I applied a 'mindful approach' to ethics throughout my ethnography, in an attempt to balance the benefits of my findings whilst minimizing any potential harm to my research subjects (Fujii 2012:717).

CHAPTER 3: THE PORTRAYAL OF CHILD ABANDONMENT

"Baby burned, dumped in field", this was the headline that accompanied a picture of a baby girl who had been abandoned by her mother, directly after her birth [her umbilical cord and placenta were still attached] in a rubbish dump in Soweto. The baby had been badly burned, she was lying in a foetal position with her arm protecting her face and a roll of toilet paper next to her emphasising the image of disposability and waste. Community members were understandably outraged, as one commented, "No sane adult would do this", but they also advised the reporters that this grizzly finding was a regular occurrence in the township. According to the Times, the ANC Gauteng spokesman at the time, Dumisa Ntuli, vocally condemned this action stating:

> The most worrying and horrifying thing is the fact that it happens frequently and has become a normal routine for residents. This act of abandonment of babies is tantamount to infanticide. This is the worst crime. The ANC calls on the South African Police Service to swiftly investigate and apprehend the perpetrators (The Times 20/07/2010).

I share this newspaper story as it is typical of the kind of coverage that is published weekly in South African newspapers on the issue of child abandonment. It also happens to be the story and picture that got me involved in the field of adoption. Following a rather traumatic decade of infertility, miscarriages and childbirth, a final ectopic pregnancy in 2009 claimed my ability to have any more children 'naturally' and a fair proportion of my sanity at the time. Reeling from severe post-partum depression, the text that accompanied the picture summed up the emotions that it elicited in me:

> When a life is discarded so easily, like a useless thing, unworthy of our care, what must we think (The Times 20/07/2010).

The tone of the article and the political spokesperson quoted clearly articulated how they wanted me to feel: horrified, devastated and sorry for the poor little victim who started and ended her life in such a terrible way, but most importantly, angry and disgusted at the 'insane mother' who chose to do this to her innocent child, and that this guilty woman should be brought to justice. I was righteously spurred into action, however, as I later discovered, even a cursory exploration into the issue revealed a far more complex picture.

The body in its various forms, is often used as a metaphor or symbol for society and the challenges that it encounters. Scheper-Hughes and Lock (1987) observe that "cultural constructions of and about the body are useful in sustaining particular views of society and social relations" (1987:19). These views are created to maintain certain social values or beliefs, such as the dominance of men over women in a patriarchal society. Healthy-happy children brought up in loving families, are equated with a healthy-happy society, which begs the question, what do abandoned children represent? A 'mindful approach' to understanding the body, calls for us to look at individual bodies, not as "a vast and complex machine", but rather as "a microcosm of the universe" (Scheper-Hughes and Lock 1987: 21). It is for this reason that we need to understand how abandonment, and related themes concerning unplanned pregnancy and child protection strategies such as adoption, are interpreted and represented symbolically by key interest groups. These symbolic representations influence the structure of social relations, and in some instances how certain kinds of bodies, such as the abandoning mother and the abandoned child, are socially produced.

The media is a prolific source of information on child abandonment and related themes in South Africa. In the absence of research on the subject, it plays an important role in constructing the dominant point of view on how we talk about this complicated social behaviour. The following chapter suggests that the media plays an important role in the medicalisation of child abandonment in South Africa. Towards this end I explore dominant media discourses and representations of child abandonment, and the associated areas of teenage pregnancy, abortion, foster care and adoption.

Sad, bad and mad mothers

The demonization of young pregnant teenage girls is well documented around the world (see Mkhwanazi 2013, Briedis 1975), prompting Ginsburg and Rapp (1996) to highlight the 'stratified' nature of reproduction services and support when it comes to certain groups of women. In exploring which messages are amplified by the media around this issue in South Africa, we are able to see how consistently perceptions are influenced over time. Articles on teenage pregnancy are usually headlined by words such as 'shocking', 'skyrocketing', 'crisis', 'out of control' and 'epidemic'. All of these words illustrate the fear that this phenomenon creates and that it should be viewed as abnormal in society. The use of the word 'epidemic', however, best reveals how the media are framing the problem. 'Epidemic', a medical term usually implying the widespread occurrence of an infectious disease in a

community at a particular time, is an example of how teenage pregnancy is being described as a medical problem. Media articles refer to how young teenage girls are "traumatised by unwanted/unplanned pregnancy" (Vista 30/09/2010), and how they can become "victims" of it (Eastern Free State 20/06/2013). It is also consistently linked to the risk of contracting HIV/AIDS, another disease that strikes fear into the hearts of most South Africans. Recent studies have shown that teenage pregnancy is declining (see Ardington *et al.* 2008, Jewkes 2009), however, the impression one is given is that it is a contagious problem that is jumping from community to community, family to family and girl to girl. Another theme common to most articles on teenage pregnancy is the declining age of the so called 'victims' of this socially constructed epidemic. In 2011 teenage pregnancy had infiltrated junior schools and by 2013 it was recorded amongst girls as young as 8 years of age. 'Children are parents' and 'Kids can't have kids' proclaimed the headlines pronouncing the immorality and deviance of this phenomenon. The parents of the teenagers are repeatedly castigated for abdicating their parental responsibilities to teachers. Most notably, the mothers of the young girls are held personally responsible for not educating their wards sufficiently, a theme discussed extensively by Mkhwanazi (2010) in her work on the subject. This became a particularly contentious issue in 2012, when the Minister for Basic Education, Angie Motchekga stated:

> Teenage pregnancy is a problem imported to schools by homes and the community. They don't make sex at schools, they make sex at homes. There is something wrong that it now becomes my problem. We don't provide beds, we provide pens and books. (Diamond Field Advertiser 08/11/2012)

Intergenerational sex, as the biggest cause of teenage pregnancy, is often used to promote the idea of teenage pregnancy as immoral. Older men, referred to as 'sugar daddies', are said to prey on young girls for sex, in exchange for money, gifts, clothes and airtime. An article in 2012, stated that local [South African] studies indicated that as many as 20% of teenage pregnancies were as a result of rape and 60% of teenage mothers claimed to have been coerced into having sex by men who were older than them (Mail & Guardian 03/02/2012). A recent outdoor billboard campaign under the banner of the Department of Health in Kwa-Zulu Natal proclaimed "OLDER MEN + YOUNG GIRLS = TEENAGE PREGNANCY & AIDS, SUGAR DADDIES DESTROY LIVES" (Outdoor billboard KZN 2012).

In terms of frequency of mention, 'sugar daddies' as the leading cause of teenage pregnancy in the media, is followed by that of poverty, rape, drug and alcohol abuse, proving one's

fertility, grant dependency and peer pressure, noted in descending order. All of these drivers are listed so consistently, usually by rote, that they become the equivalent of verbal wallpaper in the majority of communication on the subject. What is patently absent are the voices of the young pregnant girls, who of the 110 articles reviewed, were consulted a total of five times for their personal perspective on the issue.

There is also a very distinct graphic style to the photography used to represent teenage pregnancy. This includes a tight crop of the young girl's pregnant belly, clothed in her school uniform, with her legs and face cropped from the picture, as illustrated below:



The graphic style of the photographs represents a distinct view on teenage pregnancy and teenage mothers. Young pregnant women are faceless and disembodied. The only thing that counts about them is their pregnant belly, draped in their school uniform, as a signifier of their loss of innocence, and the perceived abnormality of this 'social illness'. This consistent style prompted Tracey Feltham-King and Catriona Macleod, a doctoral candidate and professor of Psychology at Rhodes University to note:

> The photograph acted as a symbol of how we think and talk about sexual and reproductive health rights. Just as the faceless woman and her pregnancy are framed in the photograph without acknowledgement of the person and her context, so we ignore in our discussions very many important social aspects that frame women's sexual and reproductive lives (Saturday Dispatch 25/08/2012).

Some articles mention young women making 'informed decisions' and of their 'rights to contraception', however, as many speak of an inability to negotiate adequate birth control and the refusal of schools to engage in any meaningful contraceptive programme for fear of the social backlash. Following a survey conducted in 2013 titled *Factors Associated with Teenage Pregnancy in Gauteng Province*, headlines such as "Youth confess they don't condomise" (Sowetan 23/07/2013), "Teens don't like condoms" (The Times 23/07/2013) and "Youth playing Russian Roulette with their lives" (New Age 26/07/2013), blamed young

people for not taking sufficient personal responsibility for their birth control solutions. At this time, Health Minister Aaron Motsoaledi stated that girls are four times more likely to be infected with HIV than boys of the same age, and that 28% of schoolgirls countrywide were HIV-positive, compared to only 4% of boys infected with the virus (The Times 23/07/2013). His comparison of infection rates between genders, casts blame on the girls and supports the ongoing gendering of this disease in South Africa (see Hunter 2010, Jewkes *et al.* 2003).

Preaching abstinence still appears to be the most popular solution for parents, and a return to 'traditional ways' such as virginity testing, as illustrated in the excerpt below:

> "Virginity testing encourages abstinence before marriage. This is the best way to protect them [young girls] from HIV/AIDS and teenage pregnancies, which are on the increase" said Sibongile Mathebula [member of the Imbabazane Cultural Organisation in Dube Soweto]… "We check if the girls are virgins by looking at their private parts. If the girl has had sex, it is easy to see." (The Star 24/10/2011).

Girls who pass the test are given a certificate confirming their status, and girls who do not, are forced to point out the guilty party who deflowered them. The young man in question is then expected to 'pay damages' for his infringement. The action of measuring or quantifying physical characteristics, or deviations from the norm, are a typical characteristic of medicalisation, as a means to monitor and control the health of society at large (Lock and Nguyen 2010:69).

The moral argument gains momentum in articles about abortion, where headlines proclaim that numbers are 'increasing', 'multiplying', and 'soaring'. Even more controversially, there are references to abortion becoming 'routine' and 'used as a form of birth control', insinuating immorality and a devaluing of life by the women who choose this option. As with teenage pregnancy, there is a preoccupation with the age of patients accessing abortions, who are said to be getting 'younger and younger', and by association 'more and more innocent'. The Choice on Termination of Pregnancy Act (No. 92 of 1996) states that in the case where a minor is pregnant, she must be advised to discuss it with her parents, guardian or family, but their consent is not required. Although many articles talk of South Africa's progressive legislation, and that it is 'empowering' to women, more articles question the morality of the choice, equating it to the 'defiling of a nation' and 'moral decay'. Anti-abortion protests and marches organised most notably by the ACDP (African Christian Democratic Party) and other Christian based organisations are reported on frequently, with many questioning the

countries leadership in allowing this constitutional right to be exercised. Abortion statistics of the various provinces in South Africa are often compared, along with undertones of their collective morality. One headline stated, "One EC [Eastern Cape] abortion every 10 minutes" (Daily Dispatch 13/06/2012), whilst another, that "Northern Cape in fourth place on list of abortions" (Diamond Field Advertiser 23/08/2012). Health care workers, including the Minister of Health, are frequently reported as refusing to perform abortions on religious grounds, sending mixed messages regarding the Department of Health's support of this choice (Daily Dispatch 13/06/2012). Communication on abortion is overtly overshadowed by the questioning of morals, ethics and its associated stigma in the South African media. Medicalisation is closely aligned to morals, with a number of perceived 'immoral behaviours' being defined as medical problems such as alcoholism, sex addiction and even child abuse (Lock and Nguyen 2010:69).

The topic of abortion, is frequently associated with illegal, backstreet, unsafe and 'botched' terminations, conducted by 'false' or 'unscrupulous' doctors. These articles link unsafe abortion with the high level of maternal death in South Africa (The Herald 12/06/2012). One headline claims that "Illegal abortionists are the support system for pregnant girls" in South Africa (Newcastle Advertiser 07/12/2012). As with teenage pregnancy, the issue is situated within the young women's individual emotional wellbeing, and the probability of 'emotional scarring'. Articles refer to young women 'suffering from post-traumatic stress', 'depression', 'anger', 'self-contempt', 'remorse', 'guilt' and 'self-betrayal' after having an abortion. One article even claims that young woman may suffer from "nightmares of babies crying" if they abort their child (The Herald 12/06/2012).

In the sphere of abandonment, the young women move from being irresponsible and lacking in morals, to being labelled as outright criminals, murderers or suffering from severe mental disorders. Most articles claim that it is extremely difficult and in most cases unlikely that the abandoning mother will be tracked down. A high proportion of these articles call on members of the public to come forward should they know the whereabouts of the mother or related family. This is sometimes done under the guise of being able to provide the women with medical support. Department of Social Development spokesman for Kwa-Zulu Natal, Vukani Mbhele, in his opposition to the use of 'baby safes', stated in 2013 that 'baby safes', "will not assist government to trace parents so that they can get professional help" (Daily News 29/04/2013).

The mothers who were 'caught' were charged with 'concealment of birth' or 'attempted murder' if the child was found alive, and 'murder' together with 'concealment of death' if the child was found dead. This punitive sentiment is illustrated by a headline in the Alex News "Baby dumper denied bail" (Alex News 07/03/2014), and a typical statement by a Lieutenant-Colonel in Limpopo on the successful arrest of an abandoning mother:

> We believe that the woman's arrest will be a wake-up call to all mothers who don't want their babies to rather give them up them up for adoption instead of resorting to other measures that are in conflict with the law (Sowetan 18/06/2013).

Child protection organisations appear to be more forgiving of the abandoning mothers. When quoted, their standard explanation of the act, is to list the structural violence and abuse that women are subjected to, and the fact that many are suffering from AIDS.

> More than 2,000 children are abandoned annually in South Africa because of AIDS, poverty, drug abuse and teenage pregnancies, Child Welfare South Africa revealed. (Sowetan 01/07/2010)

Abandonment is often linked to drug and alcohol abuse, and concerns around the mother's mental wellbeing. Child protection officers often refer to the mother being "abandoned by family and society at large", and "discarded as the lowest of societies low" (Mercury 15/04/13).

Mental illness and specifically post-partum depression is the most favoured medical diagnosis for child abandonment by the media. The Times reports that mothers are "sick, desperately poor and without support" (06/09/2010) and the Weekend Argus, that mothers suffering from post-natal depression "in some cases genuinely believe that killing their babies will spare the child a life of suffering" (10/10/2010). The Sowetan quotes Dr Simone Hanikom, head of the Perinatal Mental Health Project at UCT, who states that "instead of punishing those women [abandoning mothers], there should be treatment for the disease [mental illness]" (09/11/2010). Child abandonment is referred to as a "silent epidemic", and that this epidemic is fuelled by HIV/AIDS (Cape Argus 09/11/2010). Dr Hanikom is again quoted as saying that "depression is much higher under extreme circumstances where mothers don't have a partner and they don't even know where their next meal will come from", speaking to the mother's own abandonment by their family and partners (Sowetan 10/11/2010-19). Marion Stevens, a consultant for women's health rights group WISH, is quoted as saying that "30% of women experience post-partum depression" and that "a much

greater emphasis needs to be placed on services, options and psychological support for young pregnant mothers" (Sunday Argus 10/10/2010).

The theme of mental illness continues with the New Age publishing the following 'Quick Facts' as to the 'causes of baby abandonment' in 2012. These include: "Teenage girls who are terrified by unwanted pregnancies; Lack of support such as family structures, financial and emotional support; Lack of emotional attachment to the foetus due to stress and anxiety; No parental love received by their own parents as teenagers; Anger, aggressive behaviour, suicidal thoughts of mother; Domestic violence; Shame, blame, lack of knowledge and parental skills" (31/05/2012). Statistics move from 30% to 80% of new mothers, suffering from postpartum depression in 2012, and that "women who experience postpartum depression are usually sad, have anxiety, compulsion or despair", and are "unable to deal with daily life" (New Age 17/08/2012). In 2013, a direct link is formed between postnatal depression and child abandonment, with the Daily News stating that "Post-natal depression emerges after birth, and babies are usually abandoned within the first 24 hours" (12/07/2013). This media coverage illustrates what Lock and Nguyen (2010) refer to as "dividing practices", where illness is distinguished from crime (2010:60). Whilst this moves abandoning mothers from being defined as 'criminals' to that of 'sick patients', it also allows medical professionals to make judgements about their labelling and care, which as Lock and Nguyen note, has "profound moral repercussions with respect to how they should best be managed" (2010:70). The medicalisation of distress has increased over the years, but it is the reporting of these conditions and their assumed escalation in the media, that cements their classification as a new medical category, in line with Conrad's (2007) concern with definition.

Disposable, disconnected children

Abandoned children are portrayed as innocent victims, in contrast to their guilty mothers, however, they too are subjected to a high degree of medicalisation. Although no statistics are currently available from the government, the frequency of reported child abandonments gives us some indication of the typical age of the children and places where they are found. Whilst being aware that most media articles written about child abandonment will focus on the more sensational stories, a review of just under fifty reported abandonments [where specific children were referenced] indicated that 65% were new-born babies, and more than 90% were younger than a year. Of the more than 250 references to 'sites of abandonment', nearly 70%

would be deemed 'unsafe' for the child. The primary site identified was 'toilets, drains, sewers and gutters' (20% of references), followed by 'rubbish sites, dustbins and landfills', and the 'park or open veld' respectively. 'Baby safes' and 'hospitals', considered 'safe' abandonment options, were only the fourth and fifth mentioned sites. The remainder included: on the street; in a township; on a door step; with a relative; with a stranger; in a river or dam; in a church or synagogue; buried; on or near train tracks; in a taxi rank; at a school; and at a crèche [listed in declining order of frequency of mentions]. Only one article mentioned the abandonment of a child in the 'suburbs', however, a number of articles claimed that mothers chose to travel to informal township environments to abandon their children. The choice of abandoning one's child in an 'unsafe' environment, when they are extremely vulnerable, such as within the first year of their lives, supports the depiction of the mother as mentally unstable. It implies that she is more concerned about her anonymity than the wellbeing of her child, and is reminiscent of Scheper-Hughes (1992) work on the absence of mother love in environments of extreme social suffering and poverty.

The verbal and visual imagery of disposability was a standard feature of articles on child abandonment, with headlines such as 'Born to be dumped', 'Sewer baby', and 'Weggooi kinders' [disposable children] being common. Accompanying the articles, were photographs of police and rescue services removing baby's bodies from rubbish dumps. This imagery was highlighted even further, when I observed outdoor advertising for 'Trashcankidz' a range of commercial toys that are supposed to give a voice to the "millions of orphans, vulnerable and street children of the world"[10]. Heweitt (1992) notes that "for many years, fund-raising by charities has been based on images of children in distress…They have been relatively successful in raising funds…but have done little to give a fuller picture of the lives of the children they portray" (1992:44-5). The Trashcankidz characters are quite literally birthed from a dustbin, with each toy being merchandised in packaging resembling a 'trashcan'. The imagery of disposability is reminiscent of João Biehl's work on zones of social abandonment, what he refers to as places "where living beings go when they are no longer considered people", quite literally the "dump sites of human beings" (2005:1-2). Leinaweaver (2008) also references Biehl's work when she defined child abandonment as "social abortion" in what she terms the institutionalisation of abandonment in Peru (2008:157).

[10] www.trashcankidz.co.za 10/05/2014

Abandoned child are portrayed as vulnerable and sick by the media, with many believed to be exposed to infection and HIV. They are also frequently used to portray the high level of neglect and abuse of children in South African society. Many articles claim [correctly] that most of these abandoned babies die. Professor Jeanine Vellema of the Gauteng Forensic Pathology Service, is quoted as saying, "These babies in dustbins, gutters, dumps… who are aborted or miscarried new-borns being disposed of… are becoming a large part of …undetermined deaths [of young children] in Gauteng", and that abortions were "the leading external cause of death in 2009 for children aged zero to four" (Pretoria News 05/11/2010). One article states that of the 200 abandoned children found in Johannesburg and Soweto every month, only 60 are found alive (The Star 02/05/2012). The children that survive are reported as being premature, having some level of dehydration, hypothermia [many are abandoned in winter], infection, and more disturbingly animal and insect wounds, due to the unsafe environment they were abandoned in. As one children's home director commented, "When the children arrive they are malnourished and in poor health, we need to do so much to be able to make them attractive for adoption" (IOL 29/05/2011). The children who live, are referred to as 'little fighters', 'born survivors' and 'miracle children' for their ability to overcome this traumatic start to their lives.

Miller (2008) notes that the proliferation of foundlings in 18th and 19th century Europe created a "caste of social marginals", and that "since abandonment was associated with illegitimacy, and illegitimacy was associated with shame, to be identified as a foundling was to live with stigma all of one's life" (2008:20). Under the headline "Airtime babies dumped!" the Daily Sun quotes a parent as saying "these babies are not conceived in love…The women are coerced into sex by promises of airtime and beautiful clothes" (07/09/2012). Abandoned children may not be branded, as recorded in 18th century Ireland or Sicily, they are however, presented as compromised children, in need of extensive physical and emotional rehabilitation by the media (Miller 2008:21, see Saturday Dispatch 18/08/2012, Daily Sun 28/09/2012). Concerns about their unknown ancestry, and the impact that this may have on their wellbeing as they grow up, is also highlighted as an area of concern, specifically around the theme of adoption.

There is much coverage of the declining rates in adoption in South Africa, and the impact that long term institutional care has on abandoned children. Although the implementation of the new Children's Act is partially blamed, the most frequently cited challenge is that of the

'cultural barriers' associated with adoption. As noted by a black adoptive mother in an article on the subject, "We do have that culture of not adopting because the child is not seen as one's own blood" (Pretoria News 17/02/2012). Cross race adoption is stated as being a contentious issue by the media, with many adoptive parents sharing experiences of 'judgement' and 'discrimination' from social workers, the Department of Social Development, and society at large. International adoption is also treated with a great deal of mistrust. Most of these concerns stem from a belief that the child will experience a "loss of cultural roots" and that their welfare will not be a priority in the receiving country (Pretoria News 09/12/2011). The notion of 'Ubuntu' appears conflicted in reference to adoption in the media. It is cited repeatedly by both the National Adoption Coalition of South Africa (NACSA) and the Department of Social Development in newspaper articles, as a means to deal with the worsening crisis of orphaned abandoned and vulnerable children. However, it is also stated as a reason for black adoptive parents rejecting adoption due to the child being of a different and unknown blood-line (www.iol.co.za 29/05/2011). Many adoptive parents shared their, and their families, concerns about adoption and the disconnection between their adoptive children and their ancestors. Some believed it would cause problems for the child, as illustrated below:

> There were some who said adoption was taboo in black culture. Questions were asked about which tribe she [her adoptive daughter] came from. I was told the ancestors wouldn't know her (Pretoria News 17/02/2012).

> Adoption is not an option as it is believed that the child is born spiritually linked to rituals peculiar to that ancestry, and a cross-pollination of rituals will anger the child's ancestors and cause all sorts of misfortunes for the child, including sickness and disease (The Times 20/01/2012).

Blood is recognised as a universal symbol of human life (Scheper-Hughes and Lock 1987:18), and in contemporary South Africa, it appears to have great significance in the connecting of a child to their ancestors. Whilst historical ethnographies refer to the importance of *lobola*, and marriage payment, in the defining of one's social position in a family, 'blood' now appears to be of primary importance (see Radcliffe-Brown 1967).

Across all of the articles reviewed, it is significant that the most studied and surveyed area is that of teenage pregnancy. The articles had a total of 51 references to statistics and research conducted on the topic. Abortion is also a well surveyed area with 28 references to statistics

or studies. Child abandonment, however, has only two statistical references across the 151 articles reviewed, the first, an estimate gleaned by Child Welfare South Africa in 2010 (The Times 27/08/2010), and the second, a report on child abandonment in hospitals (The Star 11/10/2013). The Department of Social Development repeatedly calls for research on the subject, but to date this is still not forthcoming, as illustrated in the quote below:

> When asked for comment on the phenomenon [of child abandonment], Sello Mokoena, spokesman for Gauteng's department of social development, said he did not know the extent of the problem. More research, he said, was needed. "Given current media reports, it would seem the problem is increasing. One cannot emphatically say it is. The issue needs to be researched" (The Times 29/05/2012).

This discourse analysis illustrates how teenage pregnancy has been partially medicalised, through the use of medical terms in describing it, and it's individualising of young pregnant teenage girls as the primary target for this 'epidemic'. The medicalisation is progressively elevated around the issue of abortion, and most significantly on the act of child abandonment. Mothers who abandon are depicted as deviant and immoral. At best they are portrayed as victims of structural violence and at worst, as mentally unstable or criminally insane. The surviving children are also portrayed as sick and compromised victims of this socially constructed disease. The analysis illustrates how child abandonment has been cited as a reason for increased surveillance and desired control of teenage girl's reproductive health by the state and by 'traditional cultural groups' as in the case of virginity testing. Conversely, the coverage of child abandonment highlights the lack of research and understanding around this issue, the hesitancy of government to implement strategies to address it, and the preference to situate the blame on pregnant teenage girls. This view is supported by the publicised 'White Paper on Family' (2012), which only references child abandonment very briefly and specifically as a result of teenage pregnancy (2012:29). Government although verbally supportive of adoption, appear to be undermining it through their concerns around 'cultural barriers' to adoption. In summary, the analysis illustrates the media's role in supporting the definition of child abandonment as an abnormal behaviour and increasingly of medicalising it. From 2010 to 2013 abandoning mothers are depicted less as bad women and more as sick women. This process of "dividing practices" focussing attention less on the criminal behaviour of the women concerned and more on their medical treatment as individual patients suffering from postpartum depression and mental illness as a result of trauma (Lock and Nguyen 2010:69).

CHAPTER 4: THE MANAGEMENT OF CHILD ABANDONMENT

I met with Patricia, a social worker with some thirty years' experience in the field of adoption, at the Johannesburg Children's Court. She was waiting with a young woman who was at court for the purpose of signing a document that would relinquish her rights to her child, thus allowing the child to be adopted. Patricia and I sat on a bench alongside a number of tired looking adults and a hoard of boisterous children who were playing 'catch', up and down the passage. I later discovered that the tired adults were mostly social workers and the children were from a nearby children's home. Patricia told me that the children have to come to court every six weeks to get a 'postponement', which allows them to stay at the home. When I queried the logic of making children wait all morning in a cold corridor at court every six weeks, Patricia said, "they don't mind, and they get to see their parents", highlighting the perplexing world of the social welfare system.

The standard order of procedure at the court was that everyone arrived at 8:30 in the morning and then waited until the magistrate could see them, it was now 12 noon. Whilst we were waiting, I ask Patricia for her point of view on mothers who abandon their children.

> The profile of a mother who abandons her child, and a birth mother who voluntarily puts her child up for adoption are very similar, it's the same circumstances, its poverty. Sometimes they are illegal immigrants who have no family or support structures. Sometimes it is a woman who is in a relationship, but she doesn't want her boyfriend to know. Sometimes the mother has HIV and feels guilty. There are also girls who have been raped or incest situations or who have been abandoned by their boyfriends. For the most part, they are girls who have no sense of purpose in life, they are unemployed, they matriculated six years ago and they have never worked (Patricia – Adoption social worker).

Patricia pointed to the young woman that she had come to court with, Mbali, and told me her story. Her tone was sympathetic and concerned throughout, and it became clear that she found the young women's predicament very upsetting. Patricia told me that she had heard countless similar stories over the years, and had resigned herself to aiding the young women in the only way she could, through counselling and supporting them whilst they relinquished their rights to their children and ensuring that the children were adopted into loving families.

> She is twenty-six, and has never had a job. She left school in standard seven and she is totally despondent. She lives in a tiny shack with her cousin. Her father left her at two years of age to look for a job [in Mpumalanga], her mother left shortly thereafter. Her grandmother [on her father's side] brought her up in a small house with nineteen

> other people. Her grandmother died and she came to Johannesburg to look for a job. She discovered she was pregnant from a guy back home, but when she told him she was pregnant, he told her he was not interested in her or the baby and she must do what she wants with it. Have an abortion, abandon it, he doesn't care. They all [young women] come to the big city to look for a job, they live in tiny shacks, its cold, it leaks, they have no money, poverty is always the overriding factor. The family is disengaged, they were abandoned by their parents, there is no support system for them (Patricia – Adoption social worker).

Patricia also shared her understanding of the physical act of child abandonment.

> They go to the hospital [to give birth] and give a false name and then they leave on the excuse that they are going to buy sweeties, to the loo, to get clothes from a relative, and then they never come back. This is still the best scenario, as the child is warm and safe and looked after in the hospital. Another typical place is leaving the baby with someone, especially at a taxi rank, telling them that they have to go and get food or nappies for the baby and then they never return. They will also leave their babies at a crèche, usually in the city centre, and tell the crèche that they need to go for a job interview, they pay a small amount, but then they don't return. The worst are the drains, dustbins, toilets or in the veld. They are usually left naked, with the umbilical still attached. Sometimes they are wrapped in a towel, they often get hypothermia. We had one the other day found under a bridge. Someone stumbles on them and then takes them to the hospital, or calls the cops. The Police usually bring the children straight to us, especially if the child is older, or they take it to the hospital and then call us with the case number (Patricia – Adoption social worker).

Patricia suddenly looked up, but couldn't see Mbali, she looked worried and told me that she hoped she hadn't run away, however, Mbali eventually resurfaced from the ladies toilet. Patricia told me that this is always a concern, as although they try to make it as easy as possible for the 'birth mothers', it is an uncomfortable and emotionally fraught process. Patricia told me that Mbali walked into her offices the previous morning with her baby, who was about five days old. She counselled her, which consisted of talking to her about her life from birth until that day: Where she grew up? What her family situation was like? How she fell pregnant? Who the father of her child was? His view on the baby? And why she wanted to put her child up for adoption? Mbali then stayed the night at their adoption baby home, and surprisingly, after not wanting to hold her baby all day, had asked if she could room with the baby for the night. I asked Patricia about this, and she told me that it was a good thing, as Mbali got to say good bye to her baby and to come to terms with the adoption. Patricia told me that at any point Mbali could change her mind, but the important thing was to keep her in

the child welfare system so that she did not run away before completing the legal process at the court.

Patricia told me that what she finds most frustrating with the young women she has encountered is that they never appear to have made any plans, and are just living from one crisis to another.

> They never have a plan B, the girl who is with me today doesn't even have enough money to get back to Germiston, where her cousin lives. She can't breastfeed, because she is positive, but she had no formula for her baby or nappies. Everything is now, there is only ever a plan A and it is all about survival from one moment to the next (Patricia – Adoption social worker).

She explained that she was also working on a few other adoptions at this time.

> The one girl struggled to get into university. Eventually, after finally achieving this goal, three men raped her on her way home one evening and she fell pregnant. She couldn't relate to the baby so she put her up for adoption. Another girl was working at a grocery store and two men came in and raped her. She fell pregnant but she is unable to bond with the baby (Patricia – Adoption social worker).

Patricia listed these young women, counting them off on her fingers, as though this kind of violence was not unusual to her. I could see that she had numbed herself to the suffering that she encountered in an effort to provide assistance. I observed this 'numbing' with many of the child protection officers I spoke to. They would recount horror story after horror story, of rape, incest, abuse, violence, neglect and human suffering in even tones whilst nodding sagely at my increasing consternation, as though saying 'yes this is what we have to deal with every day'.

At this point, the Magistrate called Patricia to tell her she was ready for Mbali to sign her consent form. She put her arm around Mbali as they walk down the passageway, whispering softly in her ear to reassure her. Mbali had to sign the form on her own, there could be no influence, so we waited for her outside the office. It took no less than five minutes and Mbali came out. She was smiling, and I could see the visible relief on her face. Since I agreed to drop Mbali at the taxi rank, we headed to my car. I pulled over on the side of the road when we were close to the taxi rank, and Mbali got out. I saw that she stopped for a moment, took a deep breath and then walked off with purpose. It looked as though the weight of the world had lifted off her shoulders. I asked Patricia if she had seen this as well and she said she had.

In the car on the way to her office, Patricia told me:

> You never really feel like you are getting through, they look dead on the other side of their eyes. All you ever get are monosyllabic answers to your questions. Did you like the father? Yes [non-committal tone]. How was growing up with your granny? Ok [non-committal tone]. It's like they don't want anything from you other than a person to take the baby, it's like there is no substance there.

This story reflects my observations of how social workers understand, respond to, and represent 'birth mothers' who abandon their children, either legally, as in the case of Mbali, or illegally, as in the case of child abandonment. I was repeatedly given a list of generic 'profiles' by the different social workers and by other child protection officers, such as nurses, police officers and baby home managers that I spoke to. These dominant representations appear to form the basis of how abandoning mothers are understood and managed, however, the 'management' differs significantly between each group of people. In the chapter below I argue that child protection officers, as with the media, also play a role in the medicalisation of child abandonment. Social workers regularly define the mothers as victims of structural suffering, which they sometimes believe progresses into some form of post-traumatic stress or depression. The abandoned child is also believed to be emotionally compromised, predominantly through what they term 'attachment disorder', where a child's mental development is believed to be impaired due to the lack of attachment between themselves and a primary care giver (see Howe 2005).

The nurses and police officers have a far more conservative view of the mothers, and are more inclined to depict them as immoral and criminal. They also frequently mention concerns around the 'spiritual wellbeing' of the mother and that her actions could cause her to experience extreme suffering at the hands of her ancestors, as a result of her choice to abort or abandon her child. The children are also believed to be compromised, beyond the physical challenges of their abandonment, the nurse's expressed grave concerns around their potential adoption and their disconnection from their ancestors as a result. The child protection officers, although presenting the mothers and children as generic 'profiles', deal with each case individually, attempting to solve them 'one patient at a time', whether that patient is the abandoning mother or the abandoned child. I suggest that this is due to the fact that they are forced to operate within the social and legal environment that the state has provided them with, and which in many respects, they feel disempowered to change.

Adoption Social workers

Adoption is considered a specialist area within the field of social work and requires additional accreditation by the Department of Social Development. Adoption specialists deal predominantly with abandoning mothers and abandoned children, and appear to have a distinctly different view of the abandoning mother to that of the more conservative social workers employed by the state.

Poverty and a lack of support systems, whether family, the biological father, or the state, were consistently mentioned as the primary drivers of child abandonment by all. They believe that child abandonment, whether legal or illegal, was used as a 'survival strategy' for the woman that they helped, similar to Fonseca's (1986) findings in Brazil. I was told many stories of women who entered into relationships with men for basic needs such as food and shelter. Most of the men refused to use condoms, and disapproved of their partners using contraceptives pills or injections as they believed this rendered the women "tasteless" to them. This placed the women at risk of falling pregnant and of contracting HIV and other STDs. As soon as a pregnancy was discovered, the men deserted the women for fear of being held financially accountable for the child. The women were then left without access to food or shelter, and would be forced to seek employment. Unable to find a job with a child, or to afford childcare, the women then chose abandonment as a way out of their 'helpless predicament'. The anonymity of a large city with a high migratory population, coupled with the inaccessibility of the formal legal system for under-age teenagers and illegal immigrants, makes child abandonment a frequent choice. The existence of baby safes, where children can be left anonymously but safely, were seen not as a motivation to abandon but rather as a means to ensure the safety of one's child without risking their secret being revealed or of being deported from the county.

Poverty was also given as a reason for a mother choosing to abandon a second or third child. The mother would feel it appropriate to send her first child home, to be cared for by its grandparents, however, to keep sending more children home would be seen as unacceptable given the high levels of poverty in the rural areas.

> For most of these mothers, this is not their first child; the first child is at home with the grandparents in the rural area. Many of them have left home, some for up to five years, and they don't feel that they can just pitch up with a baby. They also don't want to see that poverty again, this is what they have left. All of the women that I met and talked to [whilst working at a baby home with a 'baby safe'], loved their children,

> but the situation they found themselves in forced them to make this difficult decision. (Rose - Social worker)

I was also told that some women travelled from their rural homes to abandon their children in the city. If they tried to talk to a social worker in their home community about adoption, they would be told that this option was not available to them as they had a family. If they were caught placing their child up for adoption, or abandoning them elsewhere, they ran the risk of being ostracised by their community and in some instances even physically attacked for this decision. I was told of a few instances where community members had asked the police to arrest a mother who had travelled to town with a baby and returned without it, on the assumption that she had either killed or abandoned the child. The social worker or baby home manager would then need to explain to the police that the mother had left the child in a 'place of safety' and that she had not committed a crime.

Most of the social workers stated that poverty 'strips' the 'birth mother' of her ability to love her child.

> It's all about poverty, when you are poor to such an extent, you don't think you can address issue such as love, this is what is driving the whole situation in South Africa. When you are that poor, you are not able to deal with anything other than survival (Sandra - Adoption social worker).

They believed that a mother struggling to feed and shelter herself is less able to provide love to a child, believing the child would be better off dead, or with another family. This is similar to Scheper-Hughes' (1988) findings in her work in Bom Jesus, Brazil.

Patricia's description of the young women being "dead on the other side of their eyes", and "lacking substance", was supported by the observations of other adoption social workers who had dealt with many 'birth mothers'. Most described this disassociation of the mother from her child as a coping mechanism. Some reported experiences of women who refused to view their children as living beings and saw them rather as 'foreign growths' inside them.

> With an abandoned child, it is not a part of them. The mother is totally cut off from the pregnancy, there is no emotion, nothing. With unplanned pregnancy, there is a real loss of control in these young women's lives, they are often raped and sometimes it is incest, so they try not to be emotional. They want to be in control again. (Rachel - Adoption social worker)

Prostitution, which was closely associated with drug and alcohol abuse, was also given as a reason for child abandonment. A number of child protection experts told me that pregnant

prostitutes can demand a premium for their services, however, once the child is born, it becomes a burden or a pawn to be used by the woman's pimp. The children born into this scenario are often compromised from a health perspective, as they could suffer from Foetal Alcohol Syndrome, drug addiction, or be HIV positive.

> When they [a prostitute] fall pregnant, they call me to get them away from their Nigerian pimps. I find them a shelter with the Rosebank Union Church. They push the babies out into my arms, they don't even want to look at them, and when I come back to find them, they have already left the home that morning. (Rose - Social worker)

Survival and a disconnection from the child, were also frequently cited as reasons for abandonment in this situation.

When it comes to the abandoned child, the social workers see it as their responsibility to start the process of developing a 'life story' for their little wards as soon as possible. They record if the child was left with anything from the birth mother.

> I think it does make a difference to the child when they know that 'my mother left me in a place where she knew someone would find me, and she left me with some information about myself'. 'She left me with a little toy', whatever one can find, as a sign of caring in the circumstances of abandonment (Jill - Social worker).

The child's key milestones are also captured whist waiting for adoption in the baby home or foster care, and any other information that may help the child, and their adoptive parents, understand where they come from, and who they are.

Of greatest concern to the social workers, are the children who are left in institutions or in the foster care system by parents who are known, but who are unwilling to take care of them. These parents are not prepared to relinquish their rights to their child, which means that they are often forced to stay in the institutional environment for most of their childhood. The biological family will sometimes return when the child is nearing adulthood, especially if they are girls, as it is believed that they can then negotiate a bride-price for the child, or insist that the child take care of them. Some adoption social workers advised me that if they find a child who they believe is being neglected in this manner, they will proactively seek the termination of parental rights, so that the child can be placed in a family through adoption.

> These are children who have been sitting in the system for three years and their parents are refusing to sign consent, but are also unwilling to take care of them. We are very strong on the legal side, and are often referred complex adoptions from lawyers or children's rights organisations. We are not afraid to take people on. There

> was a young girl, Unathie, who was left at a children's home we worked with. The mother came with a second child. They [the parents] were alcoholics living in a squatter camp. The father would arrive when he needed food, he would appear and then disappear. We tried to work with him but he wouldn't consent. After four years of this, we agreed that this wasn't in the best interests of the children, so we decided to be tough on him and went ahead with the adoption procedure. He went to the press and to the police, but we managed to get the case through in the end, due to his total neglect of his children (Sandra - Adoption social worker).

The concern with institutional care, especially during an abandoned child's early developmental phase is linked to the social worker's apprehension that the child may suffer from 'attachment disorder' as a result. The concept of 'attachment theory' was developed by John Bowlby, a child psychiatrist, who was interested in "the relationship between children's experiences of early loss and trauma and the risk of later maladjustment, behavioural difficulties and impaired mental health" (Howe 2005:xiii). Howe (2005), a more recent expert on the theory, argues that areas of the brain develop sequentially, and that this development takes place in the context of attachment, including its "hard-wiring, biochemistry and neurological organisation" (Howe 2005:xv). He goes on to explain that the child and their caregiver, develop a regulatory system together, through the continuous responding to a child's signals. An example of this would be a child crying when it is hungry, and its caregiver responding by feeding it. He suggests that through this process, the child learns to recognise itself and others as persons, with thoughts and feelings, and this is the basis for empathy. Many social workers believed that the current delays in the process of adoption, either due to the biological family's refusal to relinquish their rights over the child or the bureaucratic 'red tape' associated with the process, could result in the children suffering long term behavioural and learning challenges.

> The most rapid brain development happens during pregnancy and up to the first four years of their life [the child]. This is a stage when there is massive input on who this child will be. Even in the uterus, the child feels the resentment and abandonment… But now we are told [by the Children's Act] that you must place a child in a neutral place for 60 days, this is the most crucial stage of development. The trauma of just hanging somewhere. Bonding, trust, this is the foundation that a child builds their life on. If a child grows up with the knowledge that they were abandoned, how does this affect the child's self-image? They have no roots, their parents didn't believe in them. The child assumes that the fault is theirs, it is their responsibility, they ask, 'what was wrong with me' (Mary - Adoption social worker).

> The policy is we must move as quickly as we can with those [abandoned] children, because the early bonding process is so important. More and more is being discovered

> about this and the fact that the child's brain development happens within the context of the bonding. The whole capacity for empathy is established in that bonding process, and the lack of empathy is seen as one of the routes to the violence problems that we are experiencing [in South Africa] (Jill - Social worker).

I was repeatedly told of stories of the 'Romanian orphanages', which were discovered after the 1989 revolution, and which held thousands of children in dire living conditions. These children, due to a lack of physical and emotional stimulation [most spent their days staring at the ceiling, walls and bars of their cots] had developed significant behavioural and psychological challenges. Scans of their brains revealed extensive damage due to the severity of their sensory deprivation, and the neglect that they had experienced in these mass institutions (see Macrae 2010). This kind of mass care or sensory deprivation was not present in any of the children's homes that I visited, however, some organisations were attempting to address the issue of 'attachment' through community programmes. Jo'burg Child Welfare's 'Granny Programme' enlisted the help of grandmothers in their surrounding community. The grannies were given a small stipend to spend the morning with two allocated children at their residential care facility. "The focus of the programme is to help the child to develop social attachments to people they can trust and there is a promotion of attachment and bonding, so that the child can be a sociable person", one of the social workers explained. The grannies do activities with the children relevant to their age and developmental stage and show them love and affection. Although the social workers agree that this is still not ideal [the grannies go home every afternoon and the shift workers take over], they have seen a significant improvement in the children's behaviour and development since the programme started.

My interviews and observations of social workers, and how they perceive and manage both the abandoning mother and the abandoned child, reminded me of the work done by Paul Farmer (1996) on suffering and structural violence. Patricia's description of the work she does every day, illustrates Farmer's view on "how large-scale social forces come to be translated into personal distress and disease" (1996:261). The young 'birth mothers' are subjected to years of poverty, malnutrition, sexual violence and inequality. Political and economic forces have increased their risk of contracting HIV and other diseases such as tuberculosis and high blood pressure, converting these negative social forces into embodied individual experiences. The situation is then exacerbated with pregnancy, possibly caused by the very individuals who perpetrated much of the violence in the first place. Unable to influence the structural forces that the young women and children are subjected to, the social workers are compelled to treat each case individually, supporting young birth mothers and

placing their children up for adoption. Abandoned children are converted into rights baring individuals as quickly as possible, with their own story constructed from the sketchy clues gleaned from the first few months of their lives. However, concerns were repeatedly expressed around the long term wellbeing of these children, due to their rejection by their mothers and their lack of attachment to a primary care giver, especially if the children were forced to remain in institutional care for an extended period of time.

Police officers and nurses

My interviews and workshops with police officers and nurses revealed a very different view on abandoning mothers. Both groups of people viewed the mother, not as a victim of her circumstances, but rather as an irresponsible, immoral and guilty individual.

> There is a lot of abandonment in this township [Tembisa]. We deal with around ten abandoned children a month, we have it all the time. We find most of the children abandoned in the veld. We also find them abandoned in people's yards. The mother is a tenant and she just leaves the house and the baby playing in the yard, then the neighbours call us and say they have heard a child crying. If you only knew what we see every day, you would not be surprised. She probably found another boyfriend, and he does not want her child, so he tells her to come, but to leave the child, and she does. (Police officer Tembisa)
>
> They come from good families, they have everything, but they have sex with older men, and then they fall pregnant, I don't know why they are doing this now (Police officer Tembisa).
>
> We don't often find the mother, but sometimes you do. Sometimes people say that they have seen the mother walking around as if nothing is wrong, but you don't always catch them (Police officer Tembisa).

Police officers, nurses and hospital social workers all expressed a far more conservative view of the abandoning mother, similar to that of the communities they serve. They would tell me "I don't know why they do this", and then go on to speculate on the mental wellbeing of the women in question. They would tell me that in choosing abortion or abandonment, the young women are "abusing themselves", implying their perceived lack of mental stability.

There was a high level of tension between adoption social workers and public hospital nurses and social workers. The public hospital healthcare workers frequently accused the independent adoption social workers of unduly influencing birth mothers, and at the extreme, of using young women as 'baby making machines' to procure babies to 'sell' to adoptive

parents. Most of them told me that they viewed adoption as morally wrong, and were particularly dismissive of international adoption. One group of nurses informed me authoritatively that they knew of abandoned children who were sent overseas to be "conditioned for the Illuminati". Conversely, independent adoption social workers told me of their frustration at hospital healthcare workers who frequently bullied young pregnant mothers into keeping their children, despite extensive counselling. These conflicting views are illustrated below.

> A sex worker who was on drugs decided to give up her third baby. She engaged a private social worker to do this. The hospital social worker tried to counsel her, but she was not interested. At the time of her birth, the doctors asked her if she would like to be sterilised, but she refused. When they queried why, she told them she wanted to be a surrogate mother for private social workers. It then emerged that this woman would become a baby factory for the private social workers, providing them with children to sell to her customers (Public hospital nurse).

> We have had so many cases where women are treated badly by nurses for wanting to voluntarily give their child up for adoption. They punish them, sometimes they don't give them pain medication after they have had a C-section. The problem is that they have no context. These women [birth mothers] have been through terrible trauma, sometimes they are pregnant due to being raped, and they [the hospital social workers] dive into all of the issues again, without consulting with us, and they make her go through the entire trauma again (Rachel - Adoption social worker).

"They throw babies away in the river behind the hospital!" This rather shocking statement was told to me in reference to Steve Biko Baragwaneth Hospital in Soweto. The social worker in question was sharing a story she had heard about young mothers who, on leaving the hospital, dispose of their new-born babies in the river nearby. I shared this statement with a nurse who works at Baragwaneth, along with some research that indicated a reduction in child abandonment in the hospital. In response, she told me, "Abandonments are down at the hospital because the security has been improved, so they can't just leave them in a toilet, someone will see them… Now they just take them outside and dump them there". Stories of abandonment from nurses and police officers, were usually framed with other stories that highlighted the ignorance and irresponsibility of the young mother. This included their lack of awareness of birth control, their multiple boyfriends, and their sexual relations with 'sugar-daddies' for material gain. Stories of unsafe and illegal abortions, which often resulted in the death of the young women, were also related with high levels of frustration.

On hearing how many cases the nurses had to deal with of unsuccessful late abortions, the related septicaemia, death, and children who were abandoned into their care, I was not surprised at the resentment and anger. However, their concern seemed to move beyond simple annoyance into something akin to fear. When I explored this observation further with a group of midwives, a slightly different picture emerged. Their major concern stemmed from their spiritual beliefs and the perceived consequence of assisting the young women. All of the nurses openly told me that they believed abortion and adoption were morally wrong, and that the young girls would suffer in the long term for choosing either of these alternatives. There was also a belief that if they helped the women to abort a child, or were complicit in placing a child up for adoption [through phoning an adoption social worker on behalf of the birth mother] they would be found 'guilty by association'. As such, they too could suffer some form of punishment from their ancestors.

In conclusion, we see how amongst the child protection experts local forces perpetuate the individualisation of the abandoning mother and support the medicalisation of both mother and child following the act of abandonment. There is a distinct difference between how adoption social workers and state officials, such as police officers and hospital staff, perceive of and treat the abandoning mother and child. Social workers interpret the suffering of the abandoning mother and the abandoned child as a result of structural relations, and portray it in the realm of depression and 'attachment disorder'. This enables them to support and treat the individuals to the best of their ability, however, when viewed in the context of the state and the media, it also illustrates their collective role in perpetuating this socially constructed disease. Police officers and nurses appear more concerned with the immoral and illegal behaviour of the abandoning mothers. Their concerns for spiritual suffering illustrates an indigenous or lay medical model of illness that is applied to the abandoning mother, the abandoned child, and if they are supportive of either abortion or adoption, potentially to themselves as well. The current discourse and practice amongst child protection officers also serves to protect a particular version of patriarchy, which over-emphasises maternal autonomy and a woman's ability to choose a particular outcome for herself or her child, whilst under-representing the broader social processes that impact on her decision to abandon. These include the young woman's isolation and vulnerability in these urban environments, their lack of support from their child's father, their family or their community, and their inability to access appropriate institutional help.

CHAPTER 5: THE EXPERIENCE OF CHILD ABANDONMENT

"I met Simba's father, Tendai, at church in Alex. We were dating from 2011 for 7 months before I fell pregnant. Sometimes we used protection, a condom, but after a while he didn't want to use it. When I told him I was afraid of falling pregnant, he told me, there's no problem with that, he will take care of me. Then I fell pregnant. At three months, I told my boyfriend, and he told me 'I've changed my mind about everything. I don't want the baby. I don't want you. So you had better do an abortion'. But he did not give me money for it. I was working, but I still didn't have the abortion. I thought maybe God will give me only one son and then I have done an abortion. I went to Edenvale hospital to have the baby. I told my boyfriend. He said, 'whatever it's up to you'. He didn't come and see me or the baby. I asked him to help me with money, but he said no, 'I told you before I didn't want the baby'.

After I had Simba, I was working in Killarney as a domestic. During this time he was always sick, so I had to take him to hospital. He had chest problems. So eventually I lost my job because I spent too much time away from work. I didn't go back to church, I was embarrassed [at having a child out of wedlock] and feeling very stressed out. I asked my father for help, but he said 'good luck, you are on your own'.

I called Tendai, and told him the baby was sick, but he said he doesn't want to see it, he doesn't want to be involved. So I decided to go and visit him with Simba. On that day, I went to Tendai, and rang the bell, and he opened the gate. I took Simba inside and told him that I needed to go to the toilet, and then I just left. I wanted him to take responsibility for his child, so I went back to Alex.

He is in love with the girl he lives with now, and they took my baby to the police station and wrote a statement saying that I abandoned him. On Monday I went back to Tendai's house [to get Simba]. He told me Simba was not there and that I must wait for the lady who took the baby to the police. I told him I would not wait, I am going on my own to the police. He said, 'I'm trying to help you here', but I refused and went on my own. They took Simba to Tembisa, the detective is close to Tendai's girlfriend, I know this because they could give me his cellphone number. I called the detective and he told me to come to Tembisa police station. When I got there, they arrested me. That's all. I spent one day in the Edenvale Police station, and then I had to go to court in Germiston. That is when Vusi (from Child Welfare) came and dropped the case. Vusi told me I must go to maintenance court, and that I must make sure Tendai has an ID and is working. I know that he is working, but he does not have an ID. I went to get Simba on Wednesday from the hospital. The nurses said lots of funny things to me, but Simba was fine, I love him.

After everything, they told me that I had to go for two days of counselling. They asked me 'what do I want in life', I told them, 'I want it to be better'. They asked me 'what did I learn from this process', I told them I have learnt that I must not get so emotional, if I am angry I must speak to someone before I make a stupid mistake. I

need a job now, I am really struggling. Life is not easy and no one will help me. My Dad is living in Rosebank with another wife, he says he can't help me. I haven't called my mother. When I came here in 2010, I went to see her and lived with her for three months, but she made me sleep outside the house on the street. What mother does that to her daughter, to any person? From there, I told myself, she doesn't love me, so I must move on." (Patience – Single Mother Alexandra)

Although Patience's story is unique, I have chosen to begin this chapter with it, as it brings many of the issues experienced by young women with unplanned pregnancies to light. The most important being their feeling of isolation and of having been abandoned themselves. In this chapter I suggest that women who abandon their children, often experience abandonment by both their family and the father of their child, thus rather than being part of a community, they feel isolated and alone. This, I suggest, is part of what causes abandonment, specifically the feeling of individualisation. Whilst abandonment by a boyfriend on discovery of pregnancy is relatively common amongst young unmarried people in South Africa (see Mkhwanazi 2010, Morrell *et al.* 2012), the additional threat or strain of being abandoned by one's family can cause a woman to consider this extreme action.

The choice of illegal abandonment is also influenced by the young woman's spiritual beliefs, specifically in Christianity and their indigenous ancestors. Both of these spiritual affiliations are believed to hold dire consequences for the conscious choice of abortion, and the ancestors are said to frown on a woman formally relinquishing her rights to her child, to initiate the process of adoption. The combination of high levels of poverty, violence and abuse experienced by many of these young women, and their fear of spiritual retribution leads to high levels of stress and trauma and a disconnection between the mother and child. Through exploring the stories of abandoning mothers, I suggest that they either feel this disconnection between themselves and their child, or that they view the child as the catalyst for disconnection from a boyfriend, or more importantly their family, and thus choose abandonment. Their individuation and disconnection, feelings of anger and depression, and their fears of long term ancestral suffering illustrates how they have internalised the medicalised subjectivity of child abandonment, and as such are participating in their own subjugation in the process.

I then explore the consequence of abandonment, by examining the impact that it has on the child, their sense of belonging and their identity formation. I look at this specifically in the South African context, amongst two young men who were abandoned at birth, and were still struggling to define who they were and where they belonged. I suggest that their description

of the embodied experience of abandonment, even as adults, and their stated trauma, depression and suicide attempts indicate that they too have bought into the dominant view of the medicalisation of abandonment. As with the abandoning mothers, these young men have internalised the subjectivity of the emotionally and spiritually sick abandoned child.

The mother who considers abandoning her child

Although Patience was accused of abandoning her child, it became clear from her story that she had only done so to force the biological father, Tendai, to acknowledge his responsibility towards herself and Simba. Her own father sympathised with her predicament but advised that he could not help. Her mother had abandoned her at the age of six months, and again when she visited as an adult. Throughout our interview, I could see how frustrated Patience felt at the injustice of her situation, she would constantly shake her head and ask me if I thought this was right. Many of the young pregnant women and single mothers spoke of their frustration and confusion at being labelled as the sole perpetrators of their predicament by the media, their community and their families. Patience's feelings of betrayal and isolation were exacerbated by her lack of money, a job, and a stable, safe place for her to raise her child. Being from Zimbabwe also meant that she could not rely on the state to support and protect herself or her little boy. For women in Patience's situation, there is no social safety net to help them in their time of need. They have been abandoned by their family, the father of their children and the community and country that they live in. Patience's story serves as a critique of the individualising of young, single, pregnant women and illustrates their isolation and vulnerability in these stark urban environments.

The young women I spent time with spoke of their turmoil at falling pregnant. Pregnancy brought about a sudden change in their status. They moved from someone who is loved and accepted to someone who is rejected, blamed, disapproved of and in some instances shunned. Violet, a single mother, told me that when she fell pregnant, her parents informed her that there was nothing that they could do for her, "They told me, now I am on my own". Thuli's boyfriend left her for her best friend on finding out that she was pregnant with his child whilst still in high school, "when I was giving birth, he refused to answer his phone, his new girlfriend, my friend, told him he could not come to me". Most of these young women have grown up in families and communities that value them for their ability to bring a child into the world. *Lobola* is negotiated primarily to claim ownership of a woman's womb, and her ability to produce a child is critical in the fulfilment of this contract (see Radcliffe-Brown

1967, Gluckman 1938, Gerrand 2013). Even amongst the most educated and progressive of these young women, *lobola* was still considered extremely important.

> *iLobola* is very important to me, it is about respect. I used to think *ilobola*, screw that crap, I'm not for sale, but with education, and hearing about it, it's been there in my reality, it's always been there. It's an emotional thing for me, I'd be very upset if he didn't want to pay *lobolo* for me. It's a romantic tradition, it's a beautiful gesture. I know that it means that he has control over you, but at least I know. Fertility, bringing our families together, these conditions were there before. (Lulama – Young female university graduate)

The young women I spoke to felt totally unprepared for pregnancy or motherhood. Many of them had grown up with their grandparents, who had not felt it appropriate to speak to them about sex and birth control. Some told me that they had learnt about sex at school, but there were many gaps in their understanding of the biology of conception and how to prevent it (see Mchunu *et al.* 2012). Some blamed their lack of support on the fact that they did not live with their mothers or fathers. They believed that more extended family members such as grandparents, aunts or uncles, were less forgiving of their circumstances. The disconnection the young women felt from their families, was brought to life by Sethunya, a single mother, who told me, "as a child you need to be loved, but none of us grew up with our mothers, we don't know our mother's love and so we often go in the wrong direction".

Motherhood is often viewed paradoxically, as Scheper-Hughes (1992) notes, "myths of savagely protective 'maternal instinct' compete at various times and places with the myth of the equally powerful 'infanticidal mother'" (1992:354). Scheper Hughes, in her work on mother love and child death in Brazil, was perplexed at the "indifference" she observed amongst mothers to the life or death of a child in this poverty stricken community. Later, she discovered that these mothers purposefully distanced themselves from the little beings they referred to as 'flighty birds' until the child had shown a 'knack for life', in an attempt to protect themselves from the trauma of child death. She explored how women in the Alto see motherhood not only as the ability to hold on to a child, but also to be able to let it go should the child "show that it wants to die" [by not thriving] (1992:364). 'Letting go', is equally about emotional detachment from a child and physically neglecting them through not holding, washing or feeding them. The child who has been 'let go' either fights for survival and lives despite the odds, or succumbs to death in what Scheper-Hughes describes as "passive euthanasia" (1992:365). The mothers believe that they have merely "allowed nature

to take its course", and that they are in fact "cooperating with Gods plan" (1992:369). This they see as different to abortion which is severely frowned on in this strictly Catholic community, which conversely, is seen as 'thwarting' God (1992:369).

Scheper-Hughes rationale of 'relative maternal neglect', as an explanation for high infant mortality, has been criticised by authors such as Marilyn Nations, who equates this perspective to "interpretive violence" (Nations 2008:2245). Rather than observing her research participants in their daily lives, Nations conducted a number of interviews with mothers in Northeast Brazil, asking them what they thought had caused the death of their children. Their responses pointed to biomedical disease, lack of care by health care professionals, problematic pregnancies and poverty respectively, rather than maternal neglect as hypothesised by Scheper-Hughes (Nations 2008:2241). As with child abandonment, however, I believe it is unlikely that a mother would admit to the mortal neglect of her child when asked this question directly. In support of Scheper-Hughes' ethnographic approach of participant observation, it was through the observation of behaviour rather than the rationales given by the mothers and the exploration of the associated category of abortion, that gave a clearer indication of the motivation for child abandonment amongst my research participants.

My discussion on the topics of abortion and adoption, as alternative options to parenting or abandonment, revealed the complex role that spirituality plays in the pregnant mother's decision. All of the young women I spoke to viewed abortion as morally wrong, with many associating it with murder. Similar to Patience's view, I was told that abortion may result in God preventing a woman from falling pregnant again. Although ancestors cannot prevent a woman from falling pregnant, they can ensure that a mother miscarries before the birth.

> It is not right, even if you are going through a difficult time when you first fall pregnant or have the baby. Every time you see a child after this you will think 'I killed someone, a person'. I really think it is totally wrong, you are abusing yourself if you do this, what if God only gives you that one child and now you have killed it (Violet – Young single mother, Alexandra).

God and the ancestors are believed to be capable of inflicting the most damaging blow to a young women's perceived value, that of rendering them infertile.

Adoption was viewed with a great deal of mistrust due to its permanence and its disconnecting of the child from their ancestors. Most of the young girls felt that foster care was a better alternative as this allowed a mother to retrieve her children when she became

more financially and emotionally stable. I was repeatedly told that a child must be introduced to its father's ancestors if it is to live a full and happy life. Thlabi (2013) notes that even if a girl has been raped, her family will try to get the guilty party to acknowledge paternity once the child has been born (2013:207). She notes that, especially in the case of a male child, only once their paternal lineage is determined and appropriated do they have an identity (2013:44). A woman who has not been introduced to her ancestors may still get married, but she could suffer many still born children, as it is considered to be very bad luck. Formally relinquishing one's rights to a child through the process of adoption was viewed with genuine concern. This they believed would be seen as a 'conscious act' of rejecting a child that has been given to them by their ancestors, who could then exact a similar punishment for that of abortion. Most felt that a women who could not take care of her child would do better to abandon them into someone else's care, as the mother could always apologise to the ancestors at a later stage, and claim that she was not herself at the time. Unlike adoption, abandonment is not necessarily seen as permanent, as illustrated in the story told to me by an adoption social worker below.

> A women called me yesterday about two children that she abandoned nine years ago at our baby home. She just told me, 'I am well now and would like to have my children'. I remember her from when she left her children with us. She was young, on drugs, living on the street and HIV positive. She told me that she has now found God and put her life back together, but she is not sleeping at night. The fact that she left her children is tormenting her and she is suffering. She literally arrived with the children and then disappeared, she never formally consented [to adoption]. When I told her that her children had been adopted and were now living overseas, she got very angry with me. She said 'these are my children and I am suffering', but it seemed to be more about her than about her children (Sandra - Social worker).

The woman was genuinely surprised that her parental rights had been taken away, and that her children were no longer available to her. There was a dominant belief amongst the community members that I spoke to that if a child is born to an African family, it will always be a part of that family as they share a fundamental and sacred connection forged through their ancestors. The traditional Western approach to adoption, however, seeks to remove the biological family's presence from the adopted child's life, going as far as changing the child's parents name on their birth certificate (see Yngvesson 2010). There has been a move in recent years towards more open adoptions globally, however, this is still a contentious issue, from both the adoptive parents and adopted child's perspective. Most of the adopted

children that I spoke to voiced concerns around the expectations of their biological parents, and stated a preference for only considering meeting them on reaching adulthood.

When I met Patience, we decided to go to a Kentucky Fried Children (KFC) restaurant on the border of Alexandra to talk about her experience of 'abandoning her child'. Whilst we were having lunch, a group of heavily built young men walked into the eating area. One man entered our booth and sat down with his back to us. When I asked him if we could help him, he turned around and leaned over Patience just inches from her face, and responded in a sarcastic tone "Sawubona sisis" [hello girls]. I told him that we were having a private conversation. He laughed, got up and sat down at the table right next to us. He and his friends then proceeded to stare at Patience throughout their meal in a very aggressive manor, whilst eating their food in what can only be described as a suggestive way. She in turn tried to make herself as small as possible covering her face with her serviette and hand. When I asked her what she thought of this behaviour, she told me "they want to know why you are talking to me. They think you are going to give me something". I asked her if she was subjected to this kind of treatment often in Alexandra, and she told me "all the time".

The aggressive and dominant behaviour of men over women is well documented in South Africa (see Langen 2005, Hicks 2010, Hunter 2010, Jewkes 2012). It is often ascribed to a combination of patriarchy and the devastating impact of apartheid. More than a third of the young women that I spent time with had either fallen pregnant due to being raped, or were concerned that a previous rape would impact on the health and wellbeing of their child. Some had been raped by their partners, some by family members or associates and some by strangers. Some had experienced it repeatedly throughout their lives.

> When I was thirteen years old, I was raped on the way to school, I really grew up from that. I met a guy at sixteen years, he is the father of my boys. We stayed together for ten or eleven years. At first he was fine and then he was changing and he became abusive. Eventually I had to get a restraining order against him, he used to force me to have sex with him whenever he wanted. We broke up after the birth of our second child (Lindiwe – Abandoning mother, Alexandra).

There is a sense of inevitability surrounding rape in the townships of South Africa. When Lerato, a young single mother, tried to talk to her mother about her rape, her mother told her "that's life, it's time to move on". Thlabi (2013), discusses this 'inevitability' in her semi-autobiographical book on growing up in Soweto in the 1980s:

> Violation of women and girls was commonplace in the late eighties and nineties. Yet as horrendous as it was, the community seemed to treat rape as if it were just some minor inconvenience. It wasn't uncommon for a young woman to be walking down the street and for someone, even another woman, to point at her and snigger, 'Phela, this one got raped by so-and-so. So-and-so would be a well-known thug still roaming the streets without a care in the world. (Thlabi 2013:39)

Some of these young women kept their babies despite their violent conception. Some denied the existence of the father, as Lerato informed me, "This child is 100% mine". However, I was told by many social workers that a high proportion of the children they received for adoption were the product of rape, as their mothers had been 'unable to bond with them'.

To abandon a child

> *I started getting labour pains. I was at home, alone, it was the 29th April, that Easter weekend. I sat at home until the labour pains got heavier and heavier, then I got up and left. I took a pair of scissors from home and I went to a park near where I stay. I got there and gave birth at about five p.m.. It was very difficult. I gave birth on my own, on the ground. With the pair of scissors, I cut the umbilical cord. I left him there in the park and I went home. I couldn't sleep, I was in pain, I was crying, there were a lot of things going on. My mother came home around eight. I was very weak, I was losing lots of blood. My mom said we must go to the clinic. I went, but the people there couldn't help, I stood there for three hours. I decided to leave, but I wrote on the chart. I went home but I couldn't sleep. In the morning, two cops came looking for me [Lindiwe had written her address was on the clinic card]. They took me to the police station, but first they took me to the clinic to be checked out. I got to see the child, some woman found him there [in the park] crying. I left him at five and around five thirty she found him. They showed me the baby, gosh he was so beautiful yoh! I was shocked, scared, blaming myself for everything that went wrong. He was so tiny, so adorable. This woman took him away to a shelter.*
>
> *At the police station, I was bleeding and in pain, always crying and always alone. The women said they wanted to beat me up for what I had done, a cop told them to do it to me. My sister came to see me, I couldn't talk to them, I couldn't face them. Much later my mother came, she brought me clothes and some pads. I spent the whole weekend there. On Tuesday I had to go to court for a bail appearance. My brother paid for a lawyer with his money, and I got out.*
>
> *They ordered me to go to FAMSA (Families South Africa) to talk to a social worker. There was this social worker I talked to every Thursday. Talking was good. Even after the rape, I never told my mom about it. It has been very hard for me. There are times when I wanted to kill myself, but then I thought about love, and I forgot about that. My kids are always asking me about 'my brother', 'when is he coming', and I don't know what to say. All I can say is that I don't know. All I know is I just left him*

there. Even if he comes back, he will know what I did to him. Because even myself I can't explain it. How do I tell my child, 'you now my boy, I tried to kill you before'. The psychologist said maybe I was being hormonal, and it was postnatal depression. She didn't give me any medicine for this, we just talked about it.

I believe in ancestors and we do ama-rituals. We go to my family grave site where my aunt, my sisters and my cousins are buried. We did a ritual with the snuff, we burned the flowers [Imphepo] and we talked to them. My mom said she wanted to apologise for what I did. Everybody got to talk. Everybody was asking for their own things. I just said my name, my mom and my aunt did the apologising. They felt better after this, they felt heard. (Lindiwe – Abandoning mother Alexandra)

Lindiwe was still awaiting her court trial when we met, she looked tired and worn out by her experience. Her son, despite some minor injuries gained from barbed wire, was found shortly after the abandonment and taken to a place of safety. Lindiwe could not explain why she had abandoned her child, but she did describe her pregnancy and birth as something that she was very disconnected from. Her mother, suspecting Lindiwe was pregnant, had also informed her that should could not remain in her house if she had another baby. It was only when Lindiwe observed her child in the clinic that she recognised him as her own, and as someone worth caring for. I observed this 'disconnection' between mother and child amongst a number of young women that I spoke to who had consented to have their children adopted. Mbali, a birth mother, was quiet, pensive and withdrawn whilst waiting for the magistrate at the Children's Court, however, once she had completed the legal requirements, she visibly relaxed and her sense of relief was palpable.

Mkhwanazi (2010) in her work on teenage pregnancy found that the birth of a child can become the motivation for integrating a young girl back into her family. The new child becomes a means for the teenager and her mother to reconnect, and to pass on traditions of child rearing and care. In my experience with both birth mothers, who relinquish their parental rights, and abandoning mothers, however, the child appears to be a catalyst for disconnection rather than connection. It represents the end of their relationship with their boyfriend, their family and the future that they have dreamed for themselves. To manage this difficult choice, the mothers emotionally disconnect themselves from the child in what one social worker referred to as "self-preservation".

I spent some time conducting participant observation at a home in Berea with a 'baby safe' where mothers can leave their unwanted child in a safe environment. Despite this opportunity to abandon with anonymity, many still chose to hand their children over

personally to the carers. The carers advised me that they have observed some mothers who are emotionally disconnected, but they also related a number of stories of mothers who were extremely distressed at leaving their babies. One carer told me, "all of the women who have left their children here seem to love them, they just cry and cry, but as soon as you try to get some information about them or the father [for the child], they leave very quickly".

This fluctuation between love and neglect was apparent in both Patience and Lindiwe. Patience felt justified in leaving her child on the doorstep of a man who had deserted her almost a year before, in the hope that this drastic act may change her fate. Lindiwe cut the umbilical cord connecting herself to her child and 'just left him there', she did not kill him, she simply left him to an unknown fate. Both mothers saw themselves and their children as victims of their circumstances, and at the mercy of a fate over which they had no control, and both exhibited a level of disconnection from their children. Patience was visibly angry at her circumstances and believed she deserved a better life. Lindiwe had resigned herself to being a victim of a traumatic life of neglect, rape and abuse, finally suffering what she perceived as postpartum depression on the birth of her unwanted child. The young women I spoke to grew up thinking that their ability to have children was greatly valued in their family and community, on falling pregnant however, they were shunned, stigmatised and their problem individualised. Their abandonment, or threat of abandonment, by their partners and families and their fear of infertility as a result of choosing abortion or the permanency of adoption led them to what they saw as their 'only choice'. As with the daily suffering noted by Scheper-Hughes (1992) in the Alto do Cruseiro, the women were subjected to large scale structural suffering, poverty, gender inequality and abuse. Patience and Lindiwe saw themselves not as perpetrators of child abandonment, but rather as victims of their particular situation, isolated, vulnerable and unable to seek help. This belief made them disempowered, angry and depressed, and in many respects, participants in the same moral world as their 'bad faith' community oppressors (Lock and Nguyen 2010:77).

To be abandoned

I met little Simba, Patience's baby, before I met his mother. A hospital social worker who I had interviewed previously, called to tell me that an abandoned baby boy had just been brought to the hospital the day before, and he was still very distraught. She did not have the time to sit with him and asked if I would mind looking after him for a while. At this point

Patience had been found and arrested but the hospital staff were unsure when she would be released from prison and if Simba would be returned to her. I agreed and drove to the hospital immediately. Janet, the social worker, took me to the paediatric ward where he was being kept. We entered the ward filled with pictures of animated animals and walked past five cots, each holding a little patient, until we got to the one holding Simba. He was lying on his tummy with his head facing away from us. Janet walked around to the other side of his cot, to see if he was awake. He immediately pushed himself up on his little arms, and cried at Janet, a mixture of outrage and familiarity. He recognised her, but she was not his mommy and he was letting her know how upset he was. Janet picked him up and patted his back, but he kept looking around trying to find a familiar face. He would then look back at Janet, with an accusing stare, and start to cry again. Janet handed him over to me and I settled him onto my chest to calm him.

I did wonder what this little boy must be experiencing. He had been brought to an unfamiliar place, with unfamiliar sounds and smells, and there were all sorts of sick children around him. Random nurses [whoever was on duty] had been feeding and changing him, and that morning they had done a number of blood tests on him, a 'standard procedure' for an abandoned child. A young nurse arrived after a while, and took Simba from me. He started to cry again, so she scolded him in a maternal way, telling him to 'stop crying' or she would 'send him away'. The nurse told me she was very angry with Simba's mother, and looking at Simba she said, "I should have taken you far away from her". I commented, 'perhaps she was desperate', but the nurse responded, "You can never be that desperate that you throw your baby away". She then sat down with him in her arms and started to feed him out of a cup. I asked her why she was feeding from a cup and not a bottle. She laughed and shook her head telling me, "It's called the child friendly approach, it was developed by a dietician and it is to make sure that the child is not exposed to infection whilst in the hospital" [apparently there was an issue with the sterilisation of bottle teats]. Simba struggled with the 'friendly approach', he was hungry but couldn't seem to get the sipping right, he either got nothing or too much and then he coughed and choked on the excess fluid. I saw his little tongue moving backward and forward trying to suckle, the nurse and I agreed that he was probably still being breast fed by his mother before she abandoned him. The nurse told me another reason for this method was so that the child did not get confused between a mother's breast and a bottle. Again I wondered what this little boy must be thinking. Only yesterday he was with his mother, now she was nowhere to be seen. He had strange people around him, poking him

with injections, ignoring his cries, and feeding him from a cup, this was truly an alienating experience for a baby of only six months of age.

It is impossible to know the true impact on an infant or a young child of being abandoned. If they have not been left at the moment of birth, they have had some sensory experience of their mother's touch, voice and smell. A foster mother, who has looked after eight abandoned babies, told me that the biggest challenge was the lack of 'background' she received when an abandoned child was brought to her.

> It is very cold, you are taking a child in without any understanding of their routines, what gives them comfort, what scares them. Many of them, particularly the younger ones, have gone from breast milk to bottle in a couple of hours and that has an impact on them. They go from the comfort of their mother's voice to a white woman, who speaks a language they've never heard before. To a house with structure, from largely informal settings. So from sleeping on my mother's back or my mother's stomach, I am in a cot, or next to these people who smell really funny. It usually takes the babies about two weeks to settle, and by that I mean crying, physically upset, like upset tummies. They often develop colds, runny noses, cloggy eyes. A lot of them were abandoned in autumn or winter that tended to be the time when we got them. (Jane – Adoptive and foster mother)

Beyond the physical experience, I was told by many of my research participants, both experts and laymen, that to be abandoned leaves a child emotionally scarred for the rest of their lives. I was also told that this was particularly true if the child was of African descent, as they would not know who their ancestors were, and would not be able to live full lives as a result. I was told to watch Kumbule'khaya by a number of people, to understand the pain and despair of a child searching for their ancestors after they have been abandoned. Kumbule'khaya, was launched in 2006, marking the tenth anniversary of the Truth and Reconciliation Commission in South Africa, with the aim of uniting families after the devastating impact of Apartheid. Each show attempts to link a person, who had sent in a letter requesting help, with their estranged family. Many of these emotional reunions involved children and parents around the issue of abandonment as illustrated below[11].

> The reason I am looking for my father is because I have some problems with my health. I was sickly growing up. I have a problem with my eye. I have problems with asthma as well… I just impregnated a woman back in Vereeniging. I do not

[11] www.tvsa.co.za/mastershowinfo.asp?mastershowid=1044 19/02/2014

> know what to do since I know nothing about our family rituals. I also need to perform some family rituals for myself. (Kumbule'khaya Season 10 Episode 1)

Through my research, I was able to connect with two young black men who had recently discovered that they were abandoned and adopted in South Africa. The social worker who introduced us explained that black adoptees were often not told that they were adopted by their parents, as they feared the stigma associated with adoption. Global best practice indicates that parents should advise their children of their adoption as soon as possible, however, this was often not the case with the black adoptive parents I spoke to. All feared their child's reaction and the possibility of their family's rejection of their adopted child. This was also believed to be an issue with illegitimate children, as it is the father's ancestors that are of primary importance to a child when it comes to connecting with one's ancestors. Most parents told me they would consider telling their children of their adoptive status when they become adults, however, some were forced to tell their children due to a divorce or the death of a parent.

> Adoption is still taboo with us Africans. If you take someone else's child, it's not my blood-life. If it is first born, it cannot be given inheritance. A child will want a name and will cry for a name. A friend of mine discovered that her father was not hers at his death. She wanted to give input into his funeral arrangements but the family told her, 'it is not up to you, he is not your father'. She was devastated, and she told me that she hated her mother for not telling her. The lesson is that you must not keep secrets, you must tell your children. We blacks keep too many secrets (Miriam – single mother).

> This young black couple are wanting to adopt. Neither of their families know that they are wanting to do this. The couple believe that they are taking a risk with their ancestors, but they are desperate for a child. They plan to pretend that the child is theirs, and not to visit their family whilst they are supposedly pregnant. They have agreed that when he has grown up, they will do some kind of ritual to help him, but in the meantime, no one needs to know. (Rose – Social worker)

Both of the young men I spoke to were in their early twenties and were abandoned in Johannesburg, one at Baragwaneth hospital and the other in an informal settlement on the outskirts of Soweto. Both had recently discovered that they were adopted, and the pain of this discovery was evident, with many tears being shed during our discussions. The young men told me that they felt the pain of their abandonment physically as well as emotionally, speaking to an embodied experience well beyond their original abandonment. When I asked Thabo [one of the young men] where he feels the pain, he told me "everywhere, it's like

being stabbed in the heart, over and over again". He explained this whilst tapping forcefully on his chest with his fingers. Both of the men felt that they no longer belonged in the family that they had been adopted into. This was due to their feelings of alienation, and for Xolani [the other young man], to his outright rejection by his extended adoptive family on the death of his mother.

> I was distraught, I was confused about who I was before, but finding out that I wasn't even who I thought I was [shaking his head]. These are not my people, I am not their child, it was so confusing, the thoughts in my head, it was really messy inside me. That day [he found out he was adopted] broke a crack, and things haven't been the same since (Thabo).

> After my mom died, her sister started acting up on me. I asked her, why is everything changing now? [He no longer felt welcome in their home having spent most weekends with his cousins whilst his mother was alive]. That's when she told me, I have sad news for you, you are adopted. I don't know why she told me, my mom didn't want me to know. I didn't know what to do, I didn't have anyone to speak to, I felt completely alone, but my girlfriend helped me. I have a daughter who is 9 months old, but I feel like I have nothing to live for (Xolani).

Their abandonment had caused a huge sense of loss and rejection in the young men, Thabo equated it to being "thrown away". Both spoke of not wanting to live, on discovering their abandonment, Thabo had attempted suicide on more than one occasion illustrating the intense alienation that he felt. Both wanted to know why their mother had abandoned them, and were searching for logical reasons such as poverty, or that their mother had been forced to give them up by their family. It was as though their personal story was now incomplete, and they could not reconcile themselves with who they were until they had found this missing piece of the puzzle, their biological family.

Spirituality played a complex role in both of their lives. Their belief in Christianity had given them strength and a support system at this difficult time, however, both were concerned at their lack of connection to their ancestors. Thabo was less concerned, as he clearly took solace from the fact that his parents had introduced him to his ancestors shortly after his adoption, on the advice of his adoptive grandfather [he was told this when his adoptive status was revealed to him by his adoptive parents].

> Before I came to my new family, my grandfather wanted to do a ceremony, but he died a month before I arrived. My family still did the ceremony, they slaughtered a cow and asked the ancestors to welcome me. That I was not a Helani, but that they

> wanted me to be a part of their family. But it was a family secret, no one said anything to me whilst I was growing up (Thabo).

Xolani, however, believed that he would not be able to perform his traditional duties of husband and father, linked to the paying of *ilobola*. He wished to marry his girlfriend, to pay damages for his daughter, and to allow her to use his clan name. His abandonment and lack of connection to his agnatic line prevented him from doing all of these things.

> They found me near Mapetla. I want to go there, I want to find out more. There is a possibility that I find out who I am, where I am from, my culture. I want to know if I am a Zulu, or a Tswana or Shangaan. I believe in ceremonies, I have to perform ceremonies for my baby, but to do that I have to find my dad. At the moment we are using her mother's surname. I should go to her family and pay *ilobolo*. If I had my father's name, I would use that name. I can be able to go and *Ukuhlawala* [the act of paying *inhlawulo*, damages for wrongdoing], to pay damages for my child. I want my baby to use my real surname (Xolani).

Beyond the initial physical shock, both young men were still suffering their abandonment as a painful embodied experience even though they were now adults. They both believed that their lack of connection to their biological family and their ancestors impacted on their ability to define who they were and where they belonged. They both told me that they were living troubled lives and that they would probably have troubled futures. As noted by Scheper-Hughes and Lock (1987), the wellbeing of an individual is often ascribed to their social relations, and can be "dependent on, and vulnerable to, the feelings, wishes, and actions of others, including spirits and dead ancestors" (1987:21). Both of these men appeared to have taken on the accepted medical and cultural stigma of their predicament, despite freely admitting that they were brought up in loving adoptive families.

CHAPTER 6: THE TREATMENT OF CHILD ABANDONMENT

Pricilla arrived at our birth mother home, ready to give birth, and advised us that she would like to give her child up for adoption. She was an adult, and went through extensive counselling, but told us she was sure that she did not want to take the child home, as her family would be very angry with her. Pricilla selected the adoptive parents from three separate international profiles, after we could not find a suitable family in South Africa. The adoptive family sent Pricilla regular updates of how her little girl was getting on, but she kept these away from her family, so that they did not find out about her adopted child.

Her family was experiencing lots of bad luck, there was illness. Pricilla's mother decided to visit an *inyanga* [traditional healer and herbalist]. The *inyanga* told her that there was a child who was crying, and that was displaced somewhere, and that the child belongs with the family. The *inyanga* told the mother that the parent had no support at the time of the pregnancy and couldn't talk to the family about the child. The parents asked their daughters and after increasing pressure, Pricilla finally confessed to her mother. Her mother was very angry with her, and the family was very unsupportive as they believed that she had brought bad luck to them.

The parents came to our organisation to find out what had happened to the child. They thought that Pricilla had been forced to place her child up for adoption. Pricilla lost it in the interim, the ancestors had given her lots of bad luck and she finally had a nervous breakdown. She screamed and shouted at her parents until they came to us and said, this is what you have done to our child. We had a discussion with her family, but it became very violent, the grandmother accused us of selling their child to those white people, to be used as a slave.

Pricilla came back after three months, and told us she was looking for a job. Her parents saw her as a burden, she was disgraced and there was no money. It was like good riddance, so they sent her to us, and they wanted us to take responsibility for her. We managed to organise that she go to a skills development place, but a month later when the social worker followed up, Pricilla told her that she wasn't interested in the skills they were teaching.

In 2012, I got a call on a Saturday morning, Pricilla had been admitted to a mental institution, as she couldn't cope. She told them that she wanted to see her daughter. The parents were still very angry and went to the Department of Social Development. We had to show them [the Department] the details of the adoption. That she had consented to the adoption as an adult, and that she had selected the adoptive parents herself. I did home visits and built a relationship with the family. Pricilla was released from the mental institution, and became an outpatient, but she didn't take her medication. The parents didn't want to take responsibility for their child, they wanted to shift the blame to someone else. This was when the Ancestor thing came up again. Pricilla's mother told me that she went to Lusikisiki to cleanse herself and to tell the

> ancestors what Pricilla had done. She also told them that she was not involved in the decision to place the child up for adoption. She did a ceremony and they accepted what she told them. She told Pricilla, we need to tell the ancestors that we're not involved, and that it wasn't our decision. The relationship improved a lot after this ritual was performed. Pricilla and her parents have written a letter to the child, and she will get to read it when she is 18 years old (Sizane – Adoption social worker).

I share Pricilla's story, as told by her social worker Sizane, to illustrate the different models of illness in the medicalisation of child abandonment, and how they coexist in one family's story. Pricilla and her social workers interpreted her suffering as depression and a mental breakdown caused by the anger, rejection and abandonment of her family on discovering her choice to relinquish her rights to her child. Her mother, however, interpreted Pricilla's suffering as being caused by their ancestors, who believed Pricilla's adopted child had been displaced and claimed that it was 'crying' for its biological family. This movement between biomedical and lay beliefs of illness, I suggest, has contributed to the medicalisation of child abandonment. In this chapter I share the views of psychiatrists, psychologists and *sangomas*, all considered to be expert healers when it comes to dealing with the issue of child abandonment. Psychiatrists and psychologists believe that both the mother and child can be treated individually using psychotherapy and medication, whilst the *inyanga*s or *sangomas* believe that the solution lies in healing the collective family.

Psychiatrists and psychologists

I spoke to a number of psychiatrists and psychologists who specialise in the area of child abandonment and adoption. I was told by social workers and adoptive parents that abandoned children are often unable to 'attach' emotionally to their caregivers and can experience this and related disorders for the rest of their lives. The doctors that I spoke to advised me that 'attachment' between the mother and child starts in utero, so that a child who is unwanted is already at risk of psychological problems even prior to its birth. They believe that an 'unattached child' is more likely to develop behavioural issues, learning difficulties and that it could even be one of the drivers of the violent nature of South African society. As one psychiatrist explained, "empathy is the greatest inhibitor of criminal behaviour, if you can place yourself in the shoes of your victim, you are less likely to subject them to extreme physical harm". These concerns were mirrored by child advocacy experts who believe that abandoned children need to be moved into a family environment as quickly as possible to start the bonding process. Adoption social workers use attachment theory to advise and

counsel adoptive parents during their pre-adoption preparation. The model is also used in the counselling and treatment of adult adoptees, should they develop a psychiatric disorder such as depression. The statements below reveal the consistency of the belief in attachment theory and related mental disorders across parents, social workers, psychologists and psychiatrists, and their concern that it impacts on a child from in-utero to adulthood.

> John had severe maternal dissociation, and an inability to attach or bond with me as his mother. At its worst, I couldn't feed him, bath him, change his nappy, he wouldn't accept any affection from me. He would lash out at me, he was nine month at the time. He would just push me away. My husband was fine, that is something I have found with all of the children [that she also fosters], they will accept me as a mother figure at a very functional level, but they cling to my husband. I think it is because no matter how small they are, their mother has abandoned them, and I represent in their world, a replacement mother, and they cannot fully accept me as a result (Jane – Adoptive and foster mother).

> A lot of children who have been abandoned, or who have a difficult start in life, have learning challenges. This is due to a number of things, but they all impact on self-image. If your parents didn't like you, then how are you going to like yourself, and how do you defend yourself. You become a target for being bullied instead of believing in yourself. I try to teach them [the abandoned children she counsels] how to stand up for themselves, so that they don't believe they deserve this kind of treatment (Mary – Child psychologist and adoption social worker).

> Their sense of worth motivates their self-destructive behaviour [the adult adoptee], and they are in fact abandoning themselves. So what you will do is help them to own themselves. There is such a huge disconnection from the self. If your own mom gave you up, then it is very difficult to connect with who you are. Adoptive people who I have worked with, and who have had their own children, struggle to attach to them, so the cycle continues down the line (Clinical psychiatrist – Adoption specialist).

Psychiatrists and psychologists also associate abandonment with a breakdown in family structures, as one advised, "the two commonalities in all the work I have done is that most [abandoning mothers] come from poor family structures from the beginning, and there are deep levels of trauma". Many believe that abandonment is a cycle, where adults who were abandoned as children, repeat the process with their own children. All of them spoke about the pregnant woman being 'abandoned' by their families and the father of their children.

> Generally your biggest support factor when you fall pregnant is your mother, but those mothers were not present. These women have never been mothers so how do they know how to mother, so there is an intense fear, the feeling is 'I cannot raise a child', 'I don't know how'. Intense fear around being a parent, anger at the man

> because he left them, vengeance at the child because there is no one else there [to be angry with]. So they will abandon the children with the intention for death or with the intention for care, 'dustbin' versus 'Door of Hope'… Sometimes these births are very, very traumatic, because they are done in the street, in the toilet, so you have birth trauma. You add to this early child hood trauma, and attachment issues and you have the dice stacked against you in a very serious way. You then find yourself in a group care, foster care or a place of safety, where you don't really have one care giver, and you develop a primary attachment problem. This leads to the fact that you have an inability to form deep meaningful relationships, there is the start of a personality disorder. The basic commonality for a personality disorder, is the inability for a person to see another. They then have a sense that they don't quite belong, so then they choose peers who have similar problems, generally impulse control. So they have early sexual debut, and often, they are also substance abusing. They tend to not value relationships, it's about what can I get from a relationship and it's about external material things. It's also about wanting to feel loved and wanted, so then they say, 'well maybe I should have a baby so that I can have something that is actually mine'. Now you get high risk sexual behaviour, and it's another child. Abandonment is a complete disintegration of a sense of family and family structure. This is the very same problem that fuels our anti-social criminal set up and often people who are involved in this cycle are involved in criminal activity (Child development and protection consultant).

The psychiatrists and psychologists believe that the abandoning mother and the abandoned child can suffer from a litany of psychological disorders due to the act of abandonment, supported by extensive research on 'attachment theory' (see Cassidy and Shaver 1999, Bowlby 1969, Klein 1986, Verrier 1991). I was told that these disorders, in most instances, cannot be cured and must therefore be managed throughout the patients' lives. The abandoning mother and the abandoned child are treated as individual patients with biomedical drugs and Western based psychotherapy, in an attempt to lessen the pain and anguish of what Verrier (1991) refers to as their 'primal wound'.

Sangomas and spiritual healers

Research is divided on the percentage of South African's who consultant *sangomas* (diviners) and *inyangas* (herbalist)[12], however, it was estimated that there were approximately 200 000 traditional healers practicing in South Africa in 1995, compared to only 25 000 'modern doctors' (Truter 2007:56). Thornton's (2009) work on traditional healing in South Africa supports the popular estimate of between 70 and 80 percent of South African's seeking the

[12] www.africacheck.org/reports/do-80-of-south-africans-regularly-consult-traditional-healers-the-claim-is-false/ Accessed 25/02/2014

services of traditional healers (2009:20). All of my research subjects had some knowledge of indigenous ancestral beliefs and most had engaged in rituals that concern themselves, or their families, and their ancestors. Some advised me that they were Christian, and as a result that ancestors 'did not affect them', however these same individuals would insist on thanking their ancestors if their child passed an exam or acquired a new job. The most common tradition spoken of was the paying of *lobola*, or bride-price, which Nkosi (2011) suggests is still an essential part of most African people's marital unions (2011:4; see Modo, 2002). Holland (2001) states that many Africans worship Christ alongside their traditional ancestors. Where Christ is seen as a distant creation, ancestors are believed to be very close to earth and mediate between God and their living relatives. Ancestors are also believed to choose the traditional healers, diviners or *sangomas* who interpret God's will to His followers (Holland 2001:2-3).

Concerns surrounding ancestors and ancestral beliefs are often raised in connection with child abandonment or formal adoption in South Africa (see Mokomane and Rochatt 2010). This was explained in detail to me by Rose, a social worker of Swazi decent, who worked extensively in the community of Alexandra. Rose told me that if a mother killed her child [referring to abortion or infanticide], the ancestors would not punish her, as long as she slaughtered something (such as a chicken), and when there was blood, asked them for forgiveness. If, however, the mother allowed someone to adopt her child, the child would suffer and the ancestors would be angry. She explained that this was because the child would not be connected to the ancestors, and that they would not protect the child in another family. Rose went on to explain, "For that child it is better to die than to live and suffer, or they can be adopted by a white family". In her view, a white family would not know or understand the importance of ancestors in the child's upbringing, and the child would know no better.

Of the five *sangomas* that I interviewed for my fieldwork, three of them had children that had been abandoned with them by unrelated individuals, and who they were taking care of as their own. They told me that they believed that the abandoning mothers saw them as spiritual individuals who would be able to assist the children to engage with their ancestors. The views of the *sangomas* were very similar regarding conception, when life starts, and the choices of abortion or abandonment. Whilst most were critical of abandonment they understood why it occurred and in some instances played the role of surrogate parent as illustrated below:

> My young girl was left with me when she was hardly a month old. The woman who abandoned her told me that she was going into town, but she never returned [this was in rural KZN]. My mother and I informed our *induna* [an advisor or leader], who told us to take the child to the police. We went to the police station to do an affidavit and the police asked us if we were willing to keep the baby, so we took the baby home. The mother is not related to us at all, so when we got home, my mother and I took a chicken and *imphepo* [natural plant burnt as incense], and then we *ubigile*, we announced the baby to the ancestors. We asked the ancestors to accept this baby and to help us in raising her. We adopted this baby and gave her the surname Isikaya, our name. We got birth certificates and we brought her up as our own child. She is now doing matric, she is well behaved, better than my own children [he laughs], she appreciates being taken care of (*Sangoma* Baba Ndaba).

The *sangomas* believed that child abandonment was morally wrong, and that an individual's ancestors would be very angry with them if they chose this course of action. They also informed me that if a child is found abandoned, the person who finds the child should consult their ancestors immediately, so that they can assist the child in 'finding their way' from a spiritual perspective. This consultation was also considered necessary if a child was born out of wedlock. The *sangomas* explained that ancestors have a certain view on how children should be produced, in order for them to be recognised as part of a family. For a child to be accepted, it would need to be introduced to its father's ancestors. If a child is introduced to the ancestors of its mother's family, or that of a different and unrelated family, this would cause confusion and consternation amongst the ancestors. This is not to say that a child cannot be introduced to the ancestors, but that the ancestors must be consulted on the issue at hand, so that they can assist the child in finding his or her spiritual home.

> I did the right process, by announcing the baby to my ancestors, so there wasn't a problem. Unlike if I had taken this baby without announcing it, and just lived with it. To the ancestors, this wold have been a problem. It is the same if girl children have babies in your home. Those children need to be announced to the ancestors, because babies that are recognised by the ancestors in this home are babies that are born by the daughter-in-law, not by the daughters of this house. Remember his father is from another surname and another clan. This is why you see so many of the girl child's children landing up in criminal behaviours and in jail, because they have not been announced to the ancestors (*Sangoma* Baba Ndaba).

Patricia, the adoption social worker that I spoke to at the Johannesburg Children's Court, told me that she has observed similar ceremonies at her office. A family would arrive with a *sangoma* and their community elders. The adopted child would be introduce to the ancestors

of the adopting family in a ritual or ceremony. If there was more than one wife, as in the case of a polygamist family, then it was also crucial that the other wives consented to the adoption of the child as well. She told me that these kinds of ceremonies assisted the child in being accepted into their new family at a spiritual level, which she believed was very important.

Abortion was viewed very negatively by all of the s*angomas*, and I was informed that this practice caused grave offence to ancestors. The *sangomas* told me that they believe that personhood starts at conception, as one explained, "From the minute the embryo gets fertilised, that is a human being". As such, abortion is viewed as a form of murder, and would be punished accordingly by the ancestors. Mirroring the beliefs of the young pregnant women I spoke to, the *sangomas* also told me that children are a gift from God. If this gift is not accepted or treasured, it can result in the gift never being given again. If a child is aborted or miscarried, it is important for the *sangomas* to perform a cleansing ceremony to mark the passing of the child, and to cleanse the mother.

> What happens in the future when you want to have babies, all the babies die in your womb. Your womb has become a grave, because of the abortion that you had. Even after a miscarriage, you must have *muti*/*imbiza* [medicine and purgatives]. You need something to cleanse your womb. You will also need to slaughter, to cleanse you, because there was a human being inside you (*Sangoma* Thulasizwe).
>
> If a person has an abortion, you have to ask whether this was the one and only child you were going to have. Children are a gift from God that is why sometimes it is a problem if you have an abortion, you are not accepting God's gift (*Sangoma* Naledi).
>
> I was taking the kids to crèche and I saw blood in the street. I followed the blood trail into another yard, and then heard a young girl scream. She had discovered a baby, who had been placed head first into the toilet. The community was very traumatised, so I needed to perform a cleansing ritual to take the evil away (*Sangoma* Minenhle).

I told the *sangomas* about my discussions with mothers who viewed abandonment as a less permanent option than adoption. I asked them to explain how a child could 'cry for its parents', and whether they as *sangomas*, would be able to identify and interpret this kind of spiritual message. They informed me that there could be a number of reasons for a child to cry for its parents through its ancestors. This could relate to how the mother abandoned the child, 'disposing of them' rather than 'handing them over with love'. Most importantly, they believed that this was due to the fact that the ancestors had not been consulted prior to the mother making this decision and then acting on it.

> You can hear the children crying. They are crying because you didn't give them away with love, you just threw them, you abandoned, and you didn't give them up with love (*Sangoma* Minenhle).

> Before you can abandon your child, you need to ask permission from your ancestors to do this. Just like you pray, 'God grant me this and that', you do the same thing with your ancestors. 'I can't take care of these children I want somebody else to take care of them', then your process will be ok, there won't be any problems (*Sangoma* Baba Ndaba).

> You must ask for ama Ancestor's blessings. Remember, when you get your children, you get them from your ancestors, so in turn when you are not able to look after your babies and your children, you need to ask them. You need to tell them, 'I don't have money', 'I don't have work', 'I don't have a house to stay with this kid', 'I need to give these children to someone who can look after them'. In that way, you will not have problems with your ancestors (*Sangoma* Naledi).

During my fieldwork, I was repeatedly told that children who did not know who their ancestors were, could search for them all of their lives with no success. Some may engage the help of a diviner who could tell them where to find their father's family, and they would then need to ask this family to intercede on their behalf with their ancestors. The *sangomas* I spoke to, revealed a different picture, however, that seemed contradictory to this 'community view'. They told me that ancestors are in fact with you from the moment you are born, even if you do not know your father's name. The ancestors may not engage with you directly, because you don't know how to address them, but they are always with you. If a child is adopted into a new family and announced to that families ancestors, the child's and the family's ancestors can connect with each other, as the child's ancestors are already with them, and the family's ancestors have been called appropriately.

> When you announce the baby to the ancestors, they have a task to look for the babies ancestors… to tell them, we have your baby in our family. So when you announce your baby to these ancestors, they are already together with the child's ancestors, they know because when he is born, he is born with them (*Sangoma* Naledi).

I decided to push this idea further, and asked the *sangomas* about babies who go overseas for international adoption. I knew that this was a particular area of concern for black adoption social workers, one of whom told me, "I am worried about the children who have been sent overseas, where do they go to report the child". The *sangomas* laughed at my lack of

understanding as to the power of ancestors and told me sagely that you can 'dream your ancestors' even if you are in a new place or living far away from Africa.

> No matter where you go, you still have your culture, you must go and speak to your ancestors, you must celebrate. It is a process of acknowledging and announcing (*Sangoma* Minenhle).

> Your ancestors are not far away from you… where you are sitting, they are there. Maybe because they haven't become visible to you, they haven't shown themselves, you think they are not there, but they are always with you (*Sangoma* Thulasizwe).

After her explanation, I asked Rose, why ancestors were so 'exclusive' in the care of blood relatives, especially as I had been repeatedly told that the notion of Ubuntu[13] was so central to the people in the communities that I visited. She told me that a belief in Ubuntu meant that communities would take care of a child, but that the child would never be considered a member of the direct family. Including an external child into a family's ancestral celebration, when they are not from the same agnatic line, could cause the ancestors to become angry and confused, as the child is not believed to belong, and therefore has no coherent reason for his or her presence in the home.

> They community prefers it if abandoned children stay with them, but they cannot make them part of their family through adoption. The child will be looked after, given food, clothes, sent to school, but it can't be a part of that new family. It is like Gift [a young man Rose introduced me to who was being cared for by a friend of his mothers, following her death]. He is well looked after but he knows he doesn't belong. If they are doing any rituals as a family, then he must leave and go and sleep at someone else's house that night. If he stays, the ancestors will see him sleeping there and be angry, because he doesn't belong to them. He cannot partake; he cannot eat the meat, nothing. Most people try to help young people to find their families, but there is a line that can't be crossed, 'don't try and be my child', 'don't come closer'" (Rose – Social worker).

The *sangomas* confirmed this view of separation between ancestral families, however, they were far more flexible in their belief that a child could be helped in finding a solution to their predicament. Again I was told that if the child was introduced to their new family's ancestors from the start, they would be able to assist the child in connecting with his or her ancestors. In each instance, it appeared that consultation and honesty were the only way to resolve

[13] A belief in humanity and the care of one another.

issues with one's ancestors. Conversely, suffering would only be meted out in instances of dishonesty and concealment.

> Boys have a problem, even if you find a boy child abandoned, let's say in a forest, and you bring up that boy child, give him your surname, you do everything, you announce him to the ancestors and all that. When he gets married, he needs to know the truth, because then the ancestors that he grew up under are no longer his. It is at this point that you must tell him the whole story. That you found him, that you brought him up, that you gave him a surname, and that you introduced him to the ancestors. They will say to him, this is not your real surname, you must look for your surname. If he goes to appease the ancestors, even if he speaks to the ancestors that his mother introduced him to, then there won't be any problems. It is the truth that sets you free (*Sangoma* Naledi).

All of the *sangomas* told me of their willingness to help children who had been abandoned to connect with their ancestors. Baba Ndaba, the eldest *sangoma* that I spoke to during my fieldwork, explained the role of a *sangoma* in an abandoned child's life, "It should start at the beginning, when the child is found, then the traditional person should be there to help them".

None of the *sangomas* I spoke to were openly against formal adoption. They did, however, have concerns about the fact that the ancestors of the child and the adoptive parents were unrelated, but this was seen as something that needed to be managed proactively. As with child abandonment, consulting with one's ancestors was seen as critical, and letting them guide you as a family was the only way to ensure their support of the process. A social worker once told me that the reason why African people felt that the formal legal approach to adoption was taboo was because, "for us, it is about the blood, our blood is the paper" [when it comes to adoption]. I asked the *sangomas* what they thought about the legal approach to adoption, and they immediately told me that they did not think that a legal process held any sway over what they saw as primarily a spiritual affair. *Sangoma* Abusiwe pointed out, "Whose law is that, our justice system, none of it is African. This system we are under has nothing to do with Ubuntu. When I take a child, if there is something that drives me to take the child, I am not doing this on my own, my ancestors have chosen me. It is not about technicalities and paper".

S*angoma,* Abusiwe, had a very mystical view on the act of abandonment. She believed that it could be interpreted as an 'act of love' by a mother who genuinely felt that her child would be better off without her. She also explained that a child who survives abandonment, does so

for a reason, and as such, has a role to play in each of the people's lives that he or she meets following this significant event.

> You need to understand that you don't walk alone. Your soul allows you to survive abandonment for a reason. What is the purpose that your soul has chosen for you? That your parents chose to physically abandon you? There is also something that you are doing to the person who finds you. There is a reason why your soul chooses to be abandoned. There is a reason your soul chooses to be adopted by certain parents (*Sangoma* Abusiwe).

Scheper-Hughes (1992) explored the theme of child death as 'religious sacrifice' in her ethnography on the Alto de Cruzeiro. The response of a devoutly religious women, Dona Maria do Carmel, who Scheper-Hughes questioned about the morality of standing by and watching sick children die, echoed s*angoma* Abusiwe's fatalistic view:

> "I know what you think", she said [to Nancy Scheper-Hughes]. "You think that all these hungry, sickly babies of the Alto would be better off if they had never been born at all. But we, who are a people of faith, believe that *all* children were born into this world for a purpose, even if that purpose was so that they could die. Where is your faith in an afterlife?" (Scheper-Hughes 1992:397).

The *sangomas* told me that the problem of child abandonment could only be resolved if it is dealt with at the level of the extended family, rather than that of the individual mother or child. This supports Scheper-Hughes and Lock's (1987) argument that in some cultures and societies that do not have highly individualised or articulated conception of the body-self, sickness and disease can be attributed to "malevolent social relations… the breaking of social and moral codes, or to disharmony within the family". In these communities and societies, 'therapy', or the treatment of sickness, "tends to be collectivized" (1987:15). For the *sangomas*, the key to resolving the issue of child abandonment, would be to get families to remember, understand and practice the philosophy of Ubuntu, which most believed has disappeared from the communities of contemporary South Africa.

> Mother's and families are where the challenge lies, you need to understand how the family has broken. Families in Africa are important. With children, parents, grandparents, uncles, aunties all play a role in bringing up a child. All of these people teach the child something. When we adopted Western culture, we took on how they do family. Four roomed houses mean you can't have everybody around you. We have broken into a family unit, and then into individuals. My problem as a young woman is that I have no one to talk to. My aunt, she is on her own, there is no connection in my family. It is the system, not the culture that is breaking down. It

> takes a lot for a woman to just dump her child. What happens to her? What do her ancestors say to her in her dreams? There's a child crying for you somewhere. How do we rebuild the family?
>
> Ancestors are alive when you remember them. Some people think that it is just about slaughtering and feeding them blood, but it is not just about this. The ancestors are not happy with so much blood at the moment, they are looking into our fridges lately and seeing that we have dead meat in them, it is too much. Child abandonment is something about now, when you cut yourself off, and not only from your family, but from your soul. Blood and family is important. When we break the family, we break blood relatives, common lineage, heritage. When you look at what's going on now, we have lost Ubuntu, it is just a brand, an idea, an abstract practice. You need to be realistic, I can't say I can help the individual child. The African people need to understand what being African is about. We can't try to sort out the branches when the roots are a mess (*Sangoma* Abusiwe).

Without exception, the *sangomas* provided a different perspective on child abandonment to that of individualising and medicalisating it. They recognised that much of the challenge lies with the breakdown in family systems and structures in South Africa, and with the individualisation of the young pregnant women. Rather than individualising and medicalising, they recommended a collective community approach to healing.

This collective approach is reminiscent of the treatment of child soldiers in Mozambique in 1994, following their bloody civil war. Western trained psychologists attempted to heal the children of what they diagnosed as 'post-traumatic stress' (Holland 2001:58). Communities and families had been fractured by the war, social relations had been severed, family members had been lost, and children had faced hardship, terror and abuse. Dr Boia Efraime, the project leader, noted, "We learnt that trauma had insinuated itself into the very fabric of community life, but we could only get to the core of this dynamic by understanding the community cosmology or 'world of meaning'" (Holland 2001:60). What they found was that "an individual's state of illness or health was deeply tied to his or her relations with the community" (2001:61). Most of the children reported being haunted by spirits in their nightmares, and an inability to connect with their ancestors. Individual counselling only brought further suffering. This led to a collaboration between the Western trained doctors and the *curandeiros* [spiritual healers], where a healing solution was sought collectively using traditional and modern approaches. Ancestor rituals were combined with community story-telling and what Efraime referred to as imaginative psychotherapy (2001:60-67). Thornton (2009) explains this matrix of mutual causes and effects as a "radical fusion of

social and personal illness". He argues that the social cannot be held to be the cause of personal illness, as the personal and the social are not fully distinguished with in these societies (Thornton 2009:19). As such, the healing solution cannot be resolved individually but rather by combining an individual and social solution, often involving the establishing of an ancestry or re-establishing a relationship between living persons and their ancestors (*emadloti*) through a ritual or "knowledge practice" (Thornton 2009:26).

In conclusion, in this chapter I suggest that psychiatrists play an important role in providing a medical diagnosis and treatment for child abandonment, based on their belief in 'postpartum depression' and 'attachment theory'. These diagnoses are central to the medicalsation of this complex social behaviour, as it consolidates the definition of the new medical category and it embeds the taken for granted subjectivity in the mothers, the children, the social workers and the child protection experts that support them. The *sangomas*, whilst highlighting the spiritual suffering that both the mother and child can be subjected to, reject their individual treatment and recommend a more flexible community of healing to resolve what they see as a collective social and spiritual issue. They are far more forgiving of the abandoning mother, and optimistic of their ability to assist an abandoned child. The *sangomas* suggest that with appropriate ritual action, a child's birth ancestors can be introduced to those of the receiving adoptive family, thus offsetting the possibility of later trouble in their lives. In support of Sangoma Abusiwe's comment, that "it is the system not the culture that is breaking down", the views of the *sangomas* indicate that legal adoption, rather than being rejected outright, should be expanded and enhanced with more spiritually relevant practices to ensure its support in the context of African ancestral beliefs.

CONCLUSION

Whilst watching the opening scenes of the classic Disney animated story, the 'Fox and the Hound', my daughter commented, "You see the mommy fox is trying to find a safe place to leave her baby, because the hunters are chasing her". I was struck by her empathy for the mother, who was clearly trying to do the right thing, but who technically was abandoning her child to the wilds of the forest. Viewed in context, the mother's actions are seen as necessary, even heroic. She is desperate and sees no other alternative, and so she leaves her child in a place where she believes he will be safe, and hopefully found by another individual who may be able to take care of him. Although this view may be simplistic, if we take the story to its logical conclusion in the context of South Africa, the mother [should she live] would be found and arrested for abandoning her child. The hunters, on the other hand, would be left to go on their way, with no culpability for their persecution of the mother, they were simply doing what they perceived as their right.

Unlike the fox, however, the mothers that I engaged with during my fieldwork had no environmentalists raising awareness for their predicament, or chastising their partners, families or local community for their lack of care, support or respect. Instead the women were isolated and castigated for choosing what they saw as their only alternative, branded as criminals and treated as sick individuals in need of medical care. The options of abortion and adoption were not seen as alternatives as they were believed to bring punishment by their ancestors and the possibility of infertility. Their abandoned children ran the risk of living unfulfilled lives shaped by bad luck and misery due to their lack of connection to their ancestors. As such, this dissertation illustrates how the act of child abandonment has been individualised and medicalised in contemporary, urban South Africa.

In accordance with the two step process of Medicalisation, where a problem is first defined in medical terms using medical language, and then internalised as a taken for granted subjectivity, this study illustrates how the media play a critical role in the definition of child abandonment, the abandoning mother and the abandoned child as a medical concern. The mother is first defined as a criminal and then as mentally unwell, citing postpartum depression and post-traumatic stress as the reasons for her choice to abandon. The abandoned child is portrayed as physically and emotionally compromised with potentially long term consequences due to their difficult start in life.

The media's definition is then reinforced by the social workers and psychiatrists supporting the mothers and children, citing trauma and attachment disorder as key areas of concern. The police officers and nurses who are responsible for assisting abandoning mothers and their children are more troubled with the immorality and criminality of the choice to abandon. However, they too believe in the possibility of long term suffering for the mother, should she choose the options of abortion or adoption, and the child who is unknown to his or her ancestors. This view is also supported by the *sangomas* who emphasise the importance of making a child known to the ancestors, even if the child is not of their agnatic line.

The final members of the 'bad faith' community, responsible for internalising the subjectivity of child abandonment as a medical category are the abandoning mothers and the abandoned children. Both cited experiences of individualisation and appear to have internalised the medicalisation of child abandonment, the mothers referencing anger and depression and the children citing alienation, depression and even attempted suicide. As such, the abandoning mothers and the abandoned children play a role in their own subjugation. They view themselves as victims, subjected to a fate over which they have no control, and are therefore not personally accountable to. As victims of this affliction, the mothers are perceived as patients rather than guilty individuals and the children as 'eternally wounded' as a consequence of their abandonment (see Verrier 1991). While the mother and the child can be healed, biomedical practitioners and *sangomas* see no easy cure. In addition, the mothers, by succumbing to the medical diagnosis of their predicament, further individualise themselves by acknowledging their need for modern medicine, in the form of psychotherapy and medication, rather than the social support that they lost on falling pregnant, and which they so patently desire.

The coexistence of lay beliefs and biomedical models of illness and the ambiguity between the two, also allows for the continued medicalisation of child abandonment. A woman may suffer from depression or trauma, if she abandons her child, but this can also be construed as suffering inflicted on the women by her ancestors. According to the discourse of both the young pregnant women and the abandoning mothers, abandonment may possibly be a better solution to either abortion or formal adoption, as the mother may atone for her decision by slaughtering an animal and asking her ancestors for forgiveness, whilst advising them that she was not herself at the time. Abandonment is also not viewed as a permanent solution by the mothers, as with adoption, and as such, it is thought that if you abandon a child you can always try to get the child back at a later stage if they are still being cared for in the foster

care system or within an institution. Removing the parental rights from an individual for the neglect of their child is seen as impossible by the biological parents and family, as they believe they will always have a connection to the child through their blood and related ancestors. If a child who is abandoned dies, or is adopted without the mother's consent, this is seen as a result of fate, over which the mother has no control, and therefore cannot be held personally accountable for.

My research revealed two different forms of child abandonment, even though they are currently presented as a singular process. The mother who leaves her child in a safe place, such as in a hospital, at a children's home, a crèche or in a baby safe, appears quite different to the mother who leaves her child in the open veld, in a public toilet, or on a rubbish dump. As one psychologist noted of the practice, children are either "abandoned to live or abandoned to die". Having interviewed mothers who abandoned in both of these ways, there was no clear motivation as to why they chose one alternative over another. Both mothers stated that they loved their children and both viewed themselves as victims of fate, however, the mother who abandon's safely is possibly able to see beyond her own predicament to that of her child. Further exploration is required to understand this dynamic better. Mothers who voluntarily placed their children up for adoption, relinquishing their parental rights, believed they were doing the best for their children. However, as noted by many community members, and more traditional nurses and social workers, in doing this they ran the risk of angering their ancestors, for rejecting a gift that had been given to them by God and their ancestors. Although I have argued that child abandonment is increasingly being medicalised, what is most concerning is the isolation and individualising of the abandoning mother. Rather than supporting young women in this predicament communities and the state choose rather to blame these young women for a problem that has been socially produced and can only be solved in this broader social context.

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APPENDIX A

The following appendix contains a summary of drivers of child abandonment in contemporary South Africa, and provides a detailed context for the findings of this study.

Teenage and Unplanned Pregnancy

The incidence of teenage pregnancy is decreasing in South Africa, however, it is still believed to be problematically high, with approximately 30% of South African teenagers reporting to 'ever having being pregnant', and most of these pregnancies said to be unplanned (Jewkes *et al.* 2009:4). A range of causes have been identified, from ignorance of birth control and proving one's womanhood, to transactional purposes and rape (Panday et al. 2009:58-71). The attitude of healthcare workers and nurses is also cited as a reason, specifically their refusal to provide birth control solutions to these young women due to their traditional views on sexuality (Wood and Jewkes 2006:114). A further concern is highlighted by Delius and Glaser (2002) who state that "few parents today are willing or able to confront awkward issues around sexuality". They contend that young South Africans are having to negotiate their sexuality on their own as a result (2002:50). From a political and social perspective, Mkhwanazi (2013) argues that the current political regime has taken an ideological stance on the sexual activity of young women, and particularly on young mothers, "debasing the reproductive capabilities of teenagers". She suggests that teenage pregnancy is blamed on "an environment of dependency, a society that is too permissive and on teenagers who are seen as indulged, irresponsible and having no self-respect" (2013:7). This stance draws attention to one of the ways in which the notion of 'stratified reproduction', is playing out in South Africa categorising teenage sexuality and pregnancy as a 'social problem'. The result of this negative perception on early childbearing is that reduced value is placed on fertility, and on the cultural and social support that is needed by young mothers at this critical time (Ginsburg and Rapp 1991:322, 323). Denied access to birth control and adequate healthcare, forced to navigate their sexuality on their own, and blamed entirely for being irresponsible and spoilt, young women in South Africa face a difficult future when it comes to managing their sexuality and possible pregnancy.

Poverty and inequality

Poverty is a key to child abandonment. According to Fonseca (1986), the mother child dyad is an unstable family unit in the face of extreme poverty. In South Africa, women bear the

brunt of child rearing responsibilities and caring for sick relatives mostly caused by the HIV/AIDS pandemic. The unemployment rate for women was 27.5% in 2012, whilst men were at 22.8%. This is a marked increase from 2002, however, women still earn significantly less than men in the workplace (DSD White Paper on Family 2012:23). Although government grants have gone some way to improving extreme poverty, more than half the population still live below the poverty line of R500 a day (Mail & Guardian 16/09/2011). In a study of the Gini coefficient [a measure of income inequality] of 47 African counties in 2014, South Africa was ranked as the most unequal society on the continent. Economic conditions continue to worsen for the average South African, which is illustrated in the wide-spread service delivery riots of 2013 and early 2014.

Drug and alcohol abuse

Drug and alcohol abuse has been associated with the challenges faced by the youth in South Africa, however, it is not overtly associated with teenage pregnancy or child abandonment. There appears to be is very little research on drug and alcohol abuse in South Africa, but the Department of Social Development stated in 2010, that substance abusers are increasingly younger and female (DSD White Paper on Family 2012:27). Alcohol and dagga [marijuana] are the predominant drugs of choice for the more than 10% of South African's with addiction problems. More concerning is the marked increase in the use of more serious drugs such as whoonga or nyaope (a mixture of heroin, dagga and antiretroviral medication), heroin, crack cocaine and tik (methamphetamine) [14]. A large study conducted on teenage pregnancy in KwaZulu-Natal, Mpumalanga, Eastern Cape and Gauteng Province, providing an urban-rural representation of South Africa, found that one in five respondents (19.1%) had engaged in hazardous or harmful alcohol use, such as binge drinking, and 5.4% had ever used illicit drugs (Mchunu 2012:4). Rape is also associated with alcohol abuse and the inebriation of the victim (Jewkes *et al.* 2012:14). South Africa has one of the highest incidences of Foetal Alcohol Syndrome (FAS) globally, with the greatest area of concern being the Western Cape[15]. FAS is a preventable disease that causes growth deficiencies, mental retardation and significant learning disabilities in children, and is a result of excessive alcohol intake during pregnancy by the mother.

[14] www.health24.com/Lifestyle/Street-drugs/News/Dagga-alcohol-top-SA-drug-choices-20130618 27/01/2014
[15] www.sancawc.co.za/master/article.php?id=14 05/02/2014

Violence against women

Rape and the subsequent conception and birth of a child is seen as a critical factor in driving child abandonment by the child protection community. The number of rapes taking place in South Africa is a contested figure, which is exacerbated by the low rate of reporting. National crime statistics identify that nearly 70 000 people were sexually assaulted in 2012 in South Africa, however, research conducted by the Medical Research Council in Gauteng found that only one in twenty-five women actually reports being raped. This indicates a possible figure of well over 1.5 million people being raped in a single year[16]. Jewkes *et al.* (2012) state that the prevalence of rape, and particularly multiple perpetrator is unusually high in South Africa, when compared to other emerging countries in Africa, South America and Asia. Their research indicates that the majority of multiple perpetrator rapes are committed for reasons of 'entertainment', usually in open or public spaces. Punishment and the inebriation of the victim are also given as reasons for the crime. Thlabi (2013) refers to the normalisation of sexual violence in South African townships in her biography.

> "She was lucky she didn't get raped. There it is again, the source of my eternal rage. The gentle reminder delivered subconsciously by decent people, that girls must be grateful if they haven't been raped… Even in this changed country and society, violence as an expression of male power hasn't changed." (Thlabi 2013:138)

Women who have been raped are entitled to a state abortion, however, many refuse this due to religious and spiritual beliefs and concerns. These children once born are then either spirited away to a distant family member, or grow up with the stigma of being born a child of rape. There are also ancestral consequences, as the child will often not know which clan they belong to, especially in the instance of a gang rape. As Thlabi notes of one such child of rape, "People were already pointing at Mahlomola while he was in Imelda's stomach… I took him to church in Lesotho when he was born, to remove the sin from him. But it didn't work. The sin was too much, and the devil was using him. He was the devil's child and I had to accept that" (2013:109).

Paternity denial and absentee fathers

Half the children in South Africa live without daily contact with their fathers (Eddy *et al.* 2013:3). Although a father figure does not guarantee a happy and healthy childhood, absent fathers are believed to have a detrimental effect on families and society as a whole (Eddy *et*

[16] www.iol.co.za/news/crime-courts/up-to-3-600-rapes-in-sa-every-day-1.1466429#.UwH0T_mSyIg 15/01/2014

al. 2013:3). In their study on what they refer to as the 'ATM Fathers' Eddy *et al.*(2013), found that masculinity and fatherhood were primarily understood in terms of a man's ability to provide for one's family's needs, an inability to provide limited their capacity to "exercise fatherhood" (2013:18, see Morell 2012). The concept of a father as care-giver was also widely rejected by research subjects in the study, as one explained:

> Women are responsible for the social well-being of the children. And we are responsible for financial-wellbeing of the child. If we can change and say that I'm guarding the child. I nappy him, I bath him and I say that the women must go and look for a job, it won't work. It will look like we are crazy, it will seem like the nation is going crazy (Tembisa father, in Eddy *et al.* 2013:18).

However, a high proportion of men refuse to take financial responsibility for their children by denying paternity or outright desertion of the mother on discovering her pregnancy (see Swatz, 2003, Mkhwanazi 2010). Unemployment and poverty, dysfunctional and conflict ridden relationships with the mother, and moving into new relationships were all cited as reasons for their absence from their children's lives. The high cost of *ilobolo* [bridewealth] and *intlawulo* [damages], both signs of a man's respectability and honour, were also stated as reasons for their absence. Eddy *et al,* contend that the inability for a father to pay a fine for having impregnated a women out of wedlock can lead to the men being excluded from a child's life (see Nduna and Jewkes 2012). Thlabi describes the significance of paternity and the meeting of families over damages in the excerpt below:

> When pregnancy was discovered, relatives of the girl would gather some elders and take her to the boy's family to report *molato*. These meetings would start with the girl's family introducing themselves and reporting their reason for being there. A child's paternity was important, because identity was defined by the clan name derived from the ancestors of the male line. This was of great significance for birth and marriage, particularly for males. While women took on their husband's clan, it was crucial that a boy knew his father's name and clan - even if he was born out of wedlock and hadn't known his father - just so that he knew his lineage. Once his paternal lineage was determined and appropriated, the boy had an identity. Some sought no further relationship with their fathers once they knew their lineage and had been introduced to their ancestors. For some reason, these meetings had to take place at the crack of dawn; that was how it was done. The boy would then be called and asked the question. The girl would sit there, biting her nails, nervously waiting to be acknowledged. These encounters were often dramatic, because to be denied by the boy was a death knell for the girl and her child. Typically, his parents and family would then take his side and chase the girl's family away (Thlabi 2013:44).

Desertion and denial of paternity by the father is often given as a reason for child abandonment by the mother. The frustration and resentment at quite literally being left 'holding the baby' is illustrated in a story I read about a young student from the University of Fort Hare. The young woman in question wrote the cellphone number of the young man who impregnated and then deserted her on her child's face prior to abandoning her. The young woman was of course found and arrested for concealment of birth. The young man, one must assume, was left to go his way having successfully identified the 'guilty party' (New Age 30/05/2013).

Unsafe and late abortion

Aborting a child in the late stages of pregnancy is considered a form of child abandonment, and although many of these children die, some of them are found and do survive. It is believed that 50% of all abortions in South Africa are conducted through unsafe channels (Johnston 2013). There were just under 80 000 legal abortions performed in South Africa in 2011, which is a 31% increase since 2010. This implies that illegal and late abortions could be as many as 100 000 per year. A representative of the South African state mortuaries confirmed that no statistics are kept currently on premature babies who have died after being abandoned in unsafe environments, however, he did state that they are "swamped" with them on a weekly basis (State Mortuary Doctor: Personal communication]. Panday *et al,* (2009) observe that the failure to use legal abortion services is often related to a lack of information about the costs of termination, the legal stage of gestation when termination is allowed, and the associated stigma (Panday *et al.* 2009:11). In the study, they identified that although abortion is viewed as morally wrong by young people, they apply a 'relative morality' to it to prevent social and financial hardships and to protect their educational opportunities (Panday et al. 2009:11).

Post-partum Depression

There is little research on post-partum depression in South Africa. Zille, in her exploration of *Beginning Life in an Apartheid Society* (1986), links child abandonment to this form of mental distress, which she notes is often not detected amongst black mothers due to a lack of understanding or awareness about the condition (1986:155). She contends that social workers view the increasing number of abandoned babies as an indication of a "severe social dislocation" in South Africa (1986:155). In her view, this is a result of weakening social

support networks amongst African communities due to social and economic pressures. In their work on post-partum depression and infant growth in a peri-urban settlement in South Africa, Tomlinson *et al,* (2005), found that the prevalence of maternal depression in Khayelitsha to be almost three times the rate in Western samples (Tomlinson *et al,* 2005:83).

Single Parenthood and illegitimacy

Non –marital childbearing is amongst the highest in the world in South Africa with nearly 60% of births being attributed to unmarried women, which is four times the average in Sub-Saharan Africa (see Nzimande 2005). Marriage rates are believed to be low and appear to be decreasing, whilst divorce rates in South Africa are also believed to be very high (Stats SA 2012). Women appear to be the dominant plaintiff, and this has been associated with their increased economic independence. Beirer *et al,* (2010) found that increased economic independence accompanied by greater gender equality had a positive effect on marital stability, however, where gender equality is low the opposite holds true (White Paper on Family 2012:16). Non-marital childbearing has also been shown to have a negative impact on a child's education, emotional and physical well-being (Wilkins, 2012:vi). For some young women, an illegitimate child does not mean an end to familial relations. Mkhwanazi (2010) found that the journey of new motherhood can be used as an empowering process where values about womanhood are transferred from mother to daughter (2010:356). For many, however, the experience of unplanned pregnancy is far from positive, with some having to drop out of school to take care of their new babies, and others ejected from their home for the shame they have brought on their family (see Willan 2013:4).

HIV/AIDS

In South Africa 5.2 million people live with HIV, and over 1.4 million children have been orphaned by it (Stats SA 2013:4). The impact of HIV/AIDS on maternal and infant health is significant, which is illustrated by the increase in the maternal mortality by 80% since 1990 in South Africa. Although infant mortality has declined to 41.7 per 1000 live births in 2013, both are still believed to be too high in terms of the 2015 Millennium Development Goals (Stats SA 2013:5, UNICEF 2011:31). In a study conducted on the resilience of young children orphaned by AIDS, researchers found that AIDS-orphans and caregivers suffered from increased levels of depression, anxiety and post-traumatic stress, when compared with other orphaned and non-orphaned children. They found that Familial HIV impacts on

education, child abuse, high sexual risk, drug use and gang involvement. The combination of familial AIDS, food insecurity and abuse, increases transactional sex risk for girls over 15 years, from 1% to 57%. It is also associated with community violence, bullying and social stigma (Cluver *et al.* 2011). Mark Hunter (2010) contends that the AIDS pandemic is gendered in South Africa, and that the "embodiment of inequalities" that drive the disease are a form of structural violence (2010:3). In his analysis of the social roots of AIDS, Hunter moves beyond linking the spread of the disease to migrant labour, exploring the rise in unemployment, greater mobility of women and the impact of its poverty based geography (2010:4). HIV and AIDS has had a dramatic impact on all aspects of South African society, and child abandonment is no different. A woman will often discover her HIV positive status at the same time that she discovers her pregnancy. She then has to contend not only with an unplanned pregnancy, but the realisation that her partner has also given her a burden of disease for life.

Migrant labour, urbanisation and illegal immigrants

The historical migrant labour system in South Africa, enforced by law and violence, resulted in the long term separation of African people from their immediate biological families (see Jones 1993:7). This is believed to have created a significant breakdown in family and kinship structures and although the system has now been dismantled, many argue that it has had a dire impact on South Africa's families (see Murray, 1981). The end of apartheid, and the desire for work opportunities has led to a rapid increase in urbanisation over the past two decades in South Africa, with two thirds of the population now living in urban areas (SAIRR 2013). For the period 2006 to 2011 it is estimated that over a million people migrated from rural areas in South Africa to Gauteng (Stats SA 2013:11). This mass migration is exacerbated by the continued influx of illegal immigrants from the rest of the continent. Estimates on the number of illegal immigrants in South Africa ranges from 2 million to 10 million people, indicating that around 15% of the country's population could be unaccounted for[17]. This wide ranging estimate is supported by a conversation I had with a cellphone operator who advised me that although Soweto has a reported population of just over 1 million occupants, their estimates based on cellphone usage place the residential population closer to 4 million. Although exact figures are unclear, there are a number of people who are not accounted for, and who cannot access health, social welfare and legal support systems

[17] www.irinnews.org/report/87032/south-africa-how-many-undocumented-migrants-pick-a-number 05/02/2014

due to their illegal status in the country. As indicated by the international literature on the subject, rapid urbanisation whether from rural areas or other countries can lead to an increase in social challenges such as crime, social disconnection and an increase in child abandonment.