Empirical Findings on Filicide Offenses in eSwatini

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Abstract

The killing of a child by their parent(s), known as filicide, is an infrequent form of fatal violence against children. Filicide occurs across cultures but remains under-researched in Africa, specifically in eSwatini, due to limited data collection, standardization, and accessibility. Given the prevalence of parental involvement in child fatalities, it is crucial to engage with these parents to understand the circumstances contributing to these murders and to inform prevention efforts. Through semi-structured interviews with 15 parents incarcerated for filicide (involving 18 victims), this study explores the etiological factors associated with filicides. Thematic analysis reveals five themes: (i) childhood history; (ii) financial constraints; (iii) partner-related problems; (iv) mental health issues; and (v) sociocultural factors. The rural location served as a critical backdrop that amplified risk and eliminated potential protective interventions. This study highlights that filicide in eSwatini arises from the interaction of sociocultural influences, economic vulnerability, and insufficient mental health services, creating environments where filicide becomes a desperate response to overwhelming circumstances. To reduce filicide, policy reforms regarding reproductive rights, challenging patriarchal beliefs, establishing economic empowerment programs for vulnerable young parents, expanding mental health services to rural areas, and integrating these services with traditional healing practices are necessary. By addressing these systemic factors rather than viewing filicide as an individual issue, eSwatini can foster safe and protective environments for children while upholding the cultural values of family and community well-being.

Keywords: corrections; family murder; violence against children; socio-cultural; rural areas

Introduction

The killing of a child by a parent or step-parent, known as filicide, is an infrequent form of fatal violence against children. Filicide includes neonaticide, the murder of the child within the first day of life, often associated with mothers, and infanticide, the murder of a child within the first year (Milia & Noonan, 2022). This study defines children as persons under 18 years of age, so filicide cases include victims in this age range. Filicide is observed cross-culturally with global and context-specific motivations (Mariano et al., 2014; Ssekitto et al., 2024).

Filicide in Africa is under-researched due to limited data collection, standardization, and accessibility (Mariano et al., 2014; Shoib et al., 2023). This research gap is particularly pronounced for rural contexts, where the intersection of poverty, service inaccessibility, and traditional gender norms may create heightened vulnerability (Gillespie et al., 2021; Modise, 2025). Research on domestic violence in Africa has predominantly focused on urban populations and on violence against women by intimate partners (Fapohunda et al., 2021), with rural areas remaining significantly understudied despite evidence suggesting higher vulnerability in these settings. Rural communities face compounded risks: geographic isolation from services (Gillespie et al., 2021); extreme poverty; stronger adherence to traditional patriarchal norms; and minimal access to healthcare, mental health services, and social support systems (Modise, 2025; Nabaggala et al., 2021).

The rural-urban disparity in research attention mirrors the disparity in service provision, leaving rural families – who comprise the majority in many African countries – invisible in both scholarly literature and policy interventions (Nabaggala et al., 2021). While violence against women in rural areas has received some documentation (Igbolekwu et al., 2021), other forms of domestic violence in rural contexts – including fatal violence against children through filicide – remain largely unexamined. This gap is particularly concerning given that understanding filicide requires attention to the specific contexts in which it occurs, contexts that differ substantially between urban and rural settings.

A systematic review reported that filicides in 19 African countries result from a convergence of personal (unwanted pregnancy, marital discord), community (cultural beliefs), and family (conflict and abuse) factors (Ssekitto et al., 2024). Challenging dominant perspectives through alternative viewpoints is crucial for driving social change (Burton & Simington, 2025). Given the prevalence of parental involvement in child fatalities (Krienert & Walsh, 2023), it is essential to engage with parents to understand the circumstances that contribute to these murders. This provided us with insight into the mitigation and prevention of these crimes. Through interviews with parents incarcerated for filicide, this study explored the etiological factors contributing to filicides in eSwatini, with particular attention to the rural contexts in which most cases occurred.

What we know from literature is that offenders of neonaticides are almost exclusively young mothers (Abrahams et al., 2016; Leal & Matos, 2023; Tsokos, 2014) in their early to mid-twenties, facing economic struggles, mental illness especially postpartum depression and

psychosis, as well as poor family support (Frederique et al., 2023; Koenen & Thompson, 2008). Infanticide, on the other hand, is committed by both males and females (Adinkrah, 2000; Kunz & Bahr, 1996), but males often murder older children, although ages vary across contexts. The average, for example, in Finland is 4.2 years (Kauppi et al., 2010) and 7 years in the US (Murfree et al., 2022). Filicidal parents often have a history of adverse childhood experiences, such as domestic abuse (Bourget et al., 2007; Debowska et al., 2015). Researchers have associated being unmarried, having a history of no prenatal care, family violence, and limited formal education with the increased likelihood of filicide (McCarroll et al., 2017; Wilson, 2020).

Filicide-suicide has been observed in up to 60% of cases in places such as Canada, United States, and Italy (Bourget & Gagné, 2005; Friedman et al., 2005; Murfree et al., 2022; Rizzo et al., 2023), often a consequence of partner-relational conflicts and mental health problems (Debowska et al., 2015; Murfree et al., 2022). One study found filicide-suicide doubled among males compared to females (Friedman et al., 2005). Firearms were often used as murder weapons by males in murder-suicides, while they were less common among females (Murfree et al., 2022; D'Argenio et al., 2013). Methods for committing filicide vary. Filicidal females are reported to be more likely to suffocate, strangulate, poison, defenestrate, and/or drown the child (D'Argenio et al., 2013; McCarroll et al., 2017). Filicidal males often employ more violent methods such as shooting, stabbing, hacking, and/or inflicting severe head trauma (Bourget et al., 2007). Other methods, such as neglect – including child abandonment, starvation, and medical neglect – may be influenced by cultural practices (McCarroll et al., 2017) or economic deprivation.

Sociocultural issues also contribute to filicide risk. In some societies, newborns with disabilities are at risk for filicide, sometimes for material gain or spiritual practice (Bastian, 2001; Bechtold & Graves, 2010). For example, in South Africa and eSwatini, parents have been involved in filicide in the form of *muthi* murder, whereby the body parts of the murdered child are used as ingredients in making *muthi* (traditional medicine), often in pursuit of power and wealth (Ngubane, 2013). Owusu (2024) terms these as 'juju-driven pedicide.' Cases of *muthi* murders are often not officially classified as filicide. In Nigeria, children are "killed due to the genuine belief that they pose a spiritual threat to their parents or carers and in some cases, the entire community" (Agazue, 2021, p. 1). This highlights the significance and contribution of sociocultural practices as motivation for filicide. Resnick (1969), after reviewing 131 cases of murdered children, proposed a classification system for the motivations of filicide, namely, altruistic, acutely psychotic, unwanted child, accidental, and spouse revenge. Resnick's work provided a significant foundation for understanding filicide, and building from that, recent studies have highlighted shortcomings such as the overlap of categories and the unacknowledged role of social and cultural factors (Dauber, 2014; Owusu, 2024; Sidebotham, 2013; West, 2007)

eSwatini Briefly

eSwatini is landlocked and culturally rooted (Gwebu & Kabir, 2024), with around 600,000 citizens (out of a total of 1.2 million) living below the poverty line (Vale, 2022). The country ranks among the top ten most unequal societies on the African continent (Seery et al., 2019), with a 35.1% unemployment rate in 2023 (World Bank, 2025) and limited health resources, including personnel (Zwane et al., 2022). Formal employment is insufficient, resulting in most citizens being in low-quality jobs in the informal sector (World Bank, 2025). The population is youthful, and subsistence and commercial farming are heavily practiced (United Nations International Children's Emergency Fund [UNICEF], 2023). eSwatini lacks a functional social security system or unemployment benefits. There are no government-provided safety nets for families experiencing economic hardship, no food assistance programs comparable to those in many other countries, and no housing support for vulnerable families. When individuals lose employment or face financial crises, there are no institutional mechanisms to prevent complete economic collapse.

The majority of eSwatini's population resides in rural areas where poverty rates are substantially higher than in urban centers (UNICEF, 2023). As indicated earlier, rural communities face compounded disadvantages, such as limited infrastructure, including poor roads that impede access to emergency services, and economic dependence on subsistence agriculture that provides minimal and unstable income. While violence against women in rural eSwatini has been documented in some contexts (Mkhwanazi & Chibesa, 2025; Mpako & Ndoma, 2025), other forms of domestic violence in rural settings – including violence against children and filicide – remain underexplored.

eSwatini's healthcare system faces severe resource constraints, particularly concerning mental health services. The country has only one psychiatrist serving the entire population and extremely limited numbers of qualified psychologists (Zwane et al., 2022). Mental health services are almost entirely unavailable in rural areas, where the majority of the population resides and where most filicides in this study occurred. Psychiatric nurses provide most mental health care, but their training and capacity are limited. The scarcity of mental health professionals means that individuals experiencing depression, psychosis, trauma, and other mental health conditions rarely receive diagnosis or treatment.

Due to both accessibility and cultural acceptance, many citizens, particularly in rural areas, rely on traditional healers (*inyanga*) for health concerns, including mental health symptoms. The intersection of mental health service scarcity and cultural healing preferences creates a context where mental illness often goes unrecognized and untreated, with this service gap most severe in rural communities. Parents facing the confluence of mental health crises, economic desperation, domestic violence, and relationship breakdown in rural settings have no institutional support to prevent tragedy, and the geographic isolation further eliminates informal sources of assistance.

Violence against children remains a significant challenge in eSwatini (Anderson et al., 2007; Breiding et al., 2013; Deputy Prime Minister's Office, 2023). Girls are often perceived

as destined for marriage rather than as individuals with independent potential (Nxumalo, 1999; Nyawo, 2014). These cultural dimensions are particularly entrenched in rural areas where traditional authority structures remain strongest. This creates specific vulnerabilities that intersect with economic and mental health factors to contribute to filicide risk (Ssekitto et al. 2024). eSwatini's police statistics from April 2024 and January 2025 show 133 murders and 150 attempted murders (Kunene, 2025), but filicide-specific data are not systematically collected or reported. Despite its infrequency, filicide often receives extensive media attention – making media reports invaluable data sources – due to the perceived innocence of childhood and societal expectations of parental protection (Button, 2022; Little, 2021). However, a retrospective study of newspapers and court records for maternal filicide in eSwatini reported filicidal mothers faced sociocultural pressure, economic dependence, and relationship challenges (Shabangu & Moen, 2024). The country does not have a filicide or infanticide law ("Rex v Tsabedze", 2020). Individuals who kill their children are charged with murder or attempted murder under general murder statutes, without recognition of the distinct circumstances that may differentiate filicide from other murders.

Social Constructionism and Filicide

According to Burr and Dick (2017), social constructionism proposes that our perception and comprehension of our environments are informed by our culture, language, and the way phenomena are presented to us at any given time. In essence, it argues that reality and knowledge are socially defined (constructed) from our subjective experiences as we engage with society, in contrast to reality being discovered (Andrews, 2012). These repeated interactions in society result in routinization and habituation, resulting in patterns that we may term as culture, beliefs, and objective knowledge as it is continuously reinforced by interaction. For example, the socially constructed gender roles of mothers as main providers of childcare may leave mothers overwhelmed, in some extreme cases resulting in infanticide (Horsford, 2021; Wiest & Duffy, 2013). The experience, perception, and response to filicide may therefore be influenced by society's narratives and media portrayals (Dauber, 2014; Nikunen, 2006), sociocultural practices (Agazue, 2021; McCarroll et al., 2017), and legal prescriptions (Abdullah, Frederico, et al., 2022) of the social environment where this crime occurs. For example, Peza (2023) highlights that filicide occurs across cultures in diverse ways, including isolated incidents or as a systematic practice, each understood within its specific cultural context. Sociocultural norms and constructs about children born with disabilities can also influence filicide interpretation and response. In Ghana, a child born with a disability is associated with matters of divinity, and parents, relatives, and a traditional healer can perpetrate filicide as a spiritual imperative (Abdullah, Cudjoe, et al., 2022).

Rationale and Research Question

The literature review reveals several critical gaps in our understanding of filicide, particularly in African contexts and specifically in rural settings. While systematic reviews have documented filicides in African countries (Ssekitto et al., 2024), research from Southern Africa and eSwatini-specific studies remains limited. Most filicide research has been conducted in Western, predominantly urban contexts, potentially limiting the applicability of

findings to rural societies with different sociocultural structures, economic conditions, and service provision systems. Furthermore, the majority of existing studies rely on case files, media reports, and retrospective reviews (Mariano et al., 2014; Shoib et al., 2023), with few studies directly engaging with offenders to understand their lived experiences and perspectives on the factors that contributed to their actions.

Recent scholarship has moved beyond single-factor explanations for filicide, recognizing it as arising from a constellation of intersecting risk factors at personal, relational, community, and societal levels (Shabangu & Moen, 2024; Ssekitto et al., 2024). However, how these factors specifically manifest and interact in resource-constrained, rural, patriarchal contexts with limited mental health and social support services remains underexplored. Additionally, while researchers have identified the importance of sociocultural practices in filicide etiology (Agazue, 2021; Owusu, 2024), including practices such as witchcraft beliefs and gender preferences, the mechanisms through which these cultural factors intersect with economic vulnerability, mental health challenges, and rural isolation to create pathways to filicide require deeper investigation.

Given these gaps, this study addresses the primary research question: *What are the etiological factors contributing to filicide in eSwatini from the perspectives of incarcerated offenders?* Understanding filicide from offenders' perspectives is essential for several reasons. First, offenders possess unique insight into the circumstances, thought processes, and decision-making that preceded their actions – information unavailable through other data sources. Second, engaging directly with those who have committed filicide allows for exploration of the subjective meanings they attach to their actions, the cultural frameworks that shaped their decisions, and the support gaps they experienced – all critical for designing effective prevention programs. This methodological approach is particularly suited to exploratory research in understudied contexts, where predetermined categories may not capture local realities. By centering offenders' voices and experiences, this study aims to generate context-specific knowledge that can inform policy and practice in eSwatini while contributing to broader theoretical understanding of filicide in resource-constrained, rural, culturally distinct contexts.

Methodology

His Majesty's Correctional Services (HMCS) in eSwatini was approached on the potential for conducting this research within their correctional centres. Ethical approval was subsequently granted by Stellenbosch University, followed by gatekeeper permission from HMCS. An advertisement poster placed in correctional centres was used to recruit participants. The poster indicated the voluntary nature of participation. Interested participants who met the inclusion criteria communicated this to any correctional officer, as they were aware of the study. The inclusion criteria were: the participant must be a parent (biological mother or father, stepmother/father, biological/step-grandfather/mother) incarcerated for murdering or attempting to murder their child; the victims/s were below 18 years; could speak, read, and write in English or SiSwati; and the child/ren was/were the only victim/s. The 15 (10 females, five males) purposively sampled (Campbell et al., 2020) participants

who met the inclusion criteria were from five correctional centres in eSwatini. Voluntary participation was further emphasized before the signing of informed consent forms and the collection of data. Data were collected using an audio recorder and semi-structured interviews. Participants spoke in SiSwati, English, or a mix of both languages. The first author, a native speaker, translated and transcribed all SiSwati interviews into English.

The data were then thematically analysed. Thematic analysis is a flexible six-step process that organizes data into themes (Braun & Clarke, 2006). These steps are 1) Familiarization with data, 2) generation of codes, 3) combining codes into themes, 4) reviewing themes, 5) determining the significance of themes, and 6) reporting of findings.

Results

This study explored the etiological factors for filicide in eSwatini with offenders incarcerated for filicide. Table 1 below outlines the characteristics of the participants.

There were 15 participants, 67% (10) females and 33% (5) males. Almost all the filicides occurred in rural areas where poverty is higher, services are less accessible, and traditional cultural practices are more entrenched. Approximately 75% of participants were unmarried, and 60% were unemployed. Those employed worked low-skill jobs, including domestic work, security guard, and cannabis trimming (an illegal but prevalent source of income in poverty-stricken rural areas). Only one participant finished high school, and the main reasons for dropping out were lack of finances and pregnancy. 60% of filicide offenders were below the age of 30 at the time of the filicide.

Most offenders (33%) were in their early to mid-twenties (21-25); the youngest was a 13-year-old mother, and the eldest was a 49-year-old father. 72% of offenders were biological parents, implying they were a significant threat to the life of their child. Two cases (13.33%) involved attempted suicide (poison and hanging, both biological parents), and another two involved suicidal thoughts. There was no suicidality in approximately 75% of the cases. This suggests that in this study, a majority of cases are not filicide-suicides. There were no filicide-suicides by stepparents in this study. Table 2 below presents the characteristics of victims of filicides.

Table 1

Characteristics of participants

Characteristics	N (%)
Participants	15 (100)
Gender	
Male	5 (33)
Female	10 (67)
Highest level of education	
Primary school	5 (33)
High school	8 (53)
Completed high school	1 (7)
Never attended school	1 (7)
Employment status	
Employed	6 (40)
Unemployed	9 (60)
Relationship status	
Married	4 (26.67)
In a relationship but not married	7 (46.66)
Single	4 (26.67)
Age at time of filicide	
12-17	1 (7)
18-20	1 (7)
21-25	5 (33)
26-30	2 (13)
31-35	1 (7)
36-40	2 (13)
41-45	2 (13)
46-50	1 (7)
Relationship to victim	
Biological son	4 (22)
Biological daughter	9 (50)
Stepson	4 (22)
Stepdaughter	1 (6)
Suicidality	
Attempted suicide	2 (13.33)
Thoughts of suicide	2 (13.33)
No suicidality	11 (73.33)

Table 2

Characteristics of victims

Characteristics	N (%)
Victims	18 (100)
Gender	
Male	8 (44)
Female	10 (56)
Total	18 (100)
Age groups	
1 day – 12 months	3 (16.66)
13 months – 5 years	10 (55.56)
6 years – 10 years	5 (27.78)
Total	18 (100)
Victim mortality status	
Deceased	16 (89)
Survived	2 (11)
Total	18 (100)

There were 18 victims, with 12% more girls (56%) than boys (44%). The youngest victim was six days old, the eldest was 10 years old. Overall, the average age of the victims was 3.5 years old. Paternal filicide victims averaged 5.1 years of age, a higher figure than the 3.8-year average for maternal filicide victims. Most victims (55.56%) were older than a year but younger than five years. Almost 90% of the victims were deceased, while the survival of others was influenced by the filicide method, proximity to a health facility, and the victim's age. In this study, there were no neonaticides, which suggests participants did not murder their children on the first day. Three (16.66%) were infanticides, and 83.34% were filicides. The methods used for filicide varied.

Poisoning was the most frequent method of filicide, occurring in four cases. Specifically, Master900 pesticide was used in three instances, and Ratex in one. This is perpetuated by the agricultural practices across homesteads, including cannabis farming, as highlighted by Participant 2: *"At home they cultivate cannabis. So, the master 900 they use it to kill the weeds and protect the crop"*. In three cases each, strangulation and parental neglect (passive filicide) were used. Stabbing, drowning, beating, hacking, and arson were used in one case each. There were no cases of firearms usage.

Themes

The following section discusses the themes that have emerged from this study. These highlight the multifaceted nature of filicide, which is often an interplay of personal, social, and cultural factors, with rural location serving as a critical backdrop that amplified risk and eliminated potential protective interventions. Table 3 below shows the themes and sub-themes to be explored.

Table 3

Themes and sub-themes

Themes	Sub-theme
1. Childhood History	
2. Financial Constraints	
3. Partner-relational Problems	3.1 Paternity Denial and Rejection 3.2 Infidelity and Poor Conflict Resolution 3.3 Domestic Violence and Abuse 3.4 Unwanted Child
4. Mental Health Issues	4.1 Impaired Mental States or 'blackouts' 4.2 Feelings of Isolation, Helplessness, and Hopelessness 4.3 Undiagnosed Mental Illness
5. Sociocultural Contributions	5.1 Witchcraft and Traditional Medicine 5.2 The Preference for Sons 5.3 Acceptable Male Infidelity

Theme 1. Childhood History

Many participants recounted childhoods marked by a convergence of significant adversity, including minimal resources, absent or inconsistent parental support, exposure to abuse and/or neglect, and parental substance abuse. Participants were raised in economically challenged homes and communities, resulting in school dropouts and only one out of 15 participants finishing school. A lack of education limits future employability and ensures economic dependence.

Participants also experienced parental neglect in varied forms, including the loss of a parent in childhood, limited interaction, and neglect by parents who were alive but not supportive. More than half of the participants were raised by grandparents, mostly from the maternal side. Having been raised in an abusive or neglectful home can affect a person's ability to cope with stress healthily and form healthy relationships. Participants described abusive parents, for instance, harsh physical punishment and alcoholism that led to physical and verbal abuse of the other parent. Exposure to childhood abuse can normalize violence as a way of coping or solving conflict (Chiu et al., 2013).

Theme 2. Financial Constraints

Financial constraints in eSwatini create an uncertain environment for many participants, characterized by limited access to stable income and resources. The constraint often stems from and is exacerbated by high unemployment rates and widespread poverty in eSwatini (Vale, 2022), which systematically restricts participants' ability to accumulate sufficient funds to meet essential needs. These financial constraints were intensified by rural location. In rural eSwatini, employment opportunities are extremely limited, confined primarily to subsistence farming, seasonal agricultural labor, and informal domestic work. Unlike urban areas where diverse employment options exist, rural residents have few alternatives when one income source disappears. As a result, most participants in this study were unable to meet their children's basic needs, including food, clothing, and healthcare.

The resulting financial stress can severely impact a parent's capacity to provide for themselves and their family, creating a cycle of hardship. For example, Participant 12, who strangled her 11-day-old son due to the inability to provide for him – even after seeking assistance: *"I did ask my older sister… But she said she didn't have any clothes or help she could offer"*. Participant 8, who was 12 years old when she became a mother with an alcoholic and abusive boyfriend, lost her child following neglect and lack of nutrition: *"My child was malnourished because he was not buying food. My child would fall sick often"*.

In this study, when parents face unemployment or lack adequate support, they feel overwhelmed, making them vulnerable to desperate measures. Participant 4, a father of seven, faced severe hardship after losing his barber job during the COVID-19 pandemic, which resulted in his inability to provide food and shelter for his 7-year-old daughter – they stayed in a forest for three days. His rural location meant there were no alternative employment opportunities available and no emergency services to provide temporary shelter or food assistance. Highlighting the desperate measures induced by financial strain, he stated:

> *Eish, that is when, that is the day, when I thought that tomorrow would be the same thing: what I would feed her, where she would sleep, and where we would go. So that's when I decided that I must kill this child and then kill myself.*

This father attempted suicide by hanging himself, but the rope snapped. He never tried again.

Similarly, Participant 14, a mother of three who strangled her third-born who was a few days old, survived on *"knocking from door to door doing housekeeping chores [and] cannabis harvesting and trimming* (locally known as *'kukera'* or *'kuncutsa'*)*"*. At the time of the murder, her eldest son, aged 6, was asleep, and her second born lived with his paternal grandmother. Due to the unsustainable and seasonal nature of these jobs, she was financially strained with a newborn, who was unwanted by the father, she stated:

> *I was thinking about what would help me. What would I feed these children? There are a lot of them... I would not manage with this one. The firstborn ate what I ate, but this one needed his own food*.

It appears that the dietary requirements of a newborn, the associated yet non-existent finances, and a lack of support culminated in the filicide. The geographic isolation of rural areas also meant participants could not access food assistance, emergency shelters, or other support services that, while limited even in urban eSwatini, are completely absent in rural areas.

Theme 3. Partner-relational problems

The conflicts in relationships served as motivations or breaking points for most of the filicides offended by participants in this study. Partner-relational problems mostly included the father's denial of paternity, infidelity or suspicion of infidelity, lack of support, abusive behavior in the relationship, and unwanted pregnancies.

Sub-theme 3.1: Paternity Denial and Rejection

In the context of biology, the denial of pregnancy and children born was strictly practiced by the participants' male partners. Paternity denial was noted in six cases, all of which involved unmarried individuals. Denials of biological paternity stemmed from various factors, including mistrust, the birth of twins, the child's gender, and a refusal to accept paternal responsibility. For instance, Participant 2, who delivered twins, but one was deceased during delivery, stated: *"When I told the father of the twins, he denied that they were his. He told me there are no twins in his family. I should take the child to the real father"*. This also highlights educational levels and misinformation on biology.

Participant 1's boyfriend provided further illustration of biological misinformation. Participant 1, who poisoned her 7-day-old daughter, informed her partner about the delivery of their daughter, and he responded by stating that he does not father girl children, he only has sons. He stated: *"Take the child to their biological father and you and that child's real father must see what you do…all [my] children are boys"*. Paternity denial due to the child's gender indicates a patriarchal element of the preference for sons (Motsa, 2018), seen as lineage preservers. Paternity denial resulted in a dual rejection: that of the child and the mother. Other relationships were marked by emotional and verbal abuse where denial of paternity was part of the abusive pattern and, in one case, being expelled from the marital home. Participant 6, a pregnant mother of two, stated: *"He repeated this thing of saying, me and my children can go whenever there was a problem"*.

In summary, the paternity denials in this study were informed by biological misinformation, gender bias, and attempts to avoid parental responsibility, often occurring within contexts of abuse and cultural preferences.

Sub-theme 3.2: Infidelity and Poor Conflict Resolution

In this study, infidelity, or the suspicion of it, led to anger, resentment, and a breakdown of trust within the relationship. This situation creates an environment likely to result in hurtful or vengeful acts. For example, Participant 15 committed arson at her boyfriend's home, resulting in the killing of her 4-month-old stepson. The child and his mother had come to visit the paternal grandmother and to collect baby clothes. This child was conceived from the boyfriend's infidelity, and her anger and resentment were evident when she stated:

> *I just wanted to burn everything in that house since that child had everything. Seeing all those baby supplies just made me feel like I'm being made a fool… I just felt this girl was the important thing now. He was ignoring my child*.

The use of violence and destruction also highlights poor conflict resolution skills by the offender. For Participant 15, destroying the products of her boyfriend's infidelity (the other child) was an act of reclaiming status and expressing fury at displacement. It is worth noting that Participant 15 often witnessed the physical assault of her mother by her father *"whenever [her] mother would bring up the need for him to pay school fees"*. Further, Participant 11, who murdered his 4-year-old stepdaughter who was conceived from the wife's affair, highlighted the impact of infidelity:

> *Once one of you as partners in the relationship steps outside of the relationship and has an affair, that relationship between the two of you will not end well. You end up hating each other. One does something bad to the other*.

Similarly, Participant 5, who drowned his 2-year-old stepson conceived from his wife's infidelity, stated:

> *I think we would not have gotten here if the mother of my children had been open and honest… So, in the world as you walk, you think that you are busy with children that are not yours, and it hurts you somehow… As soon as you know the child or children are not mine, let me know… then I end up here (incarcerated)*.

There was blame of partner's infidelity and its concealment as motivations for filicidal acts. Additionally, in patriarchal eSwatini, the infidelity of males is systemic and perpetuated. For example, Participant 6, who was pregnant and poisoned her 3- and 6-year-old children, but not herself, following expulsion from her marital home, stated:

> *And I would report all these things (abuse, threats, infidelity) to his father, and his father would tell me that all the things that his son has done, I must accept them. It is normal for a man to have girlfriends. I must be patient*.

This also indicates a lack of support from in-laws, which may amplify feelings of isolation and leave negative emotions, such as rejection, resulting from a partner's infidelity

unresolved. Evident in this case is also extreme anger and punishing the partner in a revenge filicide.

The gender differences reflect broader patriarchal dynamics: male infidelity, while culturally normalized, still caused female partners to experience economic vulnerability and rejection; female infidelity, severely stigmatized, threatened male partners' social standing and masculine identity. Both genders used filicide as a response to unbearable humiliation and powerlessness, but the targets differed – women killed children connected to rivals or as revenge against unfaithful partners, while men killed children who represented their own perceived emasculation. These patterns highlight how cultural constructions of masculinity and femininity, intersecting with infidelity, create gender-specific pathways to filicide.

Sub-theme 3.3: Domestic Violence and Abuse

The presence of domestic violence and abuse creates a chaotic and dangerous environment for both the parent and child. A confluence of economic dependence, lack of knowledge, and poor support systems enabled domestic abuse and violence. For example, Participant 8, who had no living relatives and survived on domestic chores, experienced physical, verbal, sexual, and emotional abuse from her boyfriend and his family. Following episodes of physical violence, she *"would never go to the hospital"* because it was far away, and she did not have money. The domestic violence experienced by participants was intensified by rural isolation. In rural areas, police stations and courts are similarly distant and inaccessible, often hours away by foot. The geographic isolation means that rural women experiencing domestic violence have even fewer options for escape or intervention than their urban counterparts.

While research has documented violence against rural women by partners in eSwatini and similar contexts, the extension of this violence to children through filicide – whether directly by abusive partners (as in Participant 10's case) or indirectly through mothers overwhelmed by abuse and isolation – remains understudied. The power dynamics within her relationship, exacerbated by her need for housing, were a significant factor for Participant 8, who also expressed a lack of knowledge about support services. She stated, *"Not knowing that you can go somewhere and report such things. Also, for me, I think I was just focused on the fact that I had found a home"*.

Participant 10, a security guard, experienced the fatal impact of domestic violence when her boyfriend murdered her two-year-old son. She stated, *"My child was beaten by my boyfriend, and I found him swollen… He died in my hands"*. Participant 10 was incarcerated as an accessory to the filicide for failure to report the continued child maltreatment at the hands of her boyfriend. Emotional and verbal abuse was experienced by most participants, often from male partners with threats of physical harm, including murder, the expected acceptance of persistent infidelity, partners rejecting parental responsibilities, and no family support.

Sub-theme 3.4: Unwanted Child

Unwanted pregnancy can contribute to feelings of resentment and being unprepared for parenthood. Unwanted pregnancies were prevalent, but reasons for this varied. Some participants felt they were not economically ready to care for a child as they were unemployed and/or their partner did not want the child. For instance, Participant 14's partner did not want the child: *"When I told him that I was pregnant, he was not happy. He said if I dared to bring the child to him, we would both be dead"*. Fearing for her safety, the partner never met the unwanted child, and Participant 14 strangled her child within a week of birth.

Participant 12, who strangled her child, and her partner were not ready for a child. She stated: *"He said it's not his problem (the pregnancy), I must sort it out myself and see what I do… I was also not happy because I was not ready for a child"*. While some participants attempted self-termination of their pregnancies, risking their health, others were fearful of the potentially lethal consequences of such actions. For example, Participant 12 "*tried about four times, and each of those times it didn't work"*. Participant 1's boyfriend also did not want the child and offered her money to terminate the pregnancy informally. She did not accept the money because *"people who terminate pregnancies die"*.

Access to healthy abortion procedures in eSwatini is heavily restricted due to the necessity of court approval, which is granted only in cases of rape, physical health risk, or mental health risk. It's important to acknowledge that some participants' attempts at family planning were undermined by healthcare workers who, according to the participants, provided misleading information, causing them to abandon the practice. For instance, Participant 12 stated:

> *I had tried the injection, but it would make me bleed for two weeks without stopping, so I stopped it. And I was told at the clinic that it's not even a good idea for me to be on family planning when I've never actually been pregnant and delivered*.

While others were school pupils at the time of the filicide and feared or lacked knowledge on family planning, such as Participant 1 who *"did not know it at the time that a school child can also go on family planning"*. Consequently, Participants 1, 12, and 14 conceived and delivered children that were unwanted due to economic dependence and the shame associated with being pregnant out of wedlock (Xolile & Tofa, 2009). As indicated earlier, the restriction on abortion in eSwatini 'forced' the participants to carry the pregnancies to term. A combination of the factors and paternity denial motivated the filicides.

Theme 4. Mental Health Issues

Sub-theme 4.1: Impaired Mental States or 'blackouts'

Several participants allude to impaired mental states or "blackouts" during the act. The 'blackouts' appeared similar to murder in the heat of passion or the temporary insanity defence whereby the individual is "under the influence of strong emotions or mental stress" (Bykov & Strakhova, 2023). Participant 5, who drowned his 2-year-old stepson, said that it

was *"like I was possessed maybe I can put it like that"* and that *"it was a blackout on my side; it was not my intention"*. Other participants highlighted confusion before the filicidal act. Participant 4, who strangled his seven-year-old daughter in the forest, indicated his mental state was impaired: *"I think, eish, I was confused at the time. I think everything happened quickly and at the same time. …So I think my brain was just confused and I couldn't think right"*. Similarly, an impaired mental state was reported by Participant 13, who poisoned her 5-year-old stepson. She stated: *"I was just confused. A lot of things were happening in my head. I was angry…"*

Sub-theme 4.2: Feelings of Isolation, Helplessness, and Hopelessness

The feelings of being isolated, helpless, and hopeless were often intertwined in participants' lives. Feeling alone and without anyone to turn to for help can lead to desperation. For example, Participant 12, who strangled her 11-day-old son, stated:

> *I was just tired of knowing that I can't do anything for the child and that I was not going to be getting help from anywhere. Not from my family and not from my child's father's family*.

The state of feeling helpless and hopeless can lead a parent to believe that harming the child and/or oneself is the only solution. Participant 4, who strangled his daughter and attempted suicide, indicated feelings of isolation and hopelessness as he was without shelter and employment: *"You know, no one was available for me…no place to sleep. … What came to my mind was that it's all done, there's no hope, there's nothing else"* and a sense of helplessness, *"Why am I still alive because the child, watching the child, was hurting me each time…"*. Participant 8, a 12-year-old first-time mother, had a similar experience of isolation and being without help even after seeking it. She stated:

> *And no one in the home would guide me on what to do because I was young, a first-time mother, 12 years old, I didn't know how to parent. I needed help, and I did not have it. It got to a point where my child passed away, and I was accused of murdering the child*.

Furthermore, Participant 6, a mother who poisoned her two children, expressed that *"most of the time I feel like I'm alone in this life there's a lot of that feeling"*. It is plausible that the feeling of isolation and hopelessness is linked to an undiagnosed mental illness such as a depressive disorder.

Sub-theme 4.3: Undiagnosed Mental Illness

Mental health conditions may impair a parent's judgment and ability to care for their child. Participants did not have any diagnosed mental illness pre-incarceration. Only two were diagnosed and initiated treatment after incarceration: one with a depressive disorder, and the other with epilepsy, a neurological condition. For instance, Participant 2, diagnosed with depression, experienced the loss of one child from each of her three twin pregnancies.

Her subsequent actions, poisoning her children, suggest a potential link to peripartum depression.

Similarly, Participant 11, who hacked his 4-year-old stepdaughter to death, appears to have an undiagnosed mental illness given the history of what appears to be psychotic episodes: *"People say I would say I'm seeing people, but only I was seeing the people. They couldn't see them"*. Hallucinations can cause a parent to harm their child without fully understanding what they are doing. Participant 11 appears to have been hallucinating during the filicide:

> *I was seeing the people who are always chasing after me and so I hit the child thinking it's the people who chase after me, but it was the child coming to me… And then the child died*.

The mental health challenges experienced by participants were undiagnosed and untreated in part due to the rural location. Mental health services in eSwatini are concentrated in urban centers, leaving rural residents geographically inaccessible. Even if participants had recognized their symptoms as mental illness and desired biomedical treatment, reaching a mental health professional would have required travel costs and time away from subsistence activities that they could not afford. This service vacuum in rural areas means that mental health crises go unrecognized and untreated, with traditional healers providing the only accessible option despite uncertain efficacy for conditions such as psychosis and depression. Most participants had not received psychological services to any significant degree for various reasons, such as not seeing the need, feeling like therapy wouldn't change anything, and a lack of understanding of the psychologist's role.

Theme 5. Sociocultural Contributions

Sub-theme 5.1: Witchcraft and Traditional Medicine

The belief in the practice of witchcraft also contributed to filicide in this study. Participant 11 was certain that his wife had bewitched him twice: *"When she did that thing, witchcraft, it made me lose my mind. That went on for a while, me losing my mind"*. Participant 11 pointed out that this was to blind him from discovering his spouse's affair and the paternity of the resultant child. The participant had a psychotic episode, which was treated using the services of *inyanga* (a traditional healer). It is plausible that the psychosis was inadequately treated, given the unknown treatment efficacy of traditional medicine. Months later, Participant 11 experienced a psychotic relapse, culminating in the murder of their stepchild while in a psychotic state. This highlights the confluence of cultural beliefs, treatment modalities, and their contribution to the filicide acts. Using traditional medicine is common in eSwatini as it is also used to assist a female in conceiving as indicated by Participant 8, who was economically not ready for a child: *"They made me drink traditional concoctions* (locally known as *timbita*) *… then next thing I'm pregnant. They were traditional healers in the [boyfriend's] home"*.

Sub-theme 5.2: The Preference for Sons

The subtheme *'Paternity denial'* highlights a cultural bias towards sons, which leads to paternity denial and avoidance of responsibility when a daughter is born. The cultural preference for sons is because they carry the family lineage, and males are seen as providers, providing security for aging parents (Nxumalo, 1999; Nyawo, 2014; Xolile & Tofa, 2009). Daughters are perceived as destined for marriage and carrying forward the lineage of their husband's family name. This cultural preference directly contributed to filicide in multiple cases in this study. Most strikingly, Participant 1's boyfriend rejected their newborn daughter based solely on her sex, stating: *"Take the child to their biological father and you and that child's real father must see what you do... all [my] children are boys."* This statement reveals biological misinformation (the belief that men determine offspring sex and that a man only fathers one sex) combined with the cultural devaluation of daughters. The boyfriend's insistence that he "does not father girl children" effectively denied both paternity and the child's right to exist, contributing to Participant 1's decision to poison her 7-day-old daughter.

Similarly, Participant 2's boyfriend rejected their twins, stating, *"there are no twins in his family. I should take the child to the real father."* While ostensibly about twins rather than sex, this reflects the broader pattern of paternity denial when children do not meet cultural expectations or preferences. The intersection of biological misinformation and son preference creates conditions where daughters face rejection from birth.

The preference for sons also shaped participants' own childhoods and opportunities. Participant 15's father and aunt explicitly told her she did not need education because her future husband would provide for her, embodying the traditional view that daughters' destinies are marriage and economic dependence. This childhood message potentially limited Participant 15's future economic independence and employability, creating the very vulnerability that contributed to her later filicidal act. The devaluation of daughters' education perpetuates cycles of economic dependence and vulnerability across generations.

These cases demonstrate that son preference is not merely a cultural abstraction but a concrete factor increasing filicide risk through multiple mechanisms: direct rejection and paternity denial of female infants, limitation of girls' educational and economic opportunities, and reinforcement of female economic dependence that traps women in dangerous relationships. The cultural construction of daughters as less valuable and temporary family members creates specific vulnerabilities that, when combined with economic stress and relationship conflicts, can culminate in filicide.

Sub-theme 5.3: Acceptable Male Infidelity

The cultural normalization of male infidelity in eSwatini creates specific dynamics that contribute to filicide through multiple pathways. Traditional Swazi culture permits men, particularly married men, to have multiple sexual partners and polygamous marriages. This cultural permission is explicitly articulated and enforced within families, as demonstrated by Participant 6's experience. When she reported her husband's ongoing infidelity and its role in

their marital conflicts to her father-in-law, he responded: *"All the things that his son has done, I must accept them. It is normal for a man to have girlfriends. I must be patient."* This statement from a senior male family member explicitly normalizes male infidelity as an expected behavior that wives must tolerate, removing any accountability from unfaithful husbands while placing the burden of acceptance on wives.

The permission for male infidelity has direct consequences that create pathways to filicide, such as resource deprivation, unwanted pregnancies, and relationship termination. Male infidelity often results in the diversion of already scarce economic resources from the primary family to girlfriends or secondary families. In contexts of extreme poverty where families cannot meet basic needs, resource diversion can be catastrophic. When a male partner redirects money to another woman or her children, the primary partner and her children face increased deprivation.

Male infidelity produces children with multiple women, as seen in Participant 15's case. Her boyfriend's infidelity resulted in a child with another woman, and when that infant and his mother visited the paternal grandmother, Participant 15 saw *"all those baby supplies"* that contrasted with her own child's needs: *"I just felt this girl was the important thing now. He was ignoring my child."* The material evidence of resources being provided to the child of infidelity while her own child lacked necessities, precipitated rage that culminated in arson filicide.

In several cases, male infidelity led to marital termination or threats of termination, as men chose mistresses over wives. For women whose identities and economic security are tied to marriage (as cultural expectations dictate), this represents both personal rejection and economic catastrophe. Participant 6, pregnant and with two children, faced repeated threats of expulsion from the marital home: *"He repeated this thing of saying, me and my children can go whenever there was a problem."* When finally expelled in favor of his mistress, her hopelessness and rage culminated in poisoning her children.

Critically, while male infidelity is culturally permitted and expected to be tolerated, female infidelity is severely stigmatized with harsh consequences. The two children in this study who were products of female infidelity were both murdered by their mothers' husbands (Participants 5 and 11). Both men expressed that these children represented ongoing humiliation and emasculation. The cultural asymmetry – where men's infidelity must be accepted while women's infidelity justifies extreme responses – creates a gendered double standard that contributes to filicide through different mechanisms depending on who is unfaithful.

This cultural dynamic represents an unintended consequence of traditional patriarchal privilege. While intended to preserve male authority and sexual freedom, the normalization of male infidelity creates conditions of economic stress, emotional trauma, and identity threat that, in combination with other vulnerabilities (poverty, mental health challenges, lack of support), can culminate in filicide. The system harms children by creating unstable, resource-

depleted, conflict-ridden family environments without accountability for male behavior that contributes to these conditions.

Discussion

This study explored the etiology of filicide in eSwatini by interviewing filicide offenders in five correctional centres in eSwatini. Almost all the filicides occurred in rural areas. The high percentage of victims under five years old (72.22%), with a high percentage between 13 months and five years (55.56%), indicates that this age group is particularly vulnerable. In this study, biological parents (72%) committed most filicides, and 47% were females younger than 25 years old. This suggests that children with mothers younger than 25, particularly those faced with childhood traumas (Bourget et al., 2007; Frederick et al., 2022), financial challenges (Liem, 2023), partner-relational problems (Debowska et al., 2015), and sociocultural influences (Shabangu & Moen, 2024), may be at heightened vulnerability for filicide in this context. Consequently, health and social service providers must intentionally assess and address specific challenges faced by mothers under 25 with children younger than five.

Most offenders were biological parents, which is consistent with international research showing that biological parents, particularly mothers of young children and fathers in specific circumstances, are statistically the most common perpetrators of filicide (Hatters Friedman & Resnick, 2007; Krienert & Walsh, 2023). This finding challenges common perceptions that strangers or non-family members pose the greatest threat to children. Rather, it underscores that children are most vulnerable within their own homes when parents face overwhelming combinations of financial stress, mental health challenges, relationship conflicts, and inadequate support systems without intervention.

Contrary to other studies where over half committed filicide-suicide (Bourget & Gagné, 2005; Rizzo et al., 2023), in this study, only 13.3% (n=2) attempted suicide, and no attempts from stepparents. This suggests that the filicides in this study were not a consequence of participants' suicidal intention but instead were often intentional acts of child murder. Filicides in this study were motivated by a convergence of multiple factors.

Economic vulnerability, which was often then accompanied by a lack of partner and/or family support, emerged as a critical pathway to filicide, with the majority of participants (60%) unemployed at the time of the offense. This unemployment was systematically linked to limited educational attainment – only one participant completed secondary education – creating a cycle where childhood poverty restricted educational opportunities, which in turn limited adult employability (Kampelmann et al., 2018). The relationship between economic stress and filicide has been documented previously (Liem, 2023), but our findings extend this understanding by revealing how economic vulnerability operates differently in rural contexts where formal employment is scarce and social safety nets to prevent complete economic collapse are non-existent. The resulting inability to provide basic needs for the child/ren led to a sense of desperation and helplessness,

culminating in a loss of hope. It is essential to develop employment opportunities and economic empowerment programs specifically designed for rural contexts.

These findings suggest that economic stress contributes to filicide not merely through material deprivation but through the psychological devastation of parental role failure. It appears the filicide was also a form of ending the experience of these negative emotions – a means of self-preservation when they could see no solution to their circumstances. This interpretation reveals how systemic economic failures create impossible situations where parents perceive child murder as preferable to ongoing suffering. Childhood experiences influence our self-preservation and emotional regulation methods (Housman, 2017). Childhoods marked by neglect and abuse, especially violence, may have socially normalised violence as a tool for problem-solving and emotional regulation – potentially laying the pathways to filicide.

This study observed the intergenerational struggle with healthy conflict resolution skills, as socially constructed or modelled in participants' childhoods, and the perpetuation of the cycle of violence (Chiu et al., 2013). This highlights a need to introduce regular parenting classes focusing on establishing adversities parents encounter, healthy disciplinary measures, and parent modelling. These efforts can be implemented within community social and health services and during religious gatherings. Most participants, having a childhood marked by traumatic experiences and never having received mental health services in childhood and adulthood, appeared to be living with undiagnosed mental disorders.

The psychological distress often included what appeared to be undiagnosed depressive disorders, psychosis, and suicidality. The presence of undiagnosed depressive disorders is highly likely, given the experiences of helplessness and hopelessness, which are significant symptoms of clinical depression (Ejdemyr et al., 2021; Marchetti et al., 2023), and their severity in these cases suggests conditions that, left untreated, significantly impair judgment and decision-making capacity. Given trauma-infused childhoods, psychological distress in adulthood is likely amplified by unattended adverse childhood experiences, which are associated with violent behavior in adulthood (Manhica et al., 2021).

Our findings suggest an intergenerational pattern: participants experienced childhood trauma, developed mental health conditions that were never treated, and then perpetrated violence against their own children while in crisis. This cycle can only be interrupted through accessible mental health services beginning in childhood and continuing through adulthood, services that currently do not exist in rural eSwatini.

Due to sociocultural beliefs in witchcraft, some participants sought the services of *inyanga* (a traditional healer) to treat symptoms of mental illness. As highlighted earlier, the efficacy of traditional medicine in treating psychosis is undocumented, and therefore, mental illness might only be sub-optimally treated, if at all. Cultural beliefs, the geographic accessibility of *inyanga* in rural areas, and recommendations from trusted individuals contribute to the preference for traditional medicine over Western medicine. This highlights how sociocultural factors may motivate acute psychosis filicide (Resnick, 1969). eSwatini's

civil service has extremely limited qualified psychologists and only one psychiatrist, leaving psychiatric nurses to provide mental health services (Zwane et al., 2022).

Due to extreme poverty and high unemployment (Vale, 2022), most citizens cannot afford private mental health care, likely leaving generations with untreated trauma in eSwatini. Consequentially, a confluence of mental illness, poverty, and sociocultural beliefs contributes to filicide in this context. Filicide offenders often do not receive psychological support until after incarceration – even then, voluntarily. During data collection, participants reported not receiving psychological services despite being incarcerated for up to 10 years. Most were uncertain of the role and benefit of mental health services. Therefore, educating the general population about the importance of mental health from childhood is essential while simultaneously making it accessible and affordable, particularly among rural populations. Furthermore, in corrections, standardised mental health screening should be implemented, along with a mandatory number of psychotherapy sessions for those incarcerated for filicide. Long-term, eSwatini must dramatically expand mental health infrastructure, particularly in rural areas.

Sociocultural factors, including eSwatini being a patriarchal-led society, intersected with poverty, psychological distress, and childhood adversity. This intersectionality amplified childhood adversity and created a pathway to economic dependence in adulthood (Razali, 2017) and vulnerability to mental health challenges. In some childhoods, especially those whose parents appeared to be staunch traditionalists, there was limited investment and interest in the girl child's education due to the belief that girls are destined for marriage (Nxumalo, 1999; Nyawo, 2014; Xolile & Tofa, 2009). This disadvantaged girls' future independence, employability, and ability to provide for their children.

The sociocultural expectation that 'authentic womanhood' hinges on childbirth and marriage (Xolile & Tofa, 2009), regardless of financial standing, fosters vulnerability and desperate behaviour, including filicide, when faced with marital/relationship termination. This demonstrates how sociocultural beliefs and self-expectations, passed down through generations, impact filicide outcomes. There is a need for improved public awareness of women's identity external to the patriarchal lens and ensuring access to educational opportunities. Notably, eSwatini has made strides by introducing free primary education and the 2005 Constitution, which advocates for equal opportunity and treatment. However, culture and policy have not progressed at a simultaneous rate.

In this study, patriarchal approval of male promiscuity (Ezer et al., 2007) contributes to filicide. Male infidelity has multiple consequences, including unwanted pregnancies, diversion of often already limited resources, and/or marital termination in preference for the mistress. A combination of these factors and the experience of rejection and/or neglect appears to result in filicide. Additionally, in this study, the only two children conceived from the infidelity of two wives were murdered. This is despite the husbands being adamant that they had forgiven their wives and loved these children.

While cultural norms permit marital termination due to a wife's infidelity (but not the husband's) (Whelpton, 2003), the husbands in this study chose to stay married, even though the child was still unwanted. This could be influenced by the desire to maintain the family unit and the fear of losing a wife, as the male social currency is tied to heading a household (Moyo, 2006). Misinformation from health facilities regarding family planning and restrictions on legal abortion also contributed to unwanted pregnancies. An unplanned pregnancy is likely to motivate the unwanted child's filicide (Resnick, 1969). This finding highlights a need to standardise the information shared with families on sexual and reproductive health to ensure the accuracy of both delivery and understanding. There is also a need to review legislation regarding the termination of pregnancies, as it currently remains under the jurisdiction of the courts (Hultstrand et al., 2019; Mavundla & Ngwena, 2014).

The rural preponderance of filicide in this study has significant implications for research, policy, and practice. First, research on domestic violence and child maltreatment in Africa must extend beyond urban populations and intimate partner violence against women to examine the full spectrum of family violence in rural contexts, including fatal violence against children. Second, prevention strategies must be specifically designed for rural contexts, accounting for geographic isolation, service inaccessibility, and cultural dynamics distinct from urban areas. Third, policy interventions must address the rural service vacuum, not simply by replicating urban services but by developing innovative, culturally appropriate, and geographically accessible approaches to supporting rural families at risk.

The invisibility of rural filicide in research literature mirrors the invisibility of rural families in crisis within service systems. This study makes visible what has been hidden: that filicide in eSwatini is predominantly a rural phenomenon, occurring in communities where families face overwhelming challenges without access to the supports that might prevent these tragedies. Addressing filicide requires addressing rural disadvantage comprehensively – not only documenting its existence but actively working to dismantle the structural inequalities that make rural location a compounding risk factor for the most extreme form of domestic violence.

Conclusion

This study reveals that filicide in eSwatini is predominantly a rural phenomenon, with 93% of cases occurring in rural areas where extreme poverty, geographic isolation, service inaccessibility, and entrenched traditional norms converge to create heightened risk. While research on domestic violence has documented violence against rural women by partners, this study extends understanding to show that rural domestic violence encompasses fatal violence against children, with rural location serving as a critical compounding factor. The concentration of filicides in rural areas highlights an urgent research and policy gap: rural families facing crises have been largely invisible in both scholarly attention and service provision, despite comprising the demographic majority in eSwatini and similar contexts.

To reduce filicide, policy reforms that challenge the patriarchal beliefs contributing to filicidal acts are necessary. These reforms should expand mental health services to rural areas

and integrate them with traditional healing practices. Additionally, implementing community-based conflict resolution education and establishing economic empowerment programs for vulnerable young parents, particularly mothers under 25 with children under five years old, is essential. Correctional facilities should standardize both psychological screening and education on the importance of psychological assistance. Furthermore, legislative reforms concerning reproductive rights are needed, as these can disrupt the potential pathways to filicide identified in this study. By addressing these social and cultural factors rather than viewing filicide as an individual issue, eSwatini can create safe and protective environments for children while upholding the cultural values of family and community well-being.

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