

Perception of child adoption among parents/care-givers of children attending pediatric outpatients' clinics in Enugu, South East, Nigeria

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Abstract

Background: There has been an increasing interest by couples in child adoption due to its acceptability in recent times in our locale. The enactment of the Child's Right Act in Nigeria has harmonized child adoption process across the nation. With the rising demand for babies from child care institutions by many Nigerian couples, there is need to ascertain their perception of child adoption.

Objectives: To evaluate the perception of child adoption among parents/care-givers of children attending Pediatric Clinics in Enugu.

Materials and Methods: The parents and care-givers of children attending pediatrics out-patients clinics in Enugu, Enugu State, South East, Nigeria served as the respondents. Two hundred and fifty nine of them were selected by convenience sampling method after obtaining their informed written consent. The data were obtained using semi - structured questionnaire that was administered by an interviewer and subsequently analyzed using SPSS Version 15.0.

Results: Many caregivers (respondents) (94.2.7%) had heard of child adoption and 79.2% of them understood the actual meaning of the term child adoption. About 1.9% of them had adopted previously. Majority of the respondents (73.87%) prefers to adopt a child during its neonatal age with a slight preference for adoption of male babies. 15.1% and 8.9% of the respondents gave private hospitals and middle men, respectively, as sources of child adoption.

Knowledge of the Government adoption laws and process was generally below average (49.2%) among the respondents.

Conclusion: Continued advocacy and public enlightenment campaigns should be strengthened in order to harmonize adoption process in our setting.

Key words: Child adoption, parents/care-givers, perception

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Introduction

Adoption could be defined as the official transfer through the legal system of all the parental rights that a biological parent has to a child, along with an assumption by the adopting parents of all of the parental rights of the biological parents that are being terminated and are assumed in their entirety by the adoptive parents, including the responsibility for the care and supervision of the child, its nurturing and training, its physical and emotional and financial support.^[1]

Under the United Nations Convention on the Rights of the child of 1989, adoption is recognized as one of the forms of alternative care for children who are unable to remain in their family environment^[2] and as such, adoption serves as a means of prevention of child abuse including child trafficking, and equally enables the adopted children access good education and prevents them from being placed in institutions.^[3]

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Human trafficking is a major human rights violation, and the United Nations in the year 2000 put up the Palermo protocols, titled "Protocol to prevent, suppress, and punish trafficking in persons, especially women and children".^[4] Article 3(a) of this document defines child trafficking as the recruitment, transportation, transfer, harboring or receipt of persons by means of threat or the use of force or other means of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include at a minimum: Prostitution or other forms of sexual exploitation, forced labor or services, slavery or practice similar to slavery, servitude or the removal of organs.^[4]

Adoption in social circle plays the role of legal placement of a homeless child in a childless home. Such provision of care by adults other than the natural parents has occurred throughout history. Adoption was recorded as early as 2350 BC, and Oedipus and Moses (biblical) provide examples of substitute care. In Nigeria, although some learned writers posit that adoption is practiced under native law and custom, it would appear that what they described as adoption is, upon a careful analysis, is either guardianship or fostering or some other peculiar indigenous concepts.^[2]

Thus, adoption confers on the child all the rights vis-à-vis his adoptive parent (s) as if the child had been born to them in lawful wedlock as well as imposes on the adoptive parent (s), parental responsibility equivalent to that of the natural parents of the child.^[2]

International adoption is currently on the increase worldwide. United Nations Children's Fund (UNICEF) and many other international children's organizations promote the idea that un-parented children should be kept at all costs in their country of origin. However, as international adoptions began to expand, UNICEF focused increasingly on its alleged problems, claiming that adoption abuses involving baby buying, fraud and kidnapping were widespread, and subsequently, UNICEF called increasingly for policy changes to limit international adoption.^[5]

International adoption is under siege, with the number of children placed dropping each of the last several years, and many countries imposing severe new restrictions. Key forces mounting the attack claim the child human rights mantle, arguing that such adoption denies heritage rights, and often involves abusive practices.^[6]

Many nations assert rights to hold on to the children born within their borders, and others support these demands citing subsidiarity principles. But, children's most basic human rights, at the heart of the true meaning of subsidiarity, are to grow up in the families that will often be

found only in international adoption. These rights should trump any conflicting state sovereignty claims.^[6]

Study has shown that trans-racial adoption is a veritable means of providing homes for waiting children whose self-esteem is at least as high as that of non-adopted children and whose adjustment is highly satisfactory.^[7]

In Africa, some countries have been noted for international adoption including Nigeria, Democratic Republic of Congo, South Africa, Mali, Ghana, Ivory Coast, Morocco, Uganda, and Burkina Faso.^[8]

In Nigeria, particularly, aside the adoption of children legitimately by Nigerians and some foreign nationals, cases of child abuse such as the use of under aged children for street hawking, alms begging, and house help remains a challenge despite the domestication and adoption of the Child Right Law by several states in the Federal Republic.^[8] However, the National Agency for the Prohibition of Traffic in Persons and other related matters (NAPTIP) was set up also by the Federal Government on the 8th of August, 2003 to address the scourge of trafficking in persons in Nigeria and its attendant human rights abuses in its entire ramifications.^[9]

While countries like China, South Korea, Guatemala, Russia, Romania, and Ukraine have tightened up eligibility rules making it a lot difficult for international adoption, and instead promoting domestic adoption.^[8]

The near absence of well-defined policy and legal framework to guide adoption in Africa has encouraged inter-country adoption in Africa, especially in those countries that are not signatories to the Hague Convention (a treaty, which provides a blue print for safe international adoptions of children). It is also possible that poverty is a major drive for people to give up their babies for material wealth.^[10]

In Nigeria, the earliest statute on adoption was the 1965 Adoption Law of the former Eastern Region.^[11] This was followed by the adoption edict of 1968 of Lagos State.^[2] Today, many states in Nigeria, especially in the south, have adoption statutes.

However, in 2003, the National Assembly enacted the Child's Right Act. Part XII of the Act made comprehensive provisions and harmonizes a uniform legislation on rights and welfare of children across Nigeria. The law also made a superseding declaration that its provisions supersede any other statutory provisions on the same subject matter.^[12] Many states in Nigeria have adopted the Nigerian Child's Right Act and subsequently modified their adoption laws there from.

The factors that necessitate the adoption of a child range from the mere fact of being childless to the desire to replace a dead child, to acquire a companion for an only child, to

stabilize a marriage, to legitimate an illegitimate child, to sustain a particular line of descent, to rescue a child in an irreversible situation of abandonment, or to relieve parents who are unable to take care of their child.^[12]

In Nigeria, a child is regarded as social security to their parents. And so, every family desires a child. In situations where a couple faces infertility or desirous of a male child for propagation of the family name, every medical means both orthodox and traditional could be applied to remedy the situation. With recent trend of globalization and influence of Western culture in Africa, Nigeria inclusive, child adoption is fast becoming socially and culturally acceptable. This is also supported by the fact that the cost of *in-vitro* fertilization and intra-gamete transfer is out of reach of many prospective adopters making the choice of child adoption a more preferable option.

A lot of misconceptions and ignorance, however, abound concerning the child adoption process in our society. Ezugwu and colleagues^[13] have reported that majority of infertile women in Enugu, South East Nigeria have heard of child adoption, but only a minority knew its real meaning, its legality, and the process it entails.

Similarly, Omosun and co-worker^[14] in Lagos, South West Nigeria made similar observation with about 85.7% of the respondents in their series having heard about child adoption while about half of them knew the correct meaning of the term child adoption. In the same study, the adoption rate was reported to be as high as 13.9%.^[14] Similar findings have also been reported in Sokoto, North West, Nigeria among female infertile patients.^[15]

Also, Oladokun and co-workers^[16] have shown that adoption as an alternative to infertility in South West Nigeria is not widely practiced because of some noted barriers including cultural practices, stigmatization, financial implications, and bottlenecks. They suggested measures like advocacy, community mobilization, and enactment of supportive laws that will protect all parties involved as likely to curb the negative attitudes.^[16]

However, a lot of middlemen presently abound who persuade prospective adoptive parents to avoid the procedural bottlenecks of adoption and adopt babies through unauthorized agents who keep pregnant girls illegally till their deliveries. The practice was actually started with a good motive by philanthropists who discouraged young pregnant girls not to abort their babies, kept them until they are delivered. And subsequently gave out the babies for adoption. Charlatans have now capitalized on this and turned it into a business.

In our environment, proper harmonization of adoption process with reference to the private sector is still evolving.

Most adoptive couples may never have had the opportunity of having pre-and/or post-placement counseling. Some authors have reported low marital adjustments among adopting couples in terms of the roles each should under-take and recommended counseling so as to help such couples adjust favorably to their marital roles.^[3]

Aniebue and co-worker^[17] then recommended that emphasis should be placed on post-adoption care, especially in developing countries where complex social and logistic factors militate against adoption practice.

Similarly, many adoptive parents equally complain of certain barriers to choosing adoption as management option to infertility. These barriers were noted to include fear of disloyalty by the child, future claim by the biological parents, lack of genetic linkage with the child, and religious reasons.^[18] Other fears are genetically inherited traits. These concerns could best be handled by counseling prior to the consummation of adoption. A lot of misconceptions and wrong information concerning child adoption still abound in our society. Also, fear of confidentiality makes prospective adoptive parents to patronize unregistered adoptive agents who contract the adoption for them at very exorbitant rates without proper pre-placement medical examination and no official records. Chukwu Larry^[2] in his paper titled adoption of children in Nigeria under the child's Right Act 2003 had noted that social stigmatization is a major factor contributing to the unpopularity of adoption in Nigeria.

Some couples have adopted babies that have either hemoglobinopathy or pediatric retroviral infection without prior knowledge to mention but a few. While a few couples could adjust and face the challenges thereof, others may resort to child abandonment as an alternative with its attendant risks to the child in question.

There is also dearth of non-governmental organizations (NGO's) including support groups on child adoption in our society for adequate support of adopting couples, especially during trial periods.

With the rising trend of couples seeking child adoption in Nigeria, there is need to ascertain the baseline perception of adoption. Findings from the study will guide appropriate recommendations, which will ultimately improve the practice of child adoption in Nigeria.

And so, the aim of the current study was to determine the perception child adoption among parents and care-givers of children attending Pediatric Outpatients Clinics in Enugu.

Materials and Methods

The study was conducted at the Pediatric Outpatient Clinics of University of Nigeria Teaching Hospital (UNTH),

Ituku-Ozalla, Enugu, Enugu State University of Science and Technology Teaching Hospital (ESUTH), Park Lane, Enugu and other major private pediatric health facilities in Enugu including Annunciation Specialist Hospital, Emene, and Favored Child Clinic, all in Enugu State, South East Nigeria.

Enugu State has an estimated population of about 3 million people from the 2006 national population census.^[19] The major tribe in the state is Igbo ethnic group with a greater percentage of the populations being Christians. A few are adherents of African Traditional Religion.

The study was a cross-sectional descriptive study of the parents/care-givers including those who may have adopted in the past attending the pediatric clinics in Enugu.

Sample size for the study population was determined using the formula $n = Z^2pq/d^2$,^[20] using an adoption rate of 13.9% reported in Lagos, South West, Nigeria by Omosun and co-workers.^[14] The minimum sample size for the study was 184 subjects.

However, about two hundred and fifty nine parents/caregivers were recruited and interviewed in the study (145 from University of Nigeria Teaching Hospital, Enugu; 71 from ESUTH, Park Lane, Enugu; 24 from Annunciation Specialist Hospital, Emene; 19 from Favored Child Clinic.) The study was conducted between June and December, 2012.

The respondents were selected by convenience (consecutive) sampling method as they present to the clinics using a semi-structured questionnaire, which was interviewer-administered to the subjects (parents/care-givers of children attending the pediatric clinics). The interview of the respondents was conducted by one of the investigators. The questionnaire was pre-tested, and the content was not found to be ambiguous as 100% of the respondents correctly understood and filled the questionnaire. Those that participated in the pretest were excluded from the actual study.

Information inquired from the study included bio-data of the caregivers (age, gender, religion, marital status, socio-economic status), perception about child adoption, fostering, previous history of adoption of child (ren), reasons why people adopt babies,^[13] sources of adoptable children,^[15] knowledge of the Child's Right Act, government adoption laws. Others were problems militating against effective child adoption practice in Nigeria and reasons why people do not patronize government adoption agencies, pre- and post-adoption psychological counseling and suggestions for a well-functional adoption practice in Nigeria.^[16]

The parental socio-economic class stratification (I -V) was done using the method proposed by Oyediji.^[21] The

occupation/income and educational attainments of the parents were used to determine the socio-economic index. In this method of classification, specific scores were allotted to specific parental occupations and educational qualifications, and the means of these scores were used to classify the children's socio-economic groupings I, II, III, IV, and V. Those in social classes I, II, and III were grouped as upper social class, while those in social classes IV and V were grouped as lower class.^[21]

Ethical approval was sought from the UNTH, Enugu Ethics and Research Committee.

Using SPSS version 15, the data was summarized into frequencies and percentages and presented as tables comparing perception by socio-economic classes at 5% level of significance.

Results

A total of 259 respondents were interviewed. Their age range was from 19 to 66 years.

Majority of the caregivers who served as the respondents were females 76.1% (197) while males constitute 23.9% (62) of the study population, giving a male to female ratio of 1:3. Similarly, 92.6% of the respondents were of Christian religious backgrounds (Roman Catholics 52.1% and Protestants including Pentecostals 40.5%). This is as shown in Table 1. More than 99% of the respondents were Nigerians of Igbo ethnic nationality.

The marital status distribution of the study population was as follows: Singles 31 (12.0%), married 213 (82.2%), widow/widower 6 (2.3%), separated/divorced 4 (1.5%) while there were 5 non-responders constituting 1.9% of the total as shown in Table 1.

Similarly, the majority of the study population belonged to social classes 1, 2, and 3 (high socio-economic class) making up to 83.4% of the respondents while the low socio-economic class (social classes 4 and 5) constituted 16.6% [Table 1].

The sources of the information about child adoption among the respondents included: Friends 127 (49.0%) as the commonest, others were: Partners 15 (5.8%), media 55 (21.2%), church 30 (11.6%), social welfare Division 10 (3.9%), and motherless babies home 41 (15.8%). The media as a source of information showed significant statistical difference ($P = 0.007$) between the upper and lower socio-economic classes as shown in Table 2.

Generally, the distribution of the sources of children for adoption were Government agencies 97 (37.5%), motherless babies homes 72 (27.8%), faith-based 69 (26.6%),

Table 1: Socio-demographic characteristics of the study population

	Frequency N=259	Percent
Age		
≤ 20		
21-30	58	22.4
31-40	91	35.1
41-50	41	15.8
51-60	14	5.4
61-70	3	1.2
No response	50	19.3
Gender		
Female	197	76.1
Male	62	23.9
Religion		
African Traditional Religion	4	1.5
Roman Catholic Mission	135	52.1
Protestant	105	40.5
Muslims	1	0.4
No Respons	14	5.4
Marital Status		
Single	31	12
Married	213	82.2
Widow/widower	6	2.3
Separated/Divorced	4	1.5
No response	5	1.9
Socio-economic Class		
1	70	27
2	95	36.7
3	51	19.7
4	28	10.8
5	15	5.8

middlemen/women 23 (8.9%), private hospitals 39 (15.1%), foster care adoption 7 (2.7%), and all of the above options 40 (15.4%). This is as shown in Table 2.

Majority of the respondents 229 (88.4%) gave infertility as the commonest reason why people adopt children in our study locale. Other factors leading to child adoption were: Wanting a particular gender 66 (25.5%), philanthropy 15 (5.8%), and unwanted pregnancies 21 (8.1%). None of the factor responsible for adoption was statistically significant among the upper and lower socio-economic classes. This is as shown in Table 3.

Majority of the respondents 182 (73.7%) preferred to adopt a newborn baby while 54 (21.9%) choose infancy period, and only 11 (4.5%) wanted to adopt an older child. However, there was no statistically significant relationship ($P = 0.454$) between the socio-economic classes as shown in Table 3.

The factors militating against child adoption were as shown in Table 4 and included social stigmatization 107 (41.3%),

Table 2: Source of information about child adoption and sources of adoption (multiple options allowed) and knowledge of the government adoption laws by socio economic class

	Upper SEC N=216	Lower SEC N=43	Total N=259	Chi sq	P
Source of information					
Friends	105 (48.6)	24 (55.8)	127 (49.0)	0.744	0.388
Partners	11 (5.1)	4 (9.3)	15 (5.8)	1.165	0.280
Media	53 (24.5)	2 (4.7)	55 (21.2)	7.331	0.007
Church	24 (11.1)	6 (14.0)	30 (11.6)	0.283	0.595
Social welfare	10 (4.6)	1 (2.3)	10 (3.9)	0.073	0.787
Motherless babies homes	39 (18.1)	3 (7.0)	41 (15.8)	2.476	0.116
Sources of adoption					
Government agency	81 (37.5)	16 (37.2)	97 (37.5)	0.001	0.971
Faith based	59 (27.3)	10 (23.3)	69 (26.6)	0.302	0.582
Middle men	20 (9.3)	3 (7.0)	23 (8.9)	0.035	0.852
Private hospitals	32 (14.8)	7 (16.3)	39 (15.1)	0.060	0.806
Motherless babies home	59 (27.3)	13 (30.2)	72 (27.8)	0.152	0.697
Foster care adoption	6 (2.8)	1 (2.3)	7 (2.7)	0.000	1.000
All of the above	36 (16.7)	4 (9.3)	40 (15.4)	0.979	0.323
Knowledge about the Governments adoption laws	N=207	N=41	N=248		
No	108 (52.2)	18 (43.9)	124 (50.8)	0.937	0.394
Yes	99 (47.8)	23 (56.1)	122 (49.2)		

SEC=Socioeconomic class

Table 3: Factor responsible for adoption, the appropriate age for a child to be adopted (multiple options allowed) and perception of necessity for psychological counseling of parents before adoption

	Upper SEC N=216	Lower SEC N=43	Total N=259	Chi sq	P
Factor responsible for adoption					
Infertility	194 (89.8)	39 (90.7)	229 (88.4)	0.000	1.000
Urge for particular gender	55 (25.5)	12 (27.9)	66 (25.5)	0.112	0.738
Philanthropy	12 (5.6)	3 (7.0)	15 (5.8)	0.000	0.994
Unwanted pregnancy	14 (6.5)	7 (16.3)	21 (8.1)	3.399	0.065
The appropriate age for a child to be adopted	N=208	N=39	N=247		
Newborn	150 (72.1)	32 (82.1)	182 (73.7)	2.219	0.330
Infancy	49 (23.6)	5 (12.8)	54 (21.9)		
Older Child	9 (4.3)	2 (5.1)	11 (4.5)		
Is there a need for psychological counseling of parents before adoption?	N=200	N=36	N=236		
No	11 (5.5)	3 (8.3)	14 (5.9)	0.439	0.454
Yes	189 (94.5)	33 (91.7)	222 (94.1)		

SEC=Socioeconomic class

fear of the unknown 63 (24.3%), future claim by the biological parents 71 (27.4%), religious bias 23 (8.9%), lack of genetic linkage 77 (29.7%), high premium 64 (24.7%) and middle men 46 (17.8%). Among the different socio-economic classes, only social stigmatization showed significant statistical relationship.

Several factors were shown in Table 4 to be responsible for poor patronage of Government adoption agencies including: Lack of confidentiality 42 (16.2%), long waiting time before the adoption process is completed 58 (22.4%), corruption 59 (22.8%), and procedural bottlenecks 43 (16.6%). And none showed any statistically significant relationship.

A greater proportion of the respondents 222 (94.1%) suggested that there is the need for pre-and post-child adoption psychological counseling to ensure better

adjustment for the adoptive parents while 14 (5.9%) of them did not see the necessity. No statistically significant relationship ($P = 0.454$) was observed as shown in Table 3.

However, the knowledge of the Government enabling laws on child adoption was generally below average, 49.2% of the respondents are aware of these adoption statutes while 50.8% have not even heard about these laws, though not statistically significant ($P = 0.394$). This is as shown in Table 2.

Suggestions for a well-functional adoption practice in Nigeria as shown in Table 4 were: Public enlightenment campaigns including advocacy 133 (51.4%), establishment of adoption agencies 23 (8.9%), establishment of adoption support groups 20 (7.7%), effective legislation on illegal adoption 43 (16.6%), and all of the above 65 (25.1%).

Table 4: Problems militating against child adoption and reasons for low patronage of government adoption agencies and suggestions on how to improve adoption practices in nigeria(multiple options allowed)

	Upper SEC N=216	Lower SEC N=43	Total N=259	Chi sq	P
Problems militating against child					
Adoption					
Social stigmatization	95 (44.0)	12 (27.9)	107 (41.3)	3.822	0.051
Fear of the unknown	55 (25.5)	8 (18.6)	63 (24.3)	0.916	0.338
Future claim	61 (28.2)	10 (23.3)	71 (27.4)	0.448	0.503
Religious reasons	20 (9.2)	3 (7.0)	23 (8.9)	0.035	0.852
Lack of genetic linkage	64 (29.6)	13 (30.2)	77 (29.7)	0.006	0.937
High premium	52 (24.1)	12 (27.9)	64 (24.7)	0.283	0.595
Middlemen/Agencies	39 (18.1)	7 (16.3)	46 (17.8)	0.077	0.781
Reasons for low patronage of government adoption agencies					
Lack of confidentiality	34 (15.7)	8 (18.6)	42 (16.2)	0.216	0.642
Long waiting time	49 (22.7)	9 (20.9)	58 (22.4)	0.064	0.801
Corruption	46 (21.3)	13 (30.2)	59 (22.8)	1.628	0.202
Procedural bottlenecks	36 (16.7)	7 (16.3)	43 (16.6)	0.004	0.950
Suggestions for a Functional Adoption Practice in Nigeria (Multiple options allowed)					
Public enlightenment	111 (51.4)	22 (51.2)	133 (51.4)	0.001	0.978
Establishment of adoption agencies	21 (9.7)	2 (4.7)	23 (8.9)	0.599	0.439
Establish adoption support groups	18 (8.3)	2 (4.7)	20 (7.7)	0.263	0.409
Use of law to flush out illegal agencies	38 (17.6)	5 (11.6)	43 (16.6)	0.541	0.462
All of the above	58 (26.9)	7 (16.3)	65 (25.1)	2.132	0.144

SEC=Socioeconomic class

Discussion

It was observed that majority of the respondents clearly understood the actual meaning of child adoption 79.2% compared to 11.2% that did not appreciate any clear distinction between adoption and fostering or other forms of native care of helpless children like guardianship. Similar observations have been reported by other workers.^[14,22] Also, 237 (91.5%) out of 259 respondents interviewed correctly answered that an adopted child will answer the family names of the adoptive parents.

In the same vein, majority of the respondents 96.9% (251) admitted that they have heard of child adoption. Comparable reports have been documented by other workers.^[13,14,22]

Of the 259 respondents interviewed, 49.8% (129) first heard about adoption through their friends. This is followed by the media (both print and electronic). Other sources reported were through the churches, partners, motherless babies' homes, and government adoption agencies. These findings are similar to observations of other workers on adoption in Nigeria.^[13,14,22]

The adoption rate observed in the current study was 1.9%, which was comparable to a similar study in the United States of America (2%)^[23] and slightly higher than the 1.2% reported in Sokoto, North West, Nigeria.^[15] However, 1.9% prevalence recorded in the current study was much lower than the 13.9% reported by Omosun and colleagues^[14] in Lagos, South West Nigeria. From the available studies, it has been shown that there is a rising trend in adoption generally. Also, the high concentration of Christians within the study locale may be partly responsible for the acceptability of child adoption.

In the current study, a greater percentage (88.4%) of the respondents gave infertility as the single most important

reason for child adoption. Ezugwu *et al.*,^[13] have also shown that duration of infertility is a likely reason why people opt for adoption in Enugu. Other reasons for adoption found in the study were desire for a particular gender in a family and humanitarian/philanthropic purposes.

Gender preference in adoption has been acknowledged by some workers.^[14,24] While in the current study, there was a slight male preponderance (18.5%) compared to the desire for their females counterparts (6.9%). This finding is at variance with findings of other workers that reported preference for female gender even when the couples are childless couples or whether they have their own children.^[14,24] However, the reason for the slight preponderance in the preference for adoption of male babies in the current study could partly be explained by the background and setting of the study locale-Igbo ethnic group of Nigeria. Here, the males are more valued in terms of family inheritance and propagation of the family name and in pursuant of this, every effort is usually made to ensure that every family has a male child.

Knowledge of the sources of children for adoption among the respondents showed government establishments (Ministry of Social Welfare/Gender Affairs), orphanages, faith-based organizations, private hospitals, and middlemen. From these findings, it is still apparent that our people still patronize these charlatans i.e. middle men and some private hospitals so as to bypass the normal adoption protocols. Most often than not, some of the babies acquired through these sources may not be subjected to pre-adoption medical examinations/screening of both the adopter and the adoptee resulting in adoption of some of babies with pediatric HIV infection or hemoglobinopathy with the likelihood of the child in question eventually being abused or abandoned. And so, the overall aim of child adoption is defeated. This pre-adoption medical examination/screening is ordinarily what proper adoption is supposed to provide for such prospective couples.

Majority of the respondents 182 (73.7%) preferred to adopt a newborn baby while 54 (21.9%) choose to adopt a child during its infancy period, and only 11 (4.5%) wanted to adopt an older child. This is because most of our people, especially those with infertility for fear of stigmatization,^[15] would want to keep the entire process of adoption secret both to their neighbors and, sometimes, the child when he/she grows up.

Pre- and post-adoption counseling are essential ingredients for the success of any adoption. It was observed in the current study that a greater percentage 222 (94.1%) of the respondents felt that psychological counseling before and after adoption would make for better adjustments for the adoptive parents. Some authors have reported low marital adjustments among adopting couples in terms of the roles

each should undertake and recommended counseling and other post-adoption care so as to help such couples adjust favorably to their marital roles.^[3,17]

The law stipulates that before an adoption order shall be made, the child should have lived continuously in the care and possession of the applicant for at least three consecutive months immediately preceding the date of the order (trial placement).^[11] This trial period is also used to assess whether the adoptive couple would be able to cope with the responsibility of looking after the child or otherwise. In the current study, it was noticed that a greater majority of the respondents 208 (80.3%) have not heard about trial placement. Only 10.4% (27) were of the opinion that an initial period of bringing the child to live with the adoptive family would allow for better adjustment and acceptance of the adoptee prior to the final statement. This finding goes to show that majority of the respondents are ignorant of some of the adoption processes. It is possible that some of the prospective adopters go through middlemen and some unscrupulous private hospitals where only huge premiums are paid and adoption will be illegally consummated.

Social stigmatization, lack of biological/genetic linkage with the child, future claim by biological parents, fear of the unknown, high premium and the hijacking of the adoption process by middlemen, and religious beliefs were found to be the major obstacles militating against the smooth running of the adoption process. Similar findings have been reported by other workers.^[18]

Also, reasons why prospective adopters do not patronize government adoption agencies were mainly lack of confidentiality, long waiting time, corruption, and procedural bottlenecks that involve the adoption process.

More than half of the respondents 159 (61.4%) have heard of the Nigerian child's Right Act. However, only 122 (49.2%) of them admitted knowledge of the Government adoption laws. It is not even certain that the respondents that showed awareness of the child's rights Act actually know that it has copious provisions on child adoption process. This dearth of the knowledge of the existing child adoption statutes may be partly responsible for the non - uniformity of adoption processes in our setting with the resultant effect that majority of the adopted children are never captured in the Government adoption register and as such under reported and hence not monitored by the appropriate governmental agencies for likelihood of child abuse including child trafficking.

Suggestions advanced for the harmonization of the child adoption process were public enlightenment campaigns/ advocacy on child adoption process including child's Right Act and government adoption laws, empowerment of government adoption agencies as well as creation of

enabling environment for the establishment of registered private adoption agencies/adoption support groups, and above all, strict implementation/enforcement of the enabling child adoption laws.

In conclusion, there is a rising trend in the quest for child adoption following its acceptability in our contemporary society. However, a lot of misconceptions and ignorance concerning the adoption process including the enabling laws still abound.

Continued advocacy including community mobilization and further public enlightenment campaigns should be strengthened in order to harmonize adoption process in our setting.

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