Nigerian Journal of Clinical Practice March 2008. Vol 11(1):5-8

ADOPTION PRACTICES IN ENUGU, NIGERIA.

P.N. Aniebue, U.U. Aniebue

Departments of Community Medicine, Obstetrics and Gynaecology, University of Nigeria Teaching Hospital, Enugu, Nigeria.

ABSTRACT

Objective: The study of the pattern and outcome of adoptions in Enugu, Nigeria in order to determine the challenges in the emerging adoption practice in the state.

Materials and methods: A retrospective analysis of adoption practices in Enugu Nigeria based on data from the National women's Commission. The National Women's Commission is the statutory body responsible for the documentation and follow-up of adoption in Enugu State. The characteristics of adopters and adoptees, types of adoption, prevalence and outcome of the adoptions between January 1991 and December 2001 were examined. Percentages were used for descriptive statistics and student's t-test for comparing means at 5% significance levels.

Results: There were sixty-one adoptions in the eleven-year period giving a prevalence of 5.5 adoptions per year. Eighteen (29.5%) kinship adoptions and 43 (70.5%) adoptions of abandoned babies and children were recorded. The mean age of the adoptees was 4.2 years and 33.3% of them were 5 years and above. All adopters were Nigerians but 32.0% of them resided overseas. The commonest age range at adoption was 4-49 years and the peak duration of marriage prior to adoption was 15-19 years. Most adopters (84.9%) had at least secondary school education. No adoption was annulled and there was no recorded death of adoptees. Post care monitoring was found to be incomprehensive.

Conclusion: The growing practice of adoption in Enugu is laudable but post adoption care is poor. Emphasis on post adoption care is vital in developing countries where complex social and logistic factors militate against it. In infertility management early institution of counseling on adoption would allow couples ample time for decision making and preparation for adoption, as well as encourage adoption when couples are still young.

Key Words: Adoption. Practice.

(Accepted 31 January 2007)

INTRODUCTION

Adoption, which is a means of providing a child with a substitute family, is influenced by social factors¹. Children are priceless benefits of marriage and in Nigeria, premium is placed in the couple's ability to procreate². Couples with impaired fecundity may opt for adoption as a means of creating families. Governmental and non-governmental agencies are increasingly promoting adoption as an alternative to abortion in unintended pregnancy³. With the occurrence of an unplanned pregnancy adoption serves the interest of the child, the biological mother and the adoptive parents ^{1,3}. Adoption became legal in the United Kingdom in 1926 and the adoption practice in Enugu derives extensively from Nigeria's past British colonial legacy. Children in public welfare systems are placed in permanent homes by government agencies, missionary groups and other non-governmental agencies. Kinship adoption which originates largely from the extended family system is also practiced in Enugu. The kinship adoption involves the placement of children in homes of relatives with or without the services of public agencies.

Adoption offers optimal developmental conditions lacking in institutional care and fostering because it provides permanent care and parenting². Despite its benefits adoption is poorly practiced and investigated in Nigeria. This study examines the adoption practices in Enugu, Nigeria. The characteristics of adopters and adoptees in Enugu, the types of adoption, prevalence and outcome of the adoptions were studied.

MATERIAS AND METHODS

Records of adoption from January 1991 to December 2001 were obtained from the Welfare

Correspondence: Dr PN Aniebue

E-MAIL: naniebue @yahoo.com

Department of the National Women's Commission Enugu. The National Women's Commission is the statutory body responsible for the registration of adoptions and the subsequent follow up of adoptees in Enugu State Nigeria. All adoptions from voluntary institutions, governmental and non-governmental agencies are registered and followed up by the Welfare Department of the National Women's Commission. All retrieved records were examined for the number of adoptions, sex and age of adoptees and the outcome of the adoptions. Similarly the marital status, sex, age, state of origin, residence, religion, level of educations, occupation and social class² of the adopters were examined. The number of children prior to adoption and the number of years of marriage before adoption were studied. A limitation of this study was the inability to determine the degree of compliance in registration by organizations involved in adoption.

The SPSS statistical software programme (SPSS Inc. Chicago)⁴ was used for data entry and statistical analysis. Simple proportions were used in descriptive analysis Student's t-test was used for comparing means. Statistical significance was considered present at p-values less than 0.05

RESULTS

The number of babies and children adopted between 1^{st} January 1991 and 31^{st} December 2001 in Enugu was 61 giving an annual adoption rate of 5.5 adoptions per year. From four adoptions in 1991, none in 1992 and 1993 a peak of 19 adoptions occurred in the year 2000. Eighteen (29.5%) kinship adoptions and 43 (70.5%) adoptions of abandoned children were recorded in the eleven-year period. The number of adopters was 53 and all were Christians and Nigerians. Table 1 shows

the distribution of the states of origin and residence of the adopters. Fifteen (24.6%) of them resided in the United States of America.

The total number of adopters residing outside Nigeria was 17 (32%). Most (56.6%) adopters resided in Enugu Nigeria.Twenty-six (42.6%) adopters achieved secondary school or diploma certificates while amongst 19 (31.1%) other adopters at least one of the couple held a university degree. The socio-demographic characteristics of the adopting parents are shown in Table 2. Adoption was commonest in those aged 40-49 years for both sexes. The mean age of couples involved in the adoptions were 34.9 ± 15 years for males and 33.7 ± 22 years in females. There were no significant differences in the ages of males and females involved in the adoptions (P>0.05). Table 3 shows the number of years of marriage before adoption. The number of adoptions increased with

Increasing years of marriage with a peak of 15-19 years. Twenty-one couples had other children prior to adoption with a mean of two children per adoptive family. The characteristics of the adoptees are shown in Table 4. Fifty-nine percent of the adoptees were females. Females made up 12/18 (66.6%) adoptees in kinship adoption and 23/43 (53.5%) amongst abandoned babies. The age of the adoptees ranged from 2 weeks to 17 years with a mean of 4.2 years, 33.3% of adoptees were 5 years and above. Two sets of twins and three pairs of other siblings were adopted into the same families. No adoption was annulled and there were no recorded deaths of adoptees. Records on post adoption care were scanty and incomplete and there was no evidence of monitoring of school milestones in adoptees. Some adoptees could no longer be traced due to logistic difficulties and problems associated with their relocation.

Location	Place of Origin	(%)	Residence	(%)
Anambra State Nigeria	22	41.5	3	5.7
Enugu State Nigeria	12	22.6	30	56.6
Imo State Nigeria	11	20.8	-	-
Abia State Nigeria	2	3.8	-	-
Ebonyi State Nigeria	2	3.8	1	1.9
Edo State Nigeria	2	3.8	2	-
Lagos State Nigeria	1	1.9	2	3.8
Ondo State Nigeria	1	1.9	-	-
USA	-	-	15	28.3
United Kingdom	-	-	1	1.9
Holland	-	-	1	1.9

 $Table \ 1: \textbf{States of Origin and Residence of the 53 Adoptive Parents}$

<u>Characteristics</u>	Number	Percentage
1.Age (years)		0
A. Male adopters (n=44	.)	
20-29	3	6.8
30-39	6	13.6
40-49	18	40.9
50-59	16	36.4
60 and above	2	4.5
B. Female adopters(n=5	53)	
20-29	4	7.5
30-39	18	34.0
40-49	25	47.2
50-59	5	9.4
60 and above	1	1.9
3 Social classes *(n=53))	
Social class 1	22	41.5
Social class 11	25	47.2
Social class 111/1V	6	11.3
4.Marital Status (n=53)		
Married	44	83.0
Single	6	11.3
Widowed	2	3.8
Divorced	1	1.9
Basis for Social Classifi	ication '	

Table 2: Socio-demographic Characteristic Of **The Adoptive Parent**

Table 3: The Duration of Marriage Prior to Adoption Amongst 47 Ever Married Adopters.

Duration of Marriage (Years)	frequency	Percentage
0-4	б	12.8
5-9	9	19.1
10-14	10	21.3
15-19	12	25.5
20 and above	10	21.3

Characteristics.	Frequency	Percentage	
1.Source of child	43	70.5	
Abandoned Next of Kin	18	29.5	
2. Sex			
Female	36	59.0	
Male	25	41.0	
3Age (years)			
Below 1	38	62.3	
1-2	3	4.9	
3 and above	20	32.4	

Table 4: The Characteristics of The 61 Adoptees

DISCUSSION

Adoption is an important and often neglected issue in the medical profession ¹. Health practitioners who counsel and treat infertile couples appreciate that a number of them will ultimately have to decide on adoption. Few of those who choose to adopt succeed in adopting immediately. Even where adoption is successful many adoptive couples become first-time parents to abandoned, neglected and abused babies or older children at very short notice ⁵. The complex social and psychological attributes of adoption necessitate sensitive support by health practitioners to adoptive families before and after the adoption.

The annual rate of adoption in Enugu increased to a peak in the year 2000. In a similar study at Lagos, Odujinrin and Lawson recorded 236 adoptions between 1973 and 1990 based on interviews with social welfare staff involved with adoption 2 . The centralization of adoption registration in Enugu State has the advantage of ensuring standards and monitoring of the adoption practices of the various agencies involved in adoption. The determination of the degree of compliance of these agencies to their statutory obligation in the registration of all adopted babies in the state was beyond the scope of this study and was an important limitation of the study. Due to the retrospective nature of the study, it was impossible to ascertain whether the observed increases in annual rates of adoption were due to increased inclination to adoption or increased awareness of the need to formalize adoption. Kinship adoption prevalent in the traditional society did not require any formal application or registration. The contributions of increased adoption practice and awareness of the need to document adoption may have been complementary.

Adoption is often a difficult decision and one or both couple may resist the idea initially ⁶. The decision to adopt was related to the age of the couple and the duration of the marriage in the study. The mean age of adopters in this study was 34.9 ± 15 years for males and 33.7 ± 22 years in females. Males involved in the adoptions were generally older than females but the difference was not significant. Adoption rates increase after 5 years of marriage to a peak at 15-19 years of marriage but declined subsequently. Most couples (84.9%) who opted for adoption had at least secondary school education and were in either social classes 1 or 11⁷. Adoption being more prevalent amongst adopters with at least secondary school education in Enugu agrees with the findings in some previous studies on adoption^{8,9}. Impaired fecundity is not more prevalent in any social class. Couples, who are educated and of higher social classes are known

Adoption Practices

to use infertility services more often, hence are more likely to be exposed to counseling on adoption ⁸.Kinship adoption accounted for 29.5% of the adoptions in this study. The other adopters were abandoned babies and older children. More females than males were adopted but the differences were not significant. The preference for female adoptees in this study corroborates finding in adoption practices in Lagos, Nigeria². The male offspring in most Nigerian communities symbolize the continuity of the family and clan and are less often given out for adoption. Until recently some adoptive couples avoided males not biologically related to them because such children may not be acceptable to their extended families. Amongst the Igbos of Eastern Nigeria, including Enugu, the process of adoption is incomplete without some ceremonial rites conducted by the extended family to welcome the adoptee. The mean age of the adoptees in this study was 4.2 years and 33.3% of them were 5 years and above. Unlike older children, adopted babies have emotional, social and educational outcome comparable with the general population ^{1,10} Abandoned babies may however suffer neglect and marasmic malnutrition². No serious medical problems were seen in adoptees in this study. Incomplete information derived about post adoption care in this study prevented a close scrutiny of the developmental outcome of the adoptees. It would have been interesting to compare the developmental outcome of adoptees in the kinship system with the progress made by abandoned babies.

Pregnancy resolution, infertility and adoption are intertwined and have consequences that affect individuals and society at large. A bleak future awaits children who grow in institutional care while single girls that opt for parenting have lower educational and economic attainment than those who give out their children for adoption 11,12 . Research shows that most adopters express a high degree of satisfaction with their decision to adopt¹. The growing practice of adoption in Enugu is laudable but post adoption care is poor due to scarce resources and logistic problems. Post adoption monitoring is generally not given adequate attention in developing countries including Nigeria². The follow up of adoptees in Enugu needs urgent attention with the institution of clear, measurable objectives. Apart from the children's health status and adaptation to their new families, their educational milestone should be monitored closely. Infertile couples may benefit from early counseling on adoption. This would enable them have ample time to consider and prepare for adoption in order at an age suitable for parenting

REFERENCES

- Editorial British Medical Journal. Adoption. British Medical Journal 2001; 322: 1556 -1557
- 2. **Odujirin OMT, Lawson SS.** Adoption in Nigeria A review of the Lagos cases. Early Child Development and Care 1993; 71 77
- **3 Bachrach CA, Stolley KS, London KA.** Relinquishment of premarital births: evidence from national survey data. Family Planning Perspective 1992; 24:27-32.
- 4. **Bryman A, Cramer D.** Quantitative data analysis with SPSS for windows second edition. New York. Routledge Publishing. 1997.
- 5. **Fraser J.** Support groups for couples waiting to adopt. Prof. Care Mother Child 1995; 5: 77-78
- 6. John CT. Coping with the infertile couple. Proceedings of the Second Regional Conference of the Medical Women's international Association Abuja. Benin City. Ambik. 2000: 150-151
- 7 Abohweyere AE. Placental plasmodium falciparium parasitisation: its effect on antropometric measurements at birth. A dissertation submitted to the West African College of Physicians in part fulfillment of the fellowship of the College 1996 pg ;90.
- 8. **Freundlich M.** Supply and demand: the forces shaping out adoption. Adoption Quarterly 1998; 2: 17-42.
- 9. Chandra A, Abma, J, Maza P, Bachrach C. Adoption, adoption seeking and relinquishment for adoption in the United States. Adv Data 1999; 306: 1-6.
- 10. **Howe D.** Parent reported Problems in 211 adopted children; some risk and protective factors. Journal of Child Psychology and Psychiatry. 1997; 38
- 11. **Mclaughlin SD, Manninen D, Winges L.** Do adolescents who relinquish their children fare better or worse than those who raise them. Family Planning Perspective 1988; 20:25-32
- 12 Kalmuss D, Namrow EB, Cushman L. Adoption versus parenting among young pregnant women.Family Planning Perspective 1991; 23:17.