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Experiences of childlessness and adoption in marriage among Basotho: A two-cohort phenomenological study

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ABSTRACT

This article reports a two-cohort study conducted among adoptive parents in Maseru and Maputsoe Lesotho, in 2014 and 2019, with African research philosophy underpinning the study. The article reports data collected from 13 adoptive parents (eight parents in Cohort one and five parents in Cohort two) using in-depth interviews and later analysed through a six-step discourse analysis. In this regard, the role of elders in participants' extended families were taken into account upon the study's conceptualisation and implementation. The article focuses on participants' reports of their experiences of both family childlessness and adoption. Women in Cohort one reported being abused by husbands and in-laws and excluded from family decisions. A woman in Cohort two reported being excluded from social activities by her erstwhile friend subsequent to adopting. From a phenomenological standpoint, the participants attributed their treatment from husbands, in-laws, and friends to their family childlessness and adoption that is happening in a Basotho socio-cultural environment where it is not the norm.

KEY TERMS: adoption; adoption campaign; childlessness; Lesotho; married women; family psychotherapy

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INTRODUCTION

Adoption is an emerging practice in Africa as well as in Lesotho. A factor against adoption in Africa is that having biological children within marriage promotes African women's social status while childless married women are given a hard time by society. Secondly, biological children are women's connection to their marital extended families. This article had two objectives, to interrogate data pertaining to married Basotho women's experiences of childlessness and adoption as well as to track such experiences across a timeframe of five years within one population. The study, which was regarded as necessary on account of high rate of childhood vulnerability relative to slow uptake of adoption among Basotho, hence seeks to inform interventions which may promote the wellbeing of childless families along with that of vulnerable children through adoption. It was thought that tracking attitudes would establish intra and inter-generational attitude differentials. Adoption is acquisition of parenting rights through a court process. Mother, father, and parent in this article all refer to those who acquired the status through adoption. Basotho refers to the native population of Lesotho while childlessness refers to inability to have children when desired.

BACKGROUND

In Lesotho and many other African countries, married people with children are addressed as mother or father of so-and-so (Dyer, 2007; Maqutu, 2005). Consequently, childless married people in a study conducted in Zimbabwe, among other African countries, reported that they felt "little" when addressed by their birth names (Dyer et al., 2004). In Mozambique, married childless people reportedly do not keep the company of married people with children although it is not clear whether the former are forbidden from mixing with the latter or whether the two groups self-isolate. In Tanzania, childless married women are labelled witches who may bring mystique harm to women with children and/or to children (Dyer, 2007; Dyer et al., 2004; Mariano, 2004). Thus, among married African women including Basotho, having biological children is an important rite of passage into a coveted social class. Additionally, children are women's connection to their marital extended families (Maqutu, 2005).

Meanwhile, childhood vulnerability has reached alarming incidence in Lesotho. Ranked 159/189 in Compound Human Development Indicators with up to 60% of the population living below the poverty datum line, Lesotho's women and children are disproportionately impacted by poverty and its correlates (Tanga et al., 2017). Baby dumping, abandonment and neglect have reached disquieting levels, often under circumstances which threaten babies' lives (Thabane & Kasiram, 2015). However, social prescription of biological parenting – within marriage – acts as a barrier against adoption while government protection for vulnerable children has been found wanting in many respects (Mahao & Sehlabane, 2021; Tamasane, 2011; Thabane & Kasiram, 2015).

However, adoption uptake is slow in Lesotho with some Basotho holding the view that adoption is costly and unwise as adoptees are bound to return to their original homes at some point (Dhemba and Mushonga, 2021; Mathe, 2014; Semakela, 2021). Encouragingly, Semakela (2021) found that Basotho were gradually embracing adoption albeit with some reservations as some were found unsure about how to treat adoptees. Some adoptive parents heard of some disconcerting statements made about their adoptive parent status (Semakela, 2021). In the Republic of South Africa, it was found that black South Africans including social workers considered adoption a white practice suitable only for wealthy people (Gerrand, 2017; Mokomane et al., 2012). Regardless, adoption is a valuable child protection strategy with a positive impact on otherwise childless families (Gerrand, 2017; Gerrand & Nathane-Taulela, 2015; Semakela, 2021). This study hence explored experiences of childlessness and adoption among families who were otherwise childless.

METHODOLOGY

This article presents part of the results of a two-cohort phenomenological study conducted in Lesotho in 2014 and 2019 among adoptive parents. Phenomenological research refers to the science of eliciting and reporting contextual, reflective description of events (Emiliussen et al., 2021). In this design, researchers consider participants' experiences, impact as well as interpretations thereof (Emiliussen et al., 2021). Thus, phenomenological research designs strive to retain the presumptuous lessness and vigour of qualitative research while highlighting the subjective co-influential relationship of humans and their environment (Emiliussen et al., 2021). The research design was adopted because it does not question why phenomena takes place but is more interested in how humans enact and are affected by phenomena (Brancati, 2018; Emiliussen et al., 2021). The phenomenon under study in this article was how participants experienced both childlessness and adoption. Data in this article emanated from participants who: (a) adopted on account of childlessness as defined, (b) legally adopted children other than blood relatives' children, and (c) were married or ever married.

Within a phenomenological research design, African research philosophy was adopted to capture Basotho women's lived experiences (Khupe & Keane, 2017). Mention ought to be made that family life in Lesotho and

much of Africa is communal rather than a set of distinct nuclei of families. Thus, African communities are an intertwined web of people expected to follow a uniform set of community norms, social responsibilities/expectations, and functions. Such norms and responsibilities, which are understood to be monitored by African elders, may include marriage age, families to marry into, family size and even adolescents' and adults' sexual orientation/conduct. "Life choices" in Africa are therefore limited to a set of accepted community norms and responsibilities/expectations. The context and main theme of the study was how such and other Basotho's unwritten communal rules on marriage and family may impact family wellbeing. In pursuance of African research philosophy, therefore, the following three key principles of African research philosophy as promulgated by Khupe and Keane (2017) were incorporated into the study's design: (a) context of the study, (b) role of elders, and (c) participants' perspectives. Consistent with the African research philosophy, mothers and mothers-in-law's role in participants' families was one of the key themes on the data collection tool. Secondly, the influence of other extended family members and friends towards family wellbeing was considered.

In this article, data collected from eight adoptive mothers in Cohort one together with five adoptive parents in Cohort two is presented (Bhattacharjee, 2012; Brancati, 2018; Sharan & Tisdell, 2015; Thabane, 2015). Cohort one was made up of women only while Cohort two comprised four mothers and one father. Purposive sampling and snowballing were used in both cohorts. The data were collected using vernacular between June and August 2014 and in January 2019 by the author and two research assistants, respectively, through in-depth interviewing (Bhattacharjee, 2012; Brancati, 2018; Lawal, 2019; Reis & Judd, 2014; Thabane, 2015). The same data collection tool was used to collect data from both cohorts. Cohorts one and two data collection took 9 and 3 days, respectively. Cohort one interviews were audio recorded then transcribed and translated by the author while Cohort two interviews were conducted, transcribed, and translated by research assistants. The data were then analysed using discourse analysis (Bhattacharjee, 2012; Brancati, 2018; Sharan & Tisdell, 2015) within the framework of Terre Blanche et al.'s (2006) five steps of qualitative analysis as well as Nowell et al.'s (2017) trustworthiness checks.

In keeping with the steps and checks referred to, data immersion took place during transcription and translation in Cohort one and going through transcripts in Cohort two (Nowell et al., 2017; Sharan & Tinsdel, 2015; Terreblanche et al., 2006). Immersion also facilitated matching of words and synonyms as well as assignment and reassignment of data into coherent codes followed by themes (Nowell et al., 2017; Sharan & Tinsdel, 2015). The two data sets initially had different codes which were later compared and matched to come up with consistent codes for both sets (Sharan & Tinsdel, 2015).

The University of Kwa-Zulu Natal, RSA and the Lesotho Government Ministry of Health separately provided Ethical Clearance for Cohort one of the study while the Lesotho Government Ministry of Health alone provided Ethical Clearance for Cohort two. Gatekeeper Permission was granted by the Lesotho Ministry of Social Development who also supplied names of index participants after participants' permission.

FINDINGS

The data is classified into two themes: experiences of childlessness by married families and experiences of adoption by married families.

Participants' demographic information

Cohort one was made up of eight participants, all were mothers while cohort two had four mothers and one father. Of the eight cohort one mothers included in this article, four were married, four divorced while all cohort two parents were married. Participants' ages in both cohorts ranged from 31 to 48 years old and 40-57 at the time of adoption and time of the study, respectively. While participant selection did not have age exclusion or inclusion criteria, it was interesting that participants in both cohorts adopted children within a more or less consistent age-range despite the time-lapse between studying the different cohorts. The majority of participants or 58.34% and 80% of cohort one and cohort two parents, respectively, adopted children in their forties. A possible explanation of the later-age adoption among married people in the study is that Basotho generally marry from around their late twenties to thirties (Lesotho Bureau of Statistics, 2009; 2018).

In the data below, cohort one mothers are coded COM while cohort two parents are coded CTM for cohort two mother and CTF for cohort two father.

Experiences of childlessness in married families

The following subthemes emerged under this theme: multiple attempts to bear children biologically, spousal and extended family abuse during difficulty having biological children, and isolation by marital extended family during difficulty having biological children.

Multiple attempts to bear children biologically

Participant mothers attempted for many years to bear children biologically, some of them without considering adoption. Cohort one mothers attempted for longer than Cohort two mothers. In COM1's words:

A lot of time had passed [after marriage] and we still didn't have a child. We were getting older. We got married in 1985 and adopted in 1992. [During this time] I had two miscarriages.

COM1 continued to voice her reservation against adoption until her husband successfully persuaded her:

My cousin's 16-year old daughter fell pregnant and my husband came home to tell me about a conversation he had with the cousin about us adopting the baby. I was like ahhh... I don't know. The child was born and I was still like ahhh... (body language indicating uncertainty)..... [Our daughter] came to us a year after [she was born].

In contrast, 32-years old CTM4, married for four years at the time of the study, started considering adoption even though she found it difficult to broach the subject with her husband. Explaining her reservations, she referred to her husband's amenability to adoption as a "big compromise" emphatically saying:

You will not understand. I know my husband wanted to have a [biological] child. I couldn't give him [a biological child]. It is painful. (Silence and then sigh) Painful. I feel sorry for my husband for such a big compromise. I told him [about my desire to adopt]. He said: "It will be our child.". He loves her... [but] I still don't like [this situation].

CTM4's words after translation were: "I still don't like it". The author and the transcript reviewer believe the participant was referring to her husband's "compromised position" of adopting a child rather than having a child biologically. A different participant, CTM5, on the other hand, was unapologetic about her families' decision to adopt but had different concerns saying she had done "everything in her power".

What more could I do? I am not God. God gave me this [adoptive] child and I am grateful. I did try everything in my power to have [biological] babies ... to please people. I even went to traditional healers at my [rural] home until I got tired of using herbs. Yes. I know, people will whisper behind my back and say I am not a woman. So be it (throwing arms in the air).

COM2, divorced at the time of the study, said she had miscarried a total of five times in a period spanning from before marriage but was unsuccessful in persuading her husband to adopt:

During my marriage I had four miscarriages. Before that I had one other miscarriage. At one point my doctor said: "Wait for at least two years before being pregnant again." I was pregnant again within a year. I had brought up the subject [of adoption] with my husband, who was reluctant so [divorce] presented the opportunity.

COM3, also divorced at the time of the study, miscarried twice during her marriage but her marriage ended before she could make further attempts to fall pregnant.

[During my marriage] I yearned for a child, I lost two pregnancies, one advanced enough for [his] sex to be evident. It was a boy. But then I lost my child and (shrugs). I had always wanted a child so... after I had made peace with the divorce, the next obvious step was to adopt [a child].

COM4 also did not consider adoption in the initial 20 years of her marriage:

I never considered adoption. My child came to me. While visiting a government hospital I bumped into a man carrying a child who looked a few hours old. [By this point] the child was not crying, not even breathing, I think. The child had been found at a dumping site. I took [the child] from the man to the

appropriate nursing ward where it was resuscitated... From that point on I took responsibility for the child... I bought clothes, nappies... and... later instigated adoption proceedings [for the child].

COM5 recounted how she and her migrant labourer (now) ex-husband tried unsuccessfully for 12 years to fall pregnant. Her ex-husband, who was employed in the Republic of South Africa, however, fathered two children outside of their marriage during this time whom he took, the first to his mother's home the second to his matrimonial home.

I am a [occupation] by profession, so I used to work during nights. One day I arrived home in the morning to find my niece who was staying with me carrying a wailing child in her arms. [It] must have been around 2 or 3 months [old]. ... [My husband] emerged from the room we used for sleeping and said, boastfully: "She is my daughter...." I took care of the child until about two years later when I decided to adopt her legally to protect myself. ...

COM6 narrated the story of how her child came to her. COM6 was married for 8 years during which she did not fall pregnant despite attempts but did not consider adoption. She sought medical assistance and was diagnosed with endometriosis, a condition which makes it difficult to conceive and/or carry a pregnancy to term. She explained:

In 1995, after about 8 years of trying unsuccessfully to conceive, I went to [acclaimed gynaecologist and Obstetrician in Lesotho at the time]. [The doctor] referred me to Bloemfontein...where I was diagnosed with endometriosis. So, I took treatment for about 6 months... and started on the journey to fall pregnant again. Still, [there was] nothing but pain now and again.

COM6 continued further that about five years after the endometriosis diagnosis, and perhaps as a result thereof, she went to further her studies in a first world country, where she and her husband sought treatment and medical assistance to conceive:

In 2001 I left for [one of the United States] and consulted a doctor immediately upon arrival. My husband joined me in the States for about 3 months so that we could conceive. After a seemingly successful conception, he had to come back home. [But the pregnancy] did not last... I adopted my daughter in 2011.

Spousal and extended family abuse during difficulty having biological children

Cohort one women were abused physically and verbally by their spouses during difficulty having biological children. COM3's now ex-husband was unsupportive and contemptuous to his wife after each miscarriage, going to the extent of verbally and physically abusing COM3. Describing their experience COM3 said:

[Before my first miscarriage] we had arguments like all married couples. But after that things got really bad. He would come home at all hours of the night and when I asked where he had been, a fight would erupt. I was a [occupation] at the time. You can imagine a [occupation] arriving at work with a blue eye, [everyone] whispering behind your back. He once said to me, "'I regret marrying you. You are not a woman.

COM4 narrated verbal attacks by her in-laws.

I was attacked by my [in-laws] directly. Called names. I got married to an older divorcee with children of his own. This alone put me under a lot of pressure and my only dream was to give the man children. So, I can say that I was pressured from all angles. I even pressured myself. [I felt as if] they were counting months [from the day I got married] in anticipation of a pregnancy or a child. They will be looking at your body suspiciously. The pressure mounts with time.

COM5's now ex-husband fathered two babies out of wedlock. The one he took to COM5 being his second child out of wedlock. COM5 described the condescending manner in which her now ex-mother-in-law addressed her on one occasion, referring to the first child her husband fathered out of their marriage.

[Before bringing our child home] my husband took another child to his mother's [home]. I am told it is also his. I did not even know about [the child] until my mother-in-law said to me: "You are full of yourself that is why your husband goes around making babies with other women..." I was to later discover that

she was referring not only to my [adopted] daughter but to yet another child she knew of, who had even spent some time at her house. Also, [fathered by] my husband.

In vernacular the mother-in-law was quoted as saying: “*O inahana o betere ke mokho’o monn’a hao a etsang bana hohle mona*”. Literal translation of “*o inahana o betere*” is: “You think you are better”. Hence the meaning of the phrase has been used here rather than its literal translation.

Isolation by marital extended family during difficulty having biological children

In addition to spousal abuse and non-support, mothers in the study said they were treated like outcasts by extended family members, apparently on account of childlessness.

COM5 not only endured hurtful remarks from her mother-in-law and sisters-in-law during her marriage, she also received the equivalent of a “silent treatment” from the said in-laws:

I stopped going to my husband’s [rural] home because of the disparaging treatment I received especially compared to my brothers-in-law’s wives. My mother-in-law would fuss over [my brothers-in-law’s wives] as if they just landed from heaven. When [the marital extended family] needed to make family decisions, [my mother-in-law] would be like (to others in the family): “So and so what should we do? Is this Ok? Should we do this or that?” [Saying] nothing to me. It did not feel like I was part [of them].

COM6’s experience of being overlooked by in-laws was comparable to that of COM5:

[My in-laws] even had the audacity to come into my house and borrow things from my husband... in my absence. They would conveniently go [to my house] when I was not home. They would drive past my workplace in town and go to my house to ask for money or even permission to slaughter an animal for a ritual from my husband.

All the above-quoted mothers, COM4, COM5, and COM6 attributed the poor treatment from in-laws to their family childlessness.

Experiences of adoption by married families

The subtheme under experiences of adoption by married families was insensitive remarks and behaviour from friends and others.

Insensitive remarks and behaviour from friends and others

Friends and an adoptee’s teacher made unsettling remarks and behaved indifferently with regards to adoptees in the study. CTF3’s friends were outraged at the news that CTF3 had adopted a child, assuming that the idea was CTF3’s wife’s. Interestingly, CTF3 admitted that he delayed informing his friends and only did so because they would “find out eventually”:

I waited until the last moment to inform [my friends that I had adopted]. They were going to find out eventually. (Chuckles) I remember saying to one of them: ... ““My wife is a new mom””. To which [the friend] said nothing. Then I said: ““We adopted the child from [name of Children’s Home]””. [The friend] then looked at me with surprise in his face [and asked]: ““You adopted? Adopted how? Why? Man, why didn’t you just make a child? Was it your wife’s [idea]?”” (Participant laughing out loud).”
In Sesotho, CTF03 said: “*Mosali ’aka ke motsoetse*”.

Literal translation being, my wife has just given birth. *Motsoetse* which is Sesotho for one who has just given birth, refers to new mothers. CTF3 added that the idea to adopt a child was, in fact, his wife’s although he did not disclose that to his friend:

The funny thing is that it was my wife who wanted to adopt the baby. I don’t have a problem with that. But I also didn’t have a problem with the way things were.

One of CTM2's friends went beyond mere remarks to confounding actions when it came to the concerned adoptee:

I have a friend with whom I went to [Name of University] studying the same program. We remained close after university. I was with her when she got married and when she had her first child. Same with me. She was there when I got married. But I did not have any babies of my own. I adopted a child with my husband in 2015. I told all my friends and it was OK. One day [around 2017] I saw a [name of social media platform] post about her child's birthday party. After [the party]. She did not invite me or even say anything to me even though our children are around the same age... we are friends. I was like, "OK" (shrugs). Now I ask myself a lot of questions: Is it because did not go to [the maternity ward]?

To compound her friend's confounding actions, CTM2's child's teacher made a remark, unrelated to the matter under discussion at the time:

Everything my child does is because "[they] were adopted". One day my child was sick. [It was] flu. I think. Flu or something. I told their teacher. To which the teacher right away said: "Maybe it is because she was adopted" (Clucking her tongue in distaste).

COM3 also mentioned how her equally educated friend made a negative comment about her adoptive mother status:

I remember discussing cost of living with a friend once and she said: "What were you thinking [when you adopted children]?"

Other friends of COM3 insinuated that "culturally" Basotho did not/could not adopt while some fellow churchgoers made light of the process, suggesting that the interested mother should abandon it mid-way:

While they were supportive at first], after about 5 months they said: "Are you still doing that thing? Just leave it." Even church elders agreed. "Leave it, [name of participant], it won't work." They repeatedly told me. Some even said: "[I]n Sesotho [culture] we do not adopt children. It is buying a child."

DISCUSSION

Experiences of childlessness by married families

As confirmed by literature (cf Dyer et al., 2004; Mariano, 2004) as well as mothers in the study (e.g. COM2; COM3; COM4; COM5; CTM4 & CTM5), in Lesotho childlessness in marriage can disrupt marital as well as relations between married women and their in-laws. Evidence of such relationship coarseness was widespread in the study and apparently directed solely at women, with no evidence of any of the men in participant women's lives facing similar wrath. The treatment of participant women by their in-laws may have contributed to strained marital relations in some of the women's families (e.g. COM5 & COM6). For instance, COM5's then mother-in-law cared for and verbally attacked COM5 citing a baby understood to be fathered by COM5's then husband. The mother-in-law continued to exclude COM5 from taking part in the extended family's matters. Furthermore, when COM5 stopped visiting the mother-in-law's rural home, there was no report of the mother-in-law's effort to establish why COM5 stopped visiting the rural home. Bringing in African research philosophy, anecdote suggests that African extended families play stabilising roles in young families, yet there was no evidence of such a role played by elders in this study.

In addition, some husbands in Cohort one (COM3; COM4; COM5) were unsupportive to their wives during difficulty having biological children with COM4's husband refusing to incorporate with the process of artificial insemination. On the contrary, CTF3's friend may have held a differing view about whose responsibility it was to bring biological children into families when he asked why CTF3 did not "just make a baby". Noteworthy, it was encouraging that COM1 and CTM's husbands expressly supported adoption with COM1's husband introducing the idea in his family.

Concerning, however, some of the women may have yielded to the extended family pressure by putting pressure on themselves to have biological children including doing so at the risk of their lives (e.g. COM2) or paying considerable amounts of money for medical assistance to bear biological children (e.g. COM2 & COM6). Furthermore, the mothers from both cohorts reported self-deprecating thoughts about how people regarded them during difficulty having biological children and subsequent to adoption while none of them mentioned how society possibly regarded their husbands on account of family childlessness or adoption. Hence, throughout this study, there appeared to be an unspoken notion that married women were charged with bringing (biological) children into families while married families were completed by biological children. Thus, it may be argued that family

childlessness in this study was interpreted by participants as well as those around them as women's problem but not men.

A finding in the study was a consistent theme between participants from the different cohorts about people's supposed response to their family childlessness. For instance, COM5 referred to "those who were talking about [her]" while CTM5 declared, she had tried everything to have a biological child "to please people". COM4 was equally bothered by her perceived societal response to her family's situation, when she explained that "it felt as if [people] were counting the months from the day [she] was married in anticipation for a child" adding that regardless of women's enlightenment, they carried the "stigma" of childlessness. Ironically, even CTF3, who claimed to be "comfortable" with the situation in his family whether they had a child or not, admitted that he hesitated to inform his extended family about the plan to adopt then waited until he could not to inform his friends about his adoptee. Indeed, CTF3 confirmed that his wife, like all other mothers in the study except COM1, initiated the discussion on adoption in his family. The above notwithstanding, it was encouraging that while mothers from both cohorts entertained thoughts that people were concerned and even discussing their family childlessness behind their backs, they did not expressly blame themselves for their families' childlessness. Only two of the mothers, COM4 and CTM4, suggested that bringing children into families may be their responsibility but without suggesting that they were at fault for family childlessness.

The contentment in almost all the participant mothers' eyes when discussing their children is worth mention. While others may not have been as expressive about their happiness, there was strong indication that adoption improved mothers' wellbeing and positive outlook. This is a note-worthy point for all people considering adoption as well as for extended families and social workers supporting such families.

Experiences of adoption by married people

In addition to unpleasant treatment from spouses and marital extended families, acquaintances' behaviour towards adoptive families caused participants to reconsider their relationships. For instance, CTM2 was clear that a friend's inexplicable behaviour of not inviting the participants' daughter to a birthday party tested their longstanding friendship while it was contestable that CTF3 would want to continue his friendship with a person who did not agree with CTF3's decision to adopt a baby. It may be reasonable also to posit that CTM2's friend's behaviour of excluding adoptee CT2 from a children's birthday party as well as the same adoptee's teacher's statement about the adoptee being ill because "she was adopted" were a result of ignorance about adoption, which was likely driven by inaccuracies and myths about adoption. CTF3's friends' outburst upon receiving news of CTF3's adoptee further suggested that Basotho, regardless of education level, were uninformed about adoption.

Recommendations for social work practice and social work research

Recommendations for social work practice

The study illuminated need for increased support for childless families. This can be done by social workers through family work with emphasis on: (a) facilitating consideration of other parenting options inclusive of adoption (b) improving communication in families with difficulty having biological children. It should be stressed, however, that not all childless families; married or otherwise, will ultimately choose to adopt or be suitable adoptive parents.

Secondly, when childless families regardless of marital status are not yet open to adoption, they could be encouraged to foster children. Thus, social workers and policy makers are encouraged to come up with flexible foster care options which include fostering in or out-of-school season exclusively or fostering year-round.

Mindful that the Basotho have a different socio-cultural environment from which adoption has originated, it would also be worthwhile to educate Basotho about adoption as an option. To further educate and raise adoption awareness, it is recommended that practicing and academic social workers should collaboratively document adoption successes. Specifically, a book covering parents' positive adoption outcomes could encourage more African parents to adopt.

For those families who opt for adoption, it would be recommendable to provide thorough multi-discipline pre-adoption psychosocial assessment and intensive post-adoption family support to prospective and adoptive families, respectively. Such assessments should, ideally, involve psychological assessments by qualified psychologists in conjunction with qualified social workers to develop family-specific post-adoption support plans. A minimum of monthly contact support sessions with adoptive families during the first year of adoption seems advisable to facilitate smooth integration of adoptees into families (Thabane, 2015).

Recommendations for social work research

It would be useful to conduct ethnographic studies among Basotho to facilitate understanding thereof with a view of understanding adoption as an option. Phenomenological studies are one-dimensional. This one-dimensional reflection of participants' experiences of childlessness and adoption hence left out the voices of Basotho men, extended family members and general society. It could thus be helpful for Basotho, particularly, to conduct further studies among men, extended family members and larger society on attitudes towards family childlessness and adoption. Such studies would provide insight on necessary measures to encourage spouses and extended family to support childless families.

CONCLUSION

Using a phenomenological design and discourse analysis, this study focused on participants' description and interpretation of their subjective experiences of childlessness and adoption. It was encouraging to find indication that spouses and extended family member aggression towards childless married women may have dissipated from 2014 and 2019. Unlike Cohort one participants, Cohort two participants did not report any spousal or extended family abuse. Regardless, the study cannot claim that abuse of childless married women is no longer a concern in Lesotho. That notwithstanding, friends and other people known to participants of both cohorts consistently made uncomfortable remarks about adoptees. Another concerning finding, also common to both cohorts, was that mothers felt inadequate because of family childlessness with a considerable number using phrases such as "people will talk" and "to please people" in relation to themselves. The study illuminated need for intensified support for childless families and recommends more studies to understand the efficacy of adoption in the Basotho socio-cultural environment.

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