

RESEARCH PAPER

CHILD ADOPTION AMONGST WOMEN ATTENDING INFERTILITY CLINIC IN A TERTIARY HOSPITAL IN SOUTH –SOUTH NIGERIA.

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ABSTRACT

Worldwide, child adoption is one of the main options for infertile couples that help in alleviating the psychological and social consequences of childlessness. The study set out to assess the knowledge, attitude and practice to adoption in a rural community in Esan central Local government area of Edo state, Nigeria. The cross sectional study was carried out in Irrua Specialist Teaching Hospital. Two hundred and sixty six women attending the Infertility clinic in October, 2013, were recruited consecutively, and interviewed using structured pre-tested questionnaires. Data was analysed using Statistical package for social sciences (SPSS) version 16, and presented as charts, tables and associations tested with Chi-square. Slightly above half of respondents had good knowledge. Attitude towards adoption was poor and less than 10% practiced adoption. Knowledge was significantly associated with practice. Health education should target identified groups, and aim to clear gaps in knowledge of adoption.

Key words: Adoption, Infertility, Attitude, Health education

INTRODUCTION

Child adoption refers to the processes by which a child is brought into a family by one or more adults, not biological parents, but recognized by law as such (Eke et al.,2014 and Nwaogugu,2004). It is recognized as one form of alternative care for children temporarily or permanently deprived of their family environment, or who are unable to remain in their family environment (Omeire et al., 2015). Infertility has become the main reason parents seek to adopt children to whom they are not related. Other motivations for adoption could be a desire to provide a home to a homeless child, to gain a child of the other sex, advanced age and the possibility of genetic problems in the person's biological child.

It is estimated that between 8% and 12% of couples worldwide suffer from infertility, with rates as high as 30% in Africa (Omosun and Kofoworola(2011). Infertility is a worldwide problem and has devastating social and psychological consequences on the affected couples, especially in Africa where a high premium is placed on child bearing (Araoye, 2003; Dimkpa, 2010; Fortis and Krausz, 1998). Children are esteemed as sources of pride and economic fortune for the family, with the society's perception of a man's wealth and strength equated to his progeny (Ezugwu et al., 2008). In these traditional societies, the psychological and emotional stress of childlessness is particularly worse for women who are generally blamed for infertility. Although there are many management options for infertile couples, the outcome of the treatment depends on the etiological factors, available diagnostics tools, skills of the attending physician, and above all, the financial status of the couple (Abubakar et al., 2013). Furthermore, limited treatment options are available in resource poor countries such as Nigeria, and they are



generally expensive with low success rates. Child adoption therefore presents an alternative treatment option, yet has not been fully explored and integrated into management schedules.

There are not many studies carried out on child adoption in Nigeria. These studies generally reflect a high knowledge, and low willingness to adopt amongst couples (Omosun and Kofoworola, 2011; Nwobodo and Isah, 2011). In a study in South West Nigeria, only 33.7% of the respondents were willing to adopt a child (Oladokun, et al., 2009). In Enugu, the prevalence of child adoption was 5.5% (Aniebue and Aniebue, 2008). Not much is known of the prevalence, knowledge and attitude to adoption in the south-south region of the country, and particularly Edo state. Meanwhile such information is necessary to provide the background for effective planning of culturally sensitive interventions to promote acceptance of adoption.

This study therefore aimed at providing background information concerning knowledge, attitude and practice towards child adoption amongst patients attending infertility clinic with a view to providing information to health planners to improve adoption practices and services.

MATERIALS AND METHODS

Study Area: The cross sectional study was carried out at a tertiary health facility sited in Esan central local government area of Edo state, Nigeria. Irrua is the administrative headquarters of Esan Central Local Government Area. Irrua is a town situated at Latitude 6° 45' 01" North and longitude 6° 15' 48" East. Irrua is situated some 87 kilometers north of Benin City, the Edo State capital. The vegetation is mixed rainforest and transition guinea savannah. The natives are mainly farmers but Irrua is literally surrounded by towns with tertiary educational institutions. Located 5 kilometers to the south is Ekpoma with Ambrose Alli University and 40 kilometers to the north is Auchi with a Federal Polytechnic, while about 25 kilometers to the south east is Igueben with a College of Education.

Study population: Women attending infertility clinic at the Irrua Specialist Teaching hospital in the local government area headquarter, Irrua made up the study population.

Sample size determination: Sample size was calculated as 344 using the formula for prevalence study $N = z^2pq/d^2$. With z as 1.96, p as 74.5%, the proportion of women who were aware of adoption in Sokoto (Nwobodo and Isah, 2011), d as 5% and a 10% non-response.

Inclusion criteria: Women attending the infertility clinic, including those who registered within the study period, and who gave consent were eligible. Women who refused to give consent were excluded.

Sampling technique: All eligible women attending the clinic were recruited consecutively until the sample size was reached.

Ethical consideration: Ethical approval was obtained from the Ethical review board of ISTH. Written permissions was obtained from the Head Of Department, Obstetrics and Gynecology, ISTH. Informed consent was obtained from the respondents after the purpose and benefits of the study was communicated to them, as well as assuring them of confidentiality.

Data collection methods: Structured self-administered questionnaires designed after extensive literature search and consult with experts in the field were used for data collection. A pre-test of the questionnaires was carried out among women attending infertility clinic in a privately owned health facility in another local government area. The questionnaire has five sections that focused on socio-demographic characteristics, knowledge of child adoption, attitude to and practice of adoption. Knowledge of adoption was assessed by asking about the definition, components, requirements, prevalence and location of adoption services (Avidime et al, 2013). A correct response was scored one, and an incorrect response zero. Total score for each respondent was converted to a percentage. Respondents who scored between 0-30% of total score were graded as having poor knowledge, 40-60% as fair knowledge, and 70-100% as good knowledge. Attitude towards adoption was assessed by inquiring about



respondent's willingness to adoption, perceptions towards adopted children, and feelings towards those who have adopted. Attitude was graded as poor or good depending on whether positive towards adoption (and graded one) or negative and graded zero.

Data analysis: The data obtained from questionnaires was analyzed using the Statistical Package for Social Sciences (SPSS) version 15.0. Categorical data were presented in tabular form, continuous data summarized as mean and standard deviation. Chi-square tests of association were used to test interdependence between variables with p set as < 0.05, and backward logistic regression where bivariate variables were significant.

RESULTS

Two hundred and sixty six (77.3%) completed questionnaires were analyzed. The mean age of respondents was 35.24 ± 5.7 years, majority, 191 (71.8%) respondents were Christians, 222 (83.5%) respondents were in a monogamous relationship; and the majority had completed secondary level of education, 108(40.6%) . Mean duration of marriage was 9.62 ± 4.8 years. Mean duration of infertility was 6.61 ± 4.0 years. One hundred and five (39.56%) had been infertile for < 5 years, 127 (47.7%) for 5-10 years, and 34 (12.8%) for >10 years. Two hundred and two (75.9%) respondents lived with their husband in the same house as at the time of the study. One hundred and fifty (56.0%) respondents had been pregnant at least once (Table 1).

Table 1: Socio-demographic characteristics of respondents (N =266)

Variable		Frequency (n)	Percentage (%)
Age (years)	<30	47	17.7
	30 – 35	88	33.1
	36 – 40	65	24.4
	>40	66	24.8
Religion	Christianity	191	71.8
	Islam	62	23.3
	African traditional religion	13	4.9
Marriage type	Monogamy	222	83.5
	Polygamy	44	16.5
Educational status	None	6	2.3
	Primary	16	6.0
	Secondary	108	40.6
	Tertiary	136	51.1
Occupation	Unskilled	87	32.7
	Semi-skilled	64	24.1
	Skilled	115	43.2

Two hundred and twenty four (84.2%) respondents knew what adoption was, while 192 (72.2%) knew that adoption tied a child to the adopter for life. Between 50% and 60% knew the legal documents required for processing adoption. One hundred and forty eight (55.6%) respondents had good knowledge of child adoption, 61(22.9%) respondents had fair knowledge while 57(21.4%) respondents poor knowledge. Respondent's age ($p = 0.00$), and educational level ($p = 0.00$) and occupation ($p = 0.00$) were significantly associated with knowledge of child adoption (Table 2). Logistic regression showed age [Odds Ratio, OR = 0.24; Confidence interval, CI (0.11 – 0.30) and educational level [OR = 0.29; CI (0.21 – 0.47)] to remain significant at 95% confidence level.



Table 2 Relationship between demographic characteristics of respondents and knowledge of child adoption (N = 266)

Variable	Knowledge grade			Total (N = 266)
	Good (n = 148)	Fair (n = 61)	Poor (n = 57)	
Age				$\chi^2 = 42.27, df = 6, p = 0.00$
<30	17 (36.2)	19 (40.4)	11 (23.4)	47 (100.0)
30-35	35(39.7)	21 (23.9)	32 (36.4)	88 (100.0)
36-40	44 (67.7)	14 (21.5)	7 (10.8)	65 (100.0)
>40	52 (78.8)	7 (10.6)	7 (10.6)	66 (100.0)
				$\chi^2 = 7.68, df = 4, p = 0.10$
Religion				
Christianity	102(68.9)	47 (31.8)	42 (28.3)	148(100.0)
Islam	41(67.2)	10 (16.4)	10 (16.4)	61 (100.0)
ATR*	42 (73.7)	4 (7.0)	11 (19.3)	57 (100.0)
				$\chi^2 = 36.2, df = 4, p = 0.00$
Occupation				
Unskilled	26 (29.9)	33 (37.9)	28 (32.2)	87 (100.0)
Semi-skilled	41 (64.1)	10 (15.6)	13 (20.3)	64 (100.0)
Skilled	81 (70.4)	18 (15.7)	16 (13.9)	115 (100.0)
				$\chi^2 = 30.55, df = 6, p = 0.00$
Educational status				
None	1(16.7)	2 (33.3)	3 (50.0)	6 (100.0)
Primary	3 (18.8)	6 (37.5)	7 (43.8)	16(100.0)
Secondary	49 (54.3)	28 (26.0)	31 (28.7)	108 (100.0)
Tertiary	95(69.9)	25(18.4)	16 (11.8)	136 (100.0)
Marriage Type				$\chi^2 = 3.32, df = 2, p = 0.19$
Monogamy	129 (58.1)	48 (21.6)	45 (20.3)	222 (100.0)
Polygamy	19 (43.2)	13 (29.5)	12 (27.3)	44 (100.0)

*ATR African traditional religion

One hundred and forty four (54.1%) respondents had poor attitude to adoption. Attitude towards child adoption was significantly good amongst respondents who have had a history of infertility for > 10 years, (p=0.01), women in a polygamous relationship (p=0.02), and skilled respondents (p = 0.01). Attitude significantly (p = 0.00) increased with increasing knowledge of child adoption (Table 3).

Eighteen (7%) respondents had ever adopted, of which 13(72.2%) had adopted one child and 5 (27.8%) had adopted more than one child. Previous history of adoption was significantly related to increasing knowledge of adoption (p = 0.01), history of infertility between 5-10 years (p = 0.01), age >40 years (p = 0.04), marriages of 10-19 years duration (p = 0.00) skilled occupational class (p = 0.00) and having a good attitude towards adoption (p = 0.00). On logistic regression, attitude towards adoption [OD = 0.21; CI 0.04 – 0.16 at 95% confidence level] and duration of marriage [OD = 0.14; CI 0.01 – 0.11 at 95% confidence level] remained significantly related to practice of adoption. Only 96 (36.1%) respondents expressed willingness to adopt.



Table 3: Association of demographic variables with attitude to adoption

Variables	Attitude		Total (n = 266)
	Good (n = 122)	Poor (n = 144)	
Age			$\chi^2 = 27.4$, df = 3, p = 0.00
<30	22 (46.8)	25 (53.2)	47 (100.0)
30-35	22 (25.0)	25 (53.2)	88 (100.0)
36-40	51 (55.4)	41 (44.6)	65 (100.0)
>40	27 (69.2)	12 (30.8)	66 (100.0)
Religion			$\chi^2 = 4.13$, df = 2, p = 0.13
Christianity	86(45.0)	105(55.0)	191(100.0)
Islam	33 (53.2)	29(46.7)	62 (100.0)
ATR	3(23.0)	10 (77.0)	13 (100.0)
Educational status			$\chi^2 = 7.18$, df = 3, p = 0.07
None	3(50.0)	3(50.0)	6 (100.0)
Primary	4 (25.0)	12(75.0)	16 (100.0)
Secondary	43(39.8)	65(60.2)	108 (100.0)
Tertiary	72(53.0)	64(47.0)	136 (100.0)
Occupation			$\chi^2 = 10.0$, df = 2, p = 0.01
Unskilled	28 (32.2)	59 (67.8)	87 (100.0)
Semiskilled	32 (50.0)	32 (50.0)	64 (100.0)
Skilled	62 (53.9)	53 (46.1)	115 (100.0)
Duration of infertility			$\chi^2 = 9.29$, df = 2, p = 0.01
<5	37(35.2)	68(64.8)	105 (100.0)
5-10	64(50.4)	63(49.6)	127(100.0)
>10	21(61.8)	13(38.2)	34 (100.0)
Marriage type			$\chi^2 = 5.65$, df = 1, p = 0.02
Monogamous	109(49.1)	113(50.9)	222 (100.0)
Polygamous	13(78.5)	31(21.5)	44 (100.0)



DISCUSSION:

The correct meaning of child adoption is known to majority (84%) of the respondents in this study. This compares favorably with the findings from Zaria (Avidime et al, 2013), where 89.4% of the respondents knew the meaning of adoption but different from the findings in Lagos University Teaching Hospital where 59.3% knew the correct meaning of adoption. Differences in the socio-demographic attributes of the respondents in the studies may account for this. Beyond just knowing the meaning of adoption, up to 72.2% of respondents in this study knew what child adoption entails including the governing laws. As true knowledge of child adoption is based on the awareness of established laws governing child adoption practices, this figure can be safely regarded as those who have good knowledge. A similar high figure was reported from Sokoto (74.8%) (Nwobodo and Isah, 2011) and Zaria (62%) (Avidime et al, 2013). This finding across the North and south divide of Nigeria is a reflection of the fact that child adoption though may have been unpopular in traditional African societies; it is not really a new concept. Those with at least secondary education had better knowledge. This is not surprising, as ability to read may facilitate access to information, enlightenment and rational thinking. This was corroborated when educational status and age were still significantly associated with knowledge on logistic regression. Knowledge of adoption was significantly associated with a positive attitude.

Despite the relatively high level of awareness and knowledge, only 36.1% of respondents were willing to adopt a child in their present circumstances. This compares with the finding of 33.7% from South West Nigeria but differs substantially from the Zaria report of 77%. The reason for this difference in acceptability between the latter report and the former two reports may not be unconnected with the differences in the population studied. Whereas the Zaria study was among women of reproductive age regardless of marital status and fecundity, the other two specifically studied infertile couples. The psychological state, experience and social expectations of the two population groups differ. A married infertile woman in traditional African society will want to demonstrate her womanhood in being able to have her biological children like other women. She may only submit to the idea of child adoption as a last resort.

It is therefore not surprising that only 7% of respondents in this study had ever adopted a child. This compares favorably well with findings from other cultures and centers. In Sokoto, only a paltry 1.2% of the respondents had actually adopted a child before (Nwobodo and Isah, 2011), which is similar to what was obtained in a study carried out in Karachi, India (Ali and Sami, 2007). Even in more advanced society like America, despite the positive attitude, no more than 15% of the more than one-third who considered adopting were willing to carry through their intention (Herman, 2012).

Acceptability and actual follow through with the process of Child adoption is still therefore a major issue with many a childless couple in Africa and even beyond. Assisted conception through in-vitro-fertilization is an option but too expensive for the majority. Child adoption therefore remains a viable option that childless couples willing to have children must be encouraged to embrace. As found in this study, though infertility of 5-10years, being in marriage for at least 10-19years, age more than 40years, increasing knowledge and attitude were significantly related to practice, only attitude along with marriage duration remained significant predictors of practice on logistic regression. Attitudinal change is therefore important in bringing about an enhancement in the number of infertile couples willing to adopt at least a child. The concerned organ of government like Social welfare services and non-governmental organizations alike must be encouraged to do more in this direction through focused information dissemination and counseling to those that need it most; Childless couples desirous of a change in their status quo.

CONCLUSION

More than half of the women attending infertility clinic in ISTH Irrua have not only heard of adoption, but also have good knowledge. However, only about one-third of them, mainly the educated, have a positive attitude towards child adoption and less than 10% of them have actually adopted a child.



RECOMMENDATION

The Social welfare services unit in Governmental and Non-governmental organizations in Esan central and Esan west Local governmental areas where most of these women come from must deliberately reach out to them through carefully packaged enlightenment program on the benefits of child adoption.

The Social welfare services should also in partnership with the Department of Obstetrics and gynaecology at Irrua Specialist Teaching Hospital organize counseling sessions to assist those women who are willing but do not know how to start the adoption process.

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AUTHORS CONTRIBUTIONS

All the authors involved in this study participated in the study design, data collection and analysis as well as the subsequent drafting and review of the manuscript. No conflict of interest is declared.

