

Original Article

Child Adoption as a Management Alternative for Infertility: A Qualitative Study in Rural Northern Ghana

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Abstract

Background: Finding solution for infertility appears to be challenging for people of rural background due to its associated cost and less availability of specialized medical services. Child adoption provides an option for individuals suffering infertility to get children. The purpose of this study was to explore the behaviours of women with infertility in Northern Ghana towards child adoption.

Methods: The study employed exploratory qualitative approach. Fifteen women attending a fertility clinic in a mission hospital in the Upper East Region were purposively selected and each of them interviewed face-to-face. The interviews were audio-recorded, transcribed verbatim and analysed using content analysis.

Results: Child adoption was perceived as a means of giving up the quest to conceive. However, some of the participants were more willing to adopt female and younger children. Formal child adoption was viewed preferred because it allows the adoptive parents to keep the adopted child permanently. Informal child adoption was seen acceptable to some of the participants on the basis of familiarity with the child's parents hence reduced risk of adopting a child with unknown inherited diseases and bad behaviour. Furthermore, a number of the infertile women were indecisive regarding acceptability of child adoption

Conclusion: Religion and lack of precedence influences people behaviours towards child adoption. Some participants stated that based on their religion, their husbands can marry other wives. Based on religion, others thought child adoption is a sign that one had given up becoming pregnant. Public education on child adoption should be intensified and religious bodies should be involved.

Key words: Adoption; child; behaviour; infertility; northern Ghana

Introduction

Infertility is the inability to attain a successful pregnancy after at least 12 months of unprotected or more of appropriate timed unprotected intercourse or therapeutic donor insemination (American society of reproductive medicine practice committee, 2013). Infertility is a global problem affecting between 50 million and 80 million people translating into 8% to 12% of

couples worldwide (World Health Organisation (WHO), 2014). According to the WHO (2009), the estimated prevalence of infertility is 30% in sub-Saharan African, 28% in South-Central Asia and 24% in South-East Asia. The most readily available study on prevalence of infertility in Ghana indicates that within the ages of 15 to 49 years the prevalence in rural Ghana is 11.8% among women and 15.8% among men

(Geelhoed, Nayembil, Asare, Schagen van Leeuwen, & Van Roosmalen, 2002).

Child adoption is an option available to couples suffering from infertility yet unsuccessful in finding solution to the problem. The adoption process differs from one country to the other depending on the socio-cultural background and the legal framework. Though laws have been enacted on child adoption in most African countries, child adoption is not appealing to most couples with infertility (Chukwu, 2012) and a life without a child is not accepted either (Orji, Kuti & Fasubaa, 2002).

Some studies have revealed a good attitude towards the practice of child adoption (Nguefack et al., 2014; Avidime et al., 2013). For example, Nguefack et al. (2014) whose study was among 300 women with infertility, 76% of them favoured child adoption yet only 48.7% of this number was unwilling to adopt a child. In practice, only 1% of these participants had adopted a child. This may point to a disconnection between having a good attitude towards child adoption and actually engaging in child adoption. Other studies have also revealed largely unfavourable attitudes towards child adoption (Adewunmi et al., 2012; Nwobodo & Issah, 2011).

Religion and culture are important factors that influence the acceptability of child adoption (Avidime et al, 2013; Olandokun, 2010; Ojela et al. 2015). In Igbo culture of Nigeria, females are regarded as a source of finance when they grow up and get married. They also view that females procreate early in life for continuity of lineage as well as allowing their parents to hold their grandchild early in life or at least before they die (Ojela et al. 2015).

The Christian maxim “all is one in Christ” greatly shapes societal thoughts towards accepting adopted children (Nwaoga, 2013). A study conducted among 142 women in a typical Muslim community in Nigeria revealed that, two-thirds of the participants favoured some form of child adoption (Abubakar, Lawan & Yasir, 2013). The researchers inferred that, this position of partial acceptability is deeply connected to the tenants of Islam which stresses that adoptive parents could not view themselves as the biological parents of the adopted child but as caretakers of someone else child. For instance, in Iran which is a Muslim dominated state, a study involving infertile couples pointed to

culture as one of the barriers to acceptability of child adoption (Bokaie, Farajkhoda, Enjezab, Heidari, & Zarchi, 2012).

In the Northern Ghanaian context, informal child adoption involves going in for the child of a relative or friend and assuming responsibility for his/her upkeep. This is more of a traditional method and has been practiced for a long time now. It does not require going through any legal process or signing any document. In the olden days, being asked to bring up someone else’s child was an honour and a child could be sent away as a “gift” to relatives with infertility or to be brought up by relatives if the mother dies (humanitarian news and analysis, 2014). In informal child adoption, the adopted child’s biological parents are known and may just be friends or closely related. However, this method of adoption has its own weakness chiefly relating to the fact that, the transaction cannot be anonymous (Oladokun et al., 2010). Another aspect of informal adoption as pointed out is that, childless black citizens want to move away from raising a relative’s child to the point of using it as a means of addressing infertility (Gerrand, 2011). This is because they desire a sense of permanency in terms of keeping the adopted child rather than developing a bond with the child and having to return the child to the biological parents upon their request (Gerrand, 2011). Despite the pockets of information available on child adoption, there is dearth studies on the subject in Ghana. The purpose of this study is to explore the acceptability of child adoption as alternative solution to infertility.

Methods

Study Design

The study used an exploratory qualitative design to understand the behaviours of women with infertility towards child adoption. This design helps unravel extremely covert, subtle and subjective realities and truths about the meaning and expressions of participants (Mayan, 2009).

Research Setting

This study was conducted in the Mission Hospital which has a 335 bed capacity hospital with 180 nurses and 7 medical doctors including specialist gynaecologist, general surgeon, orthopaedic surgeon and ophthalmologist. The hospital serves the whole of the Upper East Region in terms of specialist services because the

regional hospital does not offer some of these services.

Study Population

In qualitative research, participants are selected based on their unique knowledge, experiences or views related to the study (Munhall, 2012). The target population for the study consists of women attending fertility clinic in the hospital. These participants are suffering infertility and issues concerning child adoption which serves as a management option can best be looked at from their perspective.

Sampling Technique

Purposive sampling technique was used to select participants for the study. In qualitative research, the attention is on the quality of the information obtained from the participants rather than a larger sample size (Burns & Grove, 2001). The sample size for this study was 15 women with infertility and this was based on data saturation. Saturation is achieved when the collection of new data does not shed any further light on the issue under investigation (Bernard, 2000).

Procedure for Data Collection

Permission to collect data was obtained from the authorities of Mission Hospital by the principal investigator. Women who met the inclusion criteria and agreed to participate in the study were signed or thumb printed a consent form before they were interviewed. The interviews were face-to-face individual interviews done using an interview guide. The interviews were done after participants had received medical services for which they came to hospital. Permission was sorted from the participants to enable the researcher tape record the interviews and take field notes. Participants were assured that there were no wrong or correct answers. Each interview lasted between thirty to forty-five minutes.

Data Processing and Analysis

The data was analysed using content analysis. At the end of each day interview, the researcher transcribed the recorded data by typing it directly into a personal computer. Having finished all the interviews, the transcripts were compared to the audio recorded information to fill in gaps. The actual analysis involved reading through the transcripts over and over to have a good grasp of all the data. The data were coded and sorted into themes and subthemes. The themes and

subthemes were revised repeatedly until suitable for presentation of findings according to the purpose of the study.

Ethical consideration

Ethical clearance for a broader study from which this paper was drawn was obtained from Ethics Review Board of Noguchi Memorial Institute for Medical Research, University of Ghana (NMIMR-IRB CPN 013/15-16) as part of a broader study on factors influencing child adoption among women with infertility. Participants were assured of confidentiality. Anonymity was ensured by replacing patients names with pseudonyms which were names used in southern part of Ghana.

Methodological Rigour

Rigour of a qualitative study is the extent to which the identified meanings represent the perspectives of the participants accurately (Grove, Gray & Burns, 2015, pp. 68). It can be argued that without rigour the research conducted can become fictional and worthless in adding knowledge (Morse, Barrett, Mayan, Olson, & Spiers, 2002). The researchers kept an audit trail comprising of field notes, audio recordings, analysis notes and coding details. A member check was done by tracing some of the participants to confirm the accuracy of transcribed data and emerging themes. A clear description was given for the procedure used in selection of participants, the setting and the processes involved in doing the entire study

Results

Socio-Demographic Characteristics

Fifteen (15) women with ages ranging from twenty-four (24) to forty (40) years participated in this study. They were all married with four (4) of them in a polygamous marriage and eleven (11) in monogamous marriage.

The majority, ten (10) of them were Muslims and minority, five (5) were Christians. Five (5) participants had no formal education, two (2) participants dropped out of primary school, one (1) participant each had junior and senior secondary education and six (6) participants were educated up to the tertiary level. Two participants were nurses, three were teachers, one was a civil servant, four were traders, four were housewives and one was a farmer. The participants were of four tribes of which five (5) were Mossi, five (5) were Kusaasi, three (3) were

Busanga and two (2) Frafra. Out of the fifteen participants, nine (9) were having primary infertility and the remaining six (6) had secondary infertility. Among those with secondary infertility, five (5) participants had one child each and one participant had two (2) children

Willingness to Adopt a Child

Some of the participants expressed their willingness to practice child adoption. For some participants, though they were willing to adopt children, there were certain predetermined factors that they will look out for. The main factors that were mentioned in connection to willingness to adopt a child were age and gender of the child.

Preference for younger children

Some participants were willing to adopt a child of 1 year old or even less. This they explained will enable proper bonding.

"I would like to adopt a child but I prefer a child less than 1 year old or even a child that I will give milk. This is better because, by the time the child grows up he will be used to me. Many people will not know that this is not your child but if it is a grown-up child people can call the child and gossip that you are not the mother. "(Akosua).

Participants thought adopting a child of 5 years and above will make it easier for them to care for the child. They believed at that age, the child could carry out certain things for himself or herself.

"I would prefer age 5 years and above so that he already has some sense. That will make it easier for his care. With this one you will only bath and feed him unlike taking a baby you will have to feed him with artificial milk" (Afia).

Participants opined that adopting a younger child allows you to train the child well.

"I would prefer a younger child because if the child is an adolescent and has already developed a particular behaviour, it will be difficult to turn him around to fit the community in which you are. So age 2-7 years is ok"(Agyeiwa).

Other participants who were willing to adopt a child stated that they will prefer adopting female

children. They explained that a girl will be more acceptable since the child will in the future get married and leave the adoptive parents' house.

"I am willing to adopt a child but will prefer a girl because with that, when she grows up she will get married. That will be better than to adopt a boy who will have to stay in the house and have problems with the family members because of inheritance"(Akua).

"I think a female child will be better because with the male, my husband will think he will compete with his other children for his property. You know, he has 2 children with my rival and they are all boys so a girl will be the best. They know that she will get married in the future so there will not be any problems"(Boatema).

Preference for female children

Willingness to adopt a girl was also based on the immediate helping hand that a girl child could offer in the house.

"I will adopt a girl because they are more helpful than boys. For boys, they do not really help in the house. When boys come back from school they want to go and play ball but for girls they will help with cooking and cleaning"(Yaa).

Preference for Informal Child Adoption

Reasons for expressing interest in this type of adoption include familiarity with the adopted child's parents, no fear of the child having unknown diseases and permanent familial relationship with the child.

With regards to familiarity as a reason for preference for adopting from a relative, a participant explained that:

"Going to take a relative child is what we already know about and people are doing it and we can see. But now, it is not common like before because people don't trust each other now. But I will still be comfortable with that kind of child than picking a child from children's home" (Afia).

Some women also reasoned that adopting a relative child prevents you from picking a child with an unknown family background regarding diseases and bad behaviour.

“Me I will not agree to adopt from children’s home. I prefer the child I know about the parents or the family. If the child’s family has some diseases or anything bad the child may also have it. I don’t want to go deep into sociology but there are behaviours that can be inherited so I will prefer the one I know” (Fosuah).

Some of the women were of the view informal adoption, the child will continue to be a family member even when the biological parents take him or her back.

“Adopting a relative child is better because when you adopt from the orphanage the child grows up and the relative come back claiming ownership. If this happens that will be the end of your relationship with the child despite all your efforts. But with a relative’s child even when the parents claim ownership it is still within the family” (Agyeiwa).

Preference for Formal Child Adoption

Some participants also explained why they will prefer adopting a child they are not related to. Some participants in this bracket viewed adopting a child from a government institution as giving them some freedom from being harassed or wrongly accused by the biological parents.

Others also explained that, this method of child adoption gives them permanency in terms of keeping the child. With regards to freedom from being harassed by the child’s biological parents, some were of the view that one could be verbally abused or wrongly accused by the biological parents of the child.

“Personally, I will not like to adopt a relative child because they can come any time and collect their child. As for we those in town like this, if I go to our village and bring a child and something happens, I just cannot face the child’s parents. They may accuse you of things you don’t know anything about” (Ohema).

“I will prefer adopting from a government institution because when you have problems with the relatives (the child’s parents) the person can come and

tell you whatever he wants and leaves” (Boatema).

Other participants also prefer adopting from a government institution with the view that, adopting a relative’s child is associated with lack of permanency in terms of keeping the adopted child since the parents can come for the child anytime they want.

“Adopting from a government institution is better because the parents will not come and collect the child in the future and leave you” (Owusuaa).

“I will prefer adopting from a government institution because when you have problem with the relative the person can come and tell whatever he wants and go. You will not even be sure how long this child will be with you because things can go wrong in the family. The parents can also come for the child and you will be sitting like how you were” (Boatema).

Some participants prefer formal child adoption because the child will bear the adoptive parents name unlike in adopting a relative’s child where the child will continue to bear the biological parents name.

“I will prefer adopting from a government institution than from a relative. If you adopt a relative’s child, it won’t be like your child because the child will bear the biological parents name. (Yaa)

For those who are working, adopting a relative’s child will mean that one have to support the child’s parents financially.

If I go home now and bring a relative child, the parents will all run to me for help with any problem they encounter. It will rather increase my burden and not like I am now having a child” (Yaa).

Unwillingness to Adopt a Child

Unwillingness to adopt a child can be seen as unacceptability of the concept of child adoption as an alternative solution for infertility. The reasons for unwillingness were centered on religious issues, hope of conception, lack of precedence of child adoption and fear of creating marital problems.

Religious factor

For participants of Islamic faith, the concept was not acceptable because their husbands are allowed to marry another wife.

“In Islam it is not acceptable and I am a Muslim. My husband is allowed to marry another wife which is the acceptable thing to do. Even if I am willing, my husband will not sit down for us to agree on it” (Adwoa).

Some participants thought adopting a child is tantamount to accepting you have given up on the efforts to deliver your own child. They felt they will rather wait for answers from God.

“I don’t think adopting a child will make me feel like I have delivered a child of my own. Everyone around will simply think I am only trying to make myself happy. As a Christian, I think that I should never give up but if you adopt it looks like you feel you have lost the struggle to deliver your own child. I have strong hope in God that something positive will happen because with God all things are possible” (OHEMA).

“I am personally not interested in adopting though I have not delivered my own child yet. I know at the right time God will answer my prayers” (Fosuah)

Lack of precedence

The lack of precedence in the community was another factor contributing unwillingness to adopt

“Me I cannot adopt a child. I am a woman and I love children but nobody has ever done that in our community. You can’t go forward and do this. People have struggled for many years and some could not deliver but they have not gone to pick a child so why should I be the one to start? I know my time will come and I will give birth to my children” (Asantewa)

Marital problems

Another participant explained that adopting a child has the tendency to cause more problems in her marriage.

“I am not willing to adopt a child because my husband and family will not

agree and if I insist, it will create more problems in my marriage. You are already having a problem of not becoming pregnant and you will go bring a child and cause more problems. As for me, I will keep trying and if I get fine. If I do not get too, then that is it” (Serwa).

Discussion

The study established that some of the women preferred formal adoption because it will allow them to keep the adopted child permanently since a legal procedure will be involved. This finding is in consonance with Gerrand (2011) which revealed that black South Africans want to move away from adopting a relative child whom they will have to return to the biological parents later in life. Gerrand established that, the participants wanted a sense of permanency in keeping the adopted child as a solution to their infertility. In the Ghanaian context, permanency in keeping the formally adopted child is provided for in the constitution. The present study also revealed that even in informal child adoption where the child can be taken back by the biological parents, there will continue to be a relationship with the child. This stand could be as a result of the typical Northern Ghanaian ideology that a family includes all members of the extended family lineage.

The study revealed that among those willing to adopt a child, they preferred a child of one year or less. They also preferred female children than their male counterparts. The reason for a child of younger age was to enhance early and effective bonding and for the child to grow up knowing the adoptive mother as her real mother. This concurs with that of Avidime and colleagues (2013) who revealed that younger children allow for early bonding and that of the females are easier to train. However, the reason for preference for female children in the present study was to enhance acceptability of the adopted child because the family knows that the child will get married in the future and will not be in the adoptive parents house to compete for inheritance of property. This further confirms the typical northern Ghanaian traditional stand that female children are not included when it comes to sharing the property of their late parents. Traditionally in Northern Ghana, once a female grows up and gets married she is considered a family member of her marital home and there is no circumstance under which she takes share of

her parents' property. Despite modern trends, females in traditional northern settings are seen as helping hands for their mothers in carrying out household chores. Male children are meant to help with farming and taking care of family's animals. The participants in this study who were all women therefore preferred female children because they will help with household chores.

Studies have linked unwillingness to adopt a child to religion and culture (Bokaie et al., 2012; Adewunmi et al. 2012). In consonance, some Muslim participants in the current study were unwilling to practice child adoption because they equally felt it was not encouraged in the Islamic religion. In this study, unwillingness to adopt among women of Islamic faith was also based on the fact that polygamy is an accepted practice and husbands are most likely to go for second wives with the hope of getting a biological child rather than adopting a child. It also means that the childlessness situation in the marriage is clearly thought of as a problem of the woman. Some participants of Christian faith also opined that adopting a child is a sign that one is convince that he will not conceive by herself. They however noted that with God all things are possible and one will have to keep waiting until God answers your prayer for a child. This seems contrary to Nwaoga (2013) which posited that the Christian maxim of "all is one in Christ" which greatly shapes societal thoughts towards accepting adopted children

The study also pointed to the lack of precedence of child adoption as a militating factor against acceptability of child adoption. Child adoption may be known to the participants yet there was no existing case where a couple in the community with infertility have gone in for a formal child adoption in an attempt to solve the problem of their childlessness. Similarly, a study by Oladokun et al. (2009) in Nigeria established that discussants of one focus group were emphatic that child adoption was unacceptable to them because there was no precedence in their community.

Conclusion

The study revealed that there is no precedence of a formal child adoption in the community where this study was done. Religious background influences people posture towards child adoption as revealed by this study. To ensure acceptability of child adoption there is the need for intensive

societal education involving religious leaders, opinion leaders and important family members.

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