SCHOOL OF NURSING
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA, LEGON

FACTORS INFLUENCING CHILD ADOPTION AMONG WOMEN WITH INFERTILITY IN THE BAWKU MUNICIPALITY

BY
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JULY, 2016
DECLARATION

I, Nachinab Gilbert Ti-enkawol hereby declare that this thesis is the result of my own original research. I also declare that with the exception of published works and books which have been duly acknowledged, this thesis has never been presented for another degree in this University or elsewhere.

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DEDICATION

I dedicate this thesis to the memory of my late father who made me believed that one day I shall reach greater heights.
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# Factors Influencing Child Adoption

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LIST OF ABBREVIATIONS

CDC: Center for Disease Control and Prevention
HBM: Health Belief Model
TCA: Thematic Content Analysis
UNICEF: United Nations’ Children Emergency Fund
WHO: World Health Organisation
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ABSTRACT

Having a child is an essential part of every marriage especially in a typical Ghanaian society where children are required for the continuity of lineage. Child adoption provides an alternative for having children and can be used to meet the needs of women who are unable to produce their own children. The purpose of this study was to explore the factors influencing child adoption among women with infertility in the Bawku Municipality. The study was a qualitative research with an exploratory descriptive design. Fifteen women attending fertility clinic at the Presbyterian Hospital, Bawku who met the inclusion criteria were purposively sampled for the study. Data were collected by interviewing the women using a semi-structured interview guide. The interviews were audio recorded and transcribed verbatim. Data were analysed using thematic content analysis. The study revealed that the women suffered both psychological and social consequences of infertility. The findings also indicated that the concept of child adoption is known to the women and there were various reasons why some will prefer either informal or formal child adoption. However, the process and requirements for child adoption were not well known by the women. The women stated that the benefits of child adoption include happiness, divine blessings from God, the child being a source of helping hand and also getting a child of your preferred gender. The women also stated the barriers associated with adopting a child as reaction of husbands, psychological dissatisfaction, perceived future uncertainties and unacceptability/discrimination by community members. Some of the women had a positive conviction on their ability to engage in child adoption while others had a negative conviction. The sources of information on child adoption as listed by the women include community members, mass media and religious sources. With regards to behaviours towards child adoption, some women were willing, others were not and yet others were ambivalent. The findings of this study have laid the grounds for efforts to be directed towards educating and supporting infertile women and their partners to explore the option of child adoption.
CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

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). Based on this, a couple can be said to be infertile if there is no pregnancy despite regular sexual intercourse except there is some other explanation such as breastfeeding or postpartum amenorrhoea. 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. Childbirth is the most significant event in the lives of married couple and sets the ground for continuity of the lineage (Minucci, 2013). The child is often seen as a biological combination of the couple and reason why the marriage will thrive on. The success of a marriage is often viewed by the couples themselves, family and the community as dependent on childbirth (Minucci, 2013).

Though medical treatment is often helpful in finding a solution to infertility, studies suggest that it also has a tendency to increase the stress, anxiety, and grief that patients are already experiencing from the situation itself (Harvard Medical School Health Report, 2009). The technological breakthrough that led to the discovery of artificial fertilisation brought a sigh of relief to many infertile couples all over the world and many have since benefited from it. However, in Sub-Saharan Africa the ability to utilise certain medical management alternatives is limited due to poor diagnostic and treatment facilities, lack of expertise and poverty (Orhue &
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Aziken 2008). Typically, people start a family by getting married and giving birth to their own children. However, one can also start a family by adopting a child formally. Child adoption has therefore become an alternative strategy in getting children and can be used by infertile people who desire to have children (Friedlander, 2009). Though studies have pointed to the high level of awareness of child adoption in some places (Atibinye, Ariante, Okeke, Akpe, Umoh, 2015; Avidime et al., 2013; Nguefack, Ourtching, Gregory & Priso, 2014; Nwobodo & Issah, 2011; Omosun & Kofoworola, 2011), the actual meaning and implications may not be clear, creating room for some misconceptions. Child adoption started as a way to preserve family lineage, secure inheritance and forge alliances but has progressively evolved into a process for meeting the needs of adults who need children of their own (Shannon, 2010).

The adoption process differs from one country to the other depending on the socio-cultural background and the legal structure. For example, the adoption process in the United Kingdom is backed by the 1980 Children’s Act. In developed settings, counselling services are provided by many governmental and non-governmental agencies as well as other organizations as a prerequisite before interested persons engage in child adoption (Webb, 2008). These agencies offer necessary emotional guidance and support that will assist prospective adoptive parents to appreciate the realities of adoption. Studies have shown that the couples that adopt children grieve less about their childless challenge and also have better emotional states compared with their peers who do not adopt (van den Akker, 2005; Webb, 2008). The practice of formal child adoption in the United States has been in place since the mid-nineteenth century. In the United States, 2.4% of children under the age of 18 years are reported to have been adopted according to the American community survey conducted between 2009–2011 (Ruggles, Alexander, Genadek, Goeken, Schroeder & Sobek, 2010).
In Nigeria, the most comprehensive legal framework for child adoption is enshrined in the Child’s Rights Act 2003. This Act seeks to harmonise the process across all states in Nigeria by emphasising the setting up and maintenance of institutions and facilities for child adoption (Chukwu, 2012). There are challenges however relating to some states continual use of the individual state legislation to regulate child adoption. This creates a legal inconsistency that undermines the aim of creating a uniform framework hence allowing people to exploit the system to the disadvantage of the adopted child (Ojelabi, Osamor & Owumi, 2015).

Following the colonial history of South Africa, the adoption concept is similar to those in the developed countries such as Britain and the United States which places premium on the nuclear family system (Gerrand & Nathane-taulela, 2013). The Children’s Act 2005 which was fully implemented in April 2010 has the purpose of making national adoption more viable in post-apartheid South Africa. The legislation also endorses the adoption of children who are trapped in state care institutions because their families are unavailable or unable to provide a stable life for them (Louw, 2009). However, adoption is still under-utilized by majority of the population especially black South Africans (Boezaart, 2009; Mokomane, Rochat and The National Department of Social Development, 2011).

The legal framework for intercountry adoption is provided by the 1993 Hague Convention on protection of children and co-operation in respect of intercountry adoption. The main objective of this convention is to ensure that intercountry adoptions take place in the best interests of the child and with respect for his or her fundamental rights as recognised in international law. The convention also seeks to establish a system of co-operation amongst contracting States to ensure that those safeguards are respected to prevent the abduction, sale or trafficking of children (Hague Conference on Private International Law, 1993).
In informal child adoption, the interested person goes in for the child of a relative or friend and assumes 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 though one can liken this to fostering. In the old days, being asked to bring up someone else’s child was an honour and a child could be sent away as a “gift” to infertile relatives, 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, so the family medical history can be easily traced. However, informal child adoption has its own weakness chiefly relating to the fact that the transaction cannot be anonymous (Oladokun et al., 2010). Another aspect of informal child 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 him to the biological parents upon their request (Gerrand, 2011).

In formal child adoption, the adoptive parents proceed to do all the paper works necessary to allow them legally keep the child. Formal adoption requires that, the interested adoptive parents meet certain legal requirements as enshrined in the constitution of the country. In Ghana, the 1998 Children’s Act provides the legal framework for formal child adoption. According to this Act, an application for child adoption order may be made to the court jointly by a husband and his wife (Ghana: Act No. 560 of 1998).
1.2 Problem Statement

A community-based survey using 2,179 randomly selected participants within the ages of 15 to 49 years indicated that the prevalence of infertility in rural Ghana is 11.8% among women and 15.8% among men (Geelhoed, Nayembil, Asare, Schagen van Leeuwen, & Van Roosmalen, 2002). Infertility places a huge psychological burden on the infertile couple, especially on the woman and it may lead to depression, suicidal tendencies and other psychological conditions (Cousineau & Domar, 2007; Dimkpa, 2010; Deka & Sarma, 2010; Naab, Brown & Heidrich, 2013). In some cultural settings in Africa, childless couples are even not permitted to play leading roles in important family functions and procedures (Adewunim et al., 2012; Oladokun et al., 2009).

Patients of rural backgrounds and low income bracket find it difficult to get the needed medical attention to solve infertility related problems because of treatment cost, long duration of treatment, frequent visits to the hospital and long distances they have to travel for these services (Jajoo & Chandak, 2013; Oladokun et al., 2009). In the West, child adoption is seen as a viable alternative to those who wish for a family of their own. On the other hand, in Ghana a family is viewed more in terms of blood ties and extended relations hence child adoption does not fulfill the sense of family continuity so does not seem to appeal to the majority of Ghanaians (Mcklaren, 2011). In typical Ghanaian society, high premium is placed on biological parenting (Donkor, 2008).

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). Many infertile couples are not prepared to openly discuss child adoption because of the stigma associated with infertility and the fear that
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‘telling’ would seriously affect the parent–child relationship (Mawere, 2009). Childless adopters also reason that if confidentiality is not maintained, the ancestors, members of the family and the community might reject the child (Mawere, 2009).

The nurse comes into contact with all clients including women with infertility and knowing very well that child adoption is a viable alternative in its management, there is the need to explore the factors that influence its utilisation. However, the researcher has not identified any study done on the subject in the Bawku municipality hence the need to carry out this study. In this study, the health belief model which is an intrapersonal model with implications for human behaviour was used as an organising framework to explore the factors influencing child adoption among women with infertility.

1.3 Purpose of the study

The purpose of the study was to explore the factors influencing child adoption among women with infertility in the Bawku Municipality.

1.4 Specific Objectives

The specific objectives were to:

1. Explore the perceived threats of infertility among women with infertility
2. Assess the knowledge of women with infertility on child adoption.
3. Identify the perceived benefits of child adoption among women with infertility.
4. Explore the perceived barriers of child adoption among women with infertility.
5. Assess the perceived self-efficacy of women with infertility on child adoption.
6. Identify the “cues to action” (sources of information) on child adoption among women with infertility.
7. Ascertain the behaviours of women with infertility towards child adoption.
1.5 Research Questions

1. What are the perceived threats of infertility?
2. What is the knowledge of women with infertility on child adoption?
3. What are the perceived benefits of child adoption among women with infertility?
4. What are the perceived barriers of child adoption among women with infertility?
5. What is the perceived self-efficacy of women with infertility on child adoption?
6. What are the cues to action (sources of information) on child adoption among women with infertility?
7. What are the behaviours of women with infertility towards child adoption?

1.6 Significance of the study

The study uncovered the fundamental bottlenecks in child adoption in the municipality as a first step in equipping nurses with the necessary information even before planning or mapping out strategies to introduce child adoption to women with infertility.

The findings have opened the floor light avenue for nurses to know the strategies that are needed in trying to introduce or educate clients to consider the option of child adoption in their quest to have children. This will help nurses know the type and extent of collaboration that is needed to get child adoption endorsed.

The findings may further lay grounds for other studies to be done on child adoption in the municipality so as to drive towards a future where clients with infertility will openly and freely go in for child adoption.
1.7 Operational Definitions

Factors: The various issues of importance (social, cognitive, conceptual, economic and psychological) that come to play in relation to child adoption.

Child adoption: Accepting responsibility for the upkeep and care of a child

Formal adoption: Going through a legal procedure to make a child that is not your biological child yours.

Informal adoption: Accepting the upkeep and care of a child without going through any legal procedure

Infertility: Inability to achieve pregnancy despite regular unprotected sexual intercourse for at least one year.

Fostering: Assuming responsibility for the care of a child
CHAPTER TWO

LITERATURE REVIEW

This chapter begins with an extensive literature search to unearth studies that have been carried out on child adoption and are deemed relevant to this study. A description is given to the conceptual framework of the health belief model (HBM) and all its components including modifying factors, individual beliefs, cues to action and action. An empirical literature review on child adoption was then carried out based on all the constructs of the health belief model.

2.1 Literature Search

A search for literature on child adoption was done on databases such as Google, Google scholar, Science Direct, Medline, Wiley’s online, Taylor and Francis, and PubMed. Key words used in the search include “adoption” or “child adoption” in combination with terms such as “religion”, “level of knowledge”, “ethnicity”, “attitude”, “willingness”, “beliefs”, “benefits”, “barriers” and “infertility”. The articles used for literature review were perused for publication status, evidence, year of publication and relevance to the issues of interest in the study. Most of the studies used were those published from 2008 up to date. However, due to the dearth of published information on child adoption in Ghana relevant to the study, some older studies were included.

2.2 Conceptual Framework of the Health Belief Model

Health Belief Model (HBM) is an intrapersonal model developed in the 1950s by social scientists at the U.S. Public Health Service to illicit the rationale behind the failure of the populace to turn-up for early screening tests to detect diseases (Hochbaum, 1958). The HBM is seen as one of the most commonly used models in health related studies and is quite good in prediction and explanation of behaviour (Carpenter, 2010; Glanz, Rimer & Lewis, 2002;
National Institute of Cancer, 2003). The HBM has been applied to enable understanding of health behaviour in a wide range of issues (Ng, Kankanalli & Xu, 2009). Yue, Li, Weilin and Bin (2015) used the HBM to understand adherence to anti-hypertensive treatment among patients. It was also used to understand exercising, smoking cessation and diabetes self-management (Pinto et al., 2006). It has also been used for food hygiene behaviours, several studies of cancer and the dental field (Buglar, White and Robinson, 2010, Hanson & Benedict, 2002). Though, the model appears to play a major role in areas that have implications for human behaviours, the researcher did not identify a study in child adoption that has made use of the HBM.

The HBM works on the premise that, if individuals regard themselves as susceptible to a condition and its potential consequences (threats), then they will engage in any available course of action that will reduce such susceptibility and consequences (threats). However, this will be done if only the anticipated benefits of the action outweighs the barriers to (cost of) the action. The HBM contains primary constructs that predict why people will take action to prevent, to screen for or to control illness conditions. These constructs include modifying factors, individual beliefs, cues to action and action.

2.2.1 Modifying Factors

In the HBM, the four main constructs that constitute individual beliefs are directly influenced by modifying factors. Modifying factors include socio-demographic factors and knowledge level that may influence health perceptions or beliefs. Modifying factors consist of personal characteristics such as age, marital status, religion, number of children and level of education which greatly influence individual beliefs regarding health promotion behaviour.
2.2.2 Individual Beliefs

The individual beliefs consist of perceived susceptibility/perceived seriousness (perceived threats), perceived benefits, perceived barriers and perceived threats. In the context of health belief model, susceptibility refers to the risk of suffering a health outcome if action is not taken. Susceptibility is what prompts people to take healthier actions in order to avoid the negative consequences associated with behaviour. When people believe they are at risk of a particular disease condition, they are more likely to adhere to precautionary measures that remove or decrease their risk of getting such a condition and the vice versa. Perceived seriousness speaks to a person’s belief of how severe a condition may be. Though this perception is mostly influenced by our level of knowledge on the consequences of the condition, it may also be strongly influenced by the beliefs of the individual. The combined effect of perceived susceptibility and perceived seriousness results in perceived threat.

The construct of perceived benefits is an individual’s belief about how useful a behaviour can be to one’s health. Perceived benefit is a belief linked to the success of anticipatory actions; a belief that altering behaviour may lessen the health risk (Kuhns & McEwen, 2012). If people believe that the outcome of a particular behaviour is of useful import, they are more likely to adopt that behaviour. Conversely, if the perceived outcome will not be useful then they are more likely not to adopt the behaviour that produce such an outcome. Though, perceived benefits may be subjective, generally speaking it depends on individuals’ health motivation. For instance, people who belief child adoption will satisfy their need for a child of their own are more likely to pursue child adoption.

In the HBM, perceived barriers are setbacks that may hinder achievement of a desired health outcome. Perceived barriers are considered the most significant in determining a particular
health behaviour change. This is because people will adopt a behaviour whose benefits outweighs the negative impact of continuing the old behaviour (Center for Disease Control and Prevention, 2004). For instance, people will go in for child adoption if they believe that the benefits that come with it outweighs the setbacks (barriers) that they need to overcome.

Self-efficacy is the conviction that one will be able to carry out a particular behaviour in order to produce expected result (Bandura, 1977). People will normally not do anything new unless they think that they are in a better position to successfully execute such behaviour. Even when people know that there are benefits that come with a behaviour, they are only most likely to try carrying out that behaviour on condition that they have confidence in their ability to successfully execute that behaviour.

2.2.3 Cues to Action

The HBM suggests that cues to action influences health behaviour. They are events or people that may champion a course to get people change their behaviour. Examples of cues to action may include illness of family member, media reports or campaigns, advice from others and health posters (Ali, 2002; Graham, 2002).

2.2.4 Actions

These are individual behaviours that indicate the impact of individual beliefs and cues to action. Actions are outcome indicators or steps taken as a result of the overall impact in the mind-set of the person. The individual behaviour epitomizes the impact of modifying factors and individual beliefs and cues to action.
2.3. Empirical Literature Review

2.3.1 Perceived Threats of infertility

According to Adewunmi et al. (2012), infertility is a major public health problem in developing countries leading to broken homes in most cases. Infertility is said to be associated with psychological consequences such as stress, depression and anxiety (Cousineau & Domar, 2007; Deka & Sarma, 2010; Naab, Brown & Heidrich, 2012; Donkor & Sandall, 2007). Research has revealed that the rate of occurrence of depression among infertile couples is higher as compared to fertile couples with an estimated prevalence of 15-54% of major depression (Anderson, Sharpe, Rattray, & Irvine, 2003; Chen, Chang & Tsai, 2004). Infertility is a main cause of depression, grief, guilt and social isolation among couples in Nigeria (Oladokun et al., 2009). A correlational cross sectional study conducted by Naab et al. (2013) established that, there are high levels of infertility-related stress, low levels of anxiety, some social isolation,
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some perceived stigma, and high levels of depressive symptoms among infertile Ghanaian women. In Turkey, once married women come under intense pressure from society to conceive and this increases their anxiety significantly regardless of their educational or economic status (Kazandi, Gunday, Mermer, Erturk and Ozkinay, 2011). This further sheds light on the high premium placed on child birth even in the developed world where child adoption could be better accepted.

Regardless of which couple has the problem, women are those who mostly report at fertility centres and undergo most of the invasive procedures making them bare greater part of the psychological distress associated with infertility (Cousineau & Domar, 2007). They also have to keep appointments, check menstrual cycle and even get the husband involved (Cousineau & Domar, 2007). A cross-sectional study to compare the level of psychological distress between women attending fertility clinic and pregnant women attending antenatal care in Edo state, Nigeria established that most women with infertility suffer psychological distress as a result of abuse from husband, husband’s family members and the neighbours (Omoaregba, James, Lawani, Morakinyo, & Olotu, 2011). In Japan, lack of supportive husbands was the main factor associated with increased psychological distress among women with infertility (Matsubayashi, Hosaka, Izumi, Suzuki, Kondo & Makino, 2004). Similarly, Upkong and Orji (2007) also found that decreased spousal support has direct relationship with stress among women with infertility in Ile-Ife, Nigeria. Matsubayashi et al. (2004) concluded that, women with infertility also suffer grief, frustration, social stigma, ostracism and economic deprivation.

Infertility is known to trigger reactions such as identity loss, loss of self-esteem, social isolation and inadequacy. This may lead to divorce of the woman from her marital home and in some cases even her biological home may not accept her making life unbearable for her
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(Klemetti, Reitanen, Sihvo & Saami, 2010; Wischmann, Scherg & Strowitzki, 2008). Mostly, reactions of the man and the woman vary when faced with childlessness. A serious difficulty in adapting to the problem as individuals and together as an entity is the main cause of marital instability (Klemetti et al., 2010).

In some traditional settings, expectations of the families and even the community lead to a sense of failure among the infertile couple. In some African societies, infertility is seen as a curse and a personal tragedy and the affected couples are almost ostracized and not permitted to lead in important family functions (Rutstein & Shah, 2005; Adewunmi et al., 2012). These issues are not limited to only developing countries (Rutstein & Shah, 2005). Stigma and marital instability are some of the social consequences of Ghanaian and South African infertile women (Dyer et al., 2002; Fledderjohann, 2012).

Though the external family system is supposedly supportive in various aspects of life, in this case they rather worsen the problems of the poor woman by making the issue of childlessness a family matter and discussing it openly and frantically (Omoaregba et al., 2011). Infertile women are most likely to find themselves in polygamous marriages because a husband whose wife is unable to conceive is often encouraged by relatives to marry another wife or at least get children through another woman for the continuity of the lineage (Naab, 2014; Omoaregba et al., 2011).

In Iran, a qualitative study done among 25 infertile women established that, infertility is the main cause of social stigma, loss of social status, domestic violence, marital instability and social isolation (Hasanpoor-azghdy, Simbar & Vedadhir, 2015). The vast majority of the participants in this study reported that they will divorce if their husbands decide to remarry. The contributory factors to divorce include social pressure being mounted on their husbands to re-
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marry by family and relatives, husbands’ personal decision to marry another wife and lack of proper understanding of husbands of the social and psychological pressures that the women undergo as a result of repeated infertility treatment (Hasanpoor-azghdy et al., 2015).

A quantitative study done in Nigeria showed that, 97 (41.6%) women suffer domestic violence as a result of their inability to conceive. The women suffer from psychological torture, ridicule, physical abuse, verbal abuse and deprivation meted out to them by husbands and mother-in-laws (Anozie, et al., 2007). Other studies in Indian, Turkey, Kuwait and Pakistan also show that infertile women suffer physical violence, stigma and verbal abuse from in-laws and other family members (Ardabily, Moghadam, Salsali, Ramezanzadeh & Nedjat, 2011; Mumtaz, Shahid & Levay, 2011; Sami & Saeed–Ali, 2012; Fido & Zahid, 2004; Yildizhan, Adali, Kolusari, Kurdoglu, Yildizhan & Sa-hin, 2009).

A qualitative study involving 15 childless couples and two focus groups conducted in the Upper West Region of Ghana revealed that the participants alleged they were not happy in their marriages because the primary aim was to have children but in their case it was not forth coming (Tabong & Adongo, 2013). Some of the women reported that, the extended family members were supportive while others reported that they were a source of their unhappiness especially mother-in-laws who keep demanding for grandchildren (Tabong & Adongo, 2013). This study also showed that participants with formal education received more support from the extended family than those who those without formal education. The reasons for this trend was that, those with formal education provide financial support for family members.

2.3.2 Influence of Socio-Demographic Factors on Child Adoption

Studies have revealed that, duration of infertility of more than five years, advanced maternal age (above 35 years of age) and absence of children strongly influence the decision to
adopt a child (Ali and Sami, 2007; Nguefack, Ourtching, Gregory, & Priso, 2014; Nwobodo and Issah, 2011; Jones, 2009; Ezugwu, Obi & Onah, 2002). It is most likely that at advanced age people begin to think that they may not be able to conceive any longer. At this age without a child may be challenging and touching enough to let people begin to consider child adoption to enable them experience the parenthood they also desire.

Goldberg, Downing and Richardson (2009) in a study involving 30 lesbians and 30 heterosexuals seeking child adoption revealed that they had all been in a relationship for an average of nine years but unable to attain childbirth. A majority (76%) of the women in this study had at least a bachelor degree with an average family income of $124,000 and average age of 38 years indicating that educational level, income and age are all important factors that influence child adoption decision. The average age and the fact that they have been in a relationship before indicates that child adoption was explored after attempts to produce biological children failed.

A study among 300 women with infertility in Cameroun revealed that, 79.1% of the participants of age 30 years or below and 85.1% of those with secondary infertility were not interested in child adoption (Nguefack et al., 2014). This was significantly influenced by duration of infertility as indicated by 44.7% of women with infertility of more than 10 years desiring to adopt. For those age 30 years or below, they may still have hope of producing their own children since they are within the reproductive age bracket. Though there is no clear cut as to whether those who were age 30 years or below were exactly the same women with secondary infertility, it is quite clear that with secondary infertility the women were tempted to believe that they will conceive again. It is also possible that those with secondary infertility could be having
hope of conceiving again or already having living children and may just be contend with that instead of adopting a child.

On the contrary, studies have indicated that, in some instances variables such as age, marital status and financial status are not significant predictors of child adoption or adoption seeking behaviours (Jones, 2009; Lamb, 2008). In the light of this contrary finding, the pool of adoptive parents will increase because people of various ages, married or unmarried and at all income levels are said to have equal interest and room to pursue child adoption.

According to a survey in the United States on adoption attitudes by Dave Thomas Foundation (2007), white males aged 25 to 34 years who are married and less educated (high school or less) were most likely to go in for private adoption than other forms of adoption while the middle class blacks and females were likely to consider foster care adoption, and Hispanics and people within upper income bracket were most likely to consider international adoption. It can be reasoned that international adoption may be quite expensive as compared to adopting from one’s home country. This can be the main reason for what was revealed by the adoption attitudes survey.

Research suggests that religiosity has an influence on peoples’ predisposition to child adoption though this may not necessarily lead them into taking active steps towards child adoption (Van Laningham, Scheuble & Johnson, 2012). This study by Van Laningham and colleagues which was conducted in the Midwestern U.S with a sample size of 579 women did not include specific religious affiliation of respondents. However, the religious distribution of the Midwest populace where this study was done closely resembles the religious composition of the overall U.S. population which is estimated to be 78.4% Christian (Pew Forum on Religion and Public Life, 2009).
According to a study by Nwaoga (2013), Christianity seem widely spread in Igbo society of Nigeria hence it’s ideologies most likely will influence people perception on child adoption. Christianity for instance, view children as a special gift from God and whether biological or adopted should be treated with love. 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 revealed that 41% (n=240) of the of the participants were unwilling to adopt a child by pointing out that it is not culturally acceptable (Bokaie, Farajkhoda, Enjezab, Heidari, & Zarchi, 2012).

According to Gerrand and Nathane-taulela (2013), in South Africa, blacks should particularly be taken into account when developing an adoption model that is sensitive to race, cultural values, norms, expectancies and attitudes. Their position was based on the fact that almost 8 out of every 10 South Africans are Black Africans (Statistics South Africa, 2012). Dyer, Abrahams, Hoffman and Van der Spuy (2002) seem to have supported this idea when they pointed out that, the rate of infertility among the black population was high yet health facilities with the capacity to solve these problems were limited in number leaving them at the mercy of few private fertility centres that charge exorbitantly.
2.3.3 Legal Aspects of Child Adoption in Ghana

The most authentic legal reform regarding child adoption in the Ghanaian constitution that has come into force since our independence is the 1998 Childrens’ Act (Ghana: Act No. 560 of 1998). In this Act, child adoption is extensively captured under Part IV, Sub-part II, Section 65 to 86. Section 65 states that, an application for an adoption order may be made to the High Court, Circuit Court or to any Family Tribunal within the jurisdiction where the applicant or the child resides at the date of the application. Section 66 (1) stipulates that an application for an adoption order may be made jointly by a husband and his wife to adopt a child. This part of the law makes it a solution worth utilization by infertile couple. Section 67 which sets out the restrictions in making adoption orders highlights in its 1(a) that an order shall not be made unless the applicant or, in the case of a joint application, one of the applicants is twenty-five years of age and is at least twenty-one years older than the child. Still under section 67, clause 3 of the constitution stipulates that an adoption order shall not be made for a child unless the applicant and the child reside in Ghana but this shall not apply if the applicant is a citizen of Ghana resident abroad. Also, the child will have to be in the possession of the applicant for three consecutive months immediately preceding the application for adoption which should be made through the department of social welfare.

Section 68 and 69 stipulates that an adoption order shall only be made with the consent of the parents or guardian of the child. The court may also go ahead to consider adoption application if it is satisfied that the parent or guardian has neglected or persistently ill-treated the child, or that the person cannot be found or is incapable of giving consent or that the consent is unreasonably withheld. The law does not require the identity of the applicant to be disclosed. Also, any parent or guardian of a child who has given consent for an adoption order shall not be
entitled to remove the child from the care and possession of the applicant except with the permission of the court. This can be seen as empowerment of infertile couple who want to adopt but fear that the child may be returned to biological parents afterwards.

Section 69 (2) stipulates that where a married person is the sole applicant, the court may require the consent of the spouse of that person before the adoption order is made. This can be seen as giving protection to the child as the couples will have to agree before giving their consent. Section 72 requires that, in the best interest of the child the adoptive parents will tell him of his biological parentage and this should be done when he is at least age 14 years old. The law also stipulates that only the adoptive parents can divulge this information to the child but if any other person does so, then the person shall be fined a sum of C2 million (Gh₵200.00) or imprisoned for not more than six months or both.

Section 73 stipulates that an application for child adoption by an applicant who is not a citizen of Ghana or where there is a joint application and one applicant is not a citizen of Ghana, the court shall make an interim order for a period of not less than two years and shall postpone the determination of the application. Section 75 (2) states that where an adoption order is granted to a husband and wife who jointly apply for an adoption, they shall jointly assume the responsibility of parents and the adopted child relate to them as parents as if they are the biological parents.

Section 76 (1) indicates that where an adopter dies without a will, the adopted child shall be included when his property is being shared as if he was a biological child. To further prevent any ambiguity the adopted child is not entitled to any property from his biological parents who die without a will. Section 85 indicates that the Department of Social Welfare may investigate an
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application for inter-country adoption as an alternative means of child care in the best interest of the child.

2.3.4 Knowledge on Child Adoption

Studies have shown that, the level of awareness on the concept of child adoption is high among people with infertility (Adewunmi et al., 2012; Atibinye, Ariante, Okeke, Akpe, Umoh, 2015; Avidime et al., 2013; Nguefack, Ourtching, Gregory & Priso, 2014; Nwobodo & Issah, 2011; Omosun, Kofoworola & Idi-araba, 2011). Most of the studies did not however seek to find out if the respondents had in depth knowledge on the legal processes involved in formal child adoption or not. A study by Atibinye et al. (2015) involving 400 females within their reproductive years revealed that though 95% of participants were aware of child adoption and 93% of them were willing to recommend it to others, only 25% of them knew the actual cost involved and where to go when you decide to adopt a child. This point out that being aware of child adoption may not translate into in-depth knowledge required to engage in adoption.

According to a study by Omosun and Kofoworola (2011), 59.3% of their 350 respondents knew the actual meaning of child adoption but some participants thought of child adoption as a means of buying a baby who has no parents and is kept in an orphanage. With regards to the legal requirement for child adoption, only a few participants knew what was required. Less than 25% of the participants knew that to adopt a child one will require a birth certificate, marriage certificate, medical fitness certificate and pass port size photographs. The age requirement of the adopter was equally unknown to 60.3% of respondents.

Nguefack et al. (2014) study in Cameroun among 300 infertile women established that, most of their participants had heard of child adoption but only a few knew who to meet if they decide to adopt. This study further revealed that, most of those educated knew about child
adoption compared to the uneducated ones. The participants’ knowledge on the procedure involved in child adoption was elicited by asking participants if they knew the procedure or not. This resulted in 60% of them saying the procedure was known. However, the study did not seek to explore what was really known by participants regarding the procedure of child adoption. Foluso, Orifa and Chinomso (2014) indicated the process of child adoption was cumbersome and financially exorbitant yet unknown to many people in South-western Nigeria.

According to Hollingsworth (2000), the National Survey of Family Growth (NSFG) is a national representative study in the United States cited infertility as a major reason for child adoption in the United States. Among those seeking adoption, it was noted that while only 5% of all women aged 18 to 44 had ever sought adoption, 15% of White women and 12% of Black women who received infertility treatment had ever sought adoption. Women who were on treatment for infertility were roughly five times more likely to seek child adoption as compared to their counterparts who were not (Hollingsworth, 2000). This study failed to capture women experiencing infertility problems but seeking adoption without seeking treatment for the infertility, therefore likely underestimating the impact of infertility on child adoption-seeking behaviours. Mention must be made that, another study examining people who reported considering child adoption and/or foster care found only a 25% of them were doing so due to infertility (Tyebjee, 2003). This difference may be partially attributable to the differences in samples used.

2.3.5 Perceived Benefits of Child Adoption

Studies have pointed to the fact that one of the foremost benefit that comes with child adoption is the provision of an alternative for having children by couples suffering from infertility (Eke, Obu, Chinawa, Adimora, & Obi, 2014; Ishizawa & Kubo, 2014; Omosun &
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Kofoworola, 2011) . A study using data from the National Survey of Adoptive Parents (NSAP) revealed that, from a sample size of 1,185 adoptive parents who did not know the children prior to the adoption, 73.9% adopted for reasons of infertility and 92.8% adopted to expand their families. In this same study, for a sample of 2,089 who knew their children prior to the adoption, only 22.9% of them wanted to adopt for infertility reasons and 42.5% wanted to do so for family expansion (Malm & Welti, 2010). Regardless of the motivation for child adoption it is really wonderful and amazing for one to open heartedly accept and create a home for a child you did not biologically bring forth.

Studies have shown that most issues that will lead to child adoption in Nigeria include getting a child of preferred gender, infertility and desire for heir for a lineage (Ezugwu, Obi & Onah, 2002; Nwobodo & Isah, 2011; Omosun & Kofworola, 2011). Eke et al. (2014) whose study categorized 259 participants into two socio-economic classes revealed that, for those in the high socio-economic class 25.5% of them will adopt based on gender preference of the child and those in the lower bracket 27.9% will adopt for same reason. This study further revealed a preference for male children as indicated by 18.5% as compared to 6.9% of participants who preferred females. This however, can be partly attributed to the cultural setting of the study in which males are preferably needed for the purpose of inheritance and continuity of the family name. On the other hand, according to a study conducted by Avidime et al. (2013), female children are considered easier to control and are of high financial benefits when they grow up and are given out for marriage. The participants also settled for children of age less than 1 year old explaining that this allows for early bonding between the parent and child.

A phenomenological study involving 10 infertile women purposively sampled revealed that the benefits of child adoption include ensuring a good life for the adopted child, joy and
fulfilling the desire of parenthood, exoneration of infertile couple from the embarrassment of childlessness, assurance of the adoptive parents that someone will be available to take care of them in their old age and the luck of getting a biological child because of the presence of the adopted child in the home (Foluso, Orifa & Chinomso, 2014). Studies have supported the high value of child adoption by pointing out that in the past, child adoption served as an alternative solution for care of children who lacked original families and was far preferred than sending them to foster or long-term institutions since children fared comparatively better in adoptive homes (van IJzendoorn and Juffer, 2005; Lee, Seol, Sung and Miller, 2010). Adoption enables children get good education and more importantly prevents them from being placed in institutions, abused or getting into situations of child trafficking (Dimkpa, 2010). Under the United Nations Convention on the Rights of the child of 1989, adoption is seen as one of the options for child care for children who are unable to remain with their family (Chukwu, 2012).

A study of potential parents interested in international adoption revealed that among the factors that stimulated their interest include no special reason, concerns about parental issues in domestic adoptions, for sake of humanity and infertility related reasons (Welsh, Viana, Petrill & Mathias, 2008). The researchers also noted that humanitarian reasons were found among parents who had at least one child and infertility related-factors were found among childless married couple.

2.3.6 Perceived Barriers of Child Adoption

Though child adoption is gradually surfacing in most settings, culture is posing a seeming setback to its integration into various ethnic groups hence the process is saddled with several ethnic challenges (Nwaoga, 2013). In South-Eastern Nigeria (Igbo land) for instance, the traditional beliefs and practices makes the formal practice of child adoption quite difficult
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(Ojelabi Osamar & Owumi, 2015). Their culture as it stands does not create room for the adopted child to step into the shoes of adoptive parents as if he is a biological child. Adopted children are rather seen as outcast or bastards and may even suffer long standing discrimination and disrespect (Ojelabi et al., 2015)

Husbands and mother-in-laws are considered decision makers in the family hence to adopt or not depend on their decision (Ali & Sami, 2007). In Nigeria, the patrilineal nature of families makes it very necessary for a woman to gain the consent of her spouse and his extended family before subscribing to child adoption (Ojelabi et al., 2015). This is necessary because the power to own property is limited to legitimate and biological children of the family. Also, upon the death of the one or both adoptive parents, the extended family takes most of the decisions regarding inheritance and distribution of properties. This implies that, an adopted child who is not fully accepted and integrated into the family will be discriminated against obviously defeating the overall aim of child adoption which is to ensure proper environment for the development of the child (Ojelabi et al., 2015).

A study by Nwaoga (2013) revealed that in South-Eastern Nigeria, the indigenous ideology of “onyebiarabia” meaning ‘the stranger’ may have a major contribution to their unacceptability of the adopted child. On the other hand, the Yoruba land of South-Western Nigeria have better acceptance of the concept. Deeply ingrained in the Yoruba culture is the belief that ‘ori omo lo npe omo wa’ye’ which means a child usually attracts yet to be born children to come to the physical realm (Oladokun et al., 2009). This belief has a positive influence on their acceptability of child adoption because of the perception that it will attract the blessings of getting biological children by the adoptive parents. This notwithstanding, some Yoruba other cultural beliefs are of the view that adopted children are more likely to become
social deviants and for this reason men in childless marriages are rather encouraged to take on second wives (Oladokun et al, 2009). Some men tend to adhere to this rather than adopt a child even if they were willing to do so initially because of fear of the adopted child becoming a social deviant which potentially mars the reputation of the family.

Aside Cultural implications, studies have also pointed to other militating factors against child adoption such as misconceptions, stigmatization, financial burden and procedural bottlenecks (Avidime et al., 2013; Eke et al., 2014). Apart from this, other barriers of importance include fear of the unknown, future claim by the biological parents, religious discrimination, lack of genetic linkage, lack of confidentiality and longer waiting time before the adoption process is completed and corruption (Eke et al., 2014). The barriers listed here need collective efforts to remove them. For instance, intensive educational campaigns will help change issues of religious discrimination, misconceptions and stigmatisation among others. Policy formulation will also help decrease procedural bottlenecks, longer waiting time and corruption associated with the process of child adoption.

Traditionally, there are two classes of people in Igboland of Nigeria – the “Nwadiala” and “Osu”. The “Nwadiala” are literally referred to as “sons of the soil” and are viewed as superior since they are seen as true children of the land (Agbo, 2014). The Osu on the other hand are regarded as slaves, strangers and outcasts and are discriminated against (Agbo, 2014). According to Alonih (2011), even a slave or “Osu” is seen by the public as better than an adopted child based on the belief that the “Osu” knows his ancestral root but the adopted child does not. This stance is with regards to abandoned children that are kept in the state institutions are being adopted formally. In consonance with this, Onwuka (2013) writing on the fate of the adopted child opined that the preference for a biological child has deepened the perception that
an adopted child is not a real son or daughter of the soil. According to Onwuka (2013), this attitude constitutes a stigma and discourages potential adoptive parents because nobody wants to adopt a child that will be discriminated against or finds it difficult to interact freely because of fear of being intimidated.

A study in Iran involving 240 infertile couples on barriers to child adoption revealed that, 78% of participants thought it was not appealing to them because they were hoping to give birth, 65% of participants thought it was not the best way to solve their infertility problem, 32% of participants thought they will not adopt because of unknown family history and 52% of them said adoption will not satisfy them psychologically (Bokaie et al., 2012). Similarly, an earlier study done in Nigeria in which 256 women seeking infertility treatment were involved revealed that, 64% did not believe the practice is culturally acceptable with only 17.5% willing to adopt (Oladokun et al., 2010). The reasons for this negative posture include the feeling that they would not have contributed genetically to the child, the child may have untraceable inherited disease, there may be a mental disorder in the biological family and the child may decide to trace his biological parents in the future (Oladokun et al., 2010).

A study conducted in South-East Nigeria established that, child adoption does not bring the psychological satisfaction associated with having a biological child (Ezugwu, Obi & Onah, 2002). The participants in this study also expressed concern regarding the unknown parental background of the adopted child and the fears of possible abnormal behaviour. Studies have established that, in some communities both the adopted child and the adoptive parents are stigmatized because the cultural belief considers the child as a second best and the parents as unrelated to the child genetically (Foluso et al., 2014; Nguefack et al., 2014; Siegel & Livingston, 2012). Foluso et al. (2014) revealed that, the main barriers against child adoption
include lack of finance by the prospective parents, fear of the natural parents coming for the child, stigmatization of the adopted child by the community and poor knowledge on child adoption by community.

Another challenge of child adoption is the longer waiting time associated with the private adoption (North American Council for Adoptable Children, 2011). International adoptions comparatively take less than a year to complete and the prospective parents are normally informed of a dependable time framework in countries where the program is well structured (Ellingwood, 2007). Parents who adopt internationally point to the fact that the dependable time framework is a major motivator (Kubo, 2010).

Modern practices have played a role in reduction of available adoptable infants. Studies have shown that these practices may include availability of contraception, the legalization of abortion and changing attitudes about single parenthood (Jones, 2008, Jones, 2009; Smith, McRoy, Freundlich and Kroll, 2008). The U.S Department of State (2013a) reported that, the number of child adoption cases peaked in the year 2004 but has since decreased till now. This led to a record of the lowest number of international adoptions in the year 2012 in over a decade (U.S. Department of State, 2013b). The Hague Convention on Protection of Children and Cooperation in Respect of Inter-Country Adoption may be the main reason for the decline as efforts are being marshalled to forestall acts of corruption particularly child trafficking (Kim, 2012). Studies have questioned the credibility of intercountry adoption insinuating that it may not be necessarily helpful to the child as expected (Bartholet, 2007; Oreskovic and Maskew, 2008). In view of this, some international bodies such as the United Nations Children Emergency Fund (UNICEF) and some governments tend to favour domestic child adoptions than intercountry adoptions (US Government, 2012).
Guatemala for instance, has suspended intercountry child adoptions stating that the process is marred by negative practices such as child buying, exploitation, trafficking, coercion of vulnerable biological parents and other unscrupulous practices (Oreskovic and Maskew, 2008). In consonance with Guatemala, child adoptions from Ghana have equally been suspended by the Ministry of Gender and Social Protection due to suspicion of procedural abuse which is of detrimental effect to the interest of the child (Ghanaweb, 2013).

In South Africa, a notable barrier to child adoption is racial preference by potential adoptive parents. Though the majority of children available for adoption are blacks, when white, coloured or Indian children become available they are almost immediately adopted by waiting South African potential adoptive parents (Louw, 2009). Despite abolition of the apartheid system, racial preference is still a major consideration in family formation in South Africa (Louw, 2009). Kiguwa (2006) echoed that though the objective of post-apartheid South Africa is to eliminate racial discrimination, affiliation to groups with similar historical underpinnings is still significant in identity formation in social interaction.

2.3.7 Perceived Self-Efficacy towards Child Adoption

Views on child adoption depend on the society involved as well as gender and socio-economic class of the participants. Some women have negative conviction on their ability to engage in child adoption based on the fact that no one has adopted a child in their community before as a solution to childless and an adopted child cannot necessarily replace a biological one (Oladokun et al., 2009). This may be in consonance with the general cultural ideology of most ethnic groups that tags the success of a marriage to the ability to biological parent a child (Orji et al., 2002). Again, some women reason that embracing child adoption is an indication of acceptance of failure to conceive hence may trigger the husband to marry another wife (Upkong
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& Orji, 2007). This may negatively affect the development of confidence on the ability to successfully carry out child adoption.

2.3.8 Cues to Action (Sources of Information) on Child Adoption

Awareness on child adoption is high as indicated by studies (Adewuni et.al, 2012; Eke et al., 2014; Nguefack et al., 2014; Nwobodo & Issah, 2011; Omosun & Kofworola, 2011;) but the sources of this information matters as it serves as cues to spread information on child adoption. Studies have revealed that the sources of information on the concept of child adoption emanates from friends, partners, media, church, Social Welfare Division and motherless babies home (Avidime et al., 2013; Eke et al., 2014).

A study by Omosun and Kofworola (2011) established mass media as the main source of information on child adoption and to a lesser extent relatives and friends. It therefore stands to be questioned if the quality of the information from these sources is accurate and keeping people well informed or they may be misinformed. According to Adewunmi et al. (2012), out of 500 participants who took part in their study, 97.2% were aware of child adoption. Regarding the source of information about child adoption among those who were aware of it, 47.8% stated friends, 39.7% stated the media and only 4.4% mentioned the hospital as their source.

According to Van Laningham, Scheuble and Johnson (2012), the findings of their study gave credence to involving churches and other religious bodies in the educational campaigns and recruitment of people who want to adopt as well as encouraging those who have started the process. Belanger, Copeland and Cheung (2008) echoed that, religious faith may be a good source of increasing adoption especially for black children who are comparatively not well accepted by potential adoptive parents. They further stated that, there is evidence to suggest that a precedence set by a church member in adopting a child will attract other members to follow.
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An example cited was the case of church member of Bennett Chapel Missionary Baptist Church, Texas adopting a child he felt he was called to help and this subsequently leading to about 69 adoptions by other church members and friends (Belanger, Copeland & Cheung, 2008).

2.3.9 Individual Behaviours towards Child Adoption

Studies have revealed that there is a general good attitude towards the practice of child adoption (Nguefack et al., 2014; Avidime et. al., 2013). According to Nguefack et al. (2014) whose study was among 300 infertile women, 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.

In Nigeria, a study by Avidime et al. (2013) revealed that, 38.6% (76) of women in their study were willing to adopt, 48.7% (96) were not willing to adopt and 12.7% (25) were indifferent. In this study, children of 6 months old and below, and girls were considered ideal for child adoption by 74.3% and 64.2% of participants respectively. The researchers opined that, female gender may be preferred because it is easier to control as compared to males and adopting a younger child allows for early bonding between the parents and child (Avidime et al., 2013).

According to Ojela et al. (2015), in Igbo culture 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.

In contrast, other studies have also revealed a rather unfavorable attitude towards child adoption (Adewunmi et. al., 2012; Olandokun, 2010; Nwobodo & Issah, 2011). Adewunmi et al. (2012) found that 57.4% (284) of their participants unwilling to adopt a child due to factors
relating to religion, culture and lack of family support. For the participants that were willing, they will adopt only on condition that, there is no any other solution to their infertility problem. Among those willing to adopt, 59.2% (129) were willing to adopt a child of any gender, 21.1% (46) wanted a male child and 19% (43) wanted a female child. Olandokun et al. (2010) in a similar study done in Nigeria found that 64% thought that child adoption is culturally unacceptable whereas in the study done by Nwobodo and Issah (2011), 71.6% of participants with infertility did not want to adopt because adoption of children did not permit them to fulfil their role of conception as women.

The Dave Thomas Foundation for Adoption (2007) through a national survey on the attitudes towards foster care adoption revealed that, people with an adopted friend or family members were more likely to consider child adoption as compared to others. The likelihood to adopt from a foster care was indicated by the statistics that, 56% of respondents who reported that a friend or family member had been adopted from foster care had seriously considered adopting a child from foster care.

2.3.10 Summary of Literature Review

The chapter reviewed literature on factors influencing child adoption as a solution to infertility using the health belief model as an organising framework. The literature review indicates that there are several studies on child adoption in many countries. These studies involve both quantitative and qualitative methods. Though the literature review also pointed to contextual barriers to child adoption, there was paucity of studies on the practice in the Ghanaian context.
CHAPTER THREE

METHODOLOGY

This chapter presents the strategies that were used in conducting the study. It covers areas such as research design, research setting, study population, sampling technique and sample size, inclusion and exclusion criteria, data collection tool, pretesting, procedure for data collection and data management. In addition, data processing and analysis, methodological rigour and ethical considerations are described.

3.1 Research Design

A research design is the overall plan for obtaining answers to the research questions (Polit & Beck, 2008). A qualitative research methodology helps unravel extremely covert, subtle and subjective realities and truths about the meaning and expressions of participants (Mayan, 2009). This research was an exploratory descriptive qualitative study involving women with infertility attending a fertility clinic in the Presbyterian Hospital, Bawku. This method was used because it allows exploration of participants’ knowledge and experience. This method can also be seen as empowering and democratic since participants are allowed to express themselves in an open way as compared to closed-ended questions used in quantitative methods.

3.2 Research Setting

Bawku Municipality is one of the eleven districts and municipalities in the Upper East Region of Ghana. It shares boundaries with the Republic of Burkina Faso, the Republic of Togo, Bawku West District and Garu–Tempane District to the north, east, west and the south respectively. It is located approximately between latitudes between latitude 11.06° North and longitude 0.24° West in the north-eastern corner of the region. The Municipality has a total land area of about 1,275Km². The total population of the Bawku Municipality is 217,791 which
constitutes 20.8% of the total population of Upper East Region’s and 0.99 percent of the Nation’s population. The population is 20 percent urban and 80 percent rural (Ghana Statistical Service, 2010).

This study was conducted in the Presbyterian Hospital, Bawku which is a 335 bed capacity hospital with 182 nurses and 8 doctors including specialist a resident 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. The hospital also serves neighbouring countries such as Burkina Faso and Togo.

The Municipality is served by three hospitals which include the Bawku Presbyterian Hospital and two other private hospitals. There are also six health centers, three clinics, one maternity home, three Community-Based and Health Planning Services (CHPS) centers, two private laboratories, eleven licensed chemical shops (Bawku Municipal Health Directorate, 2014).

3.3 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 Presbyterian Hospital, Bawku. These participants are suffering infertility and issues concerning child adoption which serves as a management option could best be looked at from their perspective.

3.4 Inclusion Criteria

The criteria for inclusion in this study were women attending fertility clinic who have been married or stayed with a male partner and engaged in unprotected sexual intercourse for at least
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one year without contraceptive use yet are unable to conceive. They were also women who could speak Kusaal, Mossi or English language. The participants selected for this study were also at least 21 years of age which is the constitutional age requirement in Ghana to qualify for child adoption.

3.5 Exclusion Criteria

Women with infertility who voluntary refused to participate as well as those who stayed outside the Bawku Municipality were excluded from the study. Women with infertility who had obvious mental health problems were also excluded from the study because they could not have appreciated issues raised.

3.6 Sample Size and Sampling Technique

Sampling technique is one of unique defining characteristics that distinguish between qualitative and quantitative research. In quantitative studies the focus is generalization to the larger population based on random sampling and statistical probability theory (Mayan, 2009) whereas qualitative research is concerned with meaning and not making generalised hypothesis statements (Crouch & Mckenzie, 2006). Convenience sampling was used to select the hospital for the study because the presence of a gynaecologist in this hospital allowed the researcher access to women with infertility. 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).
3.7 Data Collection Tool

Data was collected using a semi-structured interview guide which was developed by the researcher based on the objectives of the study. The guiding questions were supplemented with probing questions and field notes were taken. The interview guide had two sections (see appendix B). Section A had questions on socio-demographic data of the participants. Section B had guiding questions on perceived threats of infertility, level of knowledge, benefits, barriers, self-efficacy, cues to action (sources of information) and individual behaviours towards child adoption. Valuable inputs were made by the supervisors of this study who are all gurus in qualitative research.

3.8 Pre-testing

The interview guide was pre-tested using two participants in Vineyard Hospital which is the second largest hospital in the municipality. The pretesting aimed at clarifying on the ability of the interview guide to elicit information that answered the research questions. It also helped the researcher to determine the acceptability of the interview guide and as well approximate the time required for each interview. After pre-testing, amendments were made to ensure clarity of the interview guide and a final version was then used for the study.

3.9 Procedure for Data Collection

Permission to collect data was obtained from the authorities of Presbyterian Hospital, Bawku with an introductory letter from the School of Nursing, University of Ghana, Legon. In the field, the researcher introduced himself and explained the purpose of the study to the Deputy Director of Nursing Services (DDNS) in-charge of the out-patient department before the recruitment of participants. Women who met the inclusion criteria and agreed to participate in the study signed or thumb printed a consent form before they were interviewed. Some of the
interviews were conducted in an office in the hospital and others in the participants’ home as desired by the participants. Permission was sorted from the participants to enable the researcher tape record the interviews and take field notes. A friendly atmosphere was maintained and participants were encouraged to relax and share their views on issues raised. A trained female research assistant conducted the interviews for participants that were not comfortable with the researcher himself who is male. Also, an arrangement was made by the researcher for a counsellor in waiting to intervene in the event of emotional breakdown of a participant. Each interview lasted between thirty to forty-five minutes.

3.10 Data Processing and Analysis

The data was analysed using Thematic Content Analysis (TCA). TCA is descriptive presentation of data and the most foundational of qualitative data analysis. TCA allows researcher to peruse and group the entire textural data into a list of common themes that gives a voice or true representation of the entire data set (Anderson, 2007). In this study, the main themes were in line with the constructs of the health belief model while the subthemes emerged from the transcribed data.

At the end of each day interview, the researcher transcribed the audio recorded data by typing directly into a personal computer taking into account the field notes and non-verbal aspects of the interview. Having finished all the interviews, the transcripts were compared to the audio recorded information to fill in gaps. The transcripts were also availed to the supervisors to read to ensure that there is integrity.

The actual analysis involved reading through the transcripts over and over to have a good grasp of all the data. The key ideas in the form of phrases, sentences or paragraphs emerging were highlighted. Notes of first impressions, thoughts and initial analysis were also made.
alongside. Labels for initial codes containing several thoughts then emerged. These codes were sorted into themes based on how differently they are related and linked. The themes were revised repeatedly until suitable for presentation of findings according to objectives of the study.

### 3.11 Data Management

The transcription of data was done by researcher himself and during this activity he isolated himself and used earphones to prevent people from hearing the audio recorded information. Transcripts in word document in the personal computer of the researcher were stored in identifiable folders and security code provided to make them inaccessible to any other person except the researcher and supervisors. Pseudonyms were used to represent the participants’ names. A copy of the folder containing the transcripts was stored in the researcher’s email inbox. The printed out transcripts, the field notes and tape recorder used for data collection were kept in a drawer under lock and key but only accessible to the researcher and supervisors for audit trail purposes. The data will be kept for 5 years according to data protection Act. The information elicited during interviews will not be discussed with any other person apart from the supervisors.

### 3.12 Methodological Rigour of the Study

The definition of rigour in qualitative study is different from that in quantitative study because the desired outcome is unique in each case (Grove, Burns & Gray, 2013). “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). According to Grove et al. (2015), the degree of rigor of
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a study findings is determine by the extent to which the findings are credible, transferable, dependable and confirmable.

**Dependability (Consistency):** Dependability refers to the study yielding similar results with other groups in a similar context (Polit & Hungler, 1999). Dependability helps ensure that the research process is logical, traceable and clearly documented in terms of the chosen method and the decisions made by the researcher. To ensure this, the method used for data collection, analysis and interpretation was captured in the report. Non participants with similar experiences were also contacted to validate findings of this study. Similarly, the findings were given to experts in this field for peer review. The printed transcripts, emerging themes and the tape were made available to the supervisors.

**Confirmability:** This refers to the extent to which other researchers can review the audit trail and agree that the authors’ conclusions are logical (Murphy & Yielder, 2010). To ensure this, the researcher kept an audit trail comprising of field notes, audio recordings, analysis notes and coding details. The researcher also presented a draft of the final study for supervisors to peruse.

**Credibility:** This involves the confidence of the reader about the extent to which the researcher has produced results that reflects the participants view (Murphy & Yielder, 2010). To ensure this, the researcher first met the participants for familiarization prior to the interview. The researcher conducted a face-to-face interview to enable probing and getting more important information. Data was audio-recorded and transcribed verbatim taking into consideration gestures, tone of voice and field notes. To ensure that the study findings were credible a member check was done by tracing some of the participants to confirm the accuracy of transcribed data and emerging themes.
Transferability: This refers to the ability to move the findings of the qualitative study to other contexts with similar groups (Petty, Thomson & Stew, 2012). Transferability is ensured through thick description which involves a rich and thorough description of the research setting, the context where interviews were conducted and the processes throughout the investigation (Polit & Hungler, 1999). To ensure this, the researcher gave a clear description of the procedure for selection of participants, a detailed description of the setting and the processes involved in doing the entire study.

3.13 Ethical Considerations

Ethical clearance was obtained from the Noguchi Memorial Institute Ethics Review Committee before carrying out the study. An introductory letter from the School of Nursing was then used to seek permission from the authorities of Presbyterian Hospital, Bawku before women attending the fertility clinic were contacted for the study. The ethical principles of research involving human subjects which essentially centers on respect for human dignity, beneficence and justice (Polit & Beck, 2004) were followed. The ethical principles that were adhered to are as follows:

Anonymity: Each participant’s information was labelled with a pseudonym and documentation of identifying information avoided. The information was stored in the researcher’s personal computer and a password used to prevent access by any other person. Privacy was maintained during data collection by carrying out the interviews in an office in the hospital or the participants’ home for those who so desired. The women were informed to stop the researcher anytime in the process of the interview they felt their privacy was interfered with.

Respect for Human Dignity: Before recruitment, each participant was given the consent form which also contained the general information on the study to read. For those that could not read,
the general information was explained to them in the local dialect. The participants were clearly informed that participation was purely voluntary. For those that accept to participate in the study, a voluntary informed consent form was signed or thumb printed before interviews were conducted and this also covered permission for audio taping, transcribing, note taking and finally reporting their descriptions. They were also informed of their right to withdraw from the study at any time without any repercussions to them. The participants were allowed to schedule dates and choose a venue if that of the office in the hospital was not convenient for them.

**Beneficence**: The participants were informed that they will not derive direct benefits for their participation but the findings will inform nurses of what to bear in mind when educating patients with infertility to consider child adoption as an alternative solution.

**Justice**: The selection of the participants was based on the inclusion and exclusion criteria. The participants were treated equally regardless of age, religion, tribe and educational status. The participants were not forced to talk on areas they did want to.
CHAPTER FOUR

FINDINGS

This chapter presents findings gathered from interviews that were conducted using the interview guide. The chapter contains socio-demographic characteristics of participants followed by findings which are grouped under seven main themes with subthemes under each. The subthemes are supported with verbatim quotes from the interviews.

4.1 Socio-Demographic Characteristics of Participants

Fifteen (15) participants took part in this study. All participants were females and their ages ranged from twenty-four (24) to forty (40) years. They were all married with four (4) of them in a polygamous marriage and eleven (11) in monogamous marriage. Majority, ten (10) of them were Muslims and minority, five (5) were Christians. With regards to the educational background, 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. The six (6) participants who had tertiary education consisted of two nurses who all hold a diploma in nursing, three teachers who all have a diploma in basic education and one participant who had a postgraduate degree in sociology and is a civil servant. Four of the participants 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, four (4) participants had one child each and two participants had two (2) children each.
4.2 Organisation of Themes

The thematic findings of the study are organized according to the constructs of the Health Belief Model (HBM) and objectives of the study. The study made use of all the constructs of the HBM leading to seven main themes with their corresponding subthemes. The table below therefore presents seven main themes and twenty-three subthemes.

Table 4.1: Main Themes and Subthemes

<table>
<thead>
<tr>
<th>Main Themes</th>
<th>Subthemes</th>
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<tbody>
<tr>
<td>1. Perceived threats of infertility</td>
<td>• Psychological threats</td>
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<td></td>
<td>• Social threats</td>
</tr>
<tr>
<td>2. Knowledge on child adoption</td>
<td>• The meaning of child adoption</td>
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<tr>
<td></td>
<td>• The requirements for child adoption</td>
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<td></td>
<td>• The process of adopting a child</td>
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<td></td>
<td>• Advantages of informal child adoption</td>
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<td></td>
<td>• Advantages of formal child adoption</td>
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<tr>
<td>3. Perceived benefits of child adoption</td>
<td>• Happiness</td>
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<td></td>
<td>• Helping hands</td>
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<tr>
<td></td>
<td>• Divine blessings</td>
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<tr>
<td></td>
<td>• Getting a child of preferred gender</td>
</tr>
<tr>
<td>4. Perceived barriers to child adoption</td>
<td>• Husbands’ reaction</td>
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<td></td>
<td>• Psychological dissatisfaction</td>
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<tr>
<td></td>
<td>• Perceived future uncertainties</td>
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<tr>
<td></td>
<td>• Discrimination/unacceptability of the adopted child</td>
</tr>
<tr>
<td>5. Perceived self–efficacy on child adoption</td>
<td>• Positive conviction</td>
</tr>
<tr>
<td></td>
<td>• Negative conviction</td>
</tr>
<tr>
<td>6. Cues to action (sources of information) on child adoption</td>
<td>• Community members</td>
</tr>
<tr>
<td></td>
<td>• Mass media</td>
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<tr>
<td></td>
<td>• Religious sources</td>
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<tr>
<td>8. Individual behaviours towards child adoption</td>
<td>• Willingness</td>
</tr>
<tr>
<td></td>
<td>• Unwillingness</td>
</tr>
<tr>
<td></td>
<td>• Ambivalent behaviours</td>
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</table>
4.2.1 Perceived Threats of Infertility

One of the main themes was perceived threats of infertility. The participants viewed that the situation of infertility was posing psychological and social challenge to their life. This led to the formation of two subthemes namely psychological threats and social threats.

4.2.1.1 Psychological Threats of Infertility

The findings of the study indicated that the inability to conceive puts a huge psychological burden on women. Psychological effects of infertility were expressed by majority of the women in the form of anxiety, stress and depression.

4.3.1.1.1 Anxiety

The women’s description of anxiety was centered on worry, not feeling comfortable, doubt regarding when they could conceive, fear and feeling of insecurity.

Some of the women were anxious about the condition of infertility hence describing it as worrying.

“It worries me that I am not getting pregnant. Because when I had my wedding, that same month I conceived and gave birth. The second born was also easy but this one I don’t know why it has taken this long. I have been struggling for the past 6 years but no solution yet” (Akosua).

Another woman added:

“Every month I just pray that my menses don’t come. Any time, I see my menses I get worried because I know that it did not work. Sometimes, people will be asking me if I am sick because my face is not good but I know it is all because of the childbirth problem” (Asantewa).

Ama expressed some level of doubt as to when she could get pregnant

“If I see somebody with a kid, the way they play with the kid I admire it and wish that child will be mine. Sometimes, I wonder when I will get my own because the
years are increasing. Someone will just marry and get pregnant and give birth and you will still be there” (Ama).

A woman who has been married for 9 years but has no child made reference to her younger sisters who have all delivered.

“I am the first of three girls of my mother and now as we speak they all got married after me but they have their own children. I am still there without a child. I just don’t know how long I am going to wait” (Ohema).

Yaa who is a mother of one and a nurse had this to say:

“When we were young when you see a child that is the only child of the parents we use to think that the child is privileged. But now I understand that you the parent you leave in constant fear because if something happens to that child what will you do? When my child is sick I panic. When he does something negative I panic because I fear he might grow up with this negative behaviour meanwhile that is my only child. Now, I understand what you go through if you have only one child. I have a feeling of insecurity because of the one child” (Yaa).

4.2.1.1.2 Stress

Stress was another form of psychological threat that women in this study reported to have gone through as a result of the infertility. Their expression of stress centered on difficulties in life, sleeplessness, too much thinking, forgetfulness and lack of concentration.

One participant explained that, her rival causes her a lot of problems in the marital home by making it look like she has been searching for a child for many years.

“Actually it is not easy. I’m the second wife of my husband. The first one has three children and you know how we women behave. Even when the person has problems with the man, she talks as if you are the cause. If the man is unable to provide something that she demands she will be saying things like am the cause. She thinks the man is giving me everything that I need so she will be saying things like “these are your children so you should take care of them but not to be looking after someone who cannot give you children”. I have been married for only two years but my rival makes it feel like I have searched for a child for many years. She makes life even difficult so I can’t rest because of this problem” (Boatema).
Araba also described her stress as emanating from efforts to ensure that she conceives.

“It is not easy. We have gone to so many places seeking for treatment and that alone has not been easy. We started with local treatment and that has taken us to many villages” (Araba).

Some women also stated that they are constantly thinking about their inability to conceive. As a result of the thinking, they also have headaches and forgetfulness. Below are typical quotes expressing these concerns.

“I think about it always and sometimes I even have headache. All my sisters have delivered without any problem so I don’t understand. I can’t even take my mind off this problem. The worse of it is in the night. I find it difficult to sleep” (Owusuaa).

“I think a lot about it because sometimes I wonder what has gone wrong with me because I have a child already so why can’t I deliver again when am still young like this. This makes my head aches sometimes because you look at the child and you know that he should get his next but it is not coming” (Abena).

Sleeplessness was another way some participants expressed their stressful experiences.

“It is not easy at all because marrying for five years without a child you can’t even sleep. You sleep for just thirty minutes and you wake up. The tension in you is not easy. Your “heart is not at rest” because you are just thinking about why you are not getting pregnant” (Ama).

“I also suffer some difficulty sleeping sometimes because am just thinking about this problem. This problem is like carrying a heavy load and cannot put it down” (Ohema).

Another participant described her stress as lack of concentration. She explained that, because of this problem she experiences absent mindedness even when she is in the market doing her business.

“You can’t rest because your mind is not at peace. Sometimes, even in the market someone can come to buy my things and will call me several times before I hear the person. When I am alone, my mind easily goes to this problem and I will just be sitting there” (Afia).
4.2.1.1.3 Depression

Depression is yet another psychological threat of infertility suffered by the women in this study. Their explanation of a state of depression was centered on crying, feeling sad, being quiet, unhappiness and inability to eat.

Regarding crying as an expression of depression, below is a typical quote from a participant.

“My rival’s children remind me. Sometimes they will do something and I will go to the room and cry. I feel sad just thinking about this child’s birth issue and having people doing things against you. When you even send my rival’s child, she is not happy and it only makes me sad that I don’t have my own child that is why all this is happening to me. I pray that as God has given her, he will give me too. I have cried a lot and am tired. If my crying can talk it will talk for me” (Adwoa).

Some participants described their depression as sadness.

“I feel sad most of the time but I give everything to God because it is God who gives children. I can sometimes become quite and people will be asking if I am sick but it is all because of the childbirth problem. I try to understand why it is so but I don’t get it” (Ama).

“It is very hard to be married for all these years without a child. Within your heart you feel very sad and you cannot even be happy. You are always worried about the problem” (Afia).

Some participants explained their depressive state as a change in mood which is normally manifested in quietness, difficulty in eating and unhappiness.

“I feel unhappy because I have waited for all this while and still there is no sign of the second child coming. It spoils my mood easily and I can be quiet from morning to evening. Sometimes, I even find it difficult to eat” (Akua).

“Life is not easy in this situation. I am unhappy deep down my heart. Sometimes, my husband himself will look at me and ask if I am sick but I know that deep within me the main problem is this child birth. Married for 9 years without a child, what could be more worrying than this?” (Abena).
4.2.1.2 Social Threats of Infertility

Social threats became one of the subthemes under perceived threats of infertility. Social threats of infertility were centered on marital instability, social pressure, social stigma, decreased social recognition and lack of supportive husbands/families.

4.2.1.2.1 Marital Instability

Marital instability which is a social threat was expressed by participants in various ways but most important on the list were issues of decreased love from husbands, unhealthy marital relationships, husband going for a second wife and not helping in finding solution to the problem of infertility.

Some of the women indicated that the love their husbands had for them has decreased. They explained that, they were not treated well by their husbands and there was lack of effective communication in their marital homes.

“My husband has started changing. He does not treat me like he used to do. He is a driver so at first when he is returning from Kumasi he will buy a lot of things for me but now he has stopped. It is all because he is no longer happy with me. His behaviour shows that he does not love me any longer. Even when the doctor advised on when we should meet as husband and wife (have sexual intercourse) he does not follow so I just pray (tears falling). I don’t know why he is doing that” (Asantewa).

“He is not like before. The truth is my husband’s love for me is decreasing. How we used to sit and discuss things it is no longer like that. Now when am talking to him, he is doing like I am disturbing him. He is not having time for me” (Akua).

Another woman stated that, her husband does not cater for her any longer and their relationship is equally not good.

“Taking care of me is no more in our relationship. Because I couldn’t give him a child he has turn his mind away from me. He does not mind me. He doesn’t take care of me. Our relationship has gone sour” (Adwoa).
Some women also explained that their inability to conceive has caused their husbands to go in for second wives.

“It is not good for me. It has caused a lot of problems in my marriage. It has even made my husband to marry because I cannot get a child for him. Now my rival has delivered twice for my husband so he thinks she is more important to him than me” (Adwoa)

4.2.1.2.2 Decreased Social Recognition

Decreased social recognition is a social threat of infertility that some of the women explained they are passing through in their various communities. Central to their experiences were being insulted by colleagues who have their own children, inability to contribute in conversations that has to do with childbirth and not being involved in women’s activities organized in the community.

A participant explained that she was told by another lady that childbirth is not easy and she should deliver if she wants a child to send on errands.

“.......... Personally, I have seen a lot, sometime ago I sent someone’s child and the person told me if giving birth is easy I should deliver my own. I replied that, it is God who gives children it is not human effort. The woman is still there and we stay in the same house” (Araba).

Asentewa stated that you are not respected if you have no child.

“If you have no child, it is disturbing because people do not even respect you especially those you are older than and they have been lucky to deliver. They even talk like they got children by some hard work. It is hard to be in this situation because your colleague women will be talking yet you have no mouth to say anything” (Asantewa).

A participant reported being left out by her colleagues without any tangible explanation.

“I feel it is not easy in this kind of problem. Because I have not given birth, the women that stay in the same house with me sometimes they will be having something about women but they will not inform me. There was a time we were to contribute to buy cloths so that when there is a naming or marriage ceremony in
our community we will all wear. I did not know when they had such a meeting and started such contribution. When I heard and was asking them no one told me anything, I just feel that because I have no child they think I should not be part of them” (Serwa).

4.2.1.2.3 Social Pressure

Social pressure was another social effect of infertility suffered by the participants in this study. These women who unfortunately are struggling to conceive suffer a great deal of pressure which is centered on lack of support from family and community members. The women are also entirely being blamed for the delay in conception and mother in-laws mount pressure on them by demanding for grandchildren.

Unsupportive family as a source of social pressure was discovered among most participants. In this regard, participants viewed husband families as not helpful in convincing husbands to support them in seeking treatment. Families were seen as rather encouraging men to go for second wives.

“They are not helping. They know that my husband has no time for me but no one will say anything. They will not talk to him to come to hospital with me. They have rather encouraged him to marry another wife” (Serwa).

“My father in-law is the one I know is better but the rest are no longer happy with me. They are thinking it is entirely my fault. I know because we are muslims if nothing happens they will let him marry a second wife because they are not talking about him coming to hospital with me and they don’t even ask me what the doctor is saying” (Asantewa).

Other women also expressed how the people in their community can ask questions that are worrying.

“I can just meet someone and the person will ask, “why are you still roaming without delivering?” They talk like they know that you are the one refusing to deliver. I always give it to God”(Akosua).

“As for the community, they talk a lot but I don’t care. Some can just tell you that, “your child is now up to getting a junior one or what are you waiting for?” They say
Some women also indicated that mother-in-laws were sources of pressure by constantly requesting for grandchildren.

“The others have not said anything against me except my mother-in-law who will be asking for grandchildren because my husband is her only son. She will ask me what the doctor is saying and what will he do next. Just the same questions all the time” (Owusu).

“They are expecting that by now I should have delivered so now that it is not coming they are just wondering. When I call my mother-in-law on phone to greet her she will sometimes ask if she is coming anytime soon? By this, she is asking me if am pregnant so that she will prepare and come for a naming ceremony. She is always disappointed that I am not pregnant” (Yaa).

4.2.1.2.4 Social Stigma

The women also reported social stigma as one of the significant social threat they suffer. Some participants reported that, they are actually being accused of refusing to conceive or using family planning methods to delay child birth. This supposedly increases their frustrations since the women themselves are struggling to achieve pregnancy. Below are quotes from participants that explain their position.

“Sometimes when I look at my son, I feel like he should have also been having a younger one to play with. You go for naming ceremonies and some people will just talk like you are enjoying what you are going through. They will tell you that, you are the next to deliver meanwhile they know you are not pregnant. Some will go ahead to tell you that, you should stop the family planning and get pregnant” (Akua).

“My own mother thinks I am doing family planning and insists that it is time I stopped. They think because am a nurse, I have control over my childbirth” (Yaa).

“They ask a lot of questions with some suspecting that I am doing family planning so that I can go to school. You know most of them are Muslims, so when we attend a naming ceremony together they will say my rice balls are next” (Fosuah).
4.2.2 Knowledge on Child Adoption

One of the main themes was knowledge on child adoption. The women expressed knowledge on various aspects of the concept of child adoption and this led to the formation of four subthemes namely knowledge on meaning of child adoption, requirements for child adoption, process of child adoption, advantages of informal child adoption and advantages of formal child adoption. All the women expressed their understanding of child adoption by explaining what child adoption means to them, what one is required to meet as well as go through to adopt a child and the advantages that comes with adopting a relative’s child (informal adoption) or from a government institution (formal child adoption).

4.2.2.1 The Meaning of Child Adoption

The participants described child adoption in their own perspective. The participants generally showed that the concept of child adoption is not new to them. They explained that, child adoption has to do with getting a child that is not your biological child and making him/her yours. Some also made specific reference to the responsibility one will have to assume for the upkeep of such a child. To further indicate knowledge on the meaning of child adoption, participants described the two main types of child adoption which include formal and informal adoption.

The women described child adoption as having to do with getting a child that is not your biological child. The women were generally familiar with child adoption as the informal practice is still present in their communities. Fosuah and Abena stated that:

“It is about getting a child who is not your biological child and making him yours. It is there all over the villages but now you can even go to a children’s home to adopt and do papers to have the child” (Fosuah).
“If you don’t have a child and you collect somebody’s child or a child that is from the children’s’ home and make him your own. As for picking from your relative, it is done in our locality and people are collecting children and keeping them. You can even keep the child till she marries if she is a female” (Abena).

Another woman who is a teacher added that, before child adoption can be done the interested couple must come to a consensus. This she believes is central to pursuing child adoption.

“Child adoption is a process whereby a couple goes in to adopt a child as their own. Normally, the couple must sit down and decide before going in for adoption. Because if one is in agreement and the other is not you cannot go in for adoption” (Ama).

Other participants also pointed out that, adopting a child has to do with assuming responsibility for the upkeep of the child.

“Taking a child and assuming the parenting role without you being the biological mother. You are just feeding, caring and being responsible for the child to grow up to be a good Citizen of the country” (Agyeiwa).

The women also displayed knowledge on child adoption by describing the types of child adoption.

“I know of going to collect one of your relative’s children and bring the child up like your own child. You can also adopt a child who has been abandoned by going through the process of doing some papers and then you keep the child” (Ohema).

“Already we know of adopting a relative child and that one has been there for long. But now people can go to the orphanage and fill some papers and take a child as their own. Some will pick an abandoned child and send the child to the police station and make a statement and keep the child” (Agyeiwa).

4.2.2.2 The Requirements for Child Adoption

Participants’ knowledge on requirements for adopting a child was also assessed. Most participants were unable to tell what one will be expected to meet in order to adopt a child in the stipulated formal procedure. The requirement for adopting a child formally was unfamiliar to most participants.
Factors Influencing Child Adoption

Regarding the requirements for child adoption, some women who are all traders thought one need to be working with the government or earning a monthly salary.

“They will want to know if you are doing government work. With that, they will know that you can take care of the child. We our own (referring to her petty trade) is to buy your ingredients and help yourself. They will not see that one to be work” (Afia).

“I think you have to be working so that those giving you the child will know that you can really take care of the child. If you are working, at least every month you will get something and if the child needs something you can afford it. You know school fees and other things like this” (Akua).

“You should have something doing. If you have work that will show that you can take a child and be able to care for the child. If not how will they give you a child and you cannot meet his needs?”(Asantewa)

Other participants made specific reference to wealth or financial stability as a requirement for child adoption

“You can adopt if you are wealthy or responsible. If you are working you can adopt a child because if you are not working you will not have the means to take care of the child. I think taking care of an adopted child will demand that you have some wealth already before they can give you the child” (Boatema).

“The person must have something in her hand (referring to money). If not, both you and the child will suffer. You must have a job and know within yourself that you can take care of the child. If you even have pity on the child and don’t have something in your hand you cannot take care of the child” (Adwoa). 

Some participants also thought that for you to adopt a child, you will be required to bring people who will serve as witnesses.

“They will also want to know if you are a good person or not. With the government side, they may ask you to bring people who know you to bear witness so that one day if something happens they will know what to do” (Akosua).
“You go to the orphanage or social welfare. They may send you to court to swear that you will really take care of the child. They will ask you to bring some witnesses” (Boatema).

4.2.2.3 The Process of Adopting a Child

Knowledge gap was also realized in majority of the participants’ explanation of the process of adopting a child in the stipulated formal procedure. Some participants clearly admitted they did not know the process while others thought you could make a direct request to the childrens’ home for a child. Others thought that child adoption could be achieved through the hospital yet some thought all that you need is to involve the police when you pick an abandoned child so as to keep the child permanently.

Most of the women admitted that they did not know the formal process involved in adopting a child.

“I really don’t know the process of child adoption if it comes to the getting a child from the children’s home. These government things, we those who cannot read unless they come and tell us about it if not we will not know” (Abena).

“I don’t know the process of adopting a child in Ghana. I have heard some things about child adoption but for how to go about the whole thing I have no idea on it. Unless you are looking for it and you find out I don’t think you will know about it” (Ama).

Another participant shared what they have heard about abandoned children from the public domain and insinuated that you will only know the process when you happen to pick an abandoned child and go through the process.

“We have heard of abandoned children which people sometimes pick and report to the police. In that case, they do papers and keep the children as their own. Unless you are in
Factors Influencing Child Adoption

*In this kind of situation (pick a child), I think you can’t tell what you have to go through and keep the child* (Afia).

Araba explained that when one picks an abandoned child, the child will be sent to the hospital and documentation will be done allowing the person to collect food from the hospital at timely intervals for the upkeep of the child.

“If you pick an abandoned child, you will send the child to the hospital so that they will see the child and do papers. In this case you can keep the child and be receiving food from the hospital for the upkeep of the child” (Araba).

Another woman shared that anyone interested in child adoption can go to the hospital and make a request upon hearing of an abandoned child that was picked and sent there.

“But there are times that you hear that a child was picked and sent to the hospital so if you go and request (at the hospital) and they agree you can collect the child. I know you have to do papers before you can keep the child. The hospital will do the papers for you” (Serwa).

Before admitting that the process is not known by many people, some participants opined that the interested person will have to go straight to children’s home and make a request.

“You have to go to children’s home and see them and from there you will know what to do. They have to tell you if there is a child like that and the process will start. I cannot really tell what they will request of you or what you will have to go through from there. In fact, it is not known by the general public because I have not heard it being discussed anywhere” (Agyeiwa).

“As for this, you will have to go to the orphanage and request for a child and may be they will tell you what to do” (Asantewa).

4.2.2.4 Advantages of Informal Child Adoption

Participants also expressed knowledge on child adoption by stating why they will prefer to adopt a relative’s child rather than going to a government institution. 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. These reasons attest to the fact that, the participants had adequate knowledge on adopting a child from a relative (informal adoption).

With regards to familiarity as a reason for preference for adopting from a relative, below is what Afia said:

“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).

Apart from being familiar with adopting a relative child, some women also reasoned that adopting a relative child prevents you from picking a child with an unknown family medical and social history.

“Adopting a relative child is what we already know of so it is easier for you to go in for it. With that one, you know the parents and they also know you well. There is nothing like the child having some problems or sickness you will not know about. With that one, you are having a child that is related to you and not like taking care of a complete stranger” (Akua).

“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 women were also of the view that with adoption from a government institution, there is a possibility of you having to return the adopted child to the parents or relatives when they show up later claiming ownership of the child. They felt this will permanently end your relationship with the child. But with a relative’s child, the participants think the child will continue to be a family member even when the biological parents take him or 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).

4.2.2.5 Advantages of Formal Child Adoption

Some participants also expressed adequate knowledge on formal adoption by explaining 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).

Ama thinks adopting a relative’s child will lead to so much rumour bickering among the community members.

“For me I will not agree to take a relative child. I will rather pick an outsider. If you pick the child in your community people will be talking of it much but if you pick the child from outside it will be better. The rumours around will decrease” (Ama).

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.
“I will not like to adopt a relative’s child because with that one, you know that you will suffer for someone. You cater for the child and take him to school but when the child grows up he will definitely go back to the parents and you will be there without a child again. If you are lucky the child may still be seeing you as her mother but if you are not he will not look after you and all your suffering will be in vain. 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).

Yaa also prefers adopting from a government institution because the child will bear her name unlike in adopting a relative’s child where the child will continue to bear the biological parents name. She also felt, that as a worker if she adopts a relative’s child, she will also have to support the child’s parents as well and this will increase her burden financially.

“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. 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).

4.2.3 Perceived Benefits of Child Adoption

For people to pursue child adoption, they ought to understand the benefits that come with it. The participants articulated benefits that they stand to enjoy if they adopt children and this led to the formation of five subthemes. These subthemes include happiness, helping hands, divine blessings and getting a child of preferred gender.

4.2.3.1 Happiness

Happiness is one of the benefits that the women stated could come with child adoption. The women viewed the presence of the adopted child as a source of happiness for the infertile
woman who also desires to feel the presence of a child in her home. Happiness was expressed as joy and the presence of a companion in the absence of the husband.

Some women expressed their happiness as in the inner satisfaction they will derive from being able to care for a child that really needs a motherly love. They rated this satisfaction above all other benefits that one can accrue in the future as a result of raising the child.

“You will be feeling psychologically satisfied that you have been able to provide a good life for a child whose parents have abandoned him. This will give you happiness even beyond what the child may do for you in the future. As a woman, caring for a child that is not from your own womb is what will show that you have a good heart” (Serwa).

“I will also have a fulfilment of being able to help someone who has no mother. You know, the joy of being there for a child who needs your care is enough to let you adopt a child. In the hospital here, they have brought abandoned children and people who already have children will volunteer to take them just because they want to help” (Yaa).

Traditionally, values are handed down to generations by impacting them on children who will also do same. Child adoption was viewed as a practice that offers an opportunity for the infertile women to also train and impact values on next generation.

“…………….you just feel happy having the child around and at least having a chance to also train him on certain things” (Owusuaa).

For some women, companionship was another source of happiness that adopting a child could bring to them.

“It will bring some joy because so far as I will have a child with me I will be ok. My husband is a businessman so when he travels I get bored sometimes but I don’t like sitting to chat with people because they will be saying things you don’t want to hear. But if there is a child, you can also play with him and be happy small” (Ama).
“It is good because if your husband is not there you will get someone to speak with and that will keep you warm. If there is a child it is better because without a child when your husband leaves the house you are left alone” (Agyeiwa).

4.2.3.2 Helping Hands

The women described two types of benefits with respect to the help that one could derive from adopting a child. These include the child as a source of domestic help in the present and the child as a source of security for parents in their old age. The women shared that the presence of the adopted child is an additional hand that will help in the house just as that of a biological child. They placed much importance on the errands and chores that are carried out by children in the home. The women also viewed the presence of the adopted child as a source of security for parents when they grow old. They explained that, if you have an adopted child you care for today, then in the future the child will intend cater for you.

With regards to the child as a source of help in the house, some women pointed out that:

“Adoption is good. I have two boys, so if I get a girl then it will be fine because these boys they cannot do what the girl will do for you. The girl will help me with women’s work at home like cooking, sweeping and washing” (Akosah).

“It is a good thing. The child will help me with work in the house, my trade and other things. The child that is staying with me now is helping me a lot though she is still young. The most important thing is that I can send her to do something for me” (Afia).

The women thought, the presence of the adopted child is a source of security for them. They explained that the adopted child will also cater for them when they grow old and can no longer work.

“You will also have peace of mind that someday this one too will be there for you when you need a child to help you. You will definitely grow old and will not be able to work again. So if you have a child like this, he will also remember how you suffered to take care of him and will look after you” (Afia).
“If you search for a child for long and you are not getting it will be better you adopt and take care of the child so that you can also have a child to support you in future. There are even some biological children who don’t take care of their parents but with the adopted child, he will remember how you helped him” (Boatema).

4.2.3.3 Divine Blessings

Divine blessing was one of the subthemes found under the main theme, benefits of child adoption. The women explained that adopting a child gives them an opportunity to cater for a child out there who needs help. They opined that, as child adoption was a good thing in the eyes of God, he will intend bless them with their own children or bless them with other needs in their marriage.

With regards to child adoption opening heavenly doors for a blessing with their own children, this is what some women shared.

“I think if I adopt a child, through this God will help me to also get my own child. As you care for the child with a good heart, God will hear your cry for a child” (Araba).

“I feel that if I show love to another’s child, God will also bless me with my own child. God sees everything that you do whether in the room or outside so if I treat such a child well he will reward me with my own” (Yaa).

Some women explained how child adoption could let them always get answers from God.

“Every child is for somebody so if a child’s parents are not there and you take care of that child God himself will pay you. Through this, you will get blessings in your marriage and family” (Akosua).

“There are many children who also need somebody to care for them or to also call their mother. If you adopt a child, you are doing what God wants us to do. If only you take the child as your own child and treat him well, God will bless you. Your prayers will always be answered. Anytime you need something God will make a way for you to get it” (Agyeiwa).
4.2.3.4 Getting a Child of Preferred Gender

Choice of gender is one of the subthemes that emerged under benefits of child adoption. The women in this study explain that when they conceive by themselves they cannot make a choice regarding the gender of child they need. With child adoption, one could choose the preferred gender to ensure a balance of both in the family.

Three of the women who have one child each but currently suffering secondary infertility explained how child adoption could help meet their need for a child of another gender.

“If I bring in another child, my boy will get someone to play with all the time. I can say my children instead of always my boy. If I have to adopt a child, I will adopt a girl and know that I have both. As at now, if I deliver a boy I will still keep looking for a girl to add” (Fosuah).

“My own child who is a boy will have a sister. This will make him happy and my house will have children. There will also be competition among them that will push them to work hard in school” (Yaa).

“At least I will have the chance to select the kind of child I want. The good thing is, my son can have someone to play with and call the sister. But if you become pregnant whatever you get you take it like that” (Akosua).

4.2.4 Perceived Barriers to Child Adoption

Perceived barriers to child adoption is one of the main themes of the study. Barriers are important because even when participants know the benefits that come with engaging in child adoption, the main setback could be barriers. The women in this study described various barriers that could hinder their quest to engage in child adoption. These barriers include reaction of husbands, psychological dissatisfaction, perceived future uncertainties and unacceptability/discrimination by community members.
4.2.4.1 Husband’s Reaction

All the women recognized the role of their husbands in taking a critical decision like subscribing to child adoption. The participants described how they perceived will be the reaction of their husbands to a decision to adopt a child. Some alleged their husbands will not agree while others said they could not tell what will be their husbands’ reaction. Only one participant said her husband will agree to child adoption but endorsement from the family will be the only issue of contention.

With participants who said their husbands will not agree, the main reasons for refusals were the husband having another wife and having children or hoping to have children with that wife.

“For my husband he will not agree. He has children with my rival so he will not agree to bring in a child that is not his. If he had no child and I was the only wife, maybe we could talk about it but as it stands he will just disagree” (Adwoa).

“My husband has married another wife so he will not agree for us to adopt a child because he knows that my rival will start having children soon” (Serwa).

A woman in a monogamous marriage stated that:

“My husband might not see it to be the best option because he believes everything is God’s work and we must pray and wait for his blessings” (Agyeiwa).

Another participant also explained that, her husband will prefer having his own child because of blood relations hence will not see adopting a child as a solution to their childlessness.

“My husband will not agree because he will think this is not his blood. You know they look for their own blood relations a lot. In a family here, they want their own blood if not they will not see you as part of them” (Asantewa).

Yaa explained that it will be difficult to convince her husband.

“It will be difficult to convince my husband. It will take him time to accept the idea. This is because of denial which I think is normal. Everyone wants his own child and men are more serious with that” (Yaa).
Child adoption may not be seen as a remedy to childlessness. This was evidence in the women perception that their husbands may not accept adopting a child as a solution to their problem of childlessness. Despite this stance, child adoption is acceptable on the condition of extending a helping hand to a child who has no parents or relations to cater for him or her.

“My husband is a deacon in the church and a very serious Christian. He will speak the way he thinks is right. I can’t tell which direction he will go in this matter. One thing I know for sure is that, if it is about helping a poor child who has no parents my husband will easily agree. But if it has to do with solving our problem with this, you can’t predict him” (Ohema).

It was underscored that inability to attain childbirth is an issue of concern to the family of the affected person and seeking solution is often a collective responsibility. In this direction, family members may make suggestions as to where to obtain help in achieving conception. The women were of the view that adopting a child will demand their husbands discussing it with family members and this makes it even more difficult to predict what the reaction will be.

“That one I can’t tell what this man (her husband) will say. He will like to discuss it with his family members and with that it will even be difficult to predict what will happen” (Fosuah).

4.2.4.2 Psychological Dissatisfaction

Psychological dissatisfaction was seen as one of the most notable barrier to child adoption. The women explained that adopting a child will not come with the required psychological satisfaction associated with child birth. Psychological dissatisfaction was described in various forms. Some participants thought they simply need their own children while others thought adopting will not let the family recognise them as people who have delivered. Others also felt that, adopting a child gives an indication that you will not deliver by yourself. Below are typical quotes from participants regarding psychological dissatisfaction.
“Nothing will change in my life if I adopt a child. You will feel like you have a child but deep down your heart it will not feel like it is your own child. The people in the family will not see you as somebody with her own child” (Adwoa).

“Hmm, you will get the child but you yourself know that you have not given birth yet. It will only provide you with a child but in your mind you still feel you have to try and deliver a child yourself” (Asantewa).

“You will feel guilty that, this is not yet your child. You know that you have a child but you will not be satisfied because it is not the same as delivering your own child. It is a nice thing and I am in support of it but it cannot replace having your own child” (Yaa).

Serwa explained that adopting a child will create an impression that you have been told that you will never have your own children.

“Well, adopting a child will not satisfy me in my mind that I have delivered. People will look at you and think you have been told that, you can no longer deliver that is why you are bringing a child to satisfy yourself” (Serwa).

4.2.4.3 Perceived Future Uncertainties

One of the subthemes under barriers to child adoption was perceived future uncertainties. Description of future uncertainties was centered on the unknown reaction by the child upon discovering that they were not the real mothers, problems related to the child having the right to inherit property and inappropriate reaction by the child when you try correcting him or her.

With regards to the child discovering that you are not the real mother some of the women explained that;

“The main problem is that, when the child finally discovers that you are not the biological mother it may bring problems. He may insist on seeing the biological mother and when you are unable to help he will begin not to trust you” (Serwa).

“You will be thinking that if the child grows up and gets to know that you are not the real mother what will happen?” (Asentewa).
Two participants who were both teachers alleged that an adopted child will not be allowed to inherit the property of their adopted parents

“On the part of my husband’s family, it is going to be a problem if you adopt a child. Not now but years to come. They will tell you all sort of things and the child will have problems in the future especially with property. They will be using that one against you so that the child will know he is not their blood and should not come near anything belonging to the man” (Boatema).

“After the death of you the parents I don’t think they will allow the adopted child to inherit the property. That is when they will start saying “you are a bastard go to your father or go and find your parents”. To let such a poor child go through this kind of treatment, it is better I stay away from adopting a child” (Agyeiwa).

The women also expressed concern on the adopted child’s reaction when he or she is being corrected. They shared that the adopted child may feel that you are not treating him or her well.

“You cannot tell how the child will behave towards you when you are trying to ensure that he is well trained. Some of them (the adopted child) when they grow up small and you try correcting them they may feel because you are not the biological mother that is why you are not treating them well” (Yaa).

“The child may become closer to me but I know that a day will come that something will happen. There is an experience that is why I think adopting is not an easy thing. There is this boy whose parents died when he was still very young so he was raised by another woman in the family. This boy was even in secondary school and while on holidays he did something wrong and the woman tried correcting him. The boy told her that, because he is not her biological child that is why she was treating him like this. If this happens to you in the future and you think of how you suffered to bring the child up, you will be very sad” (Boatema).

4.2.4.4 Unacceptability/Discrimination against the Adopted Child

Unacceptability of child adoption was yet another subtheme found under the barriers to child adoption. The women attributed unacceptability of child adoption to negative treatment of the adopted children, the practice seen as alien, preference for blood ties or blunt refusal of the idea of child adoption by family and community members.
Most of the participants explained that, their families will not accept the adopted child because of the high value placed on blood relations.

"...... "Their (the husband and his people) tribe will not accept a child that is not carrying their blood. They will refer you to others who are not having their own but have not adopted a child" (Boatema).

"The family will not treat an adopted child well because they like blood relations. They will see the child to be an alien and not part of them. The way people will treat the child you will be having problems with them always" (Afia).

Araba shared a vivid story in their house where a child is suffering a lot of insults because the father is unknown. Inferring from that scenario, she alleged that an adopt child will suffer a similar fate in the family.

"That is why I was talking of our traditional Kusasi home. The way some will treat the child, you will be sad. A lady in our house (that is her marital home) got married and became pregnant shortly after the marriage but her husband said he was not responsible for that pregnancy so she came back to our house and delivered. She has left the child and is married again. The child is now suffering a lot in the house. They are insulting the child "tampiére" (a person without known father). So you see, if you bring an adopted child home and they start all these things you will be disturbed. You will not have peace because every day you will have to quarrel with people" (Araba).

Another participant explained that, apart from the practice being odd to them, the family will rather prefer the man marries another wife.

"The family may see it to be odd. Some have not heard of it before. Again, in their religion (referring to Islam) a man can marry more than one wife so they will prefer the man going for a second wife. This is because the local people they never think that the problem could also be coming from the man. They always think it is the woman. So if you are not conceiving another wife has to come" (Agyeíwa).

Some participants thought the family will not agree and will even contribute more to the frustration of the adopted child.
“That is even why I mentioned about a sister for my son because if it is a boy who has to be a member of the family forever, there will be problems. The family will not treat the child well. They will insult the child “sankpase” (bastard) especially if he is a boy. You will always have problems with them because of how they will treat the child” (Akua).

With the community, a participant alleged that if the child is not related to you or your husband, then it will be better if only the child was abandoned and you want help him or her.

“……….. bringing in a child you don’t know the parents at all, that will not be an easy thing. If the child is not related to you or your husband it will be difficult thing in our community. If the child was abandoned and you happen to pick the child, that one may be better because they know you are only trying to help the child. But to just go and bring a child from children’s home it won’t be easy”(Serwa).

Participants also explained that, adopting a child will attract negative comments from community members towards both the woman and adopted child.

“The child will suffer in our community because they will keep calling the child “tampiire” (a person without father). Even when a woman delivers at home before marriage and has to leave that child in the house, they will be insulting the child like it is the child’s fault. This one will even be more than that” (Yaa).

4.2.5 Perceived Self-Efficacy on Child Adoption

Self-efficacy towards child adoption is one of the main themes of the study. The participants expressed their individual convictions on whether they could adopt a child or not. Basically, their positions centered on two main areas which became the subthemes. These include positive and negative conviction.
4.2.5.1 Positive Conviction

One of the subthemes under the self-efficacy was positive conviction towards child adoption. Some participants had positive conviction that they could really carry out child adoption. The reasons for positive conviction were centered on a myriad of views.

Fosuah who is a nurse expressed positive conviction that she could adopt a child. Her position was based on the fact that she works, has a cordial relationship with people and as a Christian, will embrace an adopted child.

“I can adopt a child because I work and am quite sure that any of my relatives will agree to give the child to me because I have good relationship with them. People will not agree to give you their child if they don’t know that you will take good care of the child. I will love an adopted child just like my own. Am a Christian, I will take care of the child like my own child” (Fosuah).

A participant based her positive conviction on the ideology that children are a gift from God hence should be treated with love even when adopted.

“I can adopt a child and I will love him like my own child. A child is a gift from God and so you should not discriminate whether it is your own child or an adopted child” (Araba).

Another participant explained that, she could adopt because she and her husband do not stay at their home town where there will be resistance to child adoption.

“We do not stay in our hometown so it will not be a problem keeping an adopted child. It is my husband who built a house and we are staying alone in town here while the rest of the family is at the village. Because of that, I believe I can adopt a child” (Akosuah).

Another participant based her positive disposition on personal assessment of herself that, she is kind hearted.

“I have kind heart and can take a child that is not my own to come and stay with me without any problem” (Ohema).
The thought of the law giving a legal backing for child adoption was a powerful reason for positive conviction.

“I can adopt a child because am ready to care for the child like my own and the law will give me a backing to call him my own child” (Yaa).

4.2.5.2 Negative Conviction

Negative conviction on child adoption was another subtheme that emerged from the data. Participants’ expression of negative conviction of child adoption were centered on the fact that, there is no precedence hence awareness creation was still necessary to get people endorse and start adopting children.

Though Agyeiwa underscored the importance of the practice of child adoption, her negative deposition was explained as follows:

“I don’t believe I can adopt a child because it is not something when people can’t give birth they just go in for in our community. You will be the first to get a child by this means just because you cannot give birth. I know how good it is but I still think people will have to be educated more on it so that from there it will be accepted” (Agyeiwa).

4.2.6 Cues to Action (Sources of Information) on Child Adoption

Sources of information on child adoption was one of the main themes. All the participants have heard of child adoption but the sources from which they came to be informed about adoption were varied. Participants expression of where they got informed about child adoption was centered on three main sources namely community members, mass media and religious sources. These sources therefore became subthemes under this main theme.

4.2.6.1 Community Members

Most of the participants explained how they got informed about child adoption by the community in which they leave. Participants’ expression of the community members as a source
of their information was centered on instances of child adoption involving their family members, neighbours and friends.

A participant shared an instance where an old lady who already has children picked and adopted an abandoned child.

“I heard of it in our community we stayed some years ago. We were staying in Nima and somebody gave birth and dropped the child in a gutter. An old lady picked the child and sent him to police station. She did everything and kept the child as her own. Meanwhile she has her own children already but she had pity on the child. We all heard and saw the baby so we know that you can pick a child and do papers and keep the child” (Adwoa).

Fosuah who is a nurse also shared that, an abandoned child was picked and brought to the hospital and one of her colleague nurse adopted the child.

“I have heard and seen a child being adopted. I have a colleague at work who adopted an abandoned child that was picked by a “Good Samaritan” and brought to the hospital. My colleague took the child to social welfare and went through a process which am not sure of the details but is now keeping the child” (Fosuah).

Another participant with primary infertility of 12years is currently practicing informal child adoption and had this to say:

“Child adoption is done in our community every time. You pick a child and bring to your home and take care of the child. You become the child’s mother at that point and your husband is also the father. Now, I have my sister’s daughter with me. I took her two years ago when she was 7 years old” (Afia).

A participant also expressed a source of awareness by sharing an instant of child adoption within their family.

“I cannot say I have not heard of child adoption. My Uncle had only boys so he came for my sister. My sister was there till she went to finish teacher training college and got married. We have also heard people saying you can adopt a child that is from the children’s home” (Akua).
4.2.6.2 Mass Media

The media was also seen as a source of information on child adoption among the participants. Specific references were made to television and movies as sources from which some participants heard of child adoption. Participants shared that they have seen in the television or heard on radio of news items on abandoned children and some of them being adopted. They have also watched programmes on television regarding children’s home where some of these abandoned children are kept. Below are some statements made by participants regarding mass media as a source of information on child adoption.

“Yes, I have heard of child adoption in the television. They talk about it also on the radio concerning people who have abandoned their children and also people who have taken such children and are keeping them” (Asantewa).

“Yes, I have heard of child adoption on the television so many times especially regarding abandoned children who need parents to care for them” (Fosuah).

“Yeah, I have heard of it. Sometimes from movies we watch. You can see a movie in which someone that even has children deciding to adopt another child and add” (Ama).

4.2.6.3 Religious sources

Religious bodies notably the church and mosque were also sources of information on child adoption. They served as sources of information on child adoption by their teachings and doctrines. Below are quotes from participants that portrayed religious bodies as sources of information on child adoption.

“In Christianity, child adoption is allowed because we are told to show love to children and the helpless. They encourage us to help children who have lost their parents and really need someone to help them. In our church for instance, there are three children in the mission house with the Pastor and he is caring for them as if they are his own children because they have no parents” (Akua).
“The Quaran also talks about child adoption. We are told that our Prophet (referring to the founder of Islam) adopted some of his slaves and treated them like his own children” (Agyeiwa).

“In Christianity, you are encouraged to help children especially the orphans. According to the bible, Jesus said if you welcome an orphan you welcome him so I believe helping or adopting a child is contained in the bible” (Ohema).

4.2.7 Individual Behaviour towards Child Adoption

This theme seeks to answer the research question, “what are the behaviours of women with infertility towards child adoption?” The individual stance of the women towards child adoption gave rise to three subthemes which include willingness, unwillingness and ambivalent behaviours. Out of the total number of 15 participants, eight (8) of the participants were willing to adopt a child, five (5) participants were unwilling and two (2) participants exhibited ambivalent behaviours towards child adoption.

4.2.7.1 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.

A participant who did not have a special preference regarding gender stated her willingness to adopt a child of 1 year old or even less. She articulated that, this will allow for proper bonding between her and the child.

“I will 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 and know that this is my mother and I will also know that this is my child. 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. I do not select gender because whatever God give me is good” (Akosua).
Another participant with willingness to adopt a child stated why she will prefer a child of aged 5 years and above. She also had no preference regarding gender of the child.

“Yes, I am willing to adopt a child and I will not mind the gender of the child. I will 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).

Another participant stated that, adopting a younger child allows you to train the child well.

“I will 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 house where property of the man will be kept and shared among the boys.

“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 property” (Akua).

“I prefer a younger child, less than 1 year so that she will grow up knowing that I’m the mother. 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 even 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).

One participant stated that her willingness to adopt a girl was based on the immediate helping hand that a girl child could offer in the house.

“I am willing to adopt a child. I will adopt a girl because they are more helpful than boys. For boys, till they grow up and start working and helping 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).
4.2.7.2 Unwillingness

Some participants also stated their unwillingness to go in for child adoption. Unwillingness to adopt a child though can be seen as unacceptability of the concept of child adoption, deep rooted reasons gave birth to such decisions by the participants. The reasons for unwillingness were centered on religious issues, hope of conception, lack of precedence of child adoption and fear of creating marital problems.

A participant who is a Muslim explained that, the concept was not acceptable because the husband is 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 sending a signal that, you have given up on the efforts to deliver your own child. They felt that as Christians they will 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)

Asantewa stated unequivocally that, she is not willing to adopt a child because nobody has done that in their community before.

“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
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*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)

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 this problem 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).

4.2.7.3 Ambivalent Behaviours

Some participants also demonstrated ambivalent behaviours towards child adoption. The participants on this note were indecisive in their behaviour towards child adoption. They indicated that it was quite difficult for them to make a clear statement on whether they will adopt a child or not. They explained that, one needed to be careful in taking such a decision. Below are typical quotes from participants.

“I think I need time to think through properly before I decide whether I will adopt or not. It is something that if you are not careful you may not be happy with so I will have to take my time” (Owusuaa).

“Hmmm, it is difficult to say if I want to adopt a child or not. This taking of another’s child I find it difficult to talk about because I can’t really tell what is in my mind regarding it. Yes, it is good but when you think of good you have to also think of the bad” (Abena).

4.3 Summary of Findings

The findings of the study shows that the women interviewed for this study were aged between 24 and 40 years and consisted of four tribes. Nine (9) of the women were Muslims and six (6) were Christians. Some received formal education while others did not.

The study revealed that the women suffered both psychological and social threats of infertility. Expression of psychological threats was centered on anxiety, stress and depression.
Social threats were centered on marital instability, decreased social recognition, stigma, social pressure and lack of supportive husbands/families.

All the women knew the basic meaning of child adoption. The women also knew the two main types of child adoption namely formal and informal as well as the advantages they have over each other. There was however, a knowledge gap on the requirements and process of adopting a child formally.

The women were of the view that adopting a child could make them happy, open doors for divine blessings from God, get a source of helping hand and allow one select a child of your preferred gender. Despite the benefits that come with child adoption, the women explained barriers that could deter one from adopting a child such as reaction of husbands, psychological dissatisfaction, perceived future uncertainties and unacceptability/discrimination by community members.

The study also established that while some women had a positive conviction that they could adopt a child others had a negative conviction on their personal ability to adopt a child. All the participants have heard of child adoption but the sources from which they came to be informed about it were mainly community members, mass media and religious sources. The individual behaviours of the women towards child adoption were in three different forms namely willingness, unwillingness and ambivalence.
CHAPTER FIVE

DISCUSSION OF FINDINGS

This chapter presents discussion of the findings of the study in relation to the literature that was reviewed on child adoption. The discussion is organized according to the main themes and subthemes that were presented in chapter four with an aim of achieving all the objectives that were set to guide the study. The areas discussed were socio-demographic characteristics of participants, threats of infertility, knowledge on child adoption, benefits of child adoption, barriers to child adoption, self-efficacy on child adoption, cues to child adoption and behaviours towards child adoption.

5.1 Socio-Demographic Characteristics of Participants

The study findings indicate that all the women were married and majority (10) of them were Muslims. Only four women were in polygamous marriages. All those in polygamous marriage were Muslims and this can be connected to the permissibility in Islamic religion to marry more than one wife. A vast majority (11) of the participants were therefore in a monogamous marriage which is consistent with a study conducted in Ghana by Naab et al. (2013).

The participants were of four distinct tribes namely Kusasis, Mossis, Busangas and Frafras confirming the notion that Bawku has a mixture of tribes. The educational background of participants comprised of no formal educational, primary, secondary and tertiary level. Similarly, a study by Adewunmi et al. (2012) in Nigeria had participants from four tribes whose educational background ranged from no formal education to tertiary education. Regarding occupation, a vast majority (14) of them had work or at least a trade making this study congruent with that of Upkong and Orji (2007).
Studies have established that duration of infertility and maternal age are among the important factors that will lead to child adoption (Ali and Sami, 2007; Nwobodo and Issah, 2011; Jones, 2009). In this study, only one participant with primary infertility for 12 years had already adopted a child informally. However, the research approach in the present study did not allow for determination of the relationship between maternal age/duration of infertility and practice of child adoption.

5.2 Perceived Threats of Infertility

The study revealed that some of the women suffered psychological effects of infertility which centered on anxiety, stress and depression. This concurs with several studies that have reported that infertility is associated with psychological consequences such as stress, depression and anxiety (Cousineau & Domar, 2007; Deka & Sarma, 2010; Naab et al., 2013). However, in this study the level of anxiety, stress and depression could not be measured quantitatively because of the research approach.

The women expressed their anxiety in various forms such as worry, not feeling comfortable, doubt regarding when they could conceive, fear and feeling of insecurity. With regards to worry, most of the participants indicated that following their marriages their expectations were to conceive and have their own children. The women therefore made references to others who just got married much more lately and already have their own children. This comparison puts them through more anxiety and stress. Another source of worry was that the women in this study kept looking forward to missing their menses so each month it comes they feel they have lost another opportunity to conceive. Cousineau and Domar (2007) echoed that women suffer a host of psychological distress by having to seek medical care, undergo invasive procedures and check for menstruation every month hoping that it does not come. Naab
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(2014) also implied that infertile African women become more psychologically distressed each time they experience their menstruation.

A study in Nigeria established that decreased spousal support leads to increases in the level of stress among women with infertility (Upkong and Orji, 2007). The present study also found that the women reported unsupportive husbands and this could compound the already existing stress associated with childlessness. Though the scope of the present study did not include assessing the relationship between spousal support and level of anxiety, it can be reasoned that women who have supportive husbands and family will have lower stress than those with unsupportive husbands and family. This is because the pressure from unsupportive husbands and family in itself can contribute to increased levels of stress. To buttress the importance of the good marital relationship, a study in Japan also noted that lack of supportive husbands was the main factor associated with increased psychological distress among women with infertility (Matsubayashi et al., 2004).

The study also established that the women experienced depression and this is often manifested in sadness, crying and inability to eat. This finding is in consonance with a study in South Africa where women with infertility reportedly suffer anger, profound sadness, bitterness, loneliness and depression (Dyer et al., 2002). All the depressive symptoms manifested by the women in the present study depict how important childbirth is to married women. This gives credence to a study by Minucci (2013) which echoed that having biological children is a very important event in the lives of married couples. Typically, giving birth is the foremost expectations of every marriage thus inability to conceive can be psychologically traumatizing.

The study also revealed that the women suffer social effects of infertility such as marital instability, social pressure, stigma and decreased social recognition. According to Klemetti et al. (2010) a serious difficulty in adapting to infertility as individuals and together as an entity is the
main cause of marital instability. This present study revealed that marital instability gradually sets in following a decrease or loss of hope to conceive indicating a failure to adjust appropriately to the situation. There was evidence that husbands initially showed love and support to their wives but this gradually faded when the periods of waiting were becoming longer than expected.

In both Ghana and South Africa, stigma and marital instability are identified as some of the key social consequences suffered by women with infertility (Dyer et al., 2002; Fledderjohann, 2012). The present study also found that some of the women were stigmatized by being falsely accused of using family planning methods to delay childbirth. This form of accusation is meted out to women who are literates because the family and community members sometimes believe that they could be consciously delaying childbirth to allow them further their education.

The study also established that the women suffered from social pressure which mostly came from mother-in-laws and other family members. The high premium placed on children was the brain behind pressure put on these women by mother-in-laws and other family members. In a typical Northern Ghanaian society, elderly women take pride in having to see their grandchildren in their life time. As a result, mother-in-laws eagerly look forward to the fulfilment of this expectation when their sons get married. Similarly, a study by Tabong and Adongo (2013) in Upper West Region of Ghana revealed that infertile couples reported unsupportiveness of some family members especially mother-in-laws who keep demanding for grandchildren. Some women in the present study also reported that their husbands were encouraged to marry second wives because of their inability to conceive. This concurs with that
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of Naab (2014) which established that husbands of infertile women are often encouraged to marry another wife.

The study also revealed that the women suffered decreased social recognition. They reported being disrespected by colleagues and even left out in some communal social events. In consonance, a study in Malawi echoed that infertile women are not respected and recognized in society (Barden-O’Fallon, 2005). Barden-O’ Fallon (2005) also revealed that some of the women in the study explained that people see them as fools as if they are walking about with no clothes on.

5.3 Knowledge on Child Adoption

The women showed a general knowledge on the meaning of child adoption which indicated that the concept was not new to them. They have all heard of child adoption including the two main types thus formal and informal child adoption. In terms of awareness, the findings are in consonance with that of studies in Nigeria (Adewunmi et al., 2012; Atibinye et al., 2015; Avidime et al., 2013; Nwobodo & Issah, 2011; Omosun & Kofworola, 2011) and Cameroun (Nguefack et al., 2014). In the present study, the women thought that child adoption has to do with taking a child that is not your biological child and assuming responsibility for his or her upkeep. One participant also indicated that before child adoption could take place the couple must come to a consensus. This idea though expressed by only one woman, it is a legal requirement for child adoption stipulated in Section 69 of 1998 Children’s Act (Act 560) of Ghana.

Following a general awareness on the two main types of child adoption, some of the women preferred adopting a child from a relative than going to a government institution to adopt a child. The reasons for this preference were that they were familiar with this method of child
adoption and thought that even if the biological parents take the child back, there is still a permanent familial relationship. The women also reasoned that there were no fears of the child inheriting a bad behaviour or unknown diseases since the biological parents’ background is known. This finding agrees with that of Oladokun et al. (2010) which established that refusal to engage in formal child adoption was associated with the feeling that there is no genetic linkage with the adopted child, the child could have inherited diseases and there may be a mental disorder in the child’s biological parents’ family.

The Study also found that some of the women will prefer adopting from a government institution (formal adoption) because they thought it will set them free from having problems with the biological parents who may even accuse them falsely when something unfortunate happens to the adopted child. The participants’ main reason for this may be that most of the children available for adoption from government institutions are abandoned and their parents are unknown. However, the 1998 Children’s Act of the Ghanaian constitution stipulates in Section 68 that the identity of the applicant for child adoption may not be made known to the natural parents or guardians. Also, the constitution prevents the natural parents from withdrawing the adopted child from the adoptive parents until an order is obtained from the court. This constitutional provision allows the adoptive parents to keep the child without being heckled by the biological parents. If the participants know of this constitutional provision, then they will realize that if you adopt formally you will be free from all the potential fear of false accusations.

Some women also 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 Section 70 of the 1998 Children’s Act which states that, natural parents who consent to child adoption must understand that it permanently deprives them of their parental rights.

Despite knowing that child adoption comes with responsibility for the upkeep of the child, most of the participants did not know the other requirements that one will have to meet in order to adopt a child in the formal process. The study revealed that some women perceived having a white colour job, earning a monthly salary and being financially sound as the requirements for child adoption. This finding agrees with that of Omosun and Kofworola (2011) where only a few participants knew the requirements involved in child adoption. According to the 1998 Children’s Act, the occupation of the adoptive parents among other particulars are collected but there is no such requirements as perceived by the women in this study. The constitution also requires that the adopted child be taken care of properly including the provision of education.

The process of adopting a child was also unfamiliar to most of the participants indicating a gap in knowledge in this regard. Most of the participants admitted they did not know the process of adopting a child formally. This finding is congruent with that of Foluso et al. (2014) which indicated that the process of adopting a child in South-Western Nigeria was tortuous and financially expensive yet unknown to many people. On the other hand, the finding is at variance with that of Nguefack et al. (2015) in Douala, Cameroun which indicated that 60% (n=180) of the participants knew the process. However, the study by Nguefack et al. was a quantitative study that only asked the respondents if they knew the procedure or not. It can be reasoned that,
an in-depth interview of those who said they knew the process might be required to validate their claim and allow for a more appropriate comparison with this study.

5.4 Perceived Benefits of Child Adoption

The foremost benefit of child adoption that was reported is the happiness associated with also having a child. The participants explained that, child adoption will also give them joy of being there for a child whose parents are unavailable and an opportunity to train a child. This finding is in tandem with that of Foluso et al. (2014) whose qualitative study among infertile women revealed among other benefits, ensuring a good life for the adopted child, giving joy and fulfilment of parenthood to the adopters. Some of the women in the present study also reported that the adopted child will be a source of companionship when their husbands are not at home. This was especially true for those with primary infertility since they are left alone at home or in their rooms when their husbands are away.

The women also viewed the presence of an adopted child as a source of domestic help as well as source of security for the care of the parents at old age. Similarly, a study by Foluso et al. (2014) revealed among other things, the adopted child being a source of help to adoptive parents when they are old and can no longer fend for themselves. With regards to domestic help, the participants in the present study reported that female children can help with sweeping, cooking and washing at home. It must be noted that in traditional Northern Ghana, domestic chores are done by females and their male counterparts help with farming and care of animals.

The study found that child adoption is associated with divine blessings. The women explained that if you adopt and care for the child open heartedly, God will reward you with your own children. A study by Oladokun et al. (2009) in Nigeria established that participants of one focus group intimated that in Yoruba culture, an adopted child normally brings the blessing of
getting a biological child. This belief of divine blessing is a positive motivation that will encourage more people with infertility to consider child adoption.

The study also established that child adoption allows the adoptive parents to make a choice regarding the gender of the child they prefer. To this effect, the participants stated that through child adoption one has control over what gender of child you need unlike when you become pregnant you will have to contend with whatever sex comes. This stand was expressed among those with secondary infertility who now need a child of a specific gender. Thus, the finding is in consonance with other studies which all cited child adoption as a means of getting the preferred choice of gender (Eke et al. 2014; Nwobodo & Isah, 2011; Omosun & Kofworola, 2011). However, the current study employed an explorative approach which does not focus on the percentage figures but rather try to understand in detailed the rationale behind certain choices.

5.5 Perceived Barriers to Child Adoption

The study found that women considered a decision to adopt a child as a very important one that centres on the approval of the husband. In the traditional parlance, the man is considered the head of the family and this means he takes all the important decisions on behalf of the family. Also, a constitutional provision in Section 69 (2) of the 1998 Children’s Act of Ghana states that in the case of an applicant for child adoption who is married, the consent of the spouse shall be required for the court to grant the approval. In this study participants in polygamous marriages reported clearly that, their husbands will disapprove of child adoption because they already have children or hope to have children with the other wives. This concurs with the study findings that women with infertility are most likely to find themselves in polygamous marriages because their husbands are encouraged by relatives to marry another wife
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so as to produce children for continuity of the family (Omoaregba et al., 2011). Husband’s disapproval of child adoption based on the presence of a second wife can also be said to be connected to religious background of the couple. This is because polygamy is allowed in the traditional and Islamic religions thus in this study all those in polygamous marriages were Muslims. With regards to hope of bearing their own children as the main reason for which husbands will refuse child adoption, some women who were even in monogamous marriages also reported same. A study on the barriers of child adoption in Iran also revealed that most of the respondents did not want to adopt because they were hoping to give birth to their biological children (Bokaie et al., 2012).

Some of the participants also reported that their husbands will disapprove of child adoption because of a high preference for children who have blood relations with them. This position is parallel to the conclusion that in typical Ghanaian society, high value is placed on biological parenting (Donkor, 2008). The finding also agrees with a study in Douala, Camaroun by Nguefack et al. (2014) and other studies in Nigeria (Eke et al., 2014; Foluso et al., 2014; and Oladokun et al., 2010) which all identified lack of genetic linkage as one of the main barrier to acceptability of child adoption.

The study also found that some of the participants were unable to tell what their husband’s reaction will be when it comes to decision making regarding child adoption. They reasoned that the decision to adopt may not depend entirely on their husbands but also the family will have to give their consent. Similarly, Ali and Sami (2007) revealed that the decision to consider child adoption does not only depend on husbands but mother-in-laws as well. Also, Ojela et al. (2015) established that the consent of the extended family members is very important when adopting a child in patrilineal society. This is because the decision as to who can inherit
property depends on the extended family members when the adoptive parents pass on. In Northern Ghana, property of a man is traditionally inherited by the first born male who then shares with his male siblings. Female children are disregarded in terms of inheritance of property because they are expected to get married and are seen as part of the marital home than the biological home.

Psychological dissatisfaction was another outstanding barrier that was reported in this study. The participants reported that, adopting a child will simply not let them feel as if they have delivered. Delivering a child in every marriage is often taken as important achievement and a sign that the marital relationship is full of blessings thus psychological satisfying to the couples. The women indicated that, there was a psychological dichotomy between having a biological child and getting a child by adoption. This finding concurs with that of other studies which cite psychological dissatisfaction as a militating factor against child adoption (Bokaie et al., 2012; Ezugwu et al., 2002). Another important psychological barrier uncovered in the current study was that some women thought that adopting a child will create an impression that you have lost the struggle to get your own child. This stance seems to agree with the Christian maxim that “with God all things are possible” which inspire followers that they should never give up in any of such situation because God will answer them in due course. This urges them on to continue struggling for their own children rather than go in for child adoption.

Some of the participants held the view that an adopted child even if accepted will suffer discrimination when the adoptive father passes on and they are to share his property. The participants alleged that, in an attempt to psychologically prepare the child’s mind towards this discriminatory fate, they may start stigmatising the child by referring to him as a bastard. Similarly, a study by Ojelabi et al. (2015) in Igbo land of South-Eastern Nigeria established that
Factors Influencing Child Adoption

their culture does not allow an adopted son to be accepted into the family making it difficult for them to inherit property of their adoptive parents.

Some of the women in the present study also reported unknown reaction of the adopted child when he finally discovers that the adoptive mother is not the biological mother. There was evidence shared by some participants in which children adopted informally became very ungrateful and reacted in the most surprising manner towards adopted parents upon discovering that they were adopted. This fear may even be worse with formal child adoption because most of those children are abandoned with unknown parental background. However, a provision in Section 72 of the 1998 Children’s Act of the Ghanaian constitution requires that only the adoptive parents can divulge the parental background to the adopted child and this should be done when the child is at least 14 years of age. This provision also spells out punishment for any other person found guilty of divulging such information to the adopted child apart from the adoptive parents.

The study also revealed that unacceptability or discrimination against the adopted child was a major barrier that hinders the practice of child adoption. The participants also emphasised that an adopted child will be treated as an alien because traditionally they value blood relations. Participants of the Kusasi tribe stated that, the child will suffer a lot of insults and may even be referred to as “tampiire” (a person without known biological parents). Other Kusasi participants also noted that the family will contribute to your frustration and that of the child by referring to the child as “sankpase” (bastard). This concurs with that of Igoland where the indigenes claim that even an “osu” (a slave) is better than an adopted child because a slave knows his roots but the adopted child does not (Alonih, 2011). Similarly, Nwaogo (2013) noted that the unacceptability of child adoption in Eastern Nigeria could mainly be resulting from the
indigenous ideology of “onyebiaraabia” which means ‘the stranger’. In this current study, the reason for referring to the child as a bastard is to label the child and let him not consider himself a biological child of the adoptive father least he may consider himself a member of the lineage. In contrast, other studies in Nigeria have stated the continuity of lineage as one of the reasons for which a childless person may consider adopting a child (Nwobodo & Isah, 2011; Omosun & Kofworola, 2011).

It must be stated that all instances of formal child adoption that participants shared in this study took place to salvage and provide care for an abandoned child and not for the purpose of infertility. Hence, it was established that adopting a child formally as a solution to infertility will be seen as an odd practice because some people have not even heard of the practice before. This finding is in congruence with that of Oladokun et al. (2009) in which one of the focus groups echoed that they only know of adopting a relative child and that formal child adoption was strange to them. The lack of precedence is therefore the main factor that will turn people off from considering child adoption.

The study also established that the family will reject child adoption because the inability to bear children is often thought of as a problem associated with the woman and that the man could marry another wife if the treatment fails. To confirm this, in traditional Northern Ghana infertility treatment is often targeted at the woman. This way of thinking is definitely primitive and needs education to let people understand that infertility could be associated with any gender. In congruence with this, Cousineau and Domar (2007) established that regardless of the spouse who has the infertility problem, the woman is the center of attention who have to report at the hospital and undergo most procedures putting her at the receiving end of most of the psychological impact of the infertility.
5.6 Perceived Self-Efficacy on Child Adoption

Some of the women had positive self-conviction that they could adopt a child. This was based on personal feeling of kind heartedness and having good relationship with relatives. The most revealing finding here was that some women who have relocated with their husbands to the Bawku main town had positive conviction that they could adopt a child. They reasoned that, their families that can be a source of opposition to child adoption are not around them. To complete this stand, some of the women reported that they can adopt a child because the law will give them the legal backing to keep the child. Despite positive conviction by most of the participants only one of them was engaged in child adoption which was even the informal type. This finding agrees with that of Nguefack et al. (2014) which revealed that, in practice only one percent of their respondents had adopted a child. Though the study method of Nguefack and colleagues was different and did not seek to look at the self-efficacy on child adoption, in practice positive conviction is strongly connected to actual engagement in action.

Some of the women had negative conviction on their personal capability of adopting a child. This negative conviction was based on the lack of precedence of child adoption as a solution to infertility in their various communities. 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. Despite knowing the benefits of child adoption, participants themselves suggested the need for educational campaigns to create awareness on child adoption.
5.7 Cues to Action (Sources of Information) on Child Adoption

The study established that some of the participants got informed about child adoption within the community in which they live. It was reported that some community members who have picked abandoned children have adopted them. The study also revealed mass media as a major source of information on child adoption. In consonance with other studies in Nigeria, sources of information on child adoption include friends, media, church, Social Welfare Division and motherless babies home (Avidime et al., 2013; Eke et al., 2014).

The women also cited religious bodies and doctrines as sources of information on child adoption. Participants of the Islamic faith claimed that the founder of their religion (Prophet Mohammed) adopted some of his slaves and treated them like his children. In Christianity for instance the participants alleged they are encouraged to show love to those who have no source of help. The Christian ideology that “if you welcome an orphan to your home you have welcomed Christ” creates awareness on child adoption. A study in the United States found that religious bodies are important sources of information on child adoption especially for black children who are comparatively not well accepted by potential adoptive parents (Belanger et al., 2008). The study by Belanger et al. further stated that there is evidence to suggest that a precedence set by a church member in adopting a child will attract other members to follow. Similarly, a Christian in the present study also revealed that child adoption is being pursued by their pastor and this exemplary life also helps spread information on the concept. Though, in this case the pastor is basically practicing informal child adoption, the responsibility for upkeep of the said children and the impression it creates is making the necessary impact in terms of awareness creation.
Though infertility is treated at the hospital, it is worth noting that health personnel or the hospital did not emerge as one of the sources of information on adoption in this study. Though it may be inappropriate to generalize these findings, it draws attention on the unpopularity of child adoption as a treatment alternative for infertility employed in health facilities. It is also difficult to understand if the information on child adoption shared by the media, religious bodies and community members is accurate and serving the intended purpose of promoting child adoption among women with infertility.

### 5.8 Individual Behaviours towards Child Adoption

The study established that, some of the women were willing to adopt, others were unwilling and yet others had ambivalent behaviours towards child adoption. This finding is in tandem with that of Avidime et al. (2013) in Nigeria and Nguefack et al. (2014) in Cameroun which all indicated that some of their participants were willing to adopt, others unwilling and some were indifferent. Unlike in the studies by Avidime et al. and Nguefack et al., the study approach in the present study does not focus on reporting percentages of respondents who are willing, unwilling or indifferent towards child adoption.

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 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 house to compete for property of the parents. This further confirms
the traditional stand that female children are not included when it comes to sharing the property of their late parents.

According to a study by Bokaie et al. (2012) in Iran which is a Muslim dominated country, most participants who were unwilling to adopt a child stated that, the practice was culturally unacceptable. 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. This finding also gives credence to the explanation given by Abubakar et al. (2013) that in Islam the adoptive parents are considered as helpers of the adopted child and cannot replace the biological parents.

In summary, the women in this study suffered from both psychological and social consequences of infertility. Generally they experienced anxiety, depression, stress, decreased social recognition, marital instability among others which is consistent with other studies in the literature. The women had basic knowledge on the meaning of child adoption though they did know the requirements and the process one will have to go through as contained in the Ghanaian constitution to formally adopt a child. They knew that adopting a child could come with benefits but barriers such as unacceptability or discrimination characterised by insults and name calling were discovered which was consistent with other studies in the literature. Generally, some of the findings were consistent with other studies reviewed in the literature, some were at variance and others were entirely new.
CHAPTER SIX

SUMMARY, IMPLICATIONS, CONCLUSION AND RECOMMENDATIONS

This chapter contains the summary, implications, conclusion, limitations and recommendations.

6.1 Summary

Infertility is a major problem that put women through a lot of psychosocial consequences especially in the Bawku municipality where poverty limits the ability to receive a comprehensive medical treatment. Child adoption is an alternative solution for infertility as it offers the much needed requirement of getting a child especially for infertile women. The study therefore explored the factors influencing child adoption among women with infertility in the Bawku Municipality. The health belief model was used as an organising framework for this study and specific objectives were formulated consistent with the constructs of the model. Literature review was then carried out on child adoption to lay the grounds for a discussion of findings.

The study was a qualitative research with descriptive exploratory design. Fifteen women with infertility attending Presbyterian Hospital, Bawku who met the inclusion criteria were purposively selected. Data was collected by means of a face-to-face interview using a semi-structured interview guide. Each interview lasted thirty to forty-five minutes and was audio recorded. The interviews were transcribed verbatim and analysed using thematic content analysis. The findings resulted in seven main themes and twenty-three subthemes.

The study revealed that the women were aged between 24 and 40 years and comprised of four tribes namely Kusasi, Mossi, Busanga and Frafra. Majority (9) of them were Muslims and the rest were Christians. All the women had an idea on the meaning of adopting a child but there was a knowledge gap regarding the requirements and process of child adoption. The women experienced both social and psychological effects of infertility. Psychological threats experienced were in the form of depression, stress and anxiety. Social threats of infertility
Factors Influencing Child Adoption

experienced by the women include marital instability, decreased recognition, social pressure and stigmatization.

The perceived benefits of child adoption according to the women include happiness, the child as a helping hand, divine blessings and getting a child of choice regarding gender. The study revealed perceived barriers to child adoption such as reaction of husbands, psychological dissatisfaction, perceived future uncertainties and unacceptability/discrimination by community members against the adopted child. While some had a positive personal conviction on their ability to pursue child adoption, others had negative conviction. The sources of information on child adoption were community members, religious bodies and the mass media. Some of the women also expressed their willingness to adopt while others were unwilling yet others were indecisive regarding child adoption.

6.2 Implications
The findings of the study had implications for nursing practice and nursing research.

6.2.1 For Nursing Practice
The study established that the women suffer both psychological and social threats of infertility. This will require education of husbands and family members so that they will appreciate the effects of such consequences on the health of women. Husbands will also need education to understand that childlessness can result from either male or female reproductive tract problems hence the need to work together towards a solution to the problem. The study also revealed that, the hospital was not identified by the women as a source of information on child adoption. This puts an enormous responsibility on nurses who play a vital role in patient education and psychosocial counselling to put in plans to introduce child adoption to women as a viable alternative to formally getting a child.
6.2.2 For Nursing Research

Nurses play a pivotal role in health delivery but their knowledge will be obsolete if it is not based on research. Nurses cannot only rely on the findings of other professionals for their practice but will have to get engaged in research to inform their practice. Nurses should therefore go into research on viability of child adoption as treatment option for infertility. During literature review for the present study, there was paucity of research based information on child adoption in Ghana necessitating the need for more research in this area. If studies on child adoption are conducted in Ghana, context appropriate and evidenced based information will be available to inform the role nurses will have to play in child adoption.

6.3 Conclusion

The benefits that come with child adoption as revealed by this study are high and motivating enough to encourage people who desire children to practice it. However, certain deeply rooted factors such as high preference for blood relations, polygamy, lack of precedence and perceived future uncertainties among others wage a challenge against the acceptability of the concept of child adoption. To pursue formal child adoption, one must have adequate knowledge on the requirements and process as enshrined in the constitution of the country but the study revealed that the process was generally unknown to the women. All the above gaps indicate a wake-up call for intensive education that will prepare the grounds for acceptability of child adoption among victims of infertility in the Bawku Municipality.

6.4 Limitations of the Study

The non-involvement of husbands in this study was a major limitation because their perspective would have been important to allow for a conclusion that will represent both husband and wife as an entity. Also, the study suffers from the general limitation of qualitative studies
which mainly has to do with inability to generalise the findings to the larger population because of the smaller sample size involved.

6.5 Recommendations

Recommendations based on this study are to the ministry of health, ministry of gender and social protection, the internal management committee of Presbyterian Hospital, Bawku, non-governmental organisations and nurse researchers.

6.5.1 Ministry of Health (MoH)

The ministry of health should:

- Ensure that there is a current national database on the prevalence of infertility and the number of infertile couples who are ready to adopt.
- Should collaborate with that of gender and social protection so as to prioritise applications for child adoptions from people with infertility.
- Should organise tailor-made programmes on psychosocial counselling of infertile women
- Encourage and provide funding for research on child adoption that will lead to the development of a cultural sensitive intervention model in Ghana.

6.5.2 Ministry of Gender and Social Protection

The ministry of gender and social protection should:

- Keep an up-to-date national database on the number of children available for adoption and include their ages, gender and location.
- Organise child adoption specific training programmes for social workers so as to equipment them to support interested infertile women who are seeking child adoption.
- Establish a child adoption desk in the offices of all social welfare departments and the public informed and encouraged to come for the needed support.
6.5.2 The Internal Management Committee (IMC) of Presbyterian Hospital, Bawku

The IMC should:

- Recruit professional counsellors who will play a role in supporting those who want to consider child adoption.
- Institute measures to encourage husbands to accompany their wives to the hospital each time they are coming on the account of infertility.
- Initiate public education to let people understand that infertility could result from either male or female factors.

6.5.3 Non-Governmental Organisations (NGOs)

NGOs should:

- Carryout public education through community durbars on the viability of child adoption as an option in formally getting a child.
- Initiate supportive services for adoptive parents and their adopted children to help them integrate properly into society.

6.5.4 Nurse Researchers

Nurse researchers should:

- Use quantitative approach to study the factors that influence child adoption.
- Extend the scope of future research to both public and private hospitals where infertility care is provided to enable adequate representation.
- Include husbands, wives, religious leaders and traditional leaders in future research to unearth a multidimensional perspective on the concept of child adoption.
- Determine the relationship between the various constructs of the health belief model
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Factors Influencing Child Adoption


Factors Influencing Child Adoption


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DOI: 10.5901/mjss.2015.v6n1S1.p75


Factors Influencing Child Adoption


Appendix A: Consent Form

CONSENT FORM

Title: Factors influencing the practice of child adoption among women with infertility in Bawku Municipality
Principal Investigator: Nachinab Gilbert Ti-enkawol
Address: School of Nursing, University of Ghana, gilbertnaknah@gmail.com, 0249787993

General Information about Research

Child adoption is an option through which people can get children. Child adoption can also be practiced in marriages where the woman is unable to produce her own children. This project is intended to study the factors that influence the uptake of child adoption among women seeking treatment for childlessness. You are therefore invited to take part in this study where you will be interviewed for 45 minutes to 1 hour. The interview will take place in an office in the Presbyterian Hospital, Bawku but if you are not comfortable here you can suggest another place of your choice. You are free to accept or refuse to participate in this study and you will not be affected in any way. Your name will not be mentioned in the interview or in any part of the study. The information you share will be recorded and played privately by me and my supervisors only.

Possible Risks and Discomforts

Some of the questions you will be asked may remind you of some unpleasant past events. You are free to decide to continue the interview if you feel comfortable. However, if you feel like you cannot continue with the interview your wish will be accepted as well. An arrangement has been made with a counselor (Rev. Father Alhaja Vitis, 1st. no. 02065/7955) who will in the case of emotional breakdown come in to support you. This counseling service will be at no cost to you.

Possible Benefits

There are no direct benefits to you for taking part in this study. The study findings will inform nurses on what to bear in mind when educating clients on child adoption as a treatment option for infertility.

Confidentiality: Information that can be used to identify you will not be included in the study. Your name, and house number will not be written. Instead, a false name will be used to label the information collected.
from you. Only the researcher and supervisors will have access to the information you share and your name
will not be mentioned in any of the research reports. All study information will be securely stored and be
destroyed in five years after the study. Also, any publication from this study will not include any information
that can be used to identify you.

**Compensation**

An amount of ten Ghana cedis only will be given to you for transport at the end of the interview.

**Voluntary Participation and Right to Leave the Research**

Taking part in this research is purely voluntary. You are therefore free to choose either to accept or not to
accept to take part. Your choice will be respected and there will not be any penalty against you because of the
choice you make.

**Contacts for Additional Information**

If you need further clarifications on this research you can contact me or my supervisors using the contacts
below.

Researcher: Nachinab Gilbert Ti-enkawol, Department of Maternal and Child Health, School of Nursing,
University of Ghana, gilbertmakh@gmail.com, 0240787993.

Supervisors: Professor Ernestina Donkor, Department of Maternal and Child Health, School of Nursing,
University of Ghana, esdenkor@ug.edu.gh, 0243114968.

Dr Florence Naab, Department of Maternal and Child Health, School of Nursing University of Ghana, Email:
fnaab@ug.edu.gh, 0204522332.

**Your rights as a Participant**

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial
Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research
participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438
or email addresses: nirb@noguchi.mimcom.org

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research titled “factors influencing the practice of child adoption among women with infertility in Bawku Municipality” has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

________________________________________
Date                                      Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

________________________________________
Date                                      Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

________________________________________
Date                                      Name Signature of Person Who Obtained Consent

INTEGRI PROCEDEAMUS

VALID UNTIL
03 NOV 2016
APPROVED DOCUMENT
Appendix B: Interview Guide

Section A (Socio-Demographic Data)

Please tell me about yourself

Probes

Age
Education
Marital status
Number of wives of the husband
Number of years of marriage
Number of children
Age of last child
Years of searching for a child
Religion
Tribe

Section B

Level of Knowledge on Child Adoption

1. What do you understand by child adoption (Probes)?
2. What must one meet to be able to adopt a child?
3. What are the types of child adoption you know of (probes)?
4. Why will you prefer to adopt a relative child?
5. Why will you prefer adopting from a government institution?
6. What is the process of adopting a child in Ghana (Probes)?
Perceived Severity of infertility

1. How do you perceive life in this situation of infertility?

2. What reminds you of this situation?

3. What are normally your feelings or reactions as you remember?

4. How does your husband treat you because of this condition?

5. How does the family treat you because of this condition?

Perceived Benefits of Child Adoption

1. What are the good things that adopting a child will bring to you?

2. What are the good things that you think will happen to the adopted child?

3. What in your life will change if you adopt a child?

Barriers to child Adoption

1. What are some of the things that will make it difficult for you to consider child adoption (probes)?

2. What do you think will be your husbands’ reaction if you suggest child adoption to him?

3. What will be the reaction of your family members if you decide to adopt a child?

4. How do you think an adopted child will be treated by your community?

Self –Efficacy

1. What makes you think you can or cannot adopt a child?

2. Will you be able to love an adopted child?

Cues to Child Adoption

1. Have you heard of child adoption? From where?

2. What does your religion say about child adoption?
3. Do you think adoption should be preached? Probes

**Behaviours towards Child Adoption**

1. Are you willing to adopt a child? (Probes)

2. What are the things you will consider before adopting

   Probes
   
   Age
   
   Gender
Appendix C: Ethical Clearance

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Established 1979
A Constituent of the College of Health Sciences
University of Ghana

INSTITUTIONAL REVIEW BOARD
Post Office Box LG 581
Legon, Accra
Ghana

My Ref. No: DF 22
Your Ref. No:

4th November, 2015

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824
NMIMR-IRB CPN 013/15-16
IRB 00001276
IORG 0000908

On 4th November 2015, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

TITLE OF PROTOCOL: Factors influencing the practice of child adoption among women with infertility in Bawku Municipality

PRINCIPAL INVESTIGATOR: Nachinab Gilbert Ti-enkwol, MPhil Cand.

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 3rd November, 2016. You are to submit annual reports for continuing review.

Signature of Chair: ……………………. 
Mrs. Chris Dadzie
(NMIMR-IRB, Chair)

cc: Professor Kwadwo Koram
Director, Noguchi Memorial Institute for Medical Research, University of Ghana, Legon
Appendix D: Introductory Letter

SCHOOL OF NURSING
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA
LEGON

Telephone: 0302-513255 (Dean)
0302-513250 (Secretary)
028 9531213
Fax: 513255
E-mail: nursing@ug.edu.gh

Our Ref. .............. SON/F.11 ..............
Your Ref. ......................

November 27, 2015

The Administrator
Presbyterian Hospital
P.O. Box 45
Bawku
UE/R

Dear Sir/Madam,

INTRODUCTORY LETTER

I write to introduce to you Nachinab Gilbert Tienkawol, an M.Phil year II student of the School of Nursing, University of Ghana, Legon. He is conducting a research on “Factors Influencing the Practice of Child Adoption among Women with Infertility in Bawku Municipality.”

I would be grateful if you could kindly offer him the necessary information needed.

Thank you.

Yours faithfully,

Prof. Ernestina Donkor
Ag. Dean
Appendix E: Map of Bawku Municipality

Source: Ghana Statistical Service (2010)
### Appendix F: Summary of Socio-Demographic Characteristics

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Educational Level</th>
<th>Marital Status</th>
<th>Years of Marriage</th>
<th>No. of children</th>
<th>Occupation</th>
<th>Years of searching for a child</th>
<th>Religion</th>
<th>Tribe</th>
<th>No. of wives of husband</th>
</tr>
</thead>
<tbody>
<tr>
<td>FW1</td>
<td>Abena</td>
<td>28</td>
<td>No formal Education</td>
<td>Married</td>
<td>13</td>
<td>2</td>
<td>Housewife</td>
<td>4</td>
<td>Muslim</td>
<td>Mossi</td>
<td>1</td>
</tr>
<tr>
<td>FW2</td>
<td>Adwoa</td>
<td>40</td>
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<td>Married</td>
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<td>None</td>
<td>Farming</td>
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<td>Muslim</td>
<td>Mossi</td>
<td>2</td>
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<tr>
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<td>2</td>
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<td>Mossi</td>
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</tr>
<tr>
<td>FW4</td>
<td>Ama</td>
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