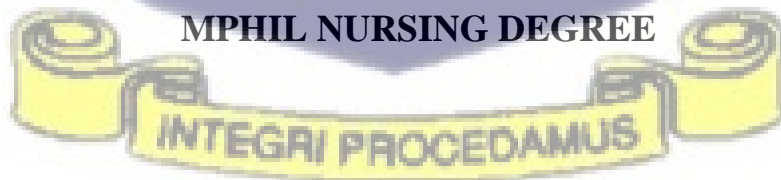


**UNIVERSITY OF GHANA
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY**

**CHILD ADOPTION AWARENESS AMONG WOMEN WITH
INFERTILITY IN THE GREATER ACCRA REGION**



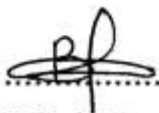
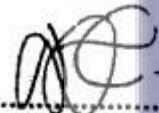

**A THESIS SUBMITTED TO THE SCHOOL OF NURSING AND
MIDWIFERY, UNIVERSITY OF GHANA, LEGON IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
MPHIL NURSING DEGREE**

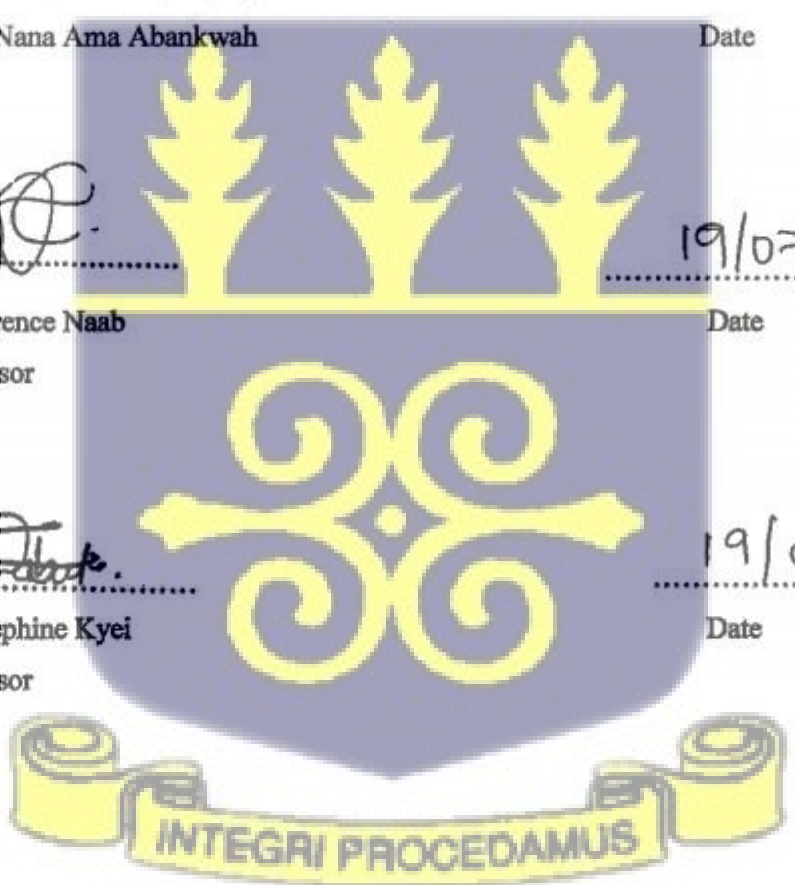


SEPTEMBER, 2021

DECLARATION

I, Belinda Nana Ama Abankwah, declare that this thesis, titled "Child Adoption Awareness Among Women with Infertility in the Greater Accra Region," is entirely my work, completed with the assistance of my supervisors. Additionally, I declare that, except for duly acknowledged published works and books, this thesis has not been submitted in whole or in part for a degree or award at this university or any other institution.

	19/07/22
Belinda Nana Ama Abankwah Student	Date
	19/07/22
Dr. Florence Naab Supervisor	Date
	19/07/22
Dr. Josephine Kyei Supervisor	Date



DEDICATION

I dedicate this great work to my adorable son Michael Kpapka Quartey. You have motivated me to do this.



ACKNOWLEDGEMENT

I thank God for his grace, wisdom, and strength throughout my MPhil studies. My sincere appreciation goes to Dr. Florence Naab and Dr. Josphine Kyei, whose critical assessment of this thesis aided its development to the standard it has achieved. They served as mentors and served as an inspiration for me throughout this journey. I am grateful to you all for your guidance and support. I am indebted to all Lecturers and staff members at the School of Nursing and Midwifery for providing me with the conducive environment necessary to succeed in this programme.

My heartfelt gratitude goes out to all of my beautiful participants, whose participation made this study possible. I appreciate your time and allowing me access to your private lives. God will grant you all your heart desires. Also, to the administration of St. Moses Hospital, Ga west, for allowing me to conduct the study on their premises. I also want to appreciate the oh, happy day foundation (OHaD) for their support and counseling during my time of distress.

Finally, to my friends and colleagues, I want to thank you for their encouragement and support in getting me this far. This acknowledgment would not hold without expressing my heartfelt appreciation to my wonderful husband, who made significant financial sacrifices to enable me to complete this program. I can only wish you abundant blessings from God.

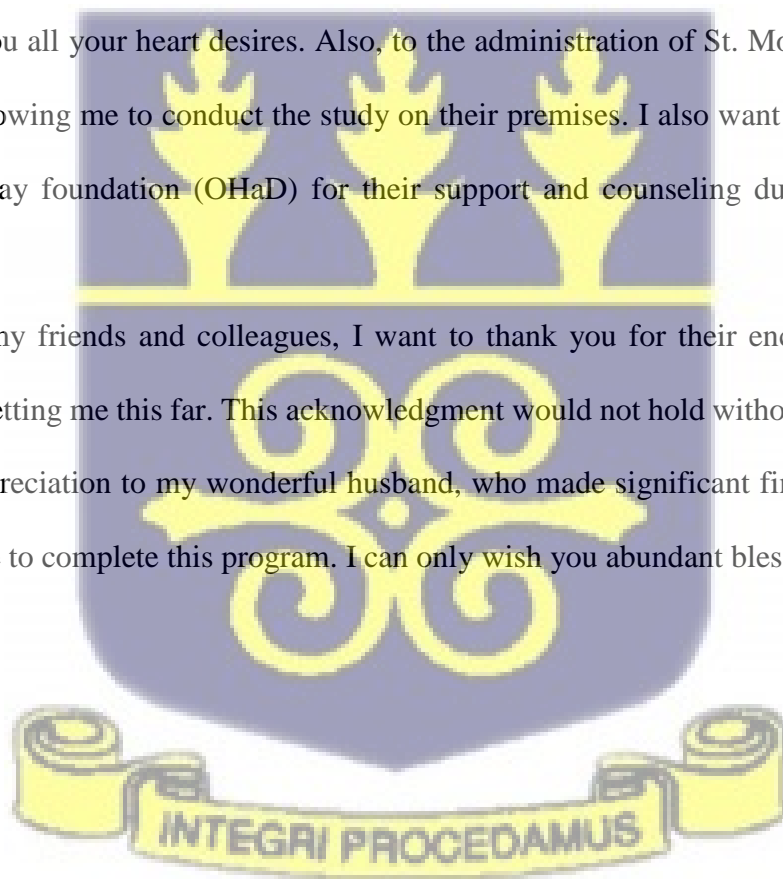


TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF ABBREVIATIONS	x
ABSTRACT	xi
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the Study	1
1.2 Problem Statement	4
1.3 Purpose of the Study	5
1.4 Specific Objectives	5
1.5 Research Questions	6
1.6 Significance of the Study	6
1.7 Operational Definitions	7
CHAPTER TWO	8
THEORETICAL FRAMEWORK/ LITERATURE REVIEW	8
2.1 Search for a Theoretical Framework	8
2.2 Situation Awareness (SA) Model	8
2.3. Application/ Justification of the Theoretical Model	12
2.4. Literature Review	12
2.5. Child Adoption Awareness (Situation Awareness) Among Women with Infertility	13
2.6 Decision Making Process of Women with Infertility on Child Adoption	15
2.7. Actions Taken by Women with Infertility on Child Adoption	18
2.8. State of the Environment of Women with Infertility on Child Adoption	20
2.9. Alternative to Child Adoption	23
2.10. Priority of Formal Child Adoption Over Informal Child Adoption	23
2.11. Adoption of Children in Ghana: Legal Aspects	24
2.12 Summary of Literature Review	26
CHAPTER THREE	27

METHODOLOGY.....	27
3.1 Research Design	27
3.2 Research Setting	27
3.3 Target Population	29
3.4 Inclusion Criteria.....	29
3.5 Exclusion Criteria.....	29
3.6 Sample Size and Sampling Technique	29
3.7 Data collection tool	30
3.8 Pre-Testing	31
3.9 Procedure for Data Collection.....	31
3.10 Data Management.....	32
3.11 Data Analysis	33
3.12 Methodological Rigor.....	33
3.13 Ethical Considerations.....	35
CHAPTER FOUR.....	37
FINDINGS	37
4.1 Demographic Characteristics of Participants	37
4.2 Organization of Themes	37
4.3 Situation Awareness of Child Adoption.....	38
4.3.1 Knowledge on child adoption.....	39
4.3.2 Knowledge on where to go for child adoption	39
4.3.3. Knowledge on the processes for child adoption	40
4.4 Factors Influencing Decision to Adopt.....	41
4.4.1 Advanced maternal age.....	41
4.4.2 Age of the child.....	42
4.4.3 Husbands concern.....	43
4.4.4. Family Reactions	45
4.4.5 Future consideration	47
4.5. Actions Taken by Women with Infertility on Child Adoption.....	48
4.5.1 Inherited Traits of the child to be adopted.....	48
4.5.2. Procedural issues.....	49
4.5.3 Secretly adopting a child.....	49
4.5.4 Inheritance Issues.....	51
4.6. Environmental Factors That Influence Child Adoption	52
4.6.1. Discrimination	52

4.6.2. Religious beliefs	53
4.6.3. Outcome of child adoption	55
4.6.4. Cultural beliefs about child adoption.....	56
4.6.5. Effect of revealing identity to the child	57
4.7. Alternative to Child Adoption	58
4.7.1. Option of ART (Assisted Reproductive Technology)	58
4.8. Priority of Formal Child Adoption Over Informal Child Adoption.....	59
4.8.1. Feeling of satisfaction.....	60
4.9 Summary of Findings	61
CHAPTER FIVE.....	63
DISCUSSION OF FINDINGS	63
5.1 Socio-Demographic Characteristics of Participants.....	63
5.2 Situation Awareness of Child Adoption.....	64
5.3 Factors Influencing Decision to Adopt.....	66
5.4 Action Taken by Women with Infertility on Child Adoption.....	67
5.5 Environmental Factors that Influence Child Adoption	69
5.6. Alternative to Child Adoption.....	71
5.7. Priority of Formal Child Adoption over Informal Child Adoption.....	71
5.8. Summary of Discussion.....	72
CHAPTER SIX	73
SUMMARY, IMPLICATIONS, CONCLUSION AND RECOMMENDATIONS.....	73
6.1 Summary of the Study	73
6.2 Implications of the Findings.....	75
6.2.1 Implications for Nursing and midwifery Practice.....	75
6.2.2 Implications for Nursing and midwifery Research.....	75
6.2.3 Implications for Communities	76
6.3 Limitation of the Study.....	76
6.4 Conclusion.....	76
6.5 Recommendations	77
6.5.1 For Ministry of Health (MOH)	77
6.5.2. For Ministry of Gender and Social Protection.....	77
6.5.3. For Ghana Health Service.....	78
6.5.4. For Nurse researchers	78
REFERENCES.....	79
APPENDICES	88

Appendix A	88
Appendix B.....	89
Appendix C.....	90
Appendix D	92
Appendix E.....	95
Appendix F.....	96



LIST OF TABLES

Table 4.1: Organisation of themes and subthemes..... 38



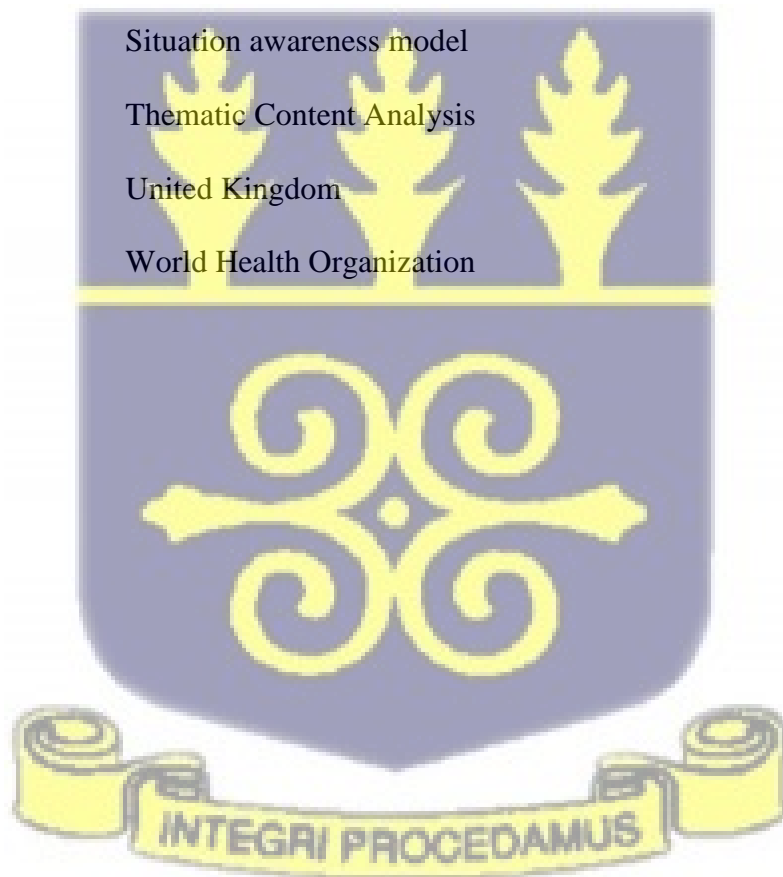
LIST OF FIGURES

Figure 2.1: Situation Awareness Model..... 11



LIST OF ABBREVIATIONS

AIDA model:	Interest Desire Action
ART:	Assisted Reproductive Technology
FERSOG:	Fertility Society of Ghana
GHS:	Ghana Health Service
IVF:	In-Vitro Fertilization
MOH:	Ministry of Health
NMIMR-	IRB Noguchi Memorial Institute for Medical Research-Institutional Review Board
NSFG:	National Survey of Family Growth
SA model:	Situation awareness model
TCA:	Thematic Content Analysis
UK:	United Kingdom
WHO:	World Health Organization



ABSTRACT

The traditional Ghanaian society is pro-natal, where marriage's ultimate purpose is to reproduce children to continue the family lineage. Infertility is the most common reason for married women not having children. Infertility is one of the most challenging life experiences for women, and finding a solution can be difficult. Child adoption is an alternative coping strategy for couples to deal with infertility. The situation awareness model which was used as an organizing framework investigated child adoption awareness among women with infertility in the Greater Accra Region. A descriptive exploratory design was employed. Purposive and snowball sampling techniques were used to conduct semi-structured interviews with 14 women with infertility. Women with infertility in the community who visited St. Moses Hospital provided data. Analyses of the data were conducted using thematic content analysis after audio-recorded interviews were transcribed verbatim. Six significant themes and nineteen subthemes emerged. The findings demonstrated that childless women were aware of child adoption, but they were unknowledgeable about where to go or the procedure involved. Discrimination, cultural beliefs, property inheritance concerns, and procedural bottlenecks are the hurdles to child adoption. These findings have implications for nursing practice, research, and community sensitization. There is the need for education on child adoption as an alternative coping strategy for infertility.



CHAPTER ONE

INTRODUCTION

This Chapter Provides A Detailed Presentation of the Background of the Study, Problem Statement, Purpose of the Study, Objectives, Research Questions and Operational Definitions.

1.1 Background of the Study

According to Ashraf, Kourosh and Ali, (2014), infertility is a reproductive system disorder characterized by failure to reach a medical pregnancy after 12 months or more of regular unprotected sexual intercourse. Globally, infertility affects about 48.5 to 70 million people (Gerrits, 2016; Inhorn & Patrizio, 2014), which converts into 8% to 12% of couples globally. Studies show that the liability of infertility is about 30 to 40% in Africa (Inhorn et al., 2015) Current literature indicates that one in every six couples will encounter fertility problems in their reproductive age (Farquhar & Marjoribanks, 2018).

The prevalence rate of infertility varies globally, as demonstrated by various studies (Polis et al., 2017). According to Ashraf et al., (2014) the prevalence of infertility is estimated as 10% worldwide. However, the prevalence is high among middle-income countries such as Middle East, North Africa, sub-Saharan Africa, and Central Asia (Mascarenhas et al., 2012). For example, the prevalence rate of infertility in industrialized countries such as the United States of America and Britain was projected as 12.5% among women and 10.1 % among men (Datta et al., 2016) respectively, while in lower- and middle-income countries, it is estimated to be 31.1% (Polis et al., 2017).

According to a study of 2,179 randomly selected participants aged 15 to 49, infertility in rural Ghana is 11.8% among women and 15.8% among men (Geelhoed et al., 2002).

Parenthood is an essential human need, and the desire to procreate is nearly universal. Most couples are eager to become parents and care for their children after marriage. Within a traditional African society, people typically start a family by marrying and birthing their children. Childbirth is a marriage expectation; thus, couples who cannot fulfill this come under tremendous pressure to conceive, which significantly raises their anxiety regardless of their educational or economic status (Nachinab et al., 2019; Naab et al., 2013; Tabong & Adongo, 2013). Similar findings by Omani et al., (2017) also identified stress, depression, and anxiety, as some of the psychological challenges among women who cannot achieve pregnancy. In some African cultural settings, childless couples cannot play leadership roles in essential family functions and procedures (Adewunmi, Omirin & Koleoso, 2012) This is in consonance with Sonaliya, (2016), who reported that cultural perceptions restrict some women with infertility from engaging in religious and social activities. Although recent work has highlighted the distressing effect of men's infertility, fertility issues are often widely regarded as a 'women's problem' even if male factor infertility is emphasized (Naab & Kwashie, 2018; Agarwal et al., 2015).

The scientific revolution that led to the discovery of artificial fertilization gave many couples with infertility worldwide hope, and many have benefited from it. Advances in assisted reproductive technology, such as IVF, have provided hope for many couples where care is available, but insurance coverage and affordability barriers remain. Although high-income countries are grappling with when or how to cover the costs of assisted reproductive technology (ART), such as in-vitro fertilization (IVF), these facilities are usually accessible only to affluent people in low-and middle-income private establishments (Hall & Hanekom, 2019).

Adopting children is an available option for couples suffering from infertility but unable to find a solution due to cost, limitation in the success rate, and religious concerns of

ART in our society. According to Harris et al., (2016), the cost of assisted reproductive technology depends on the age of the individual woman seeking help; thus, the higher the age, the more the person pays. Furthermore, “Assisted reproductive technology is unacceptable to the Roman Catholics” (Sallam & Sallam, 2016). Also, some individuals who opt for ART are not always successful, making child adoption the best alternative or coping strategy for infertility. Consequently, child adoption has become an effective method for having children, and couples living with infertility who desire children can use it. (Friedlander, 2009; Naab et al., 2021).

The process for child adoption varies from country to country, and this is because of the varying legal structures and the socio-economic status of each country. There are two types of adoption of children in Ghana, which include customary adoption and formal adoption. Traditional child adoption is an informal transition of one child's care to another parent, relatives, or friends. This does not require signing any legal form or documents, although this could be similar to fostering. Nonetheless, informal adoption of children has its setbacks primarily because the transaction cannot be anonymous(Ojelabi, 2015). On the other hand, formal child adoption is when an adult legally and permanently takes over parental responsibility for a child(Eke et al., 2014).

Before an individual is interested in adopting a child, they must be aware of child adoption as a coping strategy, the adoptive parents' age requirements, the required documents, the procedures of legal child adoption, and the centers for child adoption. Though there are laws on child adoption in most countries, there is still some knowledge gap. As a result, this study will explore child adoption awareness among women with infertility, using the situation awareness model as a guide.

1.2 Problem Statement

Ghana's traditional society is pro-natal, with the ultimate goal of marriage being the birth of children who will carry on the family name Osei, (2016). It's the desire of every couple to have children after marriage because 'voluntary childlessness' is unacceptable in people's dictionaries in Ghana. The primary infertility rate for women in Ghana is at 2%, the secondary infertility rate is at 14%, according to Osei, (2016).

According to Ghana demographic and health survey, fertility rate for Ghana as at 2019 was 3.82 children per woman and maternal mortality rate as at 2017 was 308 per 100,000 live birth (WHO), due to the high maternal mortality and fertility rates, all attention of policy makers has shifted over the years to reducing these at the neglect of infertility. In a lower-middle-income country such as Ghana, policies to address the challenges of infertility are neglected, irrespective of the consequences of infertility. Policy makers rather places much emphasis on reducing population growth such as the promotion of abortion and contraception (Cleland, 2018). In Ghana, psychological distress among childless women has been reported in various studies. Stress, anxiety, depression, low mood and stigma associated with infertility have been found among women seeking fertility treatment (Nachinab & Donkor, 2019; Kussiwaah et al., 2019; Donkor et al., 2017). Another study in Ghana by Naab et al., (2019), revealed that women with fertility issues faced certain psychosocial challenges in their lives. Stigmatization, depression, anxiety, stress, and social isolation. Following the above Kyei et al., (2021) revealed that couple with infertility goes through psychological and social stress such as anxiety, hopelessness, stigma and suicidal ideation. Infertility is considered to be one of the most difficult life experiences a woman can go through and finding solution to infertility can be very challenging, due to cost and inaccessibility.

According to FERSOG (Fertility Society of Ghana), there are about eighteen (18) IVF centres in Ghana, all privately owned with the highest number of centres being in Accra. Though there are numerous IVF centers in Ghana they are not accessible to most indigenes due to the cost Gerrits, (2016). In consonance with this Kyei et al., (2020), confirmed that ART treatment in Ghana is expensive. Child adoption is an option available to women suffering from infertility who are unsuccessful in finding a solution to the problem. In industrialized countries, adoption of children is seen as a coping strategy for individuals wishing to have their own families. Even though Child adoption serves as an alternative management for infertility, yet anecdotal evidence in Ghana, indicate that Ghanaian women with infertility are not aware of child adoption as a coping strategy.

Also, as nurses come into contact with patients, including women with infertility, being aware of child adoption, the processes and the required documentation will go a long way to appropriately educate women with infertility, who cannot afford ART and also give them more parenting option. Moreover, little work has been done in Greater Accra to characterize the awareness of child adoption among women with infertility. Hence the need to explore child adoption awareness among women with infertility.

1.3 Purpose of the Study

The purpose of the study was to explore child adoption awareness among women with infertility in the Greater Accra Region.

1.4 Specific Objectives

The specific objectives were derived from the constructs of the theoretical model guiding the study. These specific objectives were to:

1. Ascertain child adoption awareness (situation awareness) among women with infertility in the Greater Accra Region.
2. Explain the decision-making process of child adoption among women with infertility.
3. Determine the actions taken by women with infertility on child adoption.
4. Assess the state of the environment of women with infertility on child adoption awareness.

1.5 Research Questions

1. What is the situational awareness of women with infertility on child adoption?
2. What is the decision-making process of women with infertility on child adoption?
3. What determines the actions taken by women with infertility on child adoption?
4. What is the state of the environment of women with infertility on child adoption awareness?

1.6 Significance of the Study

The study identified essential barriers to adopting children to equipping nurses with the crucial information before presenting child adoption to women with infertility. It can be used to counsel couples without children to consider child adoption as a viable option in their quest for a family. This research could also help women with infertility in making well-informed adoption decisions. In addition, to the previous, the findings of this study provide nurses, social workers, and policymakers with the opportunity to raise child adoption awareness and reduce the stigma associated with infertility. It would enrich data while also adding to the existing literature on infertility and child adoption. Finally, the findings of this study will pave way for future research in the Greater Accra region.

1.7 Operational Definitions

Awareness: having knowledge or perception of one's current situation (which will influence an individual to make a decision, based on their environmental factors)

Formal adoption: the process by which the parental responsibility of the child is legally and indefinitely assumed by an adult and the rights and obligations of the biological parent(s) or legal guardian(s) of the child are terminated.

Informal adoption: Accepting responsibility for a child's upkeep and care without going through any legal procedure.

Infertility: is a male or female reproductive system disease defined by the inability to conceive after at least 12 months of unprotected sexual activity.



CHAPTER TWO

THEORETICAL FRAMEWORK/ LITERATURE REVIEW

This chapter presents a description of the theoretical model that guides this study and the review of related empirical literature on child adoption awareness among women with infertility based on the constructs of the situation awareness framework.

2.1 Search for a Theoretical Framework

Several models on the level of awareness were reviewed, because an individual needs to have knowledge on his or her current situation, identify solution based on available alternatives such as child adoption before making an informed decision either to go ahead and adopt or decline based on the state of the environment, she finds herself in.

The Awareness Interest Desire Action (AIDA) model by (Barry, 1982) was one of the models reviewed but it was not suitable for the purpose of the study because it does not measure the state of the environment and how it influences the decision making and actions of individuals. Therefore, the Situation Awareness (SA) model was selected because it has all the constructs that the researcher intends to measure.

2.2 Situation Awareness (SA) Model

According to Endsley, (1995), the situation awareness can be traced back to Boecke, who realized the importance of gaining the enemy's attention before the enemy gained a similar awareness. The model was first used in the aviation industry, where there is considerable pressure for pilots and air traffic controllers to develop better situational awareness.

According to the model, a person's perception of relevant environmental determinants, as determined from the system directly by senses, forms the basis for his or

her situation awareness. Action selection and performance are known as separate stages that will proceed now from situation awareness.

Numerous significant features are known to influence this process. First, individuals vary in their ability to acquire situation awareness given the same data input. This is assumed to be a function of an individual's information-processing mechanism, influenced by innate skills, experiences, and training. In addition, the individuals may possess certain preconceptions and objectives that can filter and interpret the environment in forming situation awareness.

Other environmental features, including workload, stress, and complexity, may also affect situational awareness.

According to the model, there are four constructs: situation awareness, decision making, action, and state of the environment. The study will discuss the role of each below.

Situation awareness: the perception of the elements in the environment within a volume of time and space, the comprehension of their meaning, and the projection of their status in the near future. Situation awareness comprises three concepts (perception, comprehension, and projection).

The **perception of cues** is critical. Without a fundamental understanding of critical information, the chances of forming an incorrect picture of the situation increases intensely.

Comprehension is the process by which people combine, interpret, store, and retain information. As a result, it entails more than just perceiving or attending to information; it also entails integrating multiple pieces of information and determining their relevance to the person's goals. According to Endsely (1995), "the construct of situation awareness demands that a problem be confronted head-on."

Meaning one must be considered both in subjective interpretation (awareness) and in the sense of objective significance or importance (situation).

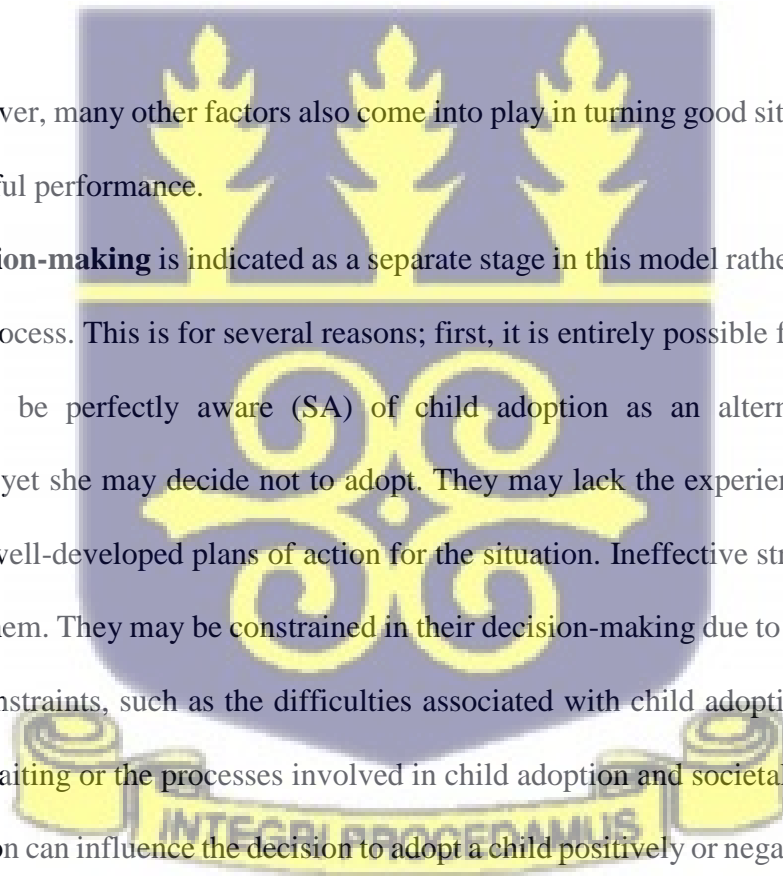
Projection: The ability to forecast future situation events and dynamics (Level 3 SA) marks operators with the highest level of understanding of the situation. This ability to project from current events and dynamics to anticipate future events (and their implications) allows for timely decision-making. This means that when the woman with infertility identifies her current situation and the consequences of infertility, she will locate other alternatives such as child adoption and take a timely decision.

Situation awareness and decision making: Situation awareness is depicted as the operator's internal model of the state of the environment. Based on that representation, operators can decide what to do with the situation and carry out any necessary actions.

Situation awareness, therefore, is represented as the primary precursor to decision making.

However, many other factors also come into play in turning good situation awareness into successful performance.

Decision-making is indicated as a separate stage in this model rather than as a single combined process. This is for several reasons; first, it is entirely possible for a woman with infertility to be perfectly aware (SA) of child adoption as an alternative or coping mechanism, yet she may decide not to adopt. They may lack the experience or training to have good, well-developed plans of action for the situation. Ineffective strategies or tactics may guide them. They may be constrained in their decision-making due to organisational or technical constraints, such as the difficulties associated with child adoption. For instance, prolonged waiting or the processes involved in child adoption and societal attitude towards child adoption can influence the decision to adopt a child positively or negatively. Individual personality characteristics such as impulsiveness may also contribute to some individuals' propensity for poor judgment.



Action: The model explained that a combination of SA and decision-making predict action. In general, it's predictable that poor performance will occur when the correct action for the identified situation is not known or when some other factor limits a person's ability to carry out the proper action. This means that, based on the decision and situation awareness of the woman with infertility, the woman can decide to go ahead with the child adoption or not.

State of the environment: they are factors underlying and influencing the SA process. It focuses on the characteristics of the individual, such as constructs that play roles in achieving SA. The state of the environment will proceed to factors related to the systems and the situations in the environment as they affect the operator's ability to achieve situation awareness (SA). These factors include stigma and cultural barriers that can influence one's decision to adopt a child or accept child adoption as an alternative.

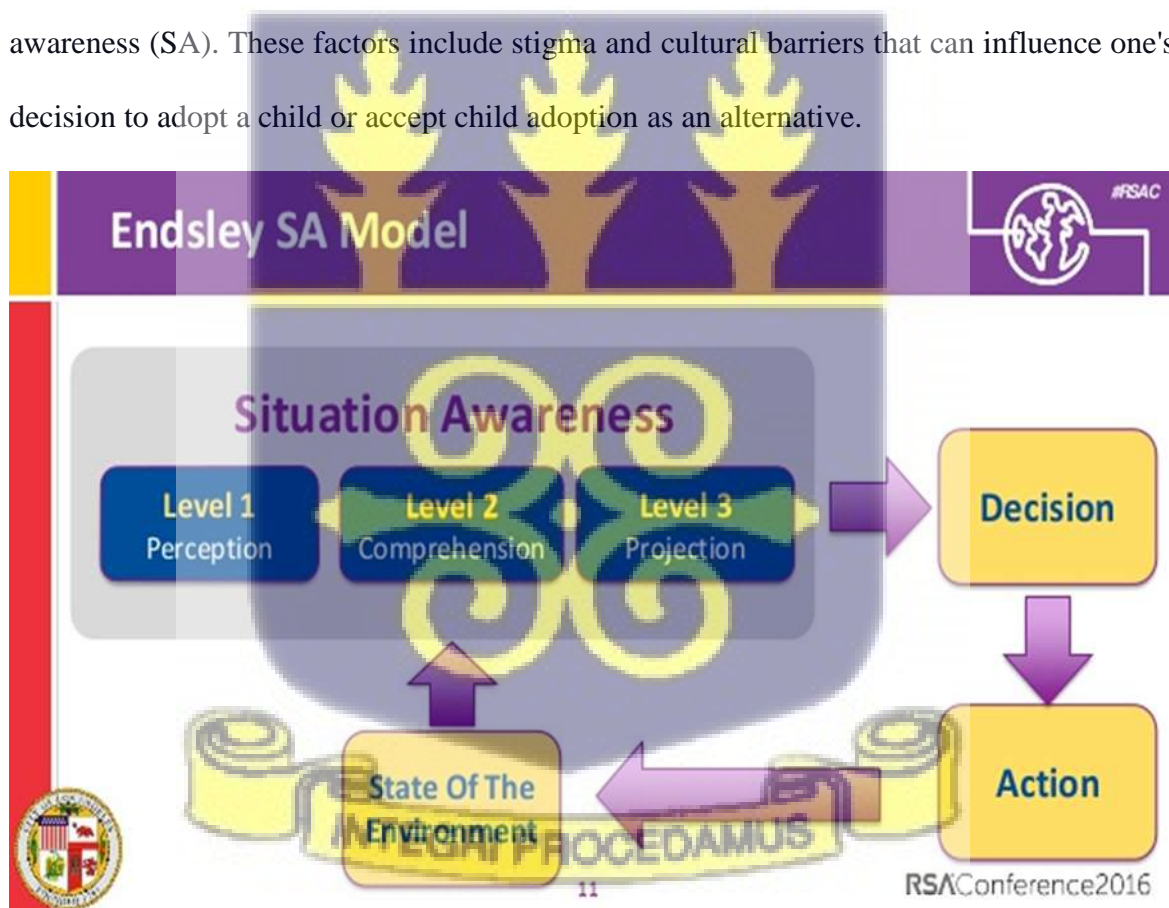


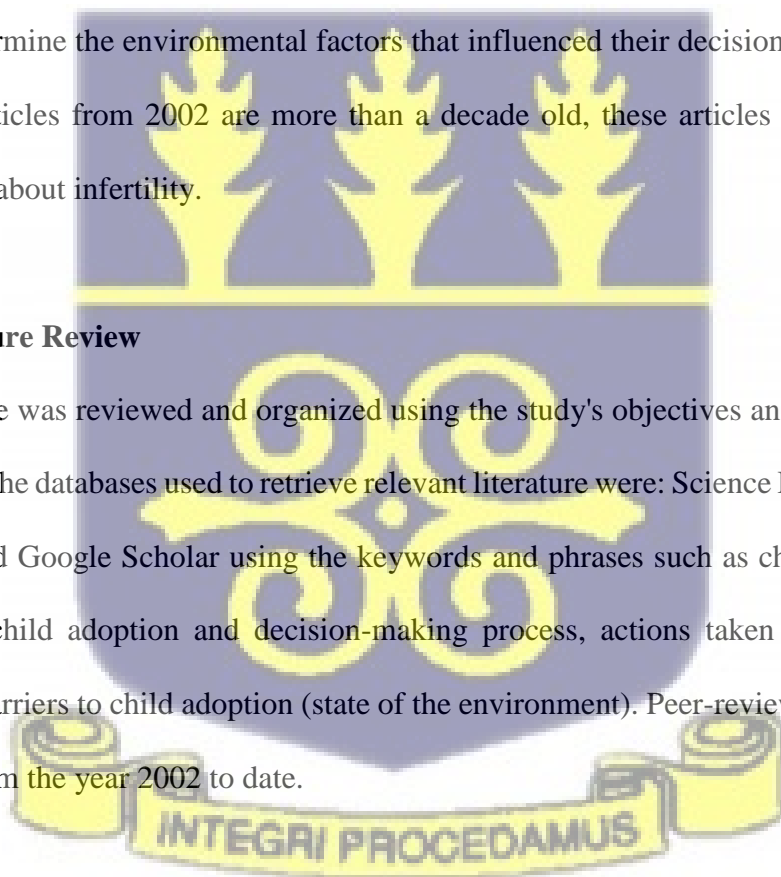
Figure 2.1: Situation Awareness Model

2.3. Application/ Justification of the Theoretical Model

This study ascertained women with infertility's awareness of child adoption as an alternative coping strategy. The study assessed their knowledge level on the processes involved and the required paperwork for child adoption. The Decision-making process comprises evaluating the situation, considering available alternatives, and following them up with actions. This study will therefore explain factors that influence the decision-making process of child adoption among women with infertility. All the constructs reflect factors that will influence an individual's decision to adopt a child or not base on their awareness level. Also, factors that will influence their action to adopt a child were determined. Finally, the evaluation of the state of the environment of women with infertility on child adoption awareness will be done to determine the environmental factors that influenced their decision to adopt a child. Although articles from 2002 are more than a decade old, these articles provide classical information about infertility.

2.4. Literature Review

The literature was reviewed and organized using the study's objectives and the SA model's constructs. The databases used to retrieve relevant literature were: Science Direct, CINAHL, PubMed, and Google Scholar using the keywords and phrases such as child adoption and awareness, child adoption and decision-making process, actions taken by women with infertility, barriers to child adoption (state of the environment). Peer-reviewed articles were retrieved from the year 2002 to date.



2.5. Child Adoption Awareness (Situation Awareness) Among Women with Infertility

Child adoption provides a simple and affordable option for managing couples with infertility, but are Ghanaian women aware of child adoption as an alternative? Before an individual would be interested in adopting a child, he or she must be aware of child adoption, the age requirement, the required documents, the legal adoption processes, and the centers to go for child adoption. Several studies have measured women's awareness concerning child adoption as an alternative to having children. Research has shown a high level of awareness among people with infertility about the idea of child adoption (Atibinye, et al., 2015). Although literature reported a high level of awareness among women with infertility, other studies were contradictory. Most studies reported an awareness gap, lack of knowledge on where to go for child adoption, required documents, and the legal processes.

A qualitative research in India recorded that 89% of couples were aware of child adoption, and 77% had a favorable opinion on them, but only 54% were willing to adopt if ART (assisted reproductive technology) was not successful. Although the study reported an excellent knowledge of the study participants, some knowledge gaps existed. Just 12% knew about any adoption center, and only 8% knew about the legal adoption process. However, only 54% were willing to adopt if ART was unsuccessful. Interestingly, 68% of couples wanted to have a child under six months of age (Joshi et al., 2015).

A cross-sectional descriptive study of 200 women found that as many as 89.4 percent had heard of and were aware of child adoption. The orphanage home was the most popular location, with 67.2 percent of respondents knowing that adoption is possible. Also, 62% of respondents were aware of the laws governing child adoption. The majority, however, preferred children aged six months and below, as well as the female gender (Avidime et al., 2013).

On the contrary, a quantitative study conducted among oncofertility stakeholders (oncologists and reproductive endocrinologists) in Japan indicated that as high as half of the respondents knew nothing about child adoption, while 33.3% knew something about just 16.7% having sufficient knowledge about child adoption. Many doctors had a low level of awareness of child adoption, which means that oncologists and reproductive endocrinologists do not have sufficient knowledge on child adoption to advise their patients. Meanwhile, health care workers are supposed to be the source of information for their patients (Shiraishi et al., 2020).

In consonance with the above, a cross sectional study conducted in India among 50 females with infertility presented that 62% out of the participants took responsibility of their infertility and 8% of the women have been on treatment for more than 10 years. When the participants were asked about what they understood by the term 'adoption', 22% of them had no information at all whereas 18% weren't ready to answer. This means that there is a gap in the awareness level of child adoption. About 6% defined adoption as a procedure to adopt somebody else's child whereas 26 % described it as taking care of an orphan child (Kashiv, 2019). The same study reported that out of the 50 participants only 14% of the respondents were aware of correct adoption procedures, which means that, there is a gap in the awareness level on procedures of child adoption in India. With just 34% of participants family agreeing to accept child adoption as an alternative (Kashiv, 2019).

Also, according to a quantitative study of 350 women in Nigeria, 85.7% have heard of child adoption. Over half of the respondents (59.3 %) correctly defined child adoption as a legal process of adopting another person's child as one's own, while 15.7% incorrectly believed that child adoption meant purchasing a motherless baby. Few respondents were aware of the requirements for applying to adopt a child. The majority of respondents (60.7%) did not know the maximum age of children that could be adopted, 12.0% assumed

there was no maximum age, and only 12.3 knew the maximum age was 18 years (Omosun & Kofoworola, 2011).

Furthermore, Atibinye et al. (2015) discovered that while 95 percent of 400 females were aware of child adoption in their reproductive years, 93 percent were willing to suggest it to others rather than themselves. When they decided to adopt a child, only 25% of them were aware of the actual costs and where to go. The suggestion is that knowledge of child adoption may not equate to a thorough understanding of child adoption requirements.

Again, Oladokun et al., (2012), in a qualitative study that used focus group discussion (FGD), revealed that all participants have heard of child adoption and understood the meaning of child adoption. Unfortunately, the participants were unfamiliar with the elements of the adoption process. They were, however, able to elicit some adoption requirements.

Likewise, another study by Durosinlorun et al., (2019), involving 239 women with infertility publicized that 85.2% of the respondents were aware of child adoption. However, only 38.1% were willing to consider child adoption in the future. Among those who would consider adoption in the future, most (69.9%) had no sex preference; however, 43.3% preferred to adopt children aged <1 year.

In summary, the awareness of child adoption among women with infertility as an alternative coping strategy will influence their decision to adopt. This will go a long way to reduce the stress associated with infertility.

2.6 Decision Making Process of Women with Infertility on Child Adoption

The decision-making process of women with infertility is vital in child adoption as an alternative management for infertility. The decision-making process is a continuous process of assessing situations or problems, weighing alternative solutions, making choices, and

carrying out necessary actions (Harrison & Francisco, 1996). Occasionally, the decision-making process is brief, and mental reflection is almost instantaneous. In other instances, the process may take weeks or even months to complete. The entire decision-making process is contingent upon the availability of accurate information to the appropriate individuals at the appropriate times.

Therefore, studies have shown that over five years of infertility, advanced maternal age (over 35 years of age), and not having children have a significant impact on the decision to adopt a child (Słowikowska-Hilczer et al., 2017; Nguefack et al., 2014). Childlessness at this age can be overwhelming and emotional enough to encourage people to start contemplating child adoption to allow them to experience the parenthood they have always wanted. To allude to this, Bennett, (2018), reported that infertility is one of the primary reasons for child adoption among infertile women in Indonesia. Additionally, Ugwu et al., (2018), reported that the National Survey of Family Growth (NSFG), a nationally representative study conducted in the United States, identified infertility as the country's leading reason for child adoption. Note that women between 18 to 44 years, forming 3.3%, were among those seeking to adopt. Meaning infertility is one of the factors that affect decision-making for child adoption. In addition, the same study by Ugwu et al., (2018) found that women pursuing fertility treatment were roughly four times likelier to adopt a child than their counterparts who did not treat infertility.

Again, another research conducted on the challenges of adopting a child among childless women in Iran established that the decision to adopt depends on the husband's attitude towards child adoption (Hasanpoor-Azghandy et al., 2016). The study revealed that the decision to adopt relies heavily on the husband as some husbands prefer to continue treatment as long as it lasts. They also prefer to remarry instead of adopting a child. The reaction of others around him also influences all these.

The same study further publicized that the decision to adopt a child among women with infertility depends on the attitude of others. The study further explained that fear of possible disclosure of child adoption in the future and society's negative attitude, such as stigmatization, will influence their decision not to adopt a child (Hasanpoor–Azgahdy et al., 2016). The study finally established culture and legal obstacles as factors that influence their decision to adopt. The understanding and perceptions of the participants suggested that blood relations between parents and the child are of great importance to some of them. The women believed that if the child is not their flesh and blood, they will leave them during adulthood.

Likewise, another study on adoption practices among couples without a child in Pakistan expanded on the previous findings by establishing that the prevalence of child adoption among 400 women is 7%. In addition, less than half of the respondents (49.3%) said they had considered adopting a child to cope with their secondary infertility. However, the husband (17%) and mother-in-law (68%) are the primary decision-makers for child adoption.

Another qualitative study among 15 women with infertility in Ghana threw more light on the above study by establishing that women regarded adopting a child as a significant decision centering on the husband's approval. In Northern Ghanaian society, the man is considered the head of his nuclear family and responsible for making family decisions (Nachinab, Donkor, & Naab, 2019). This study further revealed that in the Ghanaian context, the admission of a child into a family is a significant; hence, child adoption that makes the child a permanent member of the family should entail the consent of the family members (Nachinab et al., 2019). Therefore, a woman with infertility may desire to adopt a child, but that decision does not solely depend on her husband and family.

The study again identified discrimination against adopted children as one of the factors influencing decision-making on child adoption.

As a result, even though women with infertility may desire to adopt a child that decision does not solely depend on them but their husbands, families, and other factors such as duration of infertility and treatment.

2.7. Actions Taken by Women with Infertility on Child Adoption.

The action is a combination of situation awareness and decision making. In general, poor performance will occur when the correct action for the identified situation is unknown or when other factors limit a person's ability to carry out the correct action (Endsley, 1995). The action of women with infertility will influence their willingness and intention to adopt a child as alternative management to infertility.

Based on the above, the action processes to adopt a child may either be positive or negative. Positive is to go ahead and adopt while negative is to decline, and this will depend on the state of the environment in which the women with infertility find themselves. Therefore, qualitative research is done in southwestern Nigeria by Onayemi, (2019) revealed that many would likely not adopt for the uncertainty that the act would offer a permanent solution to the social stigma that accompanies their infertility than for reasons relating to poor public acceptability of the practice. While those that wish to adopt will do it secretly because of the stigma associated with infertility. For instance, some adopters even move from their initial residence to keep the secret of child adoption from their neighbors. In consonance with another quantitative study in Edo state among 200 couples with infertility by Ohaeri et al., (2019), which reported that 60% of the respondents had been married for a duration of 1 – 5 years, and the duration for infertility treatment had been 1-5

years as well. Suggestive that one's decision to adopt is also heavily influenced by the duration of infertility.

Also, out of the 200 respondents, 96% were aware of child adoption. Out of this only, 38.0% of respondents knew that child adoption involves adopting a child legally as their own.

Surprisingly, 16.0 % thought that child adoption means buying a child from an orphanage. Of the 200 respondents, (58.5%) said a child could be adopted from an orphanage, while (0.5%) said one could adopt a child from a police station. The same study identified inherited traits (55.0%), fear of intrusion by biological parents (54.0%), doubt of ability to love adopted child (23.5%), fear of being rejected by adoption agencies (22.5%), cultural (7.0%) and religious beliefs (5.0%) as factors influencing childless women's action/practice of child adoption (Ohaeri et al., 2019). Correspondingly, Eke et al., (2014), revealed that 94.2% have heard of child adoption, and 79.2% have a basic understanding of the term. The overwhelming majority of respondents (182 (73.7%) who desired to adopt preferred to adopt a neonate. However, certain militating factors such as fear of the unknown 63 (24.3%), the future claim by biological parents 71 (27.4%), religious bias 23 (8.9%), lack of genetic linkage 77 (29.7%), the lengthy waiting period before completing the adoption process 58 (22.4%), corruption 59 (22.8%), and procedural bottlenecks 43 (16.6%) rendered child adoption unattractive. The same study discovered that the average knowledge of child adoption laws was 49.2% below average.

According to Adewunmi, Y., Omirin, M., & Koleoso, (2012), almost all the respondents (97.2%) were aware of child adoption, and 47.0 percent thought adoption should be encouraged. In addition, less than half of the participants said they would adopt if their infertility became incurable. However, 57.4 percent of respondents were unwilling to adopt due to religious (8.3%), cultural (78.3 %), and family support concerns (13.4%).

According to the same study, the majority of respondents (95.2%) were willing to raise a child from a member of their family, and even from someone, they knew who was not a member of their family (93.4%), without formally adopting the child (Adewunmi, Omirin, & Koleoso, 2012).

Another quantitative study found that 82 (85%) of people have heard of child adoption. Even though the study found that child adoption can stabilize marriages 84 (87%), bring joy 91 (95%), and thus should be cared for as biological children, participants were unwilling to recommend it to others. In the same study, 82% of participants believed that adopted children should not have equal property rights as biological children (Aluyor et al., 2017).

Additional qualitative research has pointed to the lack of precedent of child adoption as a militant argument toward the acceptability of child adoption. Participants are aware of child adoption, but there was no actual case where a childless couple came for formal child adoption to solve their childlessness issue (Nachinab et al., 2018). Meaning childless women's action to adopt depends on precedence in the community.

2.8. State of the Environment of Women with Infertility on Child Adoption

State of the environment focuses on the characteristics of the individual, such as constructs that play roles in achieving SA. The state of the environment will proceed to factors related to the systems and specific situations in the environment as they affect the operator's ability to achieve situation awareness (SA) (Endsely, 1995). Therefore, certain environmental factors such as stigma and cultural barriers can influence women with infertility to either adopt or not to adopt. Even though child adoption in Africa is slowly becoming recognized in most countries, culture still poses a seeming drawback to its acceptability and practice among the different ethnic groups (Foluso et al., 2014). Again, cumbersome processes, low-

income families, and community support are also significant factors hindering the full acceptability of child adoption in Nigeria. However, participants were only willing to consider child adoption after all medical efforts have proved abortive and when advancing in age.

According to Stuckenbruck and Roby, (2017), the adoption society of Kenya confirmed that an average of 75% of local parents adopts due to infertility. The study noted that cultural beliefs and social practices leading to discrimination were environmental barriers to child adoption. One respondent indicated that "there is no word in her native language for adoption, and the closest expression was similar to "buying a child" with strong negative connotations" Others noted that taboos and stigma generated fear of the child's unknown origins. The study further identified, Resistance to formalizing informal care as one of the barriers to child adoption. Most Kenyan's are resisting the formalization of child adoption because of inheritance issues, as most do not wish to relinquish their property to adopted children. Stuckenbruck and Roby, (2017) identified the cost and corrupt practices as one environmental setback to child adoption as attorney fees cost as high as USD 3,000, which are not standardized. In addition, research shows that militating environmental factors such as stereotypes, stigmatization, financial strain, and prolong procedures, are some of the factors against child adoption, apart from cultural implications (Eke, Obu, Chinawa, Adimora, & Obi, 2014; Joshi, Prasad, & Kushwaha, 2015) and these environmental factors make child adoption unacceptable among many.

Qualitative research by Nwaoga, (2013) reports that the primary reasons behind Igbo adoption are infertility and untimely death. Untimely death is one of the reasons for adoption in Igbo land. The Igbo society is patrilineal, so when a man dies early without having an heir, a child is adopted into that family for continuity of family lineage. Additionally, the same study identified certain socio-religious practices as environmental

factors impeding child adoption among women without children. For example, in South-Eastern Nigeria, the indigenous ideology of "onyebiaraabia," which translates as "the outsider," may play a significant role in their rejection of the adopted child.

Most importantly, the same studies by Nwaoga, (2013) established that some deep-rooted traditional beliefs continue to impact society's attitude towards child adoption positively. For example, in parts of Nigeria, especially among the Yurobas, the belief that "ori omo lo npe omo wa'ye," meaning an adopted child, typically attracts children yet to be born to join the physical realm could have a positive impact on child adoption. This conviction has a positive impact on their acceptability of adopting children due to the idea that it would draw the blessings of the adoptive parents having biological children.

Similarly, another quantitative research in Iran by Bokaie et al., (2012) reported that 96% of the participants have heard of child adoption. However, most participants did not know the correct meaning of child adoption or the processes for child adoption. Again, the study identified hope of childbearing (78%), adoption not being an appropriate way for solving infertility problem (65%), the unacceptability of child adoption psychologically (52%), and fear of unknown parental background of the child (32%) as the main barriers to child adoption.

Likewise, another study on child adoption's knowledge, attitude, and practices among childless women in Cameroon discovered that 89.7% of the 300 patients recruited had heard about adoption, primarily through the media. Even though 76.7% favored child adoption, only 1% had already adopted a child (Nguefack et al., 2014). According to the same study, 76.7 percent of participants favored child adoption. Out of the 300 participants, 23 percent were unwilling to adopt due to stigma from their family and cultural factors. However, infertility for more than five years and advanced maternal age are factors that will influence their decision to adopt a child.

As a result, increased education via local and social media, combined with cultural sensitization and community awareness, is critical for mitigating the socio-cultural consequences of child adoption.

2.9. Alternative to Child Adoption

Knowing that there are alternative methods of childbirth but choosing not to pursue them can be unsatisfying. Women who are childless prefer to take extraordinary measures before adopting a child to fulfill their dream of having children. A study in the UK by Smeeton & Ward, (2017) reported that participants were only ready to go in for child adoption after exhausting fertility treatment (IVF).

Again, the literature indicates that the decision to adopt similarly depends on the duration of the fertility treatment. A longitudinal study conducted among 69 infertile women in Brazil reported that 85.51% had already considered child adoption and discussed the subject with their spouses, but only 5 (8.47%) were able to adopt it, and 54 (91.5%) suggested that they would only adopt in the case of ART failure (Straehl et al., 2017). However, most respondents thought that there should be discussions about child adoption during ART treatments as an alternative with their psychologist.

2.10. Priority of Formal Child Adoption Over Informal Child Adoption

Alternatives to having children include formal and informal child adoption. Formal child adoption is a better option for women with infertility because they want to end their childlessness. The findings of Gerrand & Nathane-Taulela, (2015), study in South Africa revealed that childless black citizens are looking for other options than raising their relatives' children to deal with their infertility because they want a sense of permanence, rather than having to send back the 'informally adopted' child to the biological parents. On the contrary,

another study by Naab et al., (2021) revealed that participants preferred to use informal child adoption as a coping strategy to reduce tension from family and society.

2.11. Adoption of Children in Ghana: Legal Aspects

The Children's Act of 1998 is the most genuine legal reform in Ghana's constitution regarding child adoption that has come into force since independence (Ghana: Act No. 560 1998). Adoption of a child is governed by Part IV, Subpart II, and Sections 65–86. Section 65 states that the applicant or the child may petition the High Court, Circuit Court, or any Family Tribunal in the province in which the applicant or the child resides at the time of the request. A couple may mutually apply for an adoption order under Section 66 (1).

This provision of the law makes it a viable option for a childless couple. Section 67 outlines the restrictions associated adoption orders, highlighting in 1(a) that the adoptive parents must be at least twenty-five years old or the child must be twenty-one years younger than the applicant. This segment of the law examines the legal age of adoptive parents for child adoption, which many people are unaware of according to the literature. Section 67 of Clause 3 of the Constitution also states that an adoption order shall not be made for a child unless both the applicant and the child reside in Ghana, but this does not apply to Ghanaians living abroad. In addition, the child must be with the applicant for three consecutive months before the adoption application, which must be made through the department of social welfare.

Only with the consent of the child's parents or guardian can an adoption order be made, according to Sections 68 and 69. If the court determines that the parent or guardian has repeatedly neglected or abused the child or is incapable of consenting, the court may consider the adoption application. By law, the applicant's identity is not to be revealed.

Furthermore, a parent or guardian of a child who has consented to an adoption order is not permitted to remove the child from the applicant's care and custody unless the court has granted permission. Couples who have infertility want to adopt but are concerned that the child will return to their biological parents will be encouraged. When a married person is a sole applicant, Section 69 (2) states that the court may require the consent of that person's spouse before issuing an adoption order. As a result, the child will be protected because the parents will have to agree before consent. Section 72 mandates that, in the child's best interests, the adoptive parents inform him or her of his or her biological parents when he or she reaches the age of 14. The law also stipulates that only the adoptive parents are permitted to reveal this information to the child; anyone else who does so will be fined Gh200.00 or imprisoned for not more than six months, or both. This section of the law alleviates adoptive parents' concerns, as one factor influencing their decision is the fear of neighbours disclosing information to the child.

When an applicant is not a Ghanaian citizen, or when a joint application has more than one applicant who is not a Ghanaian citizen, Section 73 applies. The court will issue an interim order that will last for at least two years and postpone the application's decision. Section 75 (2) states that couples who jointly apply for child adoption must jointly assume parental responsibility, and the adopted child must regard them as parents in the same way they regard their biological parents.

When an adopter dies without a will, the adopted child inherits his property as if he were a biological child, according to Section 76 (1). To avoid ambiguity, the adopted child has no claim to any property left by his biological parents if they die without a will. In the child's best interests, Section 85 states that the Department of Social Welfare may investigate an application for inter-country adoption as an alternative means of child care.

2.12 Summary of Literature Review

The literature reviewed identified awareness gaps, lack of knowledge on where to go or child adoption, required documents, and the legal processes involved in child adoption. Again, even though child adoption awareness has been measured in other counties, no known literature has measured child adoption awareness in Ghana, specifically the Greater Accra Region.

Also, most of the literature reviewed was measured quantitatively, leading to a generalization of results, hence the need to conduct this research qualitatively to get in-depth knowledge on child adoption awareness.

This study, therefore, seeks to explore child adoption awareness among women with infertility in the Greater Accra Region.



CHAPTER THREE

METHODOLOGY

This chapter discusses the methods used to carry out the research. The research design, research setting, study population, sampling technique and sample size, inclusion and exclusion criteria, data collection tool, pretesting, data collection procedure, and data management are all covered in this chapter. In addition, data processing and analysis, methodological rigor, and ethical considerations will be discussed in this chapter.

3.1 Research Design

A research design is an overall plan for obtaining answers to the research questions (Polit, & Beck, 2008). A qualitative research approach helps unravel highly hidden, implicit, and subjective assumptions and facts regarding the participants' meanings and expressions (Beck; 2014). An exploratory, descriptive qualitative study was employed to elicit responses from women on their knowledge of child adoption through interviews and interpreted accordingly. The interpretation reflected the participant's view of point. This approach was used because it is autonomous and empowering, as participants could express themselves freely. The study's emphasis was on child adoption awareness among women with infertility.

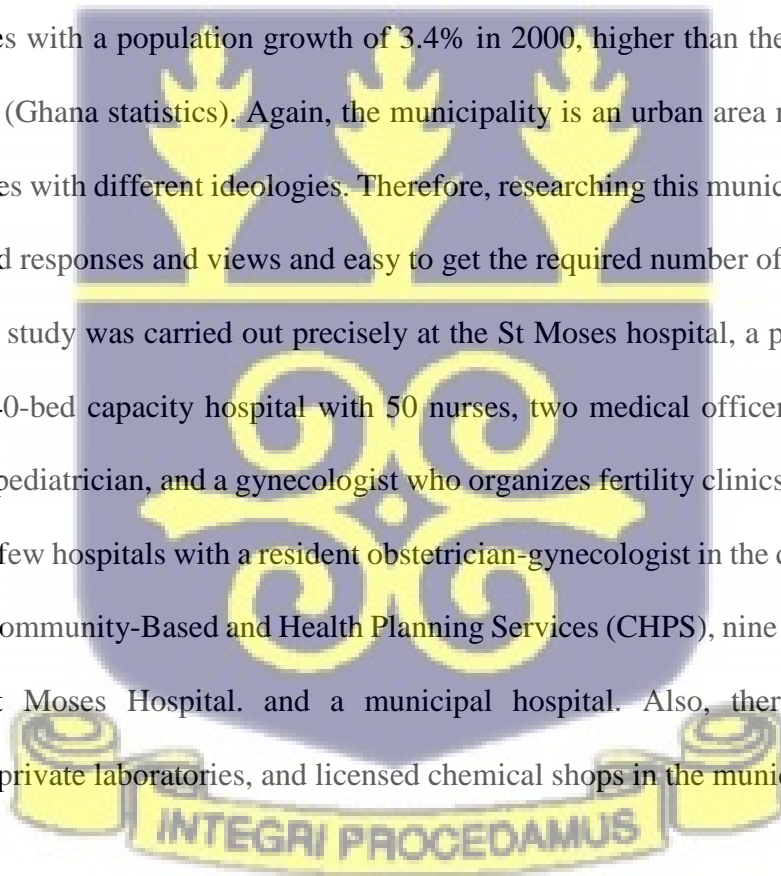
3.2 Research Setting

The study took place in Greater Accra. The region is predominantly urban and cosmopolitan (Alhassan et al., 2015), with adequate representation of most ethnic groups, resulting in rich data on child adoption awareness among women experiencing infertility. Tema municipal area, Accra metropolitan area, Ga West District, Ga East District, Dangbe West District, and Dangbe East District comprise the Greater Accra Region. Purposive and snowball

sampling was used to select a sample of women experiencing infertility who sought treatment at a private fertility clinic in the Ga West municipality.

Ga west is one of the twenty-nine districts in the Greater Accra Region, Ghana, and it shares boundaries with Ga East, Ga South, Accra metropolitan Assembly, and Akuapem South. It has a land area of approximately 305.4 square kilometers with about 412 communities. The municipality has a total population of 270,989, according to the 2010 population census. The study was conducted in Ga West because women with infertility are marginalized groups, and looking at the secrecy and the sensitive nature of child adoption, it may be challenging to get the required number of participants. Therefore, it is essential to research a highly dense population. Ga west is considered one of the highly populated municipalities with a population growth of 3.4% in 2000, higher than the national growth rate of 2.6% (Ghana statistics). Again, the municipality is an urban area made of different tribes, cultures with different ideologies. Therefore, researching this municipality will mean getting varied responses and views and easy to get the required number of participants.

This study was carried out precisely at the St Moses hospital, a private hospital at Ga west, a 40-bed capacity hospital with 50 nurses, two medical officers, two physician assistants, a pediatrician, and a gynecologist who organizes fertility clinics on Thursdays. It is one of the few hospitals with a resident obstetrician-gynecologist in the district. There are twenty-six Community-Based and Health Planning Services (CHPS), nine private hospitals, including St Moses Hospital. and a municipal hospital. Also, there are numerous pharmacies, private laboratories, and licensed chemical shops in the municipalities.



3.3 Target Population

Participants are chosen for qualitative research based on their unique knowledge, experiences, or perspectives on the subject (Munhall, 2012). Thus, the research population refers to the groups with attributes of interest to the researcher (Polit, & Beck, 2010). It is the population to which the study results would be generalized (Banerjee, & Chaudhury, 2010). The study targeted women living with infertility in Greater Accra.

3.4 Inclusion Criteria

The study's inclusion criteria were as follows: women with infertility who have been married or stayed with a male partner and engaged in unprotected sexual intercourse for at least one year without contraceptive use yet are unable to conceive. The selected participants for this study were also at least 25 years and above. This is because The Children's Act of 1998, highlights in 1(a) that the adoptive parents must be at least twenty-five years old or the child must be twenty-one years younger than the applicant. It also included women with infertility who could express themselves in English and twi.

3.5 Exclusion Criteria

Women with infertility who are emotionally unstable and women who have already adopted a child or children were excluded from this study.

3.6 Sample Size and Sampling Technique

According to Polit, & Beck, (2008) sampling involves selecting a subset of the population that meets the criteria for inclusion in a phenomenon study to provide a representative sample of the total population from which conclusions can be drawn about the population. One of the distinguishing characteristics between qualitative and quantitative research is the

sampling technique. Quantitative research focuses on generalising a larger population based on random sampling and statistical probability theory (Mayan, 2009), whereas qualitative research focuses on meaning rather than making hypothetical generalisations (Crouch, M., & McKenzie, 2006). The researcher conducted in-depth interviews with the study participants in order to extract valuable information from them. Purposive sampling is the most appropriate non-probability sampling technique for qualitative studies, according to Cohen, Manion, & Morrison, (2013). Women with infertility were identified through the purposive sampling method to give a detailed account of their understanding of child adoption awareness. Given the stigma and secrecy surrounding child adoption, key informants referred the researcher to other potential participants through snowballing. Snowball sampling is a data collection method in which participants direct the researcher to other people who have knowledge and experience in the phenomenon under investigation (Polit, & Beck, 2014).

The study's sample size was fourteen (14) people, and the study reached saturation after interviewing the fourteenth person. Data saturation is where the research participants cannot introduce any new perspectives on the topic under study, and the data collected is not yielding any further explanation of the phenomenon investigation (Baker, & Edwards, 2012).

3.7 Data collection tool

Each participant was interviewed in-depth face-to-face using a semi-structured interview guide to elicit their knowledge of child adoption. The researcher developed the interview guide following an extensive review of the literature and the study objectives derived from the situation awareness model. The interview guide was given to the supervisors for review and correction. The supervisors made excellent inputs to this study guide since they are all

experts in qualitative research. The interview guide for this study includes the main question area aligned with the study's objectives.

Additionally, it included probing questions designed to elicit clarifications in order to obtain specific and accurate information (Creswell, 2014). The interview guide was organized into sections A, B, C, and D, which elicited information about the participants' demographic characteristics, guided questions about situation awareness, decision-making process, action taken by women regarding child adoption, and the state of their environment regarding child adoption, respectively. Participants were allowed to express concerns that the interview guide did not capture.

3.8 Pre-Testing

Pre-testing of the interview guide was done among three known women with infertility who met the inclusion criteria. The pre-testing was done at obeyeyia medical center which had similar characteristics with the study setting. The pre-tested interviews were transcribed verbatim and sent to supervisors where some observations were made. Some questions were revised and restructured after piloting to iron out any ambiguities in the questions. The data collected during the piloting was not included in the study's primary data, and the researcher's interview skills were also improved.

3.9 Procedure for Data Collection

Data was collected after obtaining permission from St. Moses Hospital authorities in Accra with an introductory University of Ghana, Legon letter from the School of Nursing and Midwifery. Before recruiting participants, the researcher introduced herself to the PNO in charge of the gynea clinic and explained the purpose of the study. Following a discussion of the research questions and the study's overall purpose, the matron identified the first eight

(8) participants. The remaining participants were recruited through the snowballing technique until the data was saturated. Before being interviewed, women who met the inclusion criteria and agreed to participate in the study signed a consent form. After explaining the study to them in simple terms, they indicated their willingness to participate. For privacy and confidentiality, the interviews were held at the participants' preferred location. The in-depth interviews lasted from March 2021 to June 2021. The interview lasted approximately 30 minutes to 50 minutes. With the participants' permission, the interviews were recorded and transcribed verbatim (Mayan, 2009). The researcher observed verbal and nonverbal behavior to keep track of ideas for further investigation (Musante, & DeWalt, 2010). A friendly atmosphere was ensured, and participants were encouraged to relax and freely express their opinions on the issues raised. Interruptions were made to direct participants to stay on track with the topic at hand and to provide further clarification. Before and after the interview, participants were allowed to ask questions. The audiotape recordings were given pseudonyms and kept under lock and key. The researcher arranged for a counselor to intervene in the event of an emotional breakdown during the interview.

3.10 Data Management

The researcher herself did the data transcription, and she isolated during this time. The researcher transcribed the audio-recorded data into a personal computer at the end of each interview day, taking into account the interview's field notes and nonverbal aspects. After all the interviews, the transcripts were compared to the audio recording information to fill in the gaps. The supervisors read the transcribed interviews to ensure that they were accurate. For the participants' names, pseudonyms were used. The researcher's email inbox has been backed up with a copy of the folder containing the transcripts. Printed transcripts, field notes, and the tape recorder used for data collection were kept in a drawer under lock

and key, while soft copies were kept on the researcher's computer with a password to ensure the security and safety of the data. The data will be kept for five years according to the data protection act. The information elicited during interviews was not discussed with any other person apart from the supervisors.

3.11 Data Analysis

The data were analyzed using the thematic content analysis method (TCA). TCA is the most fundamental type of qualitative data analysis because it is a descriptive presentation of data. TCA outlined by (Andersen et al., 2006) enables the researcher to comb through and group all textual data into a list of common themes that provide a voice or accurate representation for the entire data set. The researcher reread the transcripts several times to ensure that she had a firm grasp of all the data. The major themes in this study were classified into similar categories based on the situation awareness model's constructs and the study's objectives.

Labels for initial codes containing several thoughts emerged. These codes were group into themes based on how differently they are related and linked. The themes were revised until they were deemed appropriate for presenting the study's findings following its objectives.

3.12 Methodological Rigor

"Rigor of a qualitative study is the extent to which the identified meanings represent the perspectives of the participants accurately" (Grove, Burns, & Gray, 2013) Without rigor, the research conducted can become fictional and worthless in adding knowledge(Morse et al., 2002). According to (Grove, Gray, & Burns, 2015) the rigor of a study finding refers to its credibility, transferability, dependability, and confirmability. Additional methodological

strategies such as an audit trail, member checks when coding, categorizing or confirming results with participants, and peer debriefing were included to ensure the study's rigor (Guba & Lincoln, 1982). These criteria were included to ensure trustworthiness in this study.

Credibility: This involves the reader's confidence in the extent to which the researcher has produced results that reflect the participant's view (Murphy, & Yelder, 2010). To ensure this, the researcher recruited participants who met the criteria for inclusion. Iterative questioning and probing were used to elicit detailed information from participants. Additionally, the transcripts were analyzed for common viewpoints among the research participants. Credibility can be established through techniques such as member checking, peer debriefing, or peer examination. These strategies enabled the researcher to collect and validate data gathered throughout the research process.

Dependability (Consistency): Dependability refers to a study's ability to replicate its findings in similar circumstances with other groups (Polit, & Hungler, 1999). Dependability contributes to the logical, traceable, and documented nature of the research process, both in the chosen method and the researcher's decisions. The practical description of the study's research design, strategic choices, and other occurrences observed during data collection and the evaluation of the study's design will ensure the study's dependability. Similarly, the findings were given to authorities in this field for evaluation, and the supervisors had access to the printed transcripts, emerging themes, and audiotape.

Confirmability: This term refers to how other researchers can examine the audit trail and verify the authors' conclusions (Murphy & Yelder, 2010). The researcher maintained an audit trail of field notes, audio recordings, analysis notes, and coding information to ensure this. Additionally, the researcher will provide supervisors with a draft of the final study.

Transferability: It's the ability to move the study findings to other settings with similar groups (Petty, Thomson, & Stew, 2012). Transferability was ensured via the thick description, which involves a detailed and thorough description of the research setting, the context of interviews, and the processes throughout the investigation (Polit & Hungler, 1999). There was an adequate description of the study setting, design, sample size, data collection method, and inclusion and exclusion criteria to ensure easy transferability.

3.13 Ethical Considerations

The Noguchi Memorial Institute Ethics Review Committee and Ghana Health Service granted ethical clearance before carrying out the study. The ethical principles of research involving human subjects centered on respect for human dignity, beneficence, and justice (Polit & Beck, 2004), were followed. When participants agreed to speak, the researcher ensured that their participation would not result in emotional, physical, or financial harm. The necessary arrangements for the intervention of a counselor were made. Alberta Wiradu (telephone number 0500293199) was available for referrals. Nonetheless, all participants were at ease and did not require the counselor's assistance.

Participants were made comfortable, and there was no risk associated with the study. Participants had the option to withdraw their consent or discontinue participation at any time. Some participants chose not to continue the study after the researcher explained it to them and respected their decision. The interviews took place in a location that was convenient for the participants. Each participant received ten Ghana cedis worth of call credits during the interview process, and participants were assured that any information they provided would be used exclusively for the study's purposes. Recruitment of participants began in March 2021, after ethical approvals.

Every effort was put in place to ensure privacy and confidentiality by not using any personally identifiable information. The results used in reports, presentations, and publications were pseudonymous, and no participant data included their real names. The researcher and supervisors secured all electronic transcripts and audio files using password-protected files and locked drawers.



CHAPTER FOUR

FINDINGS

This chapter presents the study's findings according to the six (6) main themes and nineteen (19) sub-themes that emerged from the data analysis. The first four (4) themes and sub-themes were consistent with the study's objectives and the constructs of the theoretical model used. The last two (2) themes emerged from the data. The demographic characteristics of the respondents are presented, followed by the themes and sub-themes.

4.1 Demographic Characteristics of Participants

All the research participants were women who were having challenges conceiving, and their ages ranged from twenty-six (26) to forty-one (41) years. Out of fourteen (14) participants who took part in the study, only two were Muslims, with the rest being Christians. All participants are married, with the number of years of marriage between two (2) years to 18(eighteen) years.

With regards to educational background, most of the participants attended tertiary institutions. One (1) participant had attained post-graduate education in law, eight (8) participants had also obtained various degrees in nursing, three (3) participants with junior high school certificates, one (1) participant with senior high school certificate, and one (1) participant had attained certificate course in health. Thirteen (13) of the participants though resident in the Greater Accra Region, had their hometowns in different parts of the country, with the remaining one being a Nigerian resident in Ghana.

4.2 Organization of Themes

The themes and sub-themes were organized using the situation awareness model, which serves as the study's guide. Four (4) primary themes and their related sub-themes were

discovered to be directly related to the model's constructs, while two (2) new themes emerged from the data and were also included, as shown in Table 4.1 below.

Table 4.1: Organisation of themes and subthemes

THEMES	EMERGED THEMES	SUB-THEMES	CODES
Situation Awareness of child adoption.		a. Knowledge on CA b. Knowledge on where to go for CA c. Knowledge on the processes involved	SA
Factors influencing decision to adopt.		a. Advanced maternal age b. Age of the child c. Husband concerns d. Family reaction e. Future consideration	Dec.
Actions taken by women with infertility on child adoption		a. Inherited trait b. Procedural factors c. Secretly adopting d. Inheritance issues	Action
Environmental factors that influence child adoption		a. Discrimination: b. Religious beliefs c. Outcome of CA d. Cultural implications e. Effect of revealing identity to the child	Env.
Alternative to CA		a. Option of ART	Alt.
Priority of formal CA over informal CA		a. Feeling of satisfaction	Priority.

4.3 Situation Awareness of Child Adoption.

Situation awareness is an essential factor that will influence an individual to go in for child adoption. These include knowledge on child adoption, where to go for child adoption, and the processes involved in child adoption.

4.3.1 Knowledge on child adoption.

It was revealed that most infertility women knew what child adoption was, and they understood it as “taking someone’s child to be like your own.” A 36-year-old woman, married for six years, expressed her knowledge about child adoption as:

well, my little understanding of child adoption, erm, you are going for somebody’s child, meaning you are coming to take that child as your child and he or she will be part of you, yeah, ermm, meaning you are accepting her as your own child but it’s not you that brought that person to this earth, yes and I never thought of adopting one (AKUA).

Another thirty-seven (37) year old nurse who has been married for eight years without a child had this to say:

Child adoption I know is taking somebody’s child to be your own, giving that child the care that you will give in case you are having yours, just taking that child as yours. (AKWALEY)

Child adoption is going to the appropriate authorities to take a child that doesn't have anyone to take care of, so you bring that child in as yours. The child automatically belongs to you now. That is what I know about it. (AKORFA)

4.3.2 Knowledge on where to go for child adoption

Participants had varying views on where to go for child adoption. Whiles some knew one had to go to the department of social welfare, others did not know where to go, and others too thought one could walk into any orphanage home and adopt a child. A thirty-six (36) year old nurse had this to say:

Sometimes you don’t even know where to go to in the first place, I know you could go to social welfare (Adwoa)

Another twenty-nine (29) year old woman who has been childless for the past two years had this to say:

I haven’t been in Accra for long, so I don’t know much about it (NAJAT)

Likewise, a forty (40) year old woman shared her view as:

I don't know oh I haven't really asked anything about it but I only know of osu and others but I will find out when ready (FATIMA)

However, participants like Akorfa, and Juliana stated that one can walk into any orphanage and adopt a child

I know orphanage homes, you can go to any orphanage home and adopt one or look around you know there are so many kids around, their parents are dead they don't have anyone to take care of them yet they are not in orphanage homes. Do you get it, so you just have to identify them and then go through the normal processes? (AKORFA)

I know you must go to the children's home and go tell them, they will determine whether to give you or not (JULIANA)

4.3.3. Knowledge on the processes for child adoption

A lot of the participants had little knowledge about the processes for child adoption. Two midwives and a critical care nurse had this to share on the process for child adoption:

nothing, I don't know anything about the processes (ADWOA)

Nooo, I haven't even thought about it so how will I know the processes? (SUZZY)

I don't really know the processes. I think I know a woman who adopted a child and then she was saying that it wasn't easy, you must go through a whole lot of process but I don't know the process, so maybe when am ready, I will go to her for her to tell me the process or show me what she did hahaha (ABENA)

I know you go to the children's home; you sign some papers and they will come and inspect your home and properties. (AKOSUA)

Nevertheless, Omotola and Yaa were abreast with the processes involved in child adoption and had this to say:

ermm because of my field though I have delt with one or two of those cases, I even did one last year and when I was handling it, I was like mmmmm, hahahah so ermm basically what happens is erm the welfare people their office is somewhere, where is it koraa, ermm its near teachers, workers college so what we did was go there put

in an application for the person a lot of things they match the parents to the child, yes, a lot of things. And then I know one of our clients wanted to choose but she was not allowed to choose and they said “you cannot choose you have to bring your speck or what you really need like the age of the child, this that I mean what you want and those kinds of things. So, I basically know the legal procedure and those things but ermm as to how it goes in when it’s done is what I don’t know.

(OMOTOLA)

*ok, I know you have to you will fill a form with them and you will state the sex of the child you want, your age errs, then they will direct you to a police station to fill some forms with your partner then from there your file will be in a queue, so when the time is due or there is a child that meets your criteria then they call you. So, I filled the forms but haven’t heard from them yet and I haven’t followed up either **(YAA)***

4.4 Factors Influencing Decision to Adopt

Although participants are aware of child adoption, various factors influence their decision to either adopt a child or not. The factors that influence the individual decision-making process based on the SA model of these women include advanced maternal age, age of the child, husband concerns, family reaction (couples’ own decision, family disapproval), and future decision.

4.4.1 Advanced maternal age

There seems to be a correlation between age and reproduction. Increasing age reduces a woman's chance of getting pregnant naturally. By age forty-five, fertility declines so much that getting pregnant is unlikely for most women. Maternal age is one of the factors that influence a participant's decision to consider child adoption. Akweley, a thirty-seven (37) year old who has been married for eight years without a child, had this to say:

*maybe looking at my age, knowing that its late or much cannot be done mtcheew then I will consider child adoption **(AKWELEY)***

This is in consonance with a forty (40) year old woman who shared her view as:

Maybe when am getting to fifty years. Yeah, if at fifty and I still I haven't been fruitful then maybe so let's say age and maybe considering you being lonely at that age.
(DOREEN)

This was further echoed by a twenty-six (26) year old seamstress:

It depends on what the doctor will tell me. God forbid, but if the doctor says the problem is such that I will not be able to conceive or after I have done everything without a success and, I have advanced in age then I will consider adoption because I will need a child in the future (AKOSUA)

4.4.2 Age of the child

The child's age is one of the factors that influenced women with infertility's decision to adopt. Bonding is essential for normal infant development. Maternal bonding usually starts at the early stage of life through pregnancy and childbirth. Maternal bond may also develop in cases where the child is unrelated, such as adoption. The desire to bond influenced women with infertility's decision to adopt babies between a week and a month. In this regard, a thirty-three-year-old lawyer who has been childless for the past eight years shared this:

I know for a fact that I will prefer a baby I will not want two years or something I want a baby, baby. I don't know I feel like the bond will be more if you nurture a baby that's what I think, because sometimes the two-year-old or three-year-old may already have some ideas that you might not know. The one I know too adopted a baby (OMOTOLA)

Likewise, a forty (40) year old nurse married for ten years without a child narrated this:

Baby koraaa so the baby will know I am the mother, and he is the father not a grownup. (DOREEN)

Similarly, Yaa shared her view as:

ok so if am actually going in for a child then I will take a baby so that that child will grow to see me as the mother and my husband as a father (YAA)

Finally, Abena a midwife added this to the narrative:

if am considering it ermm I think I will consider a fresh baby, fresh like one week to a month-old baby so that at least I will get the feeling of you being a mother not sleeping at night and all those things ermmm, if, I think well one month to three months won't be bad and the sex, sex I don't mind whether boy or girl I won't mind (ABENA)

4.4.3 Husbands concern

In the Ghanaian contest, important decisions that affect the family are taken by the man. The man determines the family size, place of residence as well as the decision to adopt. The study reported that participants had varying views when it came to their husbands' concerns on child adoption. Some believe their husbands will be supportive of their decisions, while others disagree with them. However, Abena, Fatima, and Juliana said their husbands would be supportive:

My husband's reaction? Well, he too he doesn't mind even him when you start with childbearing like when you start ermm let's say you know the treatment is stressful so sometimes when he sees you with all those stresses then it's like you are worrying yourself, we can just go and. He di3 he doesn't have any problem at all, because he too he always says that oh they too they want parents you too you want a child so it like you can just come together and form a family ahaa, he doesn't mind (ABENA)

He doesn't have any problem; he will support me. I am sure he will be at peace if I tell him I want to go in for child adoption today because he knows that the only problem, I have in life is having a child so he will be happy for me. I have a lot of children I am taking care of just that I haven't made it official (FATIMA)

Oh, I don't think he will disagree, since he has one, I am now looking for one to call my own so am not sure he will oppose it. He has one and I am looking for the child so he can't tell me not to do it (JULIANA)

On the contrary some husbands won't support child adoption. A thirty-seven (37) year old had this to share:

Well, I don't know. I have never discussed that before about anything concerning adoption but if it happens, I am sure he will not be happy. I think he will reject the idea that we should go for one. (AKUA)

A thirty-two (32) year old seamstress also shared her view as:

He will never accept It, I know you can train the child on how he should go but here is the case my partner will not allow and if he doesn't allow, I cannot go and bring the child that will probably bring divorce and me too I don't want that to happen (AFIA)

A thirty-nine (39) year old nurse who has been married for ten (10) years without a child said:

hahahah my husband? it will be difficult for him too it will be difficult for him to accept it; it will be difficult. I know it will be difficult because he is hoping to have his own kids, he won't accept it he won't even listen to me if I tell him to go for adoption. Am not convinced myself and I know him you know whenever we are together and I raise the issue of child birth he will just walk out because he doesn't want to bother himself with it (SUZZY)

Others also stated even though their husbands are currently supportive it will be difficult to adopt a child, should their husbands later disagree with the decision. A nurse who has been childless for the past seven years voiced out this:

if my husband disagrees, for now I know he is fine but as human as we are, we change so if he disagrees then I can't go ahead with it because if he disagrees then it means that child won't be loved and then there wouldn't be the need to go and take that child (YAA)

This is in consonance with the opinion of another thirty- seven (37) year old nurse who narrated that:

it will be difficult for me to say that, maybe when my husband says he doesn't want it, because am staying with him and so if he doesn't want that child in the house it's going to be a problem so that maybe I won't call for it but if my husband does not have a problem or if he is okay. Well, he is going to be the father of the child so if he accepts nothing is going to hinder me. Unless where am going to adopt the child,

they are giving me conditions that I cannot meet then fine but not my side or my home. My husband will be the only reason that will prevent me from adopting.
(AKWELEY)

One Muslim participant said her husband will prefer to take a second wife instead of supporting child adoption:

immediately, I go and suggest this, he will tell me he wants to take another wife so that the other woman will come and give him children then we will all take care of the child (NAJAT)

4.4.4. Family Reactions

Admitting a child into a family is regarded as a significant event in Ghana; thus, child adoption that makes the child a permanent member of the family should entail the consent of the family members. From the study, most of the participants believed that child adoption is the couple's decision and not that of the family, except for a few that thought family members would oppose their decision. A thirty-three (33) year old graduate married for two years indicated that:

oh, now my family is my husband and I whatever we decide on right now is our decision I don't think my mums' side, my family or his family will have any problem, I don't think so (AKORFA).

Likewise, a forty (40) year old nurse married for ten (10) years without a child confirmed that, it is their own decision by saying:

it's our decision and we are going to stay with the baby so we will not even consider them or they are agreeing or not really. They got nothing to say they may be informed along the line but not to consider their opinion before taking that decision.
(DOREEN)

Similarly, a forty-one-year-old trader married for eighteen years without a child specified that:

oh, I think that it's is our decision we don't need to go and explain anything to any family member before going in for it. No member of my family will oppose to it as for my husband's family I don't know what they will say. Also, we are bringing the child to our home and not theirs so I don't think it should be much of a problem to them. So as for the family they don't really have a say in this matter, it all depends on us after all we are not adopting for the family but for ourselves. Apart from that close family members like my mum and siblings will understand me when I explain things to them (JULIANA)

On the contrary, other participants revealed that the family will have an influence on their decision. Afia, a thirty-two-year-old seamstress by profession revealed that:

hahah as I told you earlier, they have told us already so we are aware that we cannot go in for child adoption. on his side they will not accept it so because of that I discussed it with my mother and my mother too said no she can't bear that I will go and adopt a child if I don't get one of my own (AFIA).

Similarly, a twenty-nine-year-old trader also indicated that:

so far as they didn't see me pregnant, they won't accept the child also, they will sermon their brother to a family meeting to go and find out where the child is coming from. We are living in his brother's house with two other siblings and their families as well, they were all brought to Accra by their senior brother who is a police officer, he usually visits on weekends. He will ask his brother who is husband where the child is coming from (NAJAT)

Some participants also brought to bear that the family will prefer they adopt from the family instead of department of social welfare. A nurse by profession shared this:

it's the family that I think will be the problem because in my family there are so many, many children and even now some want to give me theirs (oh mame nfa me ba yi ma w)) oh take this child. I don't want to accept that one now, it's like my husband won't even agree, he said if you start accepting those things it means you are blocking your own chance of trying other means. Or you waiting on God to bless you, as if you've given up so you are just taking peoples children to take care of as your own at this stage so that one, he won't agree that I should just take somebody's child or somebody giving me a child, like "oh wodi3 gye" (just take), oh fa me ba yie, me de me ba yie ma w) he doesn't want that kind of thing now. (AKWELEY)

Akosua had this to say:

My family will complain and may prefer I rather adopt a child from the family.

(AKOSUA)

A forty-year-old Muslim narrated that:

oh, I will be in my house that's why I informed you earlier on that I have to move from my current house before going through that process. They will tell me to take care of their children or family members but I think it's their responsibility and I also want one for myself so I don't think it should be a problem for them **(FATIMA)**

4.4.5 Future consideration

Though child adoption serves as another means of having children, participants were not ready to consider it now but rather in the future. A thirty-nine-year-old nurse, married for ten years without a child, shared this:

ermm the child adoption, I don't know, that will be the last thing I will consider because we haven't even thought about it, at all it hasn't even come to mind **(SUZZY)**

Also, another nurse confidently revealed that:

well, that will be maybe my last option, maybe looking at my age, knowing that its late or much cannot be done mtcheew then I will consider child adoption. **(AKWELEY)**

Similarly, a thirty-five (35) year old woman who has been childless for three years stated that:

ermmm, well personally, I don't mind, I don't mind adopting a child yes because I have a believe that those children, they too they need parents errmm, for now as we speak am not ready but maybe in future, I can consider it but not now. **(ABENA)**

4.5. Actions Taken by Women with Infertility on Child Adoption

These are issues that will either encourage or discourage participants from adopting a child. The factors identified based on the SA model include inherited traits, procedural issues, secretly adopting a child and inheritance issues.

4.5.1 Inherited Traits of the child to be adopted

The Ghanaian society believes that character runs through family's and is not only determined by training. Most participants were apprehensive that the adopted child might inherit certain traits from their biological parents. As a result, an inherited trait of the child to be adopted have a great deal of influence on the action taken by women with infertility to adopting a child. The verbatim quote below indicates participants views on inherited traits: Akweley threw more light on what pertains to inherited traits as:

You know every family and their problems, you are going to take a child you don't know, whether its armed robbers' child or whatever. There are things that run-in families so you end up having something in your house that you wouldn't like, or your family wouldn't like. You go for such a child and there is a behavior or some disease that is hereditary, what will you do? So sometimes you think about all those things (AKWELEY)

Also, Suzzy added her view as:

I don't know the parents of the child, whether is from a wee smoker or armed robber, I think that will be a problem for me. As for that it is in the blood, he /she will inherit it from the blood. (SUZZY)

Similarly, to the dismay of Yaa one social worker stressed on it more, hence increasing her fear to go in for child adoption.

I remember the social worker at Takoradi said that adopted child is not yours and that you don't know where the child is coming from or his or her genes. I told her oh how the child will turn out will depend on how you will train the child, but she

said no oh genes are powerful a criminal's child will always be a criminal yes, so sometimes they rather will discourage you, and ask you why are you rushing? (YAA)

4.5.2. Procedural issues

Generally, adoption procedures in Africa are cumbersome, financially demanding, and time-consuming. Emanating from the interviews were procedural factors that could be hindering participants from adopting a child. Almost all the participants verbalized that the procedure was tedious. Abena, Akorfa, Yaa, and Omotola shared their sentiments:

well, I heard the processes is too cumbersome and then you they will say come today come tomorrow so it stressful so if you don't take care you will give up that's what I know. (ABENA)

I have heard it that the process "3wa" (the process is cumbersome) and you have to pay a whole lot of money, but I haven't asked or enquired about it, or made a move so until I make a move then I will know what it actually entails (AKORFA)

what I will say is I have been told the process for adoption is very lengthy, it's first come first serve and a lot of money is involve so they should make it flexible so people can go in for it easily (YAA)

hahaha eiii, first of all been someone who has seen the legal procedures I feel like it will be a bit difficult for me to adopt a child. I don't know why it's like that in Africa, like the one we were handling last year, right now it has come to a standstill. I also know somebody who was also adopted, they are Canadians who adopted from Ghana, it took like five years. So, it's a whole this thing, I don't know but I believe if someone wants to take this child and take care of why must they wait. I understand that you don't want someone to go and mistreat or manhandle them but there are ways to curb that instead of making the whole procedure tedious, it can even discourage somebody. (OMOTOLA)

4.5.3 Secretly adopting a child

Even currently age, the stigma associated with infertility continues to have an impact on adoption. Many Ghanaian communities still believe that womanhood is determined by a woman's ability to conceive and give birth to children. As a result, couples may choose to

keep their adoption secretly. Except for one participant, all stated that they would relocate before considering child adoption. A thirty-three-year-old entrepreneur asserts that:

You can go and hide somewhere and come back. everybody will know that oy3 woba (it's your child). So, you will not talk about it. Sometimes you just need to keep quiet about it and nobody will know that you adopted the child. I think relocating will be an ideal thing so that you have a whole new environment, new start, where nobody knows you, then when you are coming back you come back with full vim. (AKORFA)

Also, a participant with six (6) years' experience in marriage without a child, explains that:

oh, I know that people will say a whole lot of things to trouble my mind or my heart. Errmmm, but then if it happens that I must go for the child which I know we are not in our own apartment I will make sure I move from where I am with the child to a different place to avoid the insults or whatever people will say. (AKUA)

Similarly, Yaa and Suzzy also shared their views as follows:

Maybe I will consider taking transfer from where I work currently. The reason why I was talking about relocation is because if I move into a new environment, all that the people there will know is that a woman and a man have come to settle here with their child, so from day one they know this child is mine, until someone comes from my former location to tell them the child is not mine, no one will know. (YAA)

when I make up my mind to adopt, I think I will move from this place. I will go and stay at a far place where nobody knows me that's the first decision that I will take before I go for the child, because as for that place nobody knows me and all that they know is that I have moved here with my child. They won't know where the child is coming from. I won't stay in the area so that everybody will know that this woman has issues with childbirth and then later they will see me with a child, but in the new area they can't come and ask where from that child unless gossips eheee, but me am not that type that you can easily come to and ask unless you are my friend. (SUZZY)

On the contrary, Juliana a forty-one (41) year old trader reported that:

oh, I won't relocate I will just stay here with the child. (JULIANA)

4.5.4 Inheritance Issues

Most Africans believe that inheritance is by blood, so even though a child may have lived with foster parents for a long time, they may not inherit properties or occupy certain positions in the family. Another contributory factor reported that has pessimistic effects on child adoption among women with infertility was inheritance issues. Some participants narrated their fear of the child being discriminated against when it comes to property sharing in the future. A thirty-three (33) year old lawyer married for eight years without a child narrated that:

Err so, like I said before, sometimes if you start getting the biological children, one of the spouses or the extended family will start discriminating. Some men will not say it but at a point if it gets to inheritance time, they will show preference to their children because they are thinking that they don't really know where this child is coming from (OMOTOLA)

Also, a thirty- nine (39) year old nurse elaborated by sharing this:

Am worried about family issues like property. When the child is claiming that this property is for my parents so it is mine, people will say who told you it's for your mother? she is not your mother, they didn't give birth to you. I am worried they will fight over the properties. I am an African and I am a Fante, and I know us, yes. They will fight over properties. (SUZZY)

Correspondingly, a forty (40) year old nurse who has been childless for ten years shared her worries as:

I have not heard of negative aspects of child adoption with the exception of one or two. Those I have heard not seen like when you die relatives don't treat the child well, that's not your real mum, she is our relative you qualify for this or you don't qualify for this or that in terms of properties sharing (DOREEN)

4.6. Environmental Factors That Influence Child Adoption

According to the participants, environmental factors significantly influence the decision of women with infertility to adopt a child. These environmental factors are discrimination, religious beliefs, the outcome of child adoption, cultural implications of child adoption, and fear of revealing the adopted child's true identity.

4.6.1. Discrimination

One of the contributory factors that negatively affected child adoption among women with infertility was discrimination. All the participants indicated discrimination from society as one of the impediments to child adoption. They reported that society would not accept child adoption and therefore would gossip and stigmatize the child. A thirty-three (33)-year-old lawyer who has been childless for the past eight years asserts that

Generally, in Africa people don't see adoption as a normal thing so they will be gossiping about it for it to look so special. People outside Africa sometimes have their own children and even go ahead and adopt as high as six children and biological children do not feel that I am the child, but in Africa those things come up a lot. Our community generally has made those things so special, if something must work, it must be normalized. I think that is why some people go through life without children, yet they won't adopt because of how our society and community have made it. So before one goes in for it, he or she will think so much about it, even the extended family won't make it easy most times. Some can say things that can even affect the children. (OMOTOLA)

A 33-year-old entrepreneur married for almost two years without a child shared her view as:

Oh no, you know because of how society talks they will say, you are barren, and you have gone in for child adoption. I have been pregnant before so you can't use that against me, but it's the stigma from society but if we are able to remove those things out, adoption would have been an easy thing for everybody to do. (AKORFA)

A nurse married for the past eight years without a child, narrated this:

with the community, most people don't want to accept that and even when you go for an adopted child the child will be passing and people will be pointing fingers at the child and will be saying that (wai)k gye no wo babi) 3wo SOS(save our souls) (this child was adopted from SOS) that kind of things so for our communities still don't understand adoption, I think the education is low, their level of education about adoption (AKWELEY)

Akweley, further elaborated that the child will not be allowed to ascend the throne in her family because the child is not blood related. She reported that:

let's say in my family like this we have this ermmm chieftaincy thing in my family. We have a stool in our house so imagine I will raise such a child to some level and maybe he qualifies to sit on that throne, and you know those things they will say if you are not blood related person, so they won't allow my child to sit on it. (AKWELEY)

Yaa feared she may discriminate against the child in future should she have her own biological children. She asserts that:

People also say that when you get yours after adopting you may discriminate against the adopted child, for now I don't think I will do that, but I don't know what will happen in future. (YAA)

4.6.2. Religious beliefs

Child adoption in Ghana is intertwined with spirituality. Almost all the participants stated that their religion supported child adoption, except one who reported that her church opposes child adoption. Although two participants narrated that their church supports child adoption, these women were concerned that the adopted child might be a witch.

A forty-one (41) year old woman, who has been childless for eighteen years recounted this:

Oh, as for church they sometime advise that after trying for some time you can go ahead and adopt, they also said that it's in the bible that it's not everyone that can give birth so it's a good thing. So, they haven't condemned it. Besides, I must look at my happiness not others (JULIANA)

A thirty- one (31) year old lawyer, shared how her church has been educating the members on child adoption as:

Err we have a book we use for marriage counselling and its even there because if it delays you can go and do it, so the church member I told you about, it was even church leaders that encouraged her to do it. I think they really, really participated in getting the child for her and my church has an orphanage so yeah. So, they don't mind, they even advised, myself and my husband we had a conversation with my pastor, and he asked us if we have considered it and he encourage us maybe that was the time that my husband started thinking about It. (OMOTOLA)

A forty-year-old Muslim narrated that:

Oh, for us Muslims the belief doesn't joke at all with orphans. The Quran teaches that if you allow an orphan to share tears you will be cursed. It's because we blacks believe in only children, we have brought forth otherwise we Muslims should have been the ones adopting more because taking care of orphans come with blessings, so the Quran really supports child adoption. we should all be able to adopt to support. (FATIMA)

On the contrary, Afia's church does not believe in child adoption, she narrated it as:

The church believe that you are not the only one God created, God did not create everybody to have children so if you are married and you don't have children why should you go for adoption? you just have to live your life. They will eventually talk about you. (AFIA)

However, even though two of the participants reported that their religion favoured child adoption, they feared the adopted child could be a witch.

Oh, maybe the spiritual aspect: you know people talk, you know this spiritual thing, sometimes you don't want to believe it but sometimes too they will talk and make you believe in so many things that eiii wo k) fa obi ba sai sai ansh3a wo b3 kofa baifo) (if you don't take care, you will go in for a witch) you know (AKORFA)

Ermm that's why you must to pray about it because sometimes you don't know the lineage or somethings follow some people because have gone to adopt children to help them and it's like the day the child gets to the house things start to go down and down and down. In Nigeria for instance, I think adoption in Ghana is even better

because somebody can ask you what if you go and adopt a witch? like the child is possessed and those kinds of things (OMOTOLA)

4.6.3. Outcome of child adoption

All participants attested to the fact that child adoption comes with blessings as well as challenges. Some narrated that child adoption will relieve them of all their depressions, bring joy, peace of mind, make the family complete, while; others reported that it will allow them to be the mother they have always dreamt of becoming. The challenge will be the child not recognizing adoptive parents in the future. A thirty-five (35) year old nurse reported this:

Errm I think one, you get the chance to be the mother you've always wanted to be and you will be able to raise somebody you can call your own. You will be able to love somebody unconditionally, ermmm I mean it will bring joy to your home. But the challenge will be you don't know what ever traits he will be carrying or whatever genes in him you don't know but I mean why should you bother about things you don't know? hahahah, you don't have to. When we get to that bridge we will cross. (ADWOA)

Similarly, a thirty-nine (39) year old nurse who has been experiencing infertility for ten years, believes child adoption comes with blessings and narrated that:

oh, the good part is that it protects the country from having armed robbers and vagabond children. When you adopt somebody who doesn't have parents, you may educate the person and he or she will have a future so that he won't be a burden on the country so that's the good aspect. It will also help the couple to relieve that stress or depression. Afterall, you have somebody you can call a child. When you are sick and you need help, you need somebody, you can call that child. So, it will help the couple. When someone tells you can also say that I am paying school fees. oh, you get the blessing that's why you are doing it, you know that, as for the blessings you will get it. (SUZZY)

Also, Yaa, a nurse married for seven years without a child elaborated by sharing this:

I see it as good because it adds up to you and it helps you to move on, it makes your family complete and gives you a peace of mind that you are looking for as a couple. The child also gets help, sometimes it opens doors for you to have your own children and you will also become proud. One day if that child grows to become the president of our country or first lady you will have that confidence to say you took care of that child, so I don't think it's bad at all. (YAA)

A thirty-three-year-old secretary married for almost two years without a child attested that:

You will get blessings, also you will grow to be found of the child, errmm. The bad thing is if this child grows up and doesn't acknowledge you as the mother, maybe society influence will get to the head of the child and this child doesn't treat you well as parents then you will be very disappointed ahaaa. You may have gone through a whole lot of process just to get the child to be your own then the child grows to go astray it will be a very big blow, but just like any other child can do, even your own can do that as well so you just have to psych your mind that anything can happen. (AKOFA)

4.6.4. Cultural beliefs about child adoption

Some respondents narrated that culture still poses a seeming drawback to the acceptability and practice of child adoption. They reported how their culture only accepts biological children and not adopted children. Their worry was that society will not welcome these children. Adwoa a thirty-five (35) year old nurse who has six years' experience in marriage without a child shared this:

Errm, I mean it's because of our culture and traditions people believe that if the child is not yours it's not yours no matter how you treat the child, but I have a different perception and believe I won't be bothered by what society would say or think I will be bothered about how to treat the child and make him or her to face that society. (ADWOA)

Similarly, a midwife married for three years without a child also narrated that:

As for African di3 they will say it so I think I must just overlook because I know they will say it. Eeemm I think is because of our culture, because of our culture because outside you can give birth and nobody cares whether you give birth or not and some people can agree to get marriage but then decide not to have children but in our side of the world you can't. (ABENA)

Likewise, a thirty-nine-year-old woman who has been childless for ten years asserts this:

Per our culture, if you are taking care of orphans, they take it cool, but they don't accept them as our children. You can do everything for the child. They take it that you are helping him, but they don't see that child to be your own, as for the help dier they allow it but to accept that child to be your own no, they want the one you have carried on your own (SUZZY)

Finally, Yaa elaborated further by sharing her view:

Ok am sure they wouldn't mind if someone's child stays with me, even if it's for 100years they will be ok, but they just wouldn't like to hear that word adoption, hahaahaha then it becomes a different story. All because of our culture. (YAA)

4.6.5. Effect of revealing identity to the child

Everyone desires a sense of belonging and identity and, therefore, will not be happy that the family you have known all your life is not blood-related. Another environmental factor that has made child adoption unattractive to women with infertility is revealing the child's identity. While some participants were worried that people might disclose their real identity to the child, others feared losing the child should they reveal their identity to the child in the future. Yaa, a twenty-nine (29) year old woman married for seven years without a child, reported that:

Someone may disclose to the child that we are not his/ her parents, errm at a point you may have to tell the child, that is also another thing either to tell the child the truth or not. You know it's a whole lot of things. Mtcheew. (YAA)

Also, Abena was worried disclosing the real identity to the child will affect the child by narrating this:

I think it will affect the child in some ways because the child will grow up to a certain age and will now understand, so I think you must always tell them that you are my child whatever people will say you are my child and I think at some age or stage let's say twenty twenty-five you can just explain it to the child. If we were to be outside it's not really a problem but in African. So, I think at some age or stage you must explain to the child, and I think they will understand (ABENA)

Similarly, Akua feels all her effort will be in vain should someone reveal the real identity to the adopted child. She asserts:

The child may come to you and say daddy or mummy this person says am not your child, is it true? I don't know how the child will feel what if the child leaves the house. It can happen that child can leave and tell you that he or she is going to look for his mother or father, then you have to know that all your efforts or what you have suffered for has been in vain even though God will bless you for bringing up that child. You will still go back to square one just as you were. (AKUA)

Two themes emerged namely alternative to child adoption and priority of formal child adoption over informal child adoption.

4.7. Alternative to Child Adoption

Since Ghanaian society places importance on biological children, women with infertility were willing to go all lengths and breadth to realize the dream of having their children. The study found that participants preferred to exhaust all biological child-bearing options before adopting a child.

4.7.1. Option of ART (Assisted Reproductive Technology)

Knowing that there are other ways to bring forth a child without exploring them can be unsatisfying. Most participants believed they could have biological children using assisted

reproductive technology. As a result, they want to exhaust all other options before considering child adoption. On the contrary, one participant does not believe in ART(IVF).

“I want to try IVF first,” as narrated by Akweley

Oh, I want to try the IVF and if it doesn't work then I will try that but not at this time. I think I have more time; I am thirty-seven years am seeing myself not to be that old to think of adoption now, so I need to do more or push more before considering it. (AKWELEY)

Abena, reported that she wants to exhaust all available treatment as explained:

Okay so with the treatment, can I say it's in ermm I don't know how to put it but the treatment is in phases, you move from one step to the other so I think ermm after we have exhausted all the treatments. (ABENA)

Juliana, a forty-one (41) year old married for eighteen years without a child also shared her opinion as:

Right now, If I want to take any step it would be IVF. The outcome of the IVF will determine my next step. (JULIANA)

Adwoa, one of the participants who has thought about child adoption narrated that she considered it when her ART failed:

Yeah, at the point that I had failed an IVF and they said I don't have a lot of eggs remaining and my chances of becoming a mother is slim, yeah. (ADWOA)

on the other hand, Afia narrated that she doesn't believe in ART(IVF). She asserts that:

If God says yes because he is the giver. If he doesn't give you, I can't do anything, and I don't believe in this IVF if I don't have am okay (AFIA)

4.8. Priority of Formal Child Adoption Over Informal Child Adoption

Formal child adoption and informal child adoption are alternative ways of having children. The desire of women with infertility to end their childlessness makes formal child adoption a better choice than informal child adoption. Even though the majority of the participants did not want to consider child adoption now, formal child adoption was the most preferred over informal child adoption.

4.8.1. Feeling of satisfaction

The joy of every woman of reproductive age is to have a biological child, and if this does not happen and they must contemplate child adoption, they will prefer one that can give them a sense of satisfaction. During the interview, all participants except one reported that they want a child they can call their own and not one (a relative's child) that can return to their biological parents. A forty-year-old nurse, married for ten years without revealed this:

No, no I can't adopt a relative's child, well, he or she may know at the long run that err you are not my mum, a relative can even tell the child that this is not your real mum but your aunty, so I won't do it. I will prefer going for a baby at far place and adopting that for that baby to know that I am the mother a neonate like one week two weeks not a grown up (DOREEN)

Similarly, a forty-year-old Muslim, married for eighteen years without children expressed her view as:

no, she knows her mum and her dad but this if I adopt from the children's home that child doesn't know anything about her background so he or she knows just me as his or her mum and even if someone discloses it to him, he will be grateful that someone is taking very good care of him or her. I know a woman who also adopted a boy and a girl, even though the woman is no more her companies are being managed by the girl. So those staying with me am just taking care of them for the sake of it but the adopted one from children's will be mine (FATIMA)

Afia, also indicated how informal child adoption could affect her in the future.

oh, I want my own, yeah, my own something I can call my own, what if I go and adopt my sisters' children and I bring it to my house, I look after the person when the person grows, he will say am going to my mother am going to my father then hahaha it becomes another issue. So, I will take care of you as my niece that one I will feel better than to call you my child then later in future you will turn against me I can't bear it (AFIA)

Yaa, a nurse who has been childless for seven years, shared her view as:

If I want to adopt, I will adopt a neutral person not a family member oh, hahaha family members child? Unless I decide that that child won't be mine because I know

they can come for their child, so you defeat the purpose of you wanting to get one of your own yeah so, I won't entertain that koraa. I know a couple who did that and there was a meeting in their hometown and the family head sent someone to come and take the child because the wife didn't greet someone well, hahaha but if the child is from social welfare, can someone come for that child? (YAA)

On the other hand, Adwoa was okay with either of them and reported that:

My adoption erm it doesn't matter it doesn't matter which ever method is ready, am going for it either of them is fine with me (ADWOA)

4.9 Summary of Findings

In summary, this chapter reports the study's findings among 14 participants within the age range of 26 years to 41 years. From the interview, all participants were still hopeful of having a biological child. On the knowledge of child adoption, most of the women were aware of the term child adoption. Also, participants had varying views on where to go for child adoption. On the other hand, most participants had little to no knowledge of the processes for child adoption.

Many factors influenced their decision to either consider child adoption or not. Some participants reported advancement in maternal age, the desire to adopt a baby, and the influence of significant others such as their husbands and family members, impacting women with infertility decisions.

Furthermore, all participants were worried that the adopted child could inherit certain traits from their biological parents. Also, the participants preferred to adopt secretly, as most of them would relocate from their current place of abode.

On the other hand, inheritance issues, discrimination, cultural beliefs, procedural factors, fear of disclosing real identity to the child were setbacks to child adoption. Similarly, some participants opted for other ways of having children, and they claimed they must exhaust all other treatments options before considering child adoption.

Finally, even though these women with infertility were not ready to adopt a child, they preferred formal child adoption to informal child adoption.



CHAPTER FIVE

DISCUSSION OF FINDINGS

This chapter discusses the study's findings. The discussion includes demographic characteristics, situation awareness of child adoption, factors influencing the decision to adopt, actions taken by women with infertility on child adoption, environmental factors that influence child adoption, an alternative to child adoption, and priority of formal child adoption over informal child adoption. The specific objectives of the study guide the discussion.

5.1 Socio-Demographic Characteristics of Participants

The current research reported the narrative of 14 women with infertility whose age ranged from 26 to 41 years, representing women of reproductive age.

All of the participants were married monogamously, which corresponds to the findings in Edo and Ibadan, Nigeria, where 95.0 % and 80.8% of participants were in a monogamous marriage, respectively (Ohaeri et al., 2019; Oladokun et al., 2012). In contrast to a study conducted in Northern Ghana in 2019, five participants were in a polygamous marriage (Nachinab et al., 2019). Maybe most of the participants in the previous study were Muslims, and the Islamic faith accepts polygamy. These participants are of marriageable age, and the majority of them married between the ages of two (2) and eighteen (18) years, indicating the duration of their infertility. Previous studies have established that the duration of infertility and maternal age are among factors that will influence an individual to adopt (Bennett, 2018; Nwaoga, 2013).

According to the study findings, ten out of the 14 participants have a tertiary education, reflecting a better level of education in the study area. This means that most women with infertility in the Greater Accra region have received formal education at various

high schools. Fertility reduces with increasing age; therefore, the longer women stay in school, the higher the chance of starting their families at an advanced age, as indicated by the literature. (Ohaeri et al., 2019; Nguefack et al., 2014; Oladokun et al., 2009).

Furthermore, the current findings show that 10 of the 14 participants were employed in the formal sector, with the remaining participants being self-employed. This indicates that none of the participants were unemployed and could therefore take care of an adopted child. In contrast, Nachinab et al. (2018) found in the study conducted that 9 out of the 15 participants were unemployed.

Except for two Muslim women, the majority of the women in this study were Christians. A similar study in Nigeria also reported that 92.6 % of participants were Christians. (Eke et al., 2014). Even though the Christian religion does not oppose child adoption, most participants were only willing to consider child adoption after exhausting all other options.

5.2 Situation Awareness of Child Adoption

Situation awareness is an imperative factor that influences a person's decision to adopt a child. Situation awareness involves knowledge about child adoption, where to go for child adoption, and the procedures involved in child adoption.

The current study revealed that most women with infertility had a universal knowledge of the meaning of child adoption which means that the idea is not new to them. On the level of awareness, the findings were consistent with previous studies in Nigeria and Cameroun (Avidime et al., 2013; Nguefack et al., 2014; Eke et al., 2014; Atibinye, D. A., et al., 2015; Aluyor et al., 2017; Durosinlorun et al., 2019). On the contrary, a study in India indicated that half of the participants knew nothing about child adoption (Kashiv, 2019). In consonance with a previous study in Japan, a considerable child adoption awareness gap

was reported among participants (Shiraishi et al., 2020). The inconsistencies between the findings of the current study and previous findings on child adoption awareness may be due to cultural differences.

Most participants in the current study understood child adoption as “legally taking someone’s child to be your own” This is similar to research carried out in Ibadan, Nigeria (Oladokun et al., 2012), which showed that the majority knew the meaning of child adoption. On the other hand, Ohaeri et al., (2019) showed that only 6% of the respondents had good knowledge of child adoption, as 16.0% believed it means buying a child. However, the level of education may be an excellent explanatory factor for the differences in knowledge about child adoption.

The current study revealed that participants had varying views on where to go for child adoption. Some did not know where to go, and others thought one could walk into any orphanage home and adopt a child. A previous study discovered that the orphanage home was the most popular location identified, with 67.2 percent of respondents knowing that child adoption is possible (Avidime et al., 2013).

Most of the participants were also unfamiliar with the procedure for adopting a child, indicating a knowledge gap in this area. Many of the participants revealed that they were unaware of the formal process for adopting a child, a situation similarly reported in previous studies. (Aluyor et al., 2017; Atibinye et al., 2015; Foluso et al., 2014; Omosun & Kofoworola, 2011). That study indicated that on knowledge of any legal framework on adoption, only 47.8% were aware and could say correctly what the law says. However, the findings of Nguetack et al., (2015) and Avidime et al., (2013) showed very high knowledge on the processes of child adoption. However, those studies were quantitative and only asked participants whether or not they were aware of the processes. As a result, a detailed interview in future research may validate these claims for a clearer understanding.

5.3 Factors Influencing Decision to Adopt

The study participants' decisions regarding their willingness or not to adopt a child were based on different factors. These factors include advanced maternal age, age of the child, the husband's attitude towards adoption, family reaction, and future decision. All these issues indicate the unwillingness of the majority of participants to adopt a child.

Despite the high level of awareness, participants in the present research were not ready to consider adoption of children in their present situation but rather in the future. Comparable to low levels of willingness to adopt a child found in Lagos and Ibadan. (Durosinlorun et al., 2019; Oladokun et al., 2012; Ezugwu et al., 2002). Most likely due to their general dissatisfaction and psychological reasons for not being able to bear children. It is, however, in sharp contrast to the high rates of 75% of willingness to adopt found in Zaria (Avidime et al., 2013).

Again, the present study findings revealed that participants would only consider child adoption when advancing in age, as reported in previous studies. (Słowikowska-Hilczer et al., 2017; Nguefack et al., 2014; Omosun & Kofoworola, 2011; Ezugwu et al., 2002). Even though most of the participants in the present study were more than 35 years, their desire to have a biological child still made child adoption unattractive.

Furthermore, among those willing to adopt, the majority preferred to adopt a newborn baby less than three months. This preference could be explained by issues of early bonding between the adoptive parents and adopted child so that the children will recognize them as their parents, which is not different from what is reported in the literature. (Durosinlorun et al., 2019; Eke et al., 2014; Oladokun et al., 2012). However, gender preference was not captured in this study as reported in preceding studies (Durosinlorun et al., 2019; Nachinab et al., 2018; Avidime et al., 2013).

Additionally, in the traditional Ghanaian setting, the man is regarded the family's head, making all significant family decisions. In addition, Segment 69 (2) of Ghana's Children's Act of 1998 establish that if there is a married applicant for child adoption, the spouse's consent is required for the court to approve. The perception and experience of participants show that several decisions were made by their husbands concerning their ability to adopt a child. Some men in the present study support child adoption because they believe those children need parents, but the vast majority disagree with it. Similar to previous studies that revealed that the decision to adopt relies heavily on the husband as some husbands prefer to continue treatment as long as it lasts with the desire to remarry instead of adopting a child (Hasanpoor–Azgahdy et al., 2016; Nachinab et al., 2018; Naab et al., 2019).

Finally, the current study concluded that the couple decides to adopt a child, not the family. The reaction of the relatives might discourage and affect the couple's acceptance of child adoption as they have not yet accepted the idea of child adoption as they see it as taboo. The current study revealed that relatives have no role in the decision-making regarding child adoption, as long as the couple is satisfied with that decision. On the other hand, Ali and Sami (2007) discovered that husbands and mothers-in-law influence the decision to consider child adoption, and this concept is the same as found in the literature (Hasanpoor–Azgahdy et al., 2016; Ojelabi, 2015).

5.4 Action Taken by Women with Infertility on Child Adoption

These are the factors that either encourage or dissuade participants from adopting a child. They include inherited traits, procedural issues, secretly adopting a child and inheritance issues.

The current study found that most women were concerned that the adopted child would inherit some characteristics from their biological parents. As a result, an inherited trait of the child to be adopted has a significant influence on the action taken by women experiencing infertility to adopt a child. Most participants stated that the parents of the child might be smokers or armed robbers. A previous study in Southwestern Nigeria discovered that most participants were unwilling to adopt due to concerns about the unknown parental background, the child's genetic make-up, and whether the child would become a deviant in the future. (Foluso O et al., 2014) Moreover, this concept is not different from the literature (Ezugwu et al., 2002; Oladokun et al., 2012; Ohaeri et al., 2019). This is undoubted because of the widespread belief among Africans that character runs in families.

Participants in the current study also complained about the lengthy and cumbersome processes, strict adoption laws and regulations, and, in particular, the financial requirements that a childless couple must meet to adopt a child. One of the barriers to child adoption in Ghana is the complexities of the legal process for adopting a child. A study on domestic adoption in Kenya also reported that the cost of adoption was a barrier to child adoption (Stuckenbruck & Roby, 2017), and other studies in Iran reported similar concerns (Hasanpoor–Azgahdy et al., 2016; Bokaie et al., 2012). Government must therefore review the adoption process and make it more flexible especially, for domestic applicants.

In this study, most participants narrated that they will move from their current place of abode before adopting so that no one will know that their child is adopted. This means that couples may choose to keep their adoption a secret. Almost universally, respondents indicated that they would relocate before considering child adoption. This finding is consistent with previous studies, which specified that many adoptive parents feel compelled to maintain secrecy surrounding the adoption to avoid the stigmatization of both the adoptive parents and the child (Stuckenbruck & Roby, 2017; Onayemi, 2019). This need to

disguise the adopted child and parents is unfortunate but necessary for maintaining their psychological health.

Finally, the current study reported that inheritance issues have a negative impact on child adoption among childless women. Some participants expressed concern about the child being discriminated against in the future during property sharing, especially after having biological children or upon passing away of adoptive parents. Correspondingly, a previous study by Aluyor et al., (2017) in Nigeria stated that as high as 82% of participants indicated that adopted children should not have equal rights to property as firstborn when other children arrive, and this is similarly reported in Kenya (Stuckenbruck & Roby, 2017). These parallels exist because most Africans believe that inheritance should be based on family.

5.5 Environmental Factors that Influence Child Adoption

Additionally, the current study revealed that discrimination against adopted children is a significant environmental factor impeding child adoption. Most of the participants stated that the general public's attitude toward adoption is negative. Couples who take steps to adopt a child are stigmatized by others, compounding their problems. This finding is similar to findings found in other studies in India (Bharadwaj, 2003; Joshi et al., 2015; Hasanpoor–Azgahdy et al., 2016), in Cameroun (Nguéfack et al., 2014) and Nigeria (Ojelabi, 2015; Eke et al., 2014; Foluso O et al., 2014; Oladokun et al., 2012). Therefore, there needs to be more education on child adoption in the Greater Accra Region. In addition, on the challenges of child adoption, participants in this study feared that the child might not recognize the adoptive parents in the future.

Again, almost all the participants in this study stated that their religion supports child adoption, consistent with reports in Indonesia (Bennett, 2018). However, some participants

were concerned that the adopted child might be a witch, even though their faith was not against child adoption. This study is contrary to previous studies that reported that child adoption would imply a lack of faith in God (Inhorn, 2006; Adewunmi et al., 2012).

Also, the current study mentioned several benefits of child adoption. Consistent with previous research, child adoption brings blessings, will relieve women with infertility of all their depressions, have the joy of parenthood, make the family complete, and temporary comfort to childless couples. Adoption is not only desirable to improve the quality of life in childless couples, but it also leads to the upbringing and development of children in a pleasant environment, which is beneficial to the nation (Foluso O et al., 2014; Nwaoga, 2013; Oladokun et al., 2012). This has a beneficial effect on child adoption acceptance because it elicits the blessings of the adoptive parents.

Furthermore, for some respondents in the current study, culture appears to be a barrier to the acceptability and practice of child adoption. According to the women, their culture only accepts biological children and not adopted children. Comparable with previous research, which indicates that child adoption is culturally unacceptable, the general cultural stance that marriage without procreation cannot be considered blissful (Nguefack et al., 2014; Oladokun et al., 2012).

Finally, disclosure is a sensitive issue and can be a barrier to child adoption. Another environmental factor that has made child adoption unappealing to childless women in this study is the effect of revealing the child's identity. While some participants were concerned that people would expose their true identity to the child, others were concerned that they would lose the child if they revealed their identity in the future. The remaining did not want to disclose it at all. On the contrary, Durosinlorun et al. (2019) indicated that 52.2% of the participants would disclose that they adopted a child, most likely out of concern that the child would know later.

Nevertheless, disclosure is still a problem because of the fear that the adopted child may not appreciate the issue of adoption in the future, and this may cause mental trauma to the adopted child may Hasanpoor–Azgahdy et al., (2016). However, Section 72 of the Ghanaian constitution's 1998 Children's Act states that only the adoptive parents can reveal the parental background to the adopted child when the child is at least 14 years old. Apart from the adoptive parents, this provision imposes penalties on anyone found guilty of disclosing such information to the adopted child.

5.6. Alternative to Child Adoption

The present study discovered that participants preferred to exhaust all biological child-bearing options before adopting a child. They believed that by using assisted reproductive technology, they could have biological children. Most of the women stated that they would only consider child adoption when their treatment fails.

The findings are consistent with previous studies (Adewunmi, et. al, 2012; Joshi et al., 2015; Straehl et al., 2017), which indicated that the majority were only willing to adopt after ART failure. Another study in the UK by Smeeton & Ward, (2017) reported that participants were only ready to go in for child adoption after fertility treatment (IVF), maybe because they believe that natural parenting is superior to adoptive parenting.

5.7. Priority of Formal Child Adoption over Informal Child Adoption

Even though participants were not yet ready to consider child adoption in this study, formal child adoption was the preferred option. The women preferred formal adoption because it allows them to keep the adopted child indefinitely and protects them from being worried by the biological parents.

Correspondingly, Gerrand (2015) discovered that participants in South Africa desired a sense of permanence when adopting a child as a solution to their infertility. In Ghana, permanence in keeping the formally adopted child by Section 70 of the 1998 Children's Act states that natural parents who consent to child adoption must understand that it permanently deprives them of parental rights. However, this finding contradicts previous research, which found that most respondents were willing to raise a child from a member of their family, even if the child came from someone, they knew was not a member of their family, without formally adopting the child (Adewunmi, Y., Omirin, M., & Koleoso, 2012; Stuckenbruck & Roby, 2017; Durosinlorun et al., 2019; Naab et al., 2021). Reasons for expressing interest in this type of adoption include familiarity with the adopted child's parents and no fear of having unknown diseases.

5.8. Summary of Discussion

The women in this study were aware of child adoption, though; they did not know the procedure for formal child adoption according to the Ghanaian constitution. There was also a lack of knowledge on where to go for formal child adoption. They knew child adoption comes with benefits but, they were unwilling to consider it now because of societal discrimination. Also, the high preference for biological children made child adoption unattractive. Some participants were willing to exhaust all treatment options before considering child adoption.

Finally, the sense of permanency made formal child adoption superior to informal child adoption. Generally, several of the findings were persistent with the literature others were contrary to previous literature

CHAPTER SIX

SUMMARY, IMPLICATIONS, CONCLUSION AND RECOMMENDATIONS

This chapter contains the summary of the study, implications of the findings, conclusion, limitations and recommendations based on the findings.

6.1 Summary of the Study

Infertility is one of the most traumatic life events for women, and finding a solution can be very difficult. Although there are numerous ART centers in the Greater Accra Region, it remains inaccessible to many indigenes because of cost. Adoption is a viable alternative to infertility since it provides women with the much-needed prerequisite of having a child. The situation awareness model was used as a guiding framework to explore child adoption awareness among women with infertility. Both quantitative and qualitative studies in the related area of child adoption were reviewed.

For the phenomenon under investigation, an exploratory descriptive design was used in this study. The NMIMR-IRB (Appendix A) and GHS ethics committee both granted ethical clearance. Purposive and snowball sampling techniques were used to recruit a total of fourteen (14) participants. For data collection, a semi-structured interview guide was used (Appendix C). Participants were interviewed, between 30 and 50 minutes. The data were grouped into six (6) main themes using thematic content analysis, which included situation awareness of child adoption, factors influencing the decision to adopt, action taken by women with infertility on child adoption, environmental factors that influence child adoption, an alternative to child adoption, and priority of formal child adoption.

The participants ranged in age from 26 to 41 years old and had been married for two to eight years. Twelve (12) Christians of various religious denominations and two (2) Muslims participated in the study. All of the participants were familiar with the concept of

child adoption, which they defined as "getting someone else's child and raising it as if it were your own." Participants had differing opinions on where to go for child adoption; some believed that you could adopt a child from an orphanage. Only a few people were aware that they needed to go to the Department of Social Welfare, with the vast majority having no idea where to go for child adoption. However, a large proportion of women are unaware of the adoption process or the mechanisms that support it.

Numerous things influenced their decision to adopt a child. Most of the participants were unwilling to consider child adoption now but would consider it in the future when they became older. The majority also favored neonates because they wanted these children to know them as their parents as they grew older. On husband's perspective on child adoption, some participants believed that their husbands were going to support their decision to adopt, while others thought they were going to disagree with their decision. However, participants believe that the decision to adopt is solely the couples and not the families.

Inherited traits, procedural concerns, secretly adopting a child, and inheritance issues all influenced their action not to adopt, as revealed by the study. According to the women, contextual factors such as prejudice, religious views, cultural implications of child adoption, and the consequence of exposing the adopted child's true identity made them unwilling to explore child adoption. In the women's view, the advantages of child adoption include blessings, becoming the mother they've always wanted, and relief from any infertility-related stress, such as depressions.

Alternatively, participants were only willing to consider child adoption after exhausting all treatment options. However, the sense of permanency made informal child adoption unappealing compared to formal child adoption.

6.2 Implications of the Findings

The findings of this study have implications for Nursing practice, Nursing research, Community sensitization

6.2.1 Implications for Nursing and midwifery Practice

The study established a lack of knowledge about where to go for child adoption as well as the requirement for child adoption. There is a need for nurses and midwives working in fertility centers to be abreast with processes so that they can provide information on the child adoption process and assist women experiencing infertility with the challenges that they have in the process of child adoption. Nurses and midwives must also create awareness of child adoption among couples with infertility through seminars and workshops as an alternative coping strategy to curb their infertility.

6.2.2 Implications for Nursing and midwifery Research

The study enumerated blessings, the joy of parenthood, relief from infertility-related stress such as depression, peace of mind as some of the benefits of child adoption, yet child adoption is still underutilized.

As a result, nurses should research child adoption as an alternate option for infertility. During the current study's literature review, it was discovered that there is a dearth of research-based data on child adoption in Ghana, indicating the necessity for further research in this field. If studies on child adoption are conducted in Ghana, nurses' roles in child adoption will be informed by context-specific and evidence-based information. Nurses form an integral component of the health delivery system, and the phenomenon could be quantitatively investigated to establish relationships between the conceptual framework's constructs.

6.2.3 Implications for Communities

The study findings demonstrated that most women experiencing infertility were unwilling to contemplate child adoption due to societal discrimination and cultural views. As a result, raising public awareness and enlightenment through the media is critical to minimizing the socio-cultural consequences of child adoption because child adoption not only improves the quality of life for couples without children but also results in the upbringing and development of children.

6.3 Limitation of the Study

The study was limited to women with infertility who lived in the Greater Accra Region of Ghana, and the sensitivity of the subject area made most women with infertility not want to participate. Again, recruitment of participants was difficult due to low hospital attendants during the COVID- 19 pandemic. The study's primary limitation was the incapability to generalize the study results to a bigger populace due to the small sample size involved.

Another limitation was the non-involvement of husbands in this study, as their perspectives would have been necessary to reach a conclusion that represented both couples as a single entity. However, husbands were excluded because women attend most fertility clinics; therefore, it was easier to recruit women.

6.4 Conclusion

Child adoption is an underutilized coping strategy for infertility, especially if artificial reproductive techniques are inaccessible. Despite high levels of awareness, these women with infertility were hesitant to pursue child adoption because of a lack of knowledge about the processes and societal stigma. As a result, social workers, nurses, and midwives should be present in all infertility centers to provide information about the adoption process and assist couples without children in overcoming stigma.

6.5 Recommendations

The following recommendations are made based on the findings of this study to the Ministry of Health (MOH), the Ministry of Gender and Social protection, and nurse researchers.

6.5.1 For Ministry of Health (MOH)

The ministry of health should:

- Training of reproductive health nurses, to provide them with the necessary knowledge and counseling skills to educate eligible childless couples on child adoption.
- Collaborate with the gender and social protection departments to prioritize child adoption applications from childless couples.
- Organise tailored programmes for women experiencing infertility in terms of psychosocial counseling.
- Encourage and fund research on adoption of children that will lead to the creation of a culturally sensitive intervention model in Ghana.

6.5.2. For Ministry of Gender and Social Protection

The ministry of gender and social protection should:

- Maintain a national database of available children for adoption, including their ages, gender, and location.
- Launch child adoption awareness campaign to spread knowledge about child adoption and the processes involved.
- Simplify procedures to make this option available for couples who are legible and to those who have no resources for to ART

- Organize specific child adoption training programmes for social workers and health care professionals to equip them to support childless women who want to adopt a child.
- Create a special counselling unit within social welfare, where people can walk in to receive counselling free of charge on child adoption.
- Establish supportive services for adoptive parents and their adopted children to assist them in successfully integrating into society.
- Create platforms for couples who have already adopted to share their experiences, to alleviate the anxiety of prospective couples.

6.5.3. For Ghana Health Service

GHS should:

- Train and assign clinical psychologists to all facilities where fertility clinics are held in order to counsel eligible couples.
- Continue to educate the public about child adoption as a formal option for obtaining a child through community durbars.

6.5.4. For Nurse researchers

Nurse researchers should:

- Utilize a quantitative method to investigate child adoption awareness in order to provide a more comprehensive picture.
- Ensure adequate representation by expanding the scope of future studies to include government and private fertility treatment facilities.
- Include husbands, wives, and opinion leaders in future research for a more multifaceted view of the concept of child adoption.

REFERENCES

- Adewunmi, Y., Omirin, M., & Koleoso, H. (2012). (2012). factors associated with acceptability of child adoption as management option for infertility among women in developing country. *International Journal for Womens Health*. <https://doi.org/10.2147/IJWH.S31598>
- Aluyor, P., Salami, L. I., & Arulogun, A. (2017). *An Assessment on Awareness and Acceptability of Child Adoption in Edo State*. 8(14), 75–78.
- Ashraf, Kourosh, Ali, A. (2014). The trend of infertility in Iran, an original review and meta-analysis. *Nursing Practice Today*, 1(1), 46–52. <http://npt.tums.ac.ir>
- Atibinye, D. A., Ariante, A. A., Okeke, G., Akpe, A., Umoh, O. L, Mark, E..... Apiakise, E. W. (2015). (2015). Factors associated with acceptability child adoption as a management option for infertility among females in Yenagoa metropolis, Bayelsa State. *International Journal of Development Research*, 5(01), 3046–3049.
- Avidime, S., Ameh, N., Adesiyun, A. G., Williams, C. O., Isaac, N., Aliyu, Y., Sullyman, K., Idris, H., & Ojabo, A. (2013). *Knowledge and attitude towards child adoption among women in Zaria , northern Nigeria*. 54(4). <https://doi.org/10.4103/0300-1652.119657>
- Baker, S. E., & Edwards, R. (2012). *How many qualitative interviews is enough*.
- Banerjee, A., & Chaudhury, S. (n.d.). Statistics without tears: Populations and samples. *Industrial Psychiatry Journal*, 19(1), 60.
- Beck;, P. &. (2014). TitleEssentials of nursing research: Appraising evidence for nursing practice. *Lippincott Williams & Wilkins*, (8th ed.).
- Bennett, L. R. (2018). Infertility, Adoption, and Family Formation in Indonesia. *Medical Anthropology: Cross Cultural Studies in Health and Illness*, 37(2), 101–116. <https://doi.org/10.1080/01459740.2017.1407931>

- Bokaie, M., Farajkhoda, T., Enjezab, B., Heidari, P., & Zarchi, M. K. (2012). Barriers of child adoption in infertile couples: Iranian's views. *Iranian Journal of Reproductive Medicine, 10*(5), 429–434.
- Cleland, J. (2018). Family Planning and Fertility Control in Development. *The International Encyclopedia of Anthropology, 1–7*.
<https://doi.org/10.1002/9781118924396.wbiea1515>
- Cohen, L., Manion, L., & Morrison, K. (2013). Research methods in education. *Routledge*.
- Creswell, J. W. (2014). A concise introduction to mixed methods research. *SAGE Publications*. <https://doi.org/10.15520/jmbas.v8i4.217>
- Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview-based qualitative research. *Social Science Information, 45*(4), 483–499.
- Datta, J., Palmer, M. J., Tanton, C., Gibson, L. J., Jones, K. G., Macdowall, W., Glasier, A., Sonnenberg, P., Field, N., Mercer, C. H., Johnson, A. M., & Wellings, K. (2016). Prevalence of infertility and help seeking among 15 000 women and men. *Human Reproduction, 31*(9), 2108–2118. <https://doi.org/10.1093/humrep/dew123>
- Donkor, E. S., Naab, F., & Kussiwaah, D. Y. (2017). “I am anxious and desperate”: psychological experiences of women with infertility in The Greater Accra Region, Ghana. *Fertility Research and Practice, 3*(1), 1–6. <https://doi.org/10.1186/s40738-017-0033-1>
- Durosinlorun, A. M., Adze, J., Bature, S., Abubakar, A., Mohammed, C., Taingson, M., & Airede, L. (2019). Awareness and Willingness to Adopt among Infertile Women Seen at a Tertiary Hospital in Northern Nigeria. <https://doi.org/10.4103/ajiac.ajiac>
- Eke, C. B., Obu, H. A., Chinawa, J. M., Adimora, G. N., & Obi, I. E. (2014). Perception of child adoption among parents/care-givers of children attending pediatric outpatients' clinics in Enugu, South East, Nigeria. *Nigerian Journal of Clinical Practice, 17*(2),

188–195. <https://doi.org/10.4103/1119-3077.127549>

Endsley, M. R. (1995). A taxonomy of situation awareness errors. *Human Factors in Aviation Operations, January 1995*, 287–292.

Farquhar, C., & Marjoribanks, J. (2018). *Assisted reproductive technology : an overview of Cochrane Reviews (Review)*. 8. <https://doi.org/10.1002/14651858.CD010537.pub5.www.cochranelibrary.com>

Foluso O, O., Orifa, O., & Chinomso U., N. (2014). A phenomenological study to assess the opinions of infertile women regarding child adoption in south-western Nigeria. *IOSR Journal of Nursing and Health Science*, 3(3), 26–34. <https://doi.org/10.9790/1959-03312634>

Geelhoed, D. W., Nayembil, D., Asare, K., Schagen van Leeuwen, J. H., & Van Roosmalen, J. (2002). Infertility in rural Ghana. *International Journal of Gynecology and Obstetrics*, 79(2), 137–142. [https://doi.org/10.1016/S0020-7292\(02\)00237-0](https://doi.org/10.1016/S0020-7292(02)00237-0)

Gerrand, P. A., & Nathane-Taulela, M. (2015). Developing a culturally relevant adoption model in South Africa: The way forward. *International Social Work*, 58(1), 55–62. <https://doi.org/10.1177/0020872812461043>

Gerrits, T. (2016). Assisted reproductive technologies in Ghana: transnational undertakings, local practices and ‘more affordable’ IVF. *Reproductive Biomedicine & Society Online*, 55(2), 32–38. <https://doi.org/10.15270/55-1-694>

Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research*. Missouri. Elsevier.

Grove, S. K., Gray, J. R., & Burns, N. (2015). *Understanding Nursing Research: Building an Evidence-Based Practice*. St. Louis, Missouri: Elsevier . Saunders.

Harris, K., Burley, H., Mclachlan, R., Bowman, M., Macaldowie, A., Taylor, K., Chapman, M., & Mary, G. (2016). Socio-economic disparities in access to assisted reproductive

technologies in Australia. *Reproductive BioMedicine Online*.

<https://doi.org/10.1016/j.rbmo.2016.07.012>

Harrison, E. F., & Francisco, S. (1996). A Process Perspective on Strategic Decision Making Environmental Assessment. *Management Decision*, 34(1), 46–53.

Hasanpoor–Azgahdy, S. B., Simbar, M., Vedadhir, A., & Amiri Farahani, L. (2016).

Exploring the Challenge of Adoption from the Perspective of Iranian Infertile Women.

Journal of Client-Centered Nursing Care, 2(1), 19–26.

<https://doi.org/10.32598/jccnc.2.1.19>

Inhorn, M. C., Boehm, J. K., & Patrizio, P. (2015). Knowledge, attitudes, and intentions

toward fertility awareness and oocyte cryopreservation among obstetrics and

gynecology resident physicians. *Human Reproduction*, 31(2), 403–411.

<https://doi.org/10.1093/humrep/dev308>

Inhorn, Marcia C., & Patrizio, P. (2014). Infertility around the globe: New thinking on

gender, reproductive technologies and global movements in the 21st century. *Human*

Reproduction Update, 21(4), 411–426. <https://doi.org/10.1093/humupd/dmv016>

Joshi, S. V., Prasad, R., & Kushwaha, A. S. (2015). A Study of Knowledge and Attitude

Towards Adoption Amongst Infertile Couples. *International Journal of Public Health*

Research, 3(6), 318–326.

Kashiv, S.; A. K. (2019). *INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH*

INFERTILITY: IS ADOPTION AN OPTION Soumya Kashiv Amreen Khan *. 11, 11–

12.

Kussiwaah, D. Y., Donkor, E. S., & Naab, F. (2019). "I AM TIRED OF BEING CHILDLESS

": SOCIAL EXPERIENCES OF WOMEN WITH " I AM TIRED OF BEING

CHILDLESS ": SOCIAL EXPERIENCES OF WOMEN WITH INFERTILITY. May.

Kyei, Josephine M., Manu, A., Kotoh, A. M., Meherali, S., & Ankomah, A. (2020).

Challenges experienced by clients undergoing assisted reproductive technology in Ghana: An exploratory descriptive study. *International Journal of Gynecology & Obstetrics*. <https://doi.org/10.1002/ijgo.13132>

Kyei, Josephine Mpomaa, Manu, A., Kotoh, A. M., Adjei, C. A., & Ankomah, A. (2021). Beliefs about children and the psychosocial implications of infertility on individuals seeking assisted fertilization in Ghana. *Reproductive Biomedicine and Society Online*, 12, 88–95. <https://doi.org/10.1016/j.rbms.2021.02.003>

Mascarenhas, M. N., Cheung, H., Mathers, C. D., & Stevens, G. A. (2012). Measuring infertility in populations: constructing a standard definition for use with demographic and reproductive health surveys. *Population Health Metrics*, 10, 1–11. <https://doi.org/10.1186/1478-7954-10-17>

Mayan, M. (2009). Introduction to the Essentials of Qualitative Inquiry: Thinking About, Designing, and Executing Rigorous Qualitative Inquiry. *Journal of Qualitative Research*, 3–73.

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods*, 1(2), 13–22. <https://doi.org/10.1177/160940690200100202>

Munhall, P. (2012). *Nursing research*.

Murphy, F. J., & Yelder, J. (n.d.). Establishing rigour in qualitative. . . *Radiography Research*. *Radiography*, 16(1), 62–67.

Musante, K., & DeWalt, B. R. (2010). Surgical face masks worn by patients with multidrug-resistant tuberculosis: Impact on infectivity of air on a hospital ward. *Participant Observation: A Guide for Fieldworkers*. Rowman Altamira. <https://doi.org/10.1164/rccm.201107-1190OC>

Naab, F., & Kwashie, A. A. (2018). ‘ I don ’ t experience any insults , but my wife does ’ :

The concerns of men with infertility in Ghana. 24(2), 45–48.

<https://doi.org/10.7196/SAJOG.2018.v24i2.1278>

Naab, Florence, Brown, R., & Heidrich, S. (2013). Psychosocial health of infertile Ghanaian women and their infertility beliefs. *Journal of Nursing Scholarship*, 45(2), 132–140.

<https://doi.org/10.1111/jnu.12013>

Naab, Florence, Lawali, Y., & Donkor, E. (2021). Coping Strategies and Health-Seeking Behavior of Women With Infertility at Zamfara. *Journal of Humanistic Psychology*, 002216782110270. <https://doi.org/10.1177/00221678211027036>

Naab, Florence, Lawali, Y., & Donkor, E. S. (2019). “My mother in-law forced my husband to divorce me”: Experiences of women with infertility in Zamfara State of Nigeria. *PLoS ONE*, 14(12), 1–13. <https://doi.org/10.1371/journal.pone.0225149>

Nachinab, G., Naab, F., & Donkor, E. S. (2019). *Understanding the threats of. February.*

Nachinab, G. T., Donkor, E. S., & Naab, F. (2018). Child Adoption as a Management Alternative for Infertility: A Qualitative Study in Rural Northern Ghana. *International Journal of Caring Sciences*, 11(3), 1763–1770.

<http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=134112533&site=ehost-live>

Nguefack, C. T., Ourtching, C., Gregory, H. E., & Priso, E. B. (2014). *Knowledge, Attitudes and Practices of Infertile Women on Child Adoption in Douala (Cameroon).* December, 1065–1071.

Nwaoga, C. T. (2013). Socio - religious implications of child adoption in igboland South Eastern Nigeria. *Mediterranean Journal of Social Sciences*, 4(13), 705–710.

<https://doi.org/10.5901/mjss.2013.v4n13p705>

Ohaeri, B. M., Oahimijie, F. O., & Ingwu, J. A. (2019). Knowledge and Practice of Child Adoption among Infertile Couples Attending Fertility Clinic in a Tertiary Health

Institution in Benin City, Edo State – Nigeria. *International Journal of Nursing*, 6(1), 185–196. <https://doi.org/10.15640/ijn.v6n1a19>

Ojelabi, Olanike A. (2015). Policies and practice of child adoption in Nigeria: a review paper. *Routledge*, 6(1), 75–81. <https://doi.org/10.5901/mjss.2015.v6n1s1p75>

Oladokun, A., Arulogun, O., Oladokun, R., Morhason-Bello, I. O., Bamgboye, E. A., Adewole, I. F., & Ojengbede, O. A. (2012). Acceptability of child adoption as management option for infertility in Nigeria: evidence from focus group discussions. *African Journal of Reproductive Health*, 13(1), 79–91. <https://doi.org/10.4314/ajrh.v13i1.55661>

Omani Samani, R., Maroufizadeh, S., Navid, B., & Amini, P. (2017). Locus of control, anxiety, and depression in infertile patients. *Psychology, Health and Medicine*, 22(1), 44–50. <https://doi.org/10.1080/13548506.2016.1231923>

Omosun, A. O., & Kofoworola, O. (2011). Knowledge, attitude and practice towards child adoption amongst women attending infertility clinics in Lagos State, Nigeria. *African Journal of Primary Health Care and Family Medicine*, 3(1), 1–8. <https://doi.org/10.4102/phcfm.v3i1.259>

Onayemi, O. M. (2019). *From humanitarianism to family building Genres of security implications*. <https://doi.org/10.1108/IJSSP-09-2018-0148>

Osei, N. Y. (2016). Need for accessible infertility care in Ghana: the patients' voice. *Facts, Views & Vision in ObGyn*, 8(2), 125–127. <http://www.ncbi.nlm.nih.gov/pubmed/27909570> <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC5130302>

Petty, N. J., Thomson, O. P., & Stew, G. (2012). Ready for a paradigm shift? Part 1: Introducing the philosophy of qualitative research. *Manual Therapy*, 17(4), 267–274.

Polis, C. B., Cox, C. M., Tunçalp, Ö., McLain, A. C., & Thoma, M. E. (2017). Estimating

infertility prevalence in low-to-middle-income countries: An application of a current duration approach to Demographic and Health Survey data. *Human Reproduction*, 32(5), 1064–1074. <https://doi.org/10.1093/humrep/dex025>

Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. Lippincott Williams & Wilkins.

Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. In *International journal of nursing studies*,.

Polit, D. F., & Hungler, B. (1999). *Nursing research. Principles and Research*.

Polit, D.F., & Beck, C. T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice (8th ed.)*. Philadelphia, PA: Lippincott Williams & Wilkins.

Sallam, H. N., & Sallam, N. H. (2016). Religious aspects of assisted reproduction. *Facts, Views & Vision in ObGyn*, 8(1), 33–48. <http://www.ncbi.nlm.nih.gov/pubmed/27822349> <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC5096425> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5096425/pdf/FVVinObGyn-8-33.pdf>

Shiraishi, E., Sugimoto, K., Shapiro, J. S., Ito, Y., Kamoshita, K., Kusuhara, A., Haino, T., Koizumi, T., Okamoto, A., & Suzuki, N. (2020). Study of the Awareness of Adoption as a Family-Building Option Among Oncofertility Stakeholders in Japan. *JCO Global Oncology*, 6, 350–355. <https://doi.org/10.1200/jgo.18.00043>

Slowikowska-Hilczer, J., Hirschberg, A. L., Claahsen-van der Grinten, H., Reisch, N., Bouvattier, C., Thyen, U., Cohen Kettenis, P., Roehle, R., Köhler, B., Nordenström, A., Kohler, B., Cohen-Kettenis, P., de Vries, A., Arlt, W., Wiesemann, C., Slowikowska-Hilczer, J., de la Perriere, A. B., Sultan, C., Paris, F., ... Szarras-Czapnik, M. (2017). Fertility outcome and information on fertility issues in individuals with different forms of disorders of sex development: findings from the dsd-LIFE study.

Fertility and Sterility, 108(5), 822–831.

<https://doi.org/10.1016/j.fertnstert.2017.08.013>

Smeeton, J., & Ward, J. (2017). ‘It’s a big deal, being given a person’: why people who experience infertility may choose not to adopt. *Adoption and Fostering*, 41(3), 215–227. <https://doi.org/10.1177/0308575917705819>

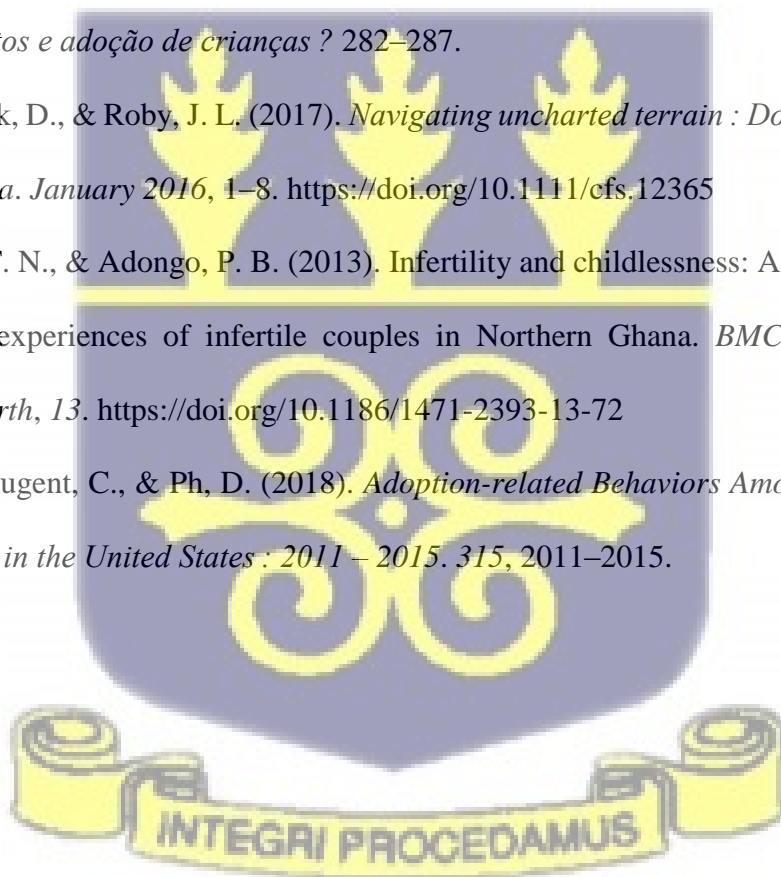
Sonaliya, K. N. (2016). Infertility: Ongoing global challenge of new millennium. *Indian Journal of Community Health*, 28(2), 113–115.

Straehl, J., Alves, L., Carolina, A., Sá, J. De, Felipe, M., Sá, S. De, & Reis, R. M. (2017). *What do Infertile Women Think about Oocyte Reception , Oocyte Donation , and Child Adoption ? O que as mulheres inférteis pensam em relação a ovo recepção , doação de oócitos e adoção de crianças ?* 282–287.

Stuckenbruck, D., & Roby, J. L. (2017). *Navigating uncharted terrain : Domestic adoptions in Kenya. January 2016*, 1–8. <https://doi.org/10.1111/cfs.12365>

Tabong, P. T. N., & Adongo, P. B. (2013). Infertility and childlessness: A qualitative study of the experiences of infertile couples in Northern Ghana. *BMC Pregnancy and Childbirth*, 13. <https://doi.org/10.1186/1471-2393-13-72>

Ugwu, C., Nugent, C., & Ph, D. (2018). *Adoption-related Behaviors Among Women Aged 18 – 44 in the United States : 2011 – 2015*. 315, 2011–2015.



APPENDICES

Appendix A

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

INSTITUTIONAL REVIEW BOARD

Phone: +233-302-916438 (Direct)
E-mail: nirb@noguchi.ug.edu.gh
Telex No: 2556 UGL GH

My Ref No: DF22
Your Ref. No:



University of Ghana
Post Office Box LG 581
Legon, Accra
Ghana

6th November, 2020

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 00001276**

NMIMR-IRB CPN 013/20-21 **IORG 0000908**

On 6th November 2020, 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 : **Child adoption awareness among women with infertility in the Greater Accra Region**

PRINCIPAL INVESTIGATOR : **Abankwah Belinda Nana Ama, 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 5th November, 2021. You are to submit annual reports for continuing review.

Signature of Chair: 
.....
Dr. Abraham Hodgson
(NMIMR – IRB CHAIR)



Appendix B

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this letter should be quoted



Research & Development Division
 Ghana Health Service
 P. O. Box MB 190
 Accra
 Digital Address: GA-050-3303
 Mob: +233-50-3539896
 Tel: +233-302-681109
 Fax + 233-302-685424
 Email: ethics.research@ghsmai.org
 27th January, 2021

My Ref: GHS RDD/ERC/Admn/App/21/530
 Your Ref. No:

Belinda Nana Ama Abankwah
 CT 10316, Cantonment- Accra

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol

GHS-ERC Number	GHS-ERC 025/11/20
Study Title	Child Adoption Awareness among Women with Infertility in the Greater Accra Region
Approval Date	27 th January, 2021
Expiry Date	26 th January, 2022
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months.
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED

James Akazili
 Dr. James Akazili
 (Head, Ethics & Research Management Department)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

Appendix C

INTERVIEW GUIDE

Please my name is Belinda Abankwah, an MPhil nursing student from the university of Ghana, School of Nursing and Midwifery. I am here to interview you on child adoption awareness as a coping strategy. The interview will be audio recorded, purely for academic purposes and nothing else and every information shared will be kept confidential.

Section A (Socio-Demographic Data)

Please tell me about yourself

Probes

Age

Education

Marital status

Number of years of marriage

Number of children

Age of last child

Years of searching for a child

Religion

Tribe

SECTION B

CHILD ADOPTION AWARENESS (SITUATION AWARENESS) AMONG WOMEN WITH INFERTILITY

1. Tell me about your experience with infertility
2. What are some of the solutions you sought for not being able to get pregnant?
3. What are your thoughts about child adoption?
4. How important is child adoption to you?
5. What are the types of child adoption you know of?
6. What must one meet to be able to adopt a child?
7. What is the process of adopting a child in Ghana (Probes)?
8. what are the legal procedures for child adoption in Ghana?

SECTION C

DECISION MAKING PROCESS OF WOMEN WITH INFERTILITY ON CHILD ADOPTION

1. Tell me about your willingness to adopt a child?
2. What will influence your decision to adopt? Probes
 - a. Age
 - b. Gender
3. What do you think will be your husbands' reaction if you suggest child adoption to him?
4. What will be the reaction of your family members OR your husband's family members if you decide to adopt a child?

SECTION D

ACTIONS TAKEN BY WOMEN WITH INFERTILITY TO ADOPT A CHILD

1. What worries you about child adoption?

2. What makes you think you can or cannot adopt a child?
3. How do you think an adopted child will be treated by your community?
4. If your family or community go against you, would u still adopt a child?

SECTION E

STATE OF THE ENVIRONMENT OF WOMEN WITH INFERTILITY ON CHILD ADOPTION

1. What are some of the things that will make it difficult for you to consider child adoption (probes)?
2. What will make the process easy?
3. What does your religion say about child adoption?
4. Describe your community perspective on adoption
5. What are the good or bad things that adopting a child will bring to you?
6. Do you have anything more to add to this discussion?

Is there anything more you want add to this interview?



Appendix D

NMIMR-IRB CONSENT FORM TEMPLATE

Title: **child adoption awareness among women with Infertility in the Greater Accra Region**

Principal Investigator: Belinda Nana Ama Abankwah

Address: School of Nursing and Midwifery, University of Ghana, belquarthey@gmail.com, 0243201310.

General Information about Research

Child adoption is an alternative way through which people can have children. Child adoption can be practiced among married women who do not have children of their own. This study seeks to understand child adoption awareness among women who cannot have children of their own. You are therefore requested to participate in this study because you have identified yourself as woman seeking to get pregnant. If you agree to participate you will be interviewed for 30 minutes to one hour. The interview will take place in a convenient venue in the community or where you so desire. You are free to accept or refuse to participate in this study. You will not be affected in anyway if you refuse to participate. Your name will not be stated in the interview or any part of the study. The information you share will be recorded and played privately by my supervisor and me only.

Possible Risks and Discomforts

Some of the questions you may be asked may remind you of some unpleasant past events. You are free to discontinue the interview. However, an arrangement has been made for a counselor who will provide support in case you breakdown. The counselling session will be free and the counselor can be contacted through 050- 0293199

Possible Benefits

There are no direct benefits to you for taking part in this research. However, the study findings will inform nurses on what to bear in mind when educating clients on child adoption as an alternative treatment for infertility.

Confidentiality

Information that can be used to identify you will not be included in the study. Your name, location and telephone 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 study report. All study information will be properly stored and be destroyed after five years of 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 will be given to you for snack and transportation after the interview.

Voluntary Participation and Right to Leave the Research

Taking part in this research is purely voluntary. You are therefore at liberty to choose either to accept or not to accept to take part. Your decision will be respected and there will not be any penalty against you because of your decision not to partake.



Contacts for Additional Information

For further clarification on this research, you can contact me and my supervisors on the following contacts.
Researcher: Belinda Nana Ama Abankwah, Department of Maternal and Child Health, School of Nursing and Midwifery, University of Ghana, Email: belquartey@gmail.com, 0243201310.

Supervisors:
DR. Florence Naab, Department of Maternal and Child Health, School of Nursing and Midwifery, University of Ghana, Email: fnaab@ug.edu.gh, Tel: 0204522332.
Dr. Josphine Kyei, Department of Community health, School of Nursing and Midwifery, University of Ghana. Email: maamejossy@yahoo.com. Tel: 0208154212

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute 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.ug.edu.gh



VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title *child adoption awareness among women with Infertility* 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



Appendix E

CONSENT FORM

STUDY TITLE: CHILD ADOPTION AWARENESS AMONG WOMEN WITH INFERTILITY IN THE GREATER ACCRA REGION.

PARTICIPANTS' STATEMENT

I acknowledge that I have read or have had the purpose and contents of the Participants' Information Sheet read and all questions satisfactorily explained to me in a language I understand (*English, Twi and Ga*). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Name of Participant.....

Participants' SignatureOR Thumb Print.....

Date:.....

INTERPRETERS' STATEMENT

I interpreted the purpose and contents of the Participants' Information Sheet to the afore named participant to the best of my ability in the (*Twi and Ga*) language to her proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to her satisfaction.

Name of Interpreter.....

Signature of Interpreter.....OR Thumb Print

Date:.....

Contact Details

INTEGRI PROCEDAMUS

Appendix F



UNIVERSITY OF GHANA
SCHOOL OF NURSING AND MIDWIFERY

ID 10511993

10th March, 2021

Ref. No.:

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you **Belinda Nana Ama Abankwah**, an MPhil Nursing student at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements of the MPhil. programme, the student is to undertake a research study and she intends to use your facility as the main study sites for data collection.

The title of her research is **"Child Adoption Awareness Among Women With Infertility in The Greater Accra Region."**

It will be appreciated if she is given the necessary assistance to collect data on her study.

Thank you.

Yours faithfully,

Mr. Charles A. Klutse
School Administrator



P. O. Box LG 43, Legon, Accra, Ghana.

• Telephone: (0) 303 970 801 / 0553 089 267 • Email: nursing@ug.edu.gh • Website: www.nursing.ug.edu.gh