

Short Communication

## Attitude of Infertile Women to Child Adoption in Nigeria

**\*<sup>1</sup>Oladokun A, <sup>2</sup>Arulogun O, <sup>3</sup>Oladokun R, <sup>1</sup>Adenike Bello F, <sup>1</sup>Morhason-Bello I.O, <sup>4</sup>Bamgboye E.A, <sup>1</sup>Adewole I.F, <sup>1</sup>Ojengbede O.A.**

<sup>1</sup>Departments of Obstetrics & Gynaecology, College of Medicine/University College Hospital, Ibadan.

<sup>2</sup>Department of Health Promotion and Education, College of Medicine, University of Ibadan, NIGERIA

<sup>3</sup>Department of Paediatrics, College of Medicine, University of Ibadan, NIGERIA

<sup>4</sup>Department of Epidemiology, Medical Statistics and Environmental Health,  
College of Medicine, University of Ibadan, NIGERIA

**Summary:** Infertility has serious consequences especially in Africa where a high premium is place on child bearing. An interviewer-administered questionnaire was administered on 396 consenting women seeking infertility treatment at the gynaecological clinic of the University College Hospital, Ibadan in an attempt to assess the attitude of infertile women in Nigeria to child adoption and its acceptability as a management option for infertility. Most (64%) believed its culturally unacceptable and only 17% will try it as an option. Sustained advocacy, community mobilization and enactment of supportive laws were some of the suggestions made by respondents to improve its uptake.

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\*Address for correspondence: 234 8033285279 [oladokun@comui.edu.ng](mailto:oladokun@comui.edu.ng); [sinaoladokun@yahoo.com](mailto:sinaoladokun@yahoo.com) U.S.A. email, [rglew@salud.unm.edu](mailto:rglew@salud.unm.edu); telephone, 505-272-2362; fax, 505-272-6587

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### INTRODUCTION

Infertility is a common health problem with devastating psychosocial consequences on the affected couples especially in Africa (Araoye 2003). Worldwide, 5 to 10% of couples (measured at the end of 48 and 12 months of attempts at conception, respectively—Gnoth *et al.*, 2005) suffer from infertility. In Africa, the prevalence is higher (30.3% was found by Adetoro and Ebomoyi in 1991), most being due to genital infection (corroborated by Araoye in 2003). The burden manifests greatly in many African communities because of the high premium placed on fertility and childbearing.

Management options and its outcomes are restricted especially in Sub-Saharan Africa due to poor diagnostic and treatment facilities, lack of expertise and poverty. Long-term follow-up of patients from a teaching hospital's infertility program showed poor results from traditional treatment (Orhue & Aziken 2008). Yet, the cost of assisted

reproductive techniques remains exorbitant and out of the reach of the average Nigerian. Adoption may serve as an alternative strategy for these affected couples, yet has not been fully explored and integrated into management schedules. A study showed that, while most respondents had heard of adoption, they were not clear about the processes or legalities (Ezugwu *et al.*, 2002). And, while its acceptance may be poor, over two-thirds of respondents in a community-based study in South-Eastern Nigeria preferred child adoption to traditional management options for infertility such as adultery, polygamy, surrogacy, acceptance of childlessness and divorce and remarriage (Onah & Ogbuokiri, 2002).

Focus group discussions (FGD) with community members in another study indicated that they view adoption as a socially-responsive gesture, rather than as treatment for infertility (Oladokun *et al.*, 2009). It was not a personally acceptable practice for most participants, especially as precedents in their community were practically nonexistent. It is noteworthy that these discussants were not infertile

and therefore, their views are third-party, only useful for assessing communal opinion.

The aim of this study, therefore, is to assess the attitude of infertile women in Nigeria to child adoption and its acceptability as a management option for infertility.

**METHODS**

It was a descriptive cross-sectional study using interviewer-administered questionnaire conducted among 396 consenting women seeking infertility treatment at the gynaecological clinic of the University College Hospital, Ibadan, south-western Nigeria between May 2008 and Jan 2009.

**RESULTS**

Table 1 shows the respondents’ demographics. The age range was from 24 to 47 years. Most (80%) of them had a minimum of secondary education. Most were in monogamous family setting and were also nulliparous (73%).

Fifty-five percent of the respondents were aware that child adoption was possible. Many of them, however, did not believe that it is culturally acceptable (64%). Only 17% expressed a willingness to adopt. This willingness to adopt was found not to be significantly associated with their age, level of education, parity, religious affiliation, tribe, number of years they have been in the marriage, or their family setting. Reasons proffered for not being willing to adopt included the fact that they would not have genetically contributed to the child, that the child might have an untraceable genetic disease, that there might have been a mental illness in the biological parents’ families and that the child might decide to trace the biological parents in the future.

In response to an open-ended invitation for suggestions to improve uptake of child adoption as a treatment option for infertility, the participants said that advocacy, community mobilization and enactment of supportive laws would be helpful.

**DISCUSSION**

This study shows high level of awareness of child adoption by the infertile women, yet very few women will accept it as a treatment option for infertility. Unlike the study from the eastern part of the country (Ezugwu *et al.*, 2002), the acceptance of adoption was not related to any demographic, social or obstetric factors, suggesting that adoption was generally unacceptable in the environs of our study area. Male partners were not recruited in this study, but one can assume that if adoption is less likely to be acceptable to them than to the wife (following the trend of Fatoye *et al.*’s study in 2008), then the

situation will be further worsened due to the patriarchal nature of our society. Participants in a local community study (Oladokun *et al.*, 2009) indicated that they did not have any local precedents to follow; this was corroborated by another study that showed that adoption was significantly more likely to be accepted if the respondent had seen a case of child adoption before (Onah & Ogbuokiri, 2002). It appears that it may remain a vicious cycle of non-acceptance until successful cases have been seen and couples are thus encouraged to embark on their own journeys to adoption.

**Table 1:**  
Social and demographic characteristics of respondents

	<b>Total (396)</b>
<b>Age range</b>	24 – 47years
<b>Mean age</b>	30.3±7.1 years
<b>Educational level (%)</b>	
None	3.0
Primary	25.4
Secondary	51.3
Tertiary	28.7
<b>Religion (%)</b>	
Christianity	57.5
Islam	42.3
Traditional	0.2
<b>Number of children (%)</b>	
None	73.0
One	12.7
Two	8.3
Three	5.3
Four or more	0.7
<b>Years of marriage</b>	1-30 years
<b>Family setting (%)</b>	
Monogamous	76.0
Polygamous	24.0

Some respondents in this study expressed apprehension about unforeseen genetic illnesses that could arise due to the foreign parentage. A logical solution to that fear would be to explore the suitability and feasibility of surrogacy in our environment, and then to promote it. This option may be more acceptable to some, though there would still be the issue of cost, as assisted reproductive techniques would need to be employed. Another

option may be kinship adoptions, which are being mediated successfully in a community, similar to the study area, which has an established adoption program (Aniebue & Aniebue, 2008). These adopted children's biological parents are known, so the family and medical history can be evaluated. This option, of course, has its own shortcomings, including the fact that the transaction cannot be anonymous.

Cultural and communal acceptability appears to have strong influences on people's attitude to child adoption. Making the procedures less tortuous may ease the process. Again, lessons can be learnt from others to institute post-adoption care as part of the whole adoption process. Aniebue & Aniebue (2008) noted this to be lacking in the program earlier discussed; it would be essential in view of all the socio-cultural factors militating against abortion in our environment, to ensure enduring success of the program. Measures like advocacy, community mobilization and enactment of supportive laws, as suggested by the respondents, will help in promoting acceptability of child adoption.

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