AWARENESS ON CHILD ADOPTION AS AN ALTERNATIVE OPTION FOR INFERTILITY MANAGEMENT IN USELU COMMUNITY, EDO STATE

BY

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CERTIFICATION

This is to certify that this research project titled "Work–Family Conflict" was carried out by **Courtney Donatella Akwa-Dei** of the Department of Social Work, Faculty of Social Sciences, University of Benin, in partial fulfilment of the requirements for the award of the Bachelor of Science (B.Sc.) Degree in Social Work. This project has been read and approved for meeting the requirements for the award of the Bachelor of Science (B.Sc.) Degree in Social Work.

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DEDICATION

This work is lovingly dedicated God Almighty for His grace, wisdom, and strength throughout this academic journey.

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Abstract

The main aim of this study was to examine awareness of child adoption does not positively affect the perception and attitude of infertile women. The problem of this study was that infertility has become a global health challenge with devastating psycho-social consequences in many African communities. Nigeria's rate of infertility is as high as 30%. Child adoption, although usually perceived as the last option for couples with incurable infertility, is associated with several physical, psychological, emotional and ethical issues. These issues have been linked to low acceptance of child adoption among infertile couples. The broad objective of this study was to assess the opinions of infertile women regarding child adoption in South-western Nigeria. The methodology adopted by this study was the probabilistic and survey research design which was employed using questionnaire. A purposive sampling technique with a criterion sampling strategy was used to select hundred and thirty household (130) not necessary infertile women and a focus group structured interview was utilized to collect data from the participants. The demographic data of Respondents were analysed using the simple percentage the research hypotheses was analysed qualitatively using Chi-Square Statistical Tool to analyse the data on opinions of infertile couples. The results from the findings of this study shows, none of the respondents had ever practiced child adoption, meanwhile, awareness of child adoption was viewed as alternative to management infertility, though attitudinal disposition varied. Respondents was of the opinion that child adoption brings joy into the lives of the couple especially those who are yet to have children, though they stated that the society does not accept it but adoption was seen as a way of contributing to the life of an individual as well as make the couple satisfied. The study concludes that there the knowledge of child adoption fosters the willingness of individual and couples to legally adopt. Also, the results show that awareness of child adoption positively affects the perception and attitude of infertile women in Alagbaka Community to child adoption and its acceptability as a management option for infertility. The study further finds that child adoption as an alternative option for infertility contributes to the life of an individual as well as makes the couple fulfilled.

Keywords: Adoption, Infertility management, Opinion, Women, Uselu Community

CHAPTER ONE

BACKGROUND TO THE STUDY

Introduction

Infertility is a unique medical condition, in that it is a disorder that often involves a couple, not an individual. An infertile couple is one that has been unable to conceive a pregnancy in one year of unprotected intercourse (Connors 2023). About 20% of couples without fertility issues conceive per cycle, increasing to 50% after three cycles, 75% by six cycles, and 85-90% after 12 months. Approximately 10-13% of couples are infertile, a rate that is rising as women delay childbearing. Timely referrals to infertility specialists are essential for successful outcomes (Connors 2023).

Management of infertility in couples varies based on etiological factors, diagnostic tools, physician expertise, and financial resources. Alternatives like adoption and fostering provide support, with adoption involving permanent legal transfer of parental rights, while fostering pertains to temporary guardianship of a child (Adoption and Fostering. http://www.politics.co.uk. Abubakar, Lawan & Yasir, 2023).

Foster care is often used when a child is waiting to be adopted or the courts are considering an adoption order. Under the United Nations Convention on the Rights of the Child 1989, adoption is recognized as one of the forms of alternative care for children who have been temporarily or permanently deprived of their family environment, and also for children who are unable to remain in their family environment. Adoption has influence on the adopted child's status; hence, it affects

his/her legal rights, welfare, and obligations. Today, adoption involves not only traditional adoption of children but also gametes or embryos. Infertility is the main reason that the parents seek to adopt children they are not related to, with one study showing that this accounted for 80% of infant adoptions. Estimates suggest that 11%-24% Americans who cannot conceive or carry pregnancy to term attempt to raise a family through adoption, and the overall rate of ever-married American women who adopt is 1.4%.

Attitudes and laws guiding adoption vary greatly. Whereas all cultures make arrangements whereby children whose own parents are unavailable to rear them are brought up by others, not all cultures share the same concept of adoption. Adoption is the act of legally placing a child with a parent or parents other than those to whom they were born. An adoption order has the effect of severing parental responsibilities and the rights of the original parents, and transferring those responsibilities and rights to the adoptive parents (Omosun and Kofoworola, 2021).

Adoption can either be an open or a fully disclosed adoption. It allows identifying information to be communicated between adoptive and biological parents and perhaps, interaction between kin and the adopted person. The adoption can also be closed which bars all identifying information from being shared between the adoptive parents, biological kin, and the adoptee. Ancient adoption practices differed markedly from the modern practices of adoption. Foremost, they were legal tools to strengthen political ties between wealthy families and they provided male heirs to manage the

estates of other notables. Adoption was inherently an act that fostered the interests of adults and placed less emphasis on the interests of those adopted. The use of adoption along these lines by the aristocracy is well documented; many of Rome's emperors were adopted sons (Benet, 1976).

Moreover, evidence suggests that although legal, infant adoption for the purpose of building a family was rare. The abandoned were often rounded up for slavery rather than for adoption purposes (Boswell, 1998). Various studies (Ezugwu, Obi & Onah, 2002; Avidime, Isaac, Aliyu, Sullyman & Idris, 2019; Oladokun, Oyedunni, Oladokun, Imran & Elijah, 2009) from Nigeria have shown high levels of awareness of adoption and fostering even though only a few people know the exact meaning of the terms. While studies from southeastern (Ezugwu, Obi & Onah, 2022) and southwestern (Oladokun, Oyedunni, Oladokun, Imran & Elijah, 2009) Nigeria have shown low level of acceptability, one study in Zaria (Avidime, Isaac, Aliyu, Sullyman, Idris, 2019) has shown high level of acceptability and uptake of adoption with a preference for fostering because of cultural or religious reasons.

Adoption and fostering are the robust management options for infertile couples that need to be explored, especially in the developing countries. The public health implication of infertility in Nigeria coupled with the lack of access to assisted reproductive technologies and large population of uncared children makes fostering and adoption sensible options. This study was aimed at determining the knowledge, attitude, and practice of child adoption in Uselu Community.

1.2 Statement of the Research Problem

Infertile couples experience emotional distress, depression, and marital issues due to childbearing failures (Oladokun et al, 2019). This study aims to evaluate infertile women's views on adoption as a coping mechanism. Aluko-Arowolo and Ayodele (2024) found that cultural and religious beliefs significantly influence attitudes toward assisted reproductive treatments, with many respondents disfavoring these options. Rochat, Mokomane & Mitchell (2015) identified public perceptions linking fostering and adoption. Ezugwu (2002) notes major concerns regarding adoption include its perceived ineffectiveness in addressing infertility, societal stigma, and fears about the child's background and behavior. Adoption raises ethical issues such as the developmental impacts on adoptees, racial identity challenges (Friedlander, 2019), and the complexities of parenting (Zaki, 2020). In Nigeria, obstacles for women considering adoption include opposition from husbands and reluctance to discuss the child's origins (Ezugwu, 2022).

Research Questions

The study aims to address three research questions:

(1) Whether knowledge of child adoption influences the willingness of individuals and couples to legally adopt,

(2) If awareness of child adoption positively impacts the perception and attitude of infertile women in Uselu Community towards child adoption as a management option for infertility, and

(3) Whether child adoption contributes to individual fulfillment and couple satisfaction as an alternative to infertility solutions.

Aim and Objectives of the Study

The main aim of this study is to examine awareness of child adoption as an alternative option for infertility management: (a study of Uselu Community). The specific objectives are to;

The document outlines three primary objectives regarding child adoption: first, to investigate whether knowledge of child adoption influences individuals and couples' willingness to pursue legal adoption; second, to evaluate the impact of awareness of child adoption on infertile women's perceptions and attitudes in the Uselu Community, determining its acceptability as a management option for infertility; and third, to ascertain how child adoption serves as an alternative for infertility, contributing to individual fulfillment and couple satisfaction.

Significance of the Study

This study is significant because it will focus on the awareness of child adoption as an alternative option for infertility management in Nigeria. We are firmly convinced that this study will revise, extend as well as create awareness and knowledge base particularly as it relates to awareness of child adoption as an alternative option for infertility management in Nigeria, especially due to the fact that information is a strong tool to development and acceptability innovation. This differs significantly from those in developed countries where child adoption has become a

culture of the people. This research work on the awareness of child adoption as an alternative option for infertility management, there actually exist a conceptual linkage between the extent to which the perception of couple with infertility can be influence to accept adoption process.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Challenges of infertility have led to varied health care seeking behaviors, including spiritual, traditional, and orthodox medical practices, with options like Assisted Reproductive Technology (ART) and child adoption. ART encompasses advanced techniques aiding fertilization, notably in vitro fertilization (IVF), which includes procedures such as trans-cervical embryo transfer, gamete transfer types, cryopreservation, and gestational surrogacy. (Olugbenga, Adebimpe, Olanrewaju, Babatunde & Oke, 2019; Inhorn, 2022).

In all, Nigeria's infertility rate is estimated to be 20 to 30 percent of total married couples (Anate, 2022). The estimation is higher than the reported cases

(Oladeinde, 2019; Ashiru, 2018; Akande, 2008; Anate, 2022). Specifically, it is noted that there is an increase in reported cases of infertility in Alagbaka Estate Residents as evidenced in the reported cases at General Hospital, Akure from 2011 to 2015.

CAUSES OF INFERTILITY

Infertility is caused by three main sources: physiological dysfunctions, preventable causes, and unexplained issues. It can result from anatomical, genetic, endocrinological, and immunological problems. Daar & Merali (2021) physiological causes of female infertility include: tubal blockage, abnormal ovulation, congenital malformation, and endometriosis. American Society of Reproductive Medicine, (2004) Male infertility factors include low sperm counts, poor motility, quality issues, and ejaculatory dysfunctions. Infertility can also arise from unexplained factors in either partner. Beyond physiological causes, preventable factors such as infections, lifestyle choices, advancing maternal age, and environmental or occupational hazards contribute to infertility cases (Daar & Merali (2021).

Infertility in developing countries is primarily caused by infectious diseases leading to damage or blockage of the fallopian tubes, with tubal blockage accounting for up to two-thirds of infertility in nulliparous women in sub-Saharan Africa, one-third in other developing regions, and one-quarter in developed countries (Vayena, Rowe & Peterson, 2002) Vayena, Rowe, Griffin. Van-Look & Turmen, (2022) Infection-related infertility can arise from undiagnosed or inadequately managed genital tract infections, sexually transmitted infections (STIs), or infections following childbirth or abortion. Additionally, infectious and

parasitic diseases like pelvic tuberculosis, schistosomiasis, or malaria may also lead to infertility. (Family Health International (2003), Vayena, Rowe, Griffin. Van-Look & Turmen, (2022), Datta, & Okonofua, (2022). Finally, infection resulting from genital scarification or cutting can also cause infertility Giwa-Osagie, (2001).

The most common preventable causes of infertility include sexually transmitted infections, particularly chlamydia and gonorrhea. In women, untreated infections can result in pelvic inflammatory disease (PID), contributing to infertility, while chronic chlamydial infections in men may also lead to infertility. Approximately 40% of women in developed countries with untreated chlamydia experience pelvic inflammatory disease (PID), leading to infertility in 20% of these cases due to tubal scarring. This issue may be more pronounced in developing countries. According to Fidler & Bernstein (2021), the contribution of chlamydia and gonorrhea to infertility rates is significant, as there are an estimated 62 million cases of gonorrhea and 92 million cases of genital chlamydia globally each year.

Family Health International (2003) highlights that sexually transmitted infections (STIs) like gonorrhea and chlamydia are easily transmitted, with transmission occurring in one in two and one in five acts of unprotected intercourse, respectively. The prevalence of chlamydial infection among sexually active females ranges from 2% to 27%, yet is likely underreported due to asymptomatic cases. Untreated, these STIs can significantly reduce population growth, with estimates suggesting a 20% incidence of untreated gonorrhea may decrease growth by 50% due to infertility. Fortunately, screening and treatment for these

infections are effective. Additionally, lifestyle factors such as obesity, eating disorders, and substance use contribute to infertility but have a lesser impact compared to infections.

An increasing cause of infertility in developed nations is advancing maternal age, which negatively affects egg quality, ovulatory function, and raises the risk of disorders like endometriosis. As women prioritize education and careers, the challenge of conception increases. Moreover, environmental and occupational hazards contribute to infertility, although their impacts are often difficult to quantify. More than 50 chemicals associated with adverse reproductive outcomes exist, but only a minor portion of the 60,000 chemicals currently in use have been tested for their reproductive effects.

Occupations with higher exposure to chemicals like nitrous oxide, glycol ethers, organic solvents, and others such as DBCP, pesticides, arsenic, aflatoxins, and endocrine disruptors (e.g., DDT, PCBs, dioxins) are linked to elevated infertility rates. Environmental exposure to these reproductive toxicants may affect a larger population compared to occupational settings, as individuals encounter these chemicals through direct exposure, industrial emissions, pesticide residues, contaminated food, or water.

Infertility is understood differently across sociocultural contexts, as highlighted by Fidler & Bernstein (1999). In Anglophone Africa, both male and female causes are acknowledged, but women are frequently blamed in patriarchal societies. For instance, in Tanzania, traditional beliefs lead to delays in medical treatment for infertility due to the perception that it may be caused by evil forces (Mason, 2023). Latin America's social stigma and machismo attitudes also result in women self-blaming for infertility (Luna, 2022). In the Far East, Confucian texts

acknowledge male and female components in reproduction but typically hold women accountable, often attributing infertility to ancestral retribution (Qui, 2021).

Investigating infertility from a social science perspective requires examining local perceptions to achieve a culturally relevant understanding. Despite some global similarities, such as the common belief that women are primarily responsible for childlessness, variations exist in perceived causes and significance (Van Balen & Inhorn, 2022).

CONSEQUENCES OF INFERTILITY

Infertility poses a significant challenge for individuals and couples desiring children, impacting personal well-being and raising concerns for society. It often leads to various negative psychological, social, and physical outcomes, including anxiety, depression, reduced life satisfaction, and marital issues. The consequences also extend to economic hardships, social stigma, and, in some cases, painful medical interventions. Research indicates that infertility affects women's well-being more severely than men's. Van-Look & Turmen, (2002)]. In most areas of the world women's well-being appears to be more seriously affected by infertility than men's.

The nature and severity of the consequences of infertility differs between developing and developed countries and although effects vary depending on multiple factors, the consequences appear greater in the developing world (Van-Balen & Inhorn, 2022). In general few health conditions affect a person's well-being more profoundly or pervasively than infertility in developing countries where the private agony of

infertility is transformed into a harsh public stigma with devastating consequences (Daar & Merali, 2021).

Infertility can be difficult for individuals and couples to accept due to various reasons. Understanding these consequences requires examining the desire for children and their significance. In Western societies, having children is often seen as a deliberate choice linked to personal happiness and the parent-child bond. The cultural emphasis on individualism and control over one's life can lead to frustration in Western couples facing unwanted childlessness, a sentiment that may not be shared as intensely in other cultures (Van Balen & Inhorn, 2002). In many developing countries, having children is often seen as essential due to social norms and the need for economic security. Families frequently rely on children for support and survival, particularly in the absence of social security systems, leading childless couples to face economic hardships and social isolation as they age (Daar & Merali, 2021).

Women's bodies in developing countries are often central to the exercise of social, economic, and political power. When a woman's status is tied to her reproductive ability, infertility can lead to serious social consequences such as unstable marriages, domestic violence, stigmatization, and, in extreme cases, ostracism. Vayena, Rowe, Griffin, Van-Look & Turmen, (2002) infertile women in developing countries may suffer life-threatening physical or psychological violence when having children is a woman's only chance to improve her status in her society or family Daar & Merali (2021).

The impact of involuntary childlessness is significant and context-dependent. In Nigeria, it particularly affects women with severe social, cultural, and emotional consequences. A study in Andhra Pradesh, India, revealed that 70% of women facing infertility risk physical violence, with 20% experiencing severe abuse from husbands. Additionally, cultural beliefs prevent some women from engaging in family rituals involving newborns, while the stigma associated with infertility leads to feelings of isolation and shame, driving some into social reclusion (Datta, & Okonofua, 2022).

In Francophone Africa, children are highly valued, with procreation viewed as the principal aim of marriage; childlessness leads to stigma and is a primary cause of divorce. The inability to have children is regarded as a curse, prompting couples to seek both traditional and modern healthcare. In Nigeria and other Confucian-influenced cultures, infertility disrupts not only the couple's life but also affects their ancestors' legacy. Filial piety emphasizes the importance of producing offspring to sustain family lines, thus childlessness has profound social implications, creating psychological pressure and stigma for infertile individuals Qui, (2001). In pronatalist Confucian societies infertile individuals who maintain cultural traditions suffer significant psychological pressure and social stigma Qui, (2021).

A study on female infertility in Tanzania highlights significant hardships faced by women, where infertility leads to serious social consequences. Marriage is viewed as an exchange of reproductive and productive abilities, with a primary aim of reproduction. Infertile women symbolize a "loss" economically and reproductively. The desire for children

is profound as large families are essential due to high infant mortality and limited life spans, with children also serving as support for parents in old age and enhancing their social standing.

Infertility leads to reduced identity and status, stigmatization, and potential ostracization. It can result in spousal neglect and withdrawal of financial support, often culminating in divorce or abandonment. In cases where the marriage persists, a husband might take an additional wife to demonstrate fertility. Additionally, some individuals resort to dangerous traditional remedies, such as consuming feces and inducing vomiting, in hopes of curing infertility (Gijsels, Mgalla & Wambura, 2021). Infertility has significant personal and social repercussions, often placing the blame on women for a couple's childlessness. The impact of involuntary childlessness on men remains under-researched, highlighting the need for further studies to explore the social and cultural effects of infertility (Gijsels, Mgalla & Wambura, 2001).

ACCEPTANCE LEVEL OF ADOPTION IN NIGERIA

Opinions on adoption as a treatment for infertility revealed that 33.1% of respondents considered it an option, while 49.5% rejected it, and 17.4% were uncertain. Regarding personal willingness to adopt if necessary, 44.2% indicated they would consider it, whereas 50.8% stated they would not, with 5.0% unsure. Reasons for reluctance included concerns about the child's future, unknown lineage, preference for biological connection, and the possibility of the child seeking out their biological parents later (Ezugwu 2022).

Child adoption in southwest Nigeria is uncommon, with respondents showing reluctance to access adoption services. This may be tied to cultural dynamics, as fostering, where children from family members are raised by couples, is more prevalent (Ezugwu, 2002).

ATTITUDE OF INFERTILE WOMEN TO CHILD ADOPTION IN EDO STATE NIGERIA

This study reveals a high awareness of child adoption among infertile women; however, very few are willing to consider it as a treatment option for infertility. Unlike findings in the eastern region of the country, the acceptance of adoption does not correlate with demographic, social, or obstetric factors, indicating general unacceptability in the study area. Although male partners were not included in the study, it is assumed that their acceptance of adoption would be even lower than that of their wives 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 found no local precedents for child adoption, which could perpetuate a cycle of non-acceptance. Previous exposure to successful adoption cases increases the likelihood of acceptance. Kinship adoptions, where biological parents are known, offer an option but come with the drawback of lacking anonymity. Cultural influences significantly affect attitudes toward adoption, and simplifying procedures alongside learning from successful practices elsewhere could improve post-adoption care. Aniebue & Aniebue (2008) emphasized the importance of addressing socio-cultural factors

that impede abortion in a program. They suggested that advocacy, community mobilization, and supportive laws are necessary measures to enhance the acceptability of child adoption.

In a study by Aghanwa, Dare, and Ogunniyi (2008), it was found that infertile Nigerian women are generally more opposed to child adoption compared to their fertile counterparts. This aligns with Ezugwu's (2002) results, where 69.3% of respondents showed unfavorable views towards adoption. Similar sentiments are observed in France and the Netherlands, where adoption is perceived as an unnatural alternative to biological relationships, often chosen only as a last resort (De Monleon, 2000; Van Balen, Verdurmen & Ketting, 2007). Nigerian women with negative views on adoption may not see it as a viable solution to infertility, viewing it instead as a sign of defeat. Better information could potentially increase the favorable attitudes towards adoption, which currently stands at only 30.7% (Ezugwu, 2002).

Studies indicate that the reasons an infertile Nigerian woman may choose child adoption as a solution for infertility mirror those of an American woman. Common factors include prior orthodox specialist treatment, tubal infertility, having no living child, and being over 35 years of age. (Chandra, Abma, Maza & Bachraeh, 2000; Ezugwu, 2002) Individuals with tubal disease, after unsuccessful surgery or in-vitro fertilization, are often informed by their gynaecologist that their remaining options are childlessness or adoption, leading to a better understanding of the meaning of adoption (Ezugwu, 2002).

According to Daniluk (2000), couples often feel grief over their inability to conceive despite their efforts and resources. This grief is typically more intense for women and shared

to varying degrees between partners. Some couples seek to formally acknowledge their loss through rituals before considering adoption, while others find it challenging to achieve closure (Daniluk & Joss Hurtig-Mitchell, (2003).

Participants in the adoption process experienced significant fear, despite their initial certainty about adopting. Couples grappled with their biases regarding women who relinquish children for adoption and debated the importance of genetic ties versus nurturing in child development. Concerns arose about the ability to love a non-biological child, potential genetic or health issues, acceptance by birth mothers, and the possibility of a birth mother reclaiming the child post-placement (Daniluk, 2001). Participants expressed fears about the emotional impact on a birth mother if an adopted child had to be returned, as well as concerns that an adopted child might later choose to connect with their biological parents over their adoptive ones.

CULTURE AND ADOPTION PROCESS

Choice of adoption is significantly influenced by cultural perceptions, as noted by Oladokun et al. (2009). Community members expressed skepticism towards adoption, citing ulterior motives for adopting, negative attitudes from neighbors, and concerns about the child's well-being in less conducive environments. There is also resistance based on personal beliefs regarding the care of one's biological children and the stigma attached to adopted children, with some viewing them as "bastards" potentially disruptive to family life. (Oladokun, et al, 2009). The Yoruba culturally believe that, “a child usually attracts

yet to be borne children to come to the physical realm" was widely expressed by all the focus group participants.

Participants expressed that adoption is largely unacceptable in their community due to cultural beliefs, primarily among the Yoruba, who prefer biological children and regard adopted children as "bastards." Various factors hinder the adoption process, including negative attitudes from health workers, poverty, and familial non-acceptance. Additionally, couples may face opposition from each other and extended families, along with lengthy adoption procedures, governmental stress, societal pressures, and insufficient awareness about child adoption (Oladokun, et al, 2009).

Olatunji and Sule-Odu, (2009) Both men and women in the community view female infertility as caused by evil spirits, ancestral curses, and promiscuity, while male infertility is attributed to psychosexual disorders. This perception leads to significant health and social consequences, particularly for women. Cultural beliefs shape taboos and norms that influence perceptions of infertility, which have more significant consequences for women than for men (Inhorn, 2002). Fertility and potency are often thought to be synonymous (Olatunji & Sule-Odu, 2009). It is generally believed that men cannot be infertile so far as he can sustain an erection.

According to Ezugwu, (2002), Surrogate motherhood allows a male family member to assist in fathering a child if the primary man is unable to do so, a practice observed in Western countries. The importance of having children often outweighs marital

loyalty, as evidenced by widespread divorces due to childlessness. This aligns with numerous studies showing the negative implications of infertility (Kemeter & Fiegl, 2008).

INFERTILITY AND THE NEED FOR PUBLIC HEALTH TOOLS

Infertility significantly impacts individuals, couples, and families, presenting various social implications regarding prevention, health resource utilization, and ethical, legal, and religious issues. Public health fields such as epidemiology, environmental health, and health law are actively involved in infertility research and practice. Continued public health efforts are essential in areas like data collection, public discourse on ethical matters, and health policy development regarding infertility and its treatment.

HEALTH DATA COLLECTION AND SURVEILLANCE

There is an urgent need for better collection and surveillance of infertility-related health data due to a global lack of knowledge about the causes, risk factors, and social consequences of infertility. Special attention is required for environmental and occupational exposures that adversely affect reproductive health. Additional data is necessary to evaluate geographic variations in infertility rates, identify predictors, and tailor interventions. The effectiveness of infertility treatments and the accuracy of diagnostic tests must be established, along with the long-term consequences of Assisted Reproductive Technologies (ART) on individuals and society, particularly concerning potential ovarian cancer risks for women and developmental effects on ART-conceived children. The implications of untreated infertility, such as depression and reduced productivity, also need assessment. In the U.S., the rise in ART usage has been linked to an increase in infant mortality rates, as more women delay motherhood

and face higher risks from multiple births. Monitoring the effects of infertility and its treatments is crucial, with public health experts well-suited to conduct this research.

PUBLIC DEBATE

Infertility intersects with significant political, bioethical, and moral debates, such as the handling of genetic material, the notion of "entitlement" to children, costs of high-tech treatments, and media influence on reproductive perceptions, according to Van Balen and Inhorn (2002). There is a pressing need for public discourse on these topics, especially concerning gamete donation and third-party reproduction, which challenge traditional family and parenthood concepts. The complexities of assisted reproductive technologies (ARTs) create various legal and ethical dilemmas, highlighting the necessity for public health professionals to engage in these discussions (Fidler & Bernstein, 1999).

DEVELOPMENT OF HEALTH POLICY

Government-mandated health policy significantly influences the recognition and treatment of infertility, impacting both individuals and society. The inclusion of infertility in national reproductive health guidelines and funding for treatment plays a crucial role. The WHO's 2001 meeting highlighted unresolved issues in assisted reproduction. Although ARTs face accessibility challenges, governments must ensure the safety and efficacy of available services. A lack of regulations is a major barrier. The 1992 Fertility Clinic Success Rate and Certification Act mandates U.S. ART programs to report success rates, yet low-tech treatments lack formal monitoring. The CDC's 1999 model program proposed voluntary certification standards for embryo labs to enhance quality and performance (Fidler &

Bernstein, 1999). Current certification for fertility practices is voluntary, lacking federal or state guidelines on several critical issues, including informed consent, payment to donors and surrogates, embryo transfer limits, and eligibility criteria related to age, marital status, or sexual orientation. Ethical concerns such as the use of donor eggs from fetuses or sperm from cadavers remain unaddressed. Although the American Society of Reproductive Medicine provides non-regulatory guidelines, there is an increasing recognition of the need for some form of regulation in response to the complex medical, ethical, and social challenges of assisted reproductive technologies (ARTs) (Fidler & Bernstein, (1999).

Embryo creation through ARTs leads to significant controversy, requiring public discussion and policy on issues like embryo storage and health risks of children born from these techniques. In the U.S., federal funding for embryo research has been absent since 1974, resulting in private research that lacks stringent oversight. Many embryos are cryopreserved without standard policies, and potential health risks for offspring remain uncertain. Moreover, there are no mandates for informed consent regarding embryo use in cases of parental divorce or death (Fidler & Bernstein, 1999).

In developing countries, the progress of health policy regarding infertility is sluggish. Providers of Assisted Reproductive Technologies (ARTs) in Africa function within a legal and ethical void, with the legal framework lagging behind advances in reproductive health, posing risks of abuse and unregulated experimentation (Tangwa, (2001). In Latin America, there is a conflict involving scientific interests, civil society, and perceived religious restrictions on infertility treatments, characterized by a lack of open dialogue between society and the

church on legislative matters (Luna, 2002). ARTs in Latin America face minimal regulation, with only Mexico, Brazil, and Argentina having specific legislation. This absence of policy, compounded by the influence of the Catholic Church, leads providers to make ethical decisions on an individual basis without formal guidelines. The fear of restrictive laws due to Church lobbying further discourages regulation. Additionally, the lack of controls regarding embryo storage and usage may jeopardize women's health, as cultural norms prioritize the protection of embryos over women's safety (Luna, (2002).

Infertility is implied as a public health concern due to the involvement of public health professionals in its assessment, prevention, treatment, and policy development. However, this involvement is not explicitly recognized. The application of public health skills could benefit infertile individuals and society by addressing various issues related to infertility. There is a significant need for public health to engage in health data collection, surveillance, and policy development surrounding infertility and its treatment.

ARGUMENTS WHY INFERTILITY SHOULD NOT BE CONSIDERED A PUBLIC HEALTH ISSUE

In the debate on whether infertility should be viewed as a public health concern, several opposing arguments are frequently raised, particularly regarding its perceived negligible health effects, concerns about overpopulation, and optimal allocation of limited health resources. Critics often dismiss the public significance of infertility due to these factors. However, infertility can lead to various negative outcomes, including diminished well-being, emotional distress, social relationship disruptions, and even severe consequences such as

domestic violence, suicide, starvation, or exacerbation of diseases due to neglect (Daar & Merali, 2001). Untreated infectious or parasitic diseases and exposure to toxicants pose significant health risks to infertile individuals. Additionally, dismissing the emotional and psychological issues stemming from infertility as non-health harms contributes to ongoing discrimination in healthcare (Daar & Merali, 2001). Infertility should be recognized as a public health care priority due to its severe effects, contrary to the belief that it lacks life-threatening consequences (Daar & Merali, 2001).

Population growth concerns often lead to debates over public support for infertility treatments. Critics argue that resources should not aid infertile couples due to the unsustainable global population. The ICPD defines reproductive health as the right to procreate freely, yet Ginsburg and Rapp's concept of stratified reproduction highlights disparities in reproductive empowerment among different societal groups, suggesting that this right is not uniformly accessible (Van-Balen & Inhorn, 2002). Infertile individuals encounter societal pressures against reproduction due to overpopulation concerns, while there are protests against restrictions on fertile couples' reproductive choices. The text challenges the logic of denying infertility treatments while utilizing medical technology for life-saving purposes, advocating that alleviating suffering should prioritize addressing infertility as well (Daar & Merali, 2001)

The overpopulation argument supports the idea that infertile couples should consider adoption instead of expensive infertility treatments, as it is seen as providing a home to unwanted children. However, the acceptability of adoption differs culturally and

individually. Furthermore, studies indicate a shortage of adoptable children and social norms that discourage both relinquishing and adopting children in various regions (Daar & Merali, 2001) Denying infertility treatment is a misguided approach to population control, as ensuring universal education and better access to contraceptives would be more effective. The overpopulation argument undermines reproductive autonomy and unfairly places the burden of population issues on infertile individuals Daar & Merali, (2001).

Infertility is frequently overlooked as a public health issue due to concerns about treatment costs, similar to past arguments used against women's rights and education. Analysis of government budgets often uncovers mismanagement or hidden priorities rather than a true lack of funds to support these rights (Daar & Merali, 2001). Creative solutions for infertility treatment warrant consideration rather than outright funding rejection. When resource concerns are valid, focus should shift to prevention and other effective, low-cost infertility solutions.

Van-Balen and Inhorn (2002) raise the question of whether infertility should be integrated into national and international family planning and women's reproductive health initiatives, or if it is seen as a non-essential issue that diverts resources away from more critical health concerns, especially since the inability to have children is not typically life-threatening and could be viewed as alleviating population pressures (Van-Balen & Inhorn, 2002). Infertility should be regarded as a public health concern due to its intricate connections with health, psychology, economics, politics, and morality, challenging arguments that dismiss its significance (Daar & Merali, 2001).

SECTION 3

METHODOLOGY

RESEARCH DESIGN

Research design is a plan, structure and strategy of investigation conceived so as to obtain answers to research problems and questions. Thus, the research design specifies the framework of controlling the data collection accurately and correctly.

The research design of this study was a cross sectional approach to data collection. The data was gathered through a field survey to selected area of study which is Uselu Community in Edo State. Responses were drawn from a cross-section of eligible married couples who know the importance of child in the family between 25-40 years and above including women, and men.

POPULATION AND SAMPLING

A population is the totally, aggregated of all cases which possess a set of well defined characteristics or which conform to some designated set of specification,

(Bryman & Bell, 2007). It is the totality of the objectives being studied and from which we may select a sample from the community. Uselu Community in Edo State in particular with men and women between 25-40 years and above including women and men would be randomly selected.

The study was restricted to Uselu community in Edo State, it focuses on the awareness of child adoption as an alternative option for infertility management in Nigeria. The study population covered married couples, men and women aged 25 years and above. A sample population of one hundred and twenty (120) household will be randomly selected from the Uselu community.

SAMPLE SIZE AND SAMPLING TECHNIQUE

In designing the research, the probability sampling method was adopted. We considered probability sampling methods convenient for the researcher. The probability sampling technique deployed for this study is the simple random sampling technique through which questionnaires were administered to the randomly selected respondents.

SOURCES AND METHODS OF DATA COLLECTION

The data used in this reach study would be obtained from primary sources which involves the administered of questionnaires to selected respondents under review in order to gather reasonable opinion that will be use to analysis and interpret the collated therein.

RESEARCH INSTRUMENT

Research instrument refers to a device for collecting the data or measuring the variables which are used for testing the study problem and questions. The primary source of data collection was adopted using the questionnaire as instrument.

VALIDITY OF THE INSTRUMENT

The data collection instruments used in this study was the questionnaire. A questionnaire is document containing a set of valid questions for soliciting information from respondents on the subject of a research investigation (Silverman, 2005).

RELIABILITY OF THE INSTRUMENT

To produce reliable results, credible qualitative research methods like interviews, Focus Group Discussions and the questionnaire would be used in obtaining data in this study which is the litert-type scale to enable the researcher obtain maximum and reliable information which would be in consonance with the objectives of the study. The questions were designed to univalve the question raised in the research problems, provide data used in testing the research questions formulated as well as achieve the objective of the study.

METHOD OF DATA ANALYSIS

Data analysis according to Silverman, (2005) is a very crucial process in research because it is at this stage that we try to make use and meaning out of the data

we have generated. If the analysis are not properly done, we are, likely to reach conclusions that are not valid which can lead to bad decisions.

The researcher decided to use chi-square test as the research tool because of its simplicity, the chi-square (x^2) is a statistical tool that enables the researcher to establish if there is any relationship between two variables in the total population. It does this by testing whether the row classification of the dependent variables. The variable in question must have the structural characteristics of normal and ordinal measures.

SECTON 4

Data Analysis and Presentation

Data analysis and presentation are essential components of research. This chapter focuses on presenting and analyzing data sourced from a questionnaire distributed to 120 participants in Uselu Community, Edo State, with 100 adequately completed forms returned.

Data Presentation Based on the Personal Data

The presentation of data based on the personal data covers sex distribution, age group, marital status, academic qualifications and category of various respondents.

Sex	% of Respondents
Males	55
Females	45
Total	100

Age	% of Respondents
Less than 30 years	17
30-40 years	47
40 years	36
Total	100

Martial Status	% of Respondents

Married	55
Single	38
Divorce	7
Total	100

Academic Qualification	% of Respondents
WASSCE/NECO/NABTEB/TEACHER GRADE II	10
ND/NCE/DIPLOPMA	20
HND/B.SC	40
M.SC/MPA/Ph.D	30
Total	100

Source: Field Survey (May, 2025)

In the analyzed data, 55% of respondents were male and 45% female. Age distribution showed 17% were under 30, 47% between 30-40, and 36% over 40. Marital status indicated 55% were married, 38% single, and 7% divorced. Educational attainment revealed 10% had WASSCE/NECO, 20% held ND/NCE/Diploma, 40% possessed HND/B.Sc, and 30% had M.Sc/MPA/Ph.D. Overall, the responses can be considered credible due to the participants' experience.

4.1 Data Presentations based On Responses to Question to Awareness of child adoption does not positively affect the perception and attitude of infertile women in Uselu Community

This part of the research work contains various responses to the issues raised in the questionnaire. And they shall be assigned tables.

Question 1: The knowledge of child adoption fosters the willingness of individual and couples to legally adopted a child

Variables	No of respondents	% of respondents
SA	60	60
A	28	28
U	5	5
D	6	6
SD	1	1
TOTAL	100	100

Source: Field Survey (May, 2025)

60% of respondents strongly agreed that internal control safeguards their banks' assets, both tangible and intangible. Additionally, 28% agreed, 5% were undecided, 6% disagreed, and 1% strongly disagreed.

Question 2: Attitude of health workers, poverty, non-acceptance by the family of husband or wife who would prefer their son or daughter marrying another person rather than adopt a child as well as disagreement between couples affect child adoption.

Table 2: Factors hindering child adoption

Variables	No of respondents	% of respondents
SA	70	70
A	18	20

U	2	2
D	5	5
SD	5	5
Total	100	100

Source: Field Survey, 2025

From table 2 above, 70% strongly agreed, `18% agreed, 2% were undecided, while 5% disagreed and another 5% strongly disagreed.

Question 3: Adoption is a means by which infertile couples decide to take child or get a child from orphanage home to become their own.
Table 3: place of adoption

Variables	No of respondents	% of respondents
SA	60	60
A	26	26
U	5	5
D	4	4
SD	5	5
TOTAL	100	100

SOURCE: Field Survey 2025

The table 3 above revealed that 60% strongly agreed with the statement, 26% agreed, 5% were undecided, 4% disagreed while 5% strongly disagreed.

Question 4: The adoption of child as infertility process is a well idea to the society.
Table 4: acceptability of adoption

Variables	No of respondents	% of respondents
SA	45	45
A	40	40
U	6	6
D	4	4
SD	5	5
TOTAL	100	100

SOURCE: Field Survey, 2025

The table 4 above 45% strongly agreed, 40% agreed, 6% were undecided, 4% disagreed, while 5% strongly disagreed.

Question 5: Awareness of child adoption positively affects the perception and attitude of infertile women in child adoption and its acceptability as a management option for infertility.

Table 5: adoption education and counseling

Variables	No of respondents	% of respondents
SA	30	30
A	28	28
U	20	20
D	16	16
SD	6	6
TOTAL	100	100

SOURCE: Field Survey, 2025

Table 5 above shows that 30% of the respondents strongly agreed with the statement, 28% agreed, 20% were undecided, 16% disagreed while the remaining 6% strongly disagreed with the statement.

Question 6: Awareness and Knowledge of Adoption brings helps couple with the right information to adoption of child.
Table 6: Benefit of adoption information

Variables	No of respondents	% of respondents
SA	50	50
A	42	42
U	6	6
D	1	1
SD	1	1
TOTAL	100	100

Source: Field Survey 2025

From the table 6 above 50% of the respondents strongly agreed with the statement while 42% agreed but 6% were undecided but only 1% strongly disagreed and the same 1% disagreed respectively.

Question 7: Prevalence and places where child adoption is offered affect adoption process.

Table 7: geographical location of a child

Variables	No of respondents	% of respondents
SA	62	62
A	33	63
U	3	3
D	1	1
SD	1	1
TOTAL	100	100

Source: Field Survey, 2025

Table 7 above revealed that 62% of the respondents strongly agreed, 33% agreed, 3% were undecided, 1% disagreed, while 1% strongly disagreed.

Question 8: Adoption is an alternative strategy in the management of infertility aimed at bringing succour to the affected couples.

Table 8: Benefits of adoption option

Variables	No of respondents	% of respondents
SA	30	30
A	30	30
U	20	20

D	16	16
SD	4	4
TOTAL	100	100

Source: Field Survey 2025

The table 8 result shows that 30% strongly agreed, 30% agreed, 20% were undecided, 16% disagreed, while 4% strongly disagreed with the question.

Question 9: Child adoption as an alternative option for infertility contributes to the life of an individual as well as makes the couple fulfilled.
Table 9: contribution to individual's life

Variables	No of respondents	% of respondents
SA	50	50
A	20	20
U	10	10
D	10	10
SD	10	10
TOTAL	100	100

SOURCE: Field Survey, 2025

Table 9 shows that 50% of the respondents strongly agreed with the statement, 20% agreed, while 10% were undecided. But 10% of the respondent disagreed and strongly disagreed respectively according to the result in the table above.

Question 10: Information on child adoption has substantial contributions impact on the benefit of child adoption.
Table 10: information and benefit

Variables	No of respondents	% of respondents
SA	20	20
A	50	50
U	5	5
D	10	10
SD	15	15
TOTAL	100	100

Source: Field Survey, 2025

From the table 10, 20% strongly agreed, 50% agreed, 15% disagreed, while 15% strongly disagreed.

Question 11: Adoption gives temporary consolation for childless couple so that they will not feel lonely or feel the impact of being childless.
Table 11: adoption as consolation

Variables	No of respondents	% of respondents
SA	40	40
A	30	30
U	5	5
D	15	15
SD	10	10
TOTAL	100	100

SOURCE: Field Survey, 2025

The table 11 above shows that 40% of the respondents strongly agreed with the question, 30% agreed, 5% were undecided, 15% disagreed, while only 10% strongly disagreed with the statement.

Question 12: Adoption positively contribution into the child's life

Table 12: positive effect of adoption on the adopted child

Variables	No of respondents	% of respondents
SA	60	60
A	15	15
U	5	5
D	15	15
SD	5	5
TOTAL	100	100

Source: Field Survey, 2025

The table 12 above shows that 60% of the respondents strongly agreed with the statement, 15% agreed, 5% disagreed, 15 disagreed while only 5% strongly disagreed with the question.

4.4 DISCUSSIONS OF FINDINGS

The study's findings reject the hypothesis that knowledge of child adoption does not foster willingness to adopt, indicating that increased awareness promotes adoption among individuals and couples, particularly as an alternative to infertility. Factors such as health workers' attitudes, poverty, and family acceptance significantly influence adoption decisions. The results also reject the hypothesis regarding awareness's lack of positive impact on

infertile women's perceptions and suggest that knowledge enhances acceptability of adoption as an infertility management option. Additionally, the study finds that child adoption contributes positively to individual and couple fulfillment, despite persistent societal stigma surrounding adoption in Nigeria, where an adopted child is often seen as not fully replacing a biological child. Overall, while adoption is accepted as a means to fulfill parental desires, cultural views continue to hinder its acceptance among those facing infertility.

SECTION 5

SUMMARY, CONCLUSION AND RECOMMENDATION

Summary of Research Findings

The study highlights the importance of increasing awareness of child adoption through mass media and hospital counseling, specifically aimed at infertile women. It notes that while the participants had not adopted, they could serve as opinion leaders to foster positive perceptions of adoption in their communities. The research calls for strong advocacy and community mobilization to enhance awareness and acceptance of adoption as an option for dealing with infertility, suggesting that prospective adoptive parents engage with others who have adopted, attend relevant seminars, and utilize self-help resources related to adoption.

5.2 Conclusion

The findings indicate that awareness of child adoption positively influences the perceptions and attitudes of infertile women in the Uselu Community towards child adoption as a viable management option for infertility. While child adoption enhances personal fulfillment for couples, the knowledge about child adoption does not necessarily increase the willingness to legally adopt a child.

5.3 Recommendations

There is a need for strong community mobilization and education to improve awareness and utilization of adoption services. Support for couples dealing with infertility is crucial, as engaging in mutually satisfying activities can strengthen their relationship for future parenting. Mass media and education should inform the community about the benefits of

child adoption. The Nigerian context highlights the importance of offering adoption early as a treatment option for infertility, compared to experiences in other countries, given the abundance of children available for adoption in developing nations.

REFERENCES

Abubakar, S., Lawan, U. M., & Yasir, J. N. (2013). Knowledge and attitudes toward child sdoption and fostering among infertile women in Nigeria., 6(1), 19-23.

Adegbola, M. B. (2007). *Social and behavioural contexts of infertility in Ibadan, Nigeria*, Unpublished PhD thesis submitted to the Dept of Sociology, University of Ibadan, Nigeria.

Adoption and Fostering. Available from: http://www.politics.co.uk. [Last accessed 2010 Mar 10].

Aghanwa, H. S., Dare F. O., & Ogunniyi, S. O. (2008). Socio-demographic factors in mental disorders associated with infertility in Nigeria. *Journal of Psychosomatic disorder, 46*(2), 117- 123.

Akande, E. O. (2008). *Affordable assisted reproductive technologies in developing countries: VG pros and cons*. London: Oxford University Press.

Ali, S. Sophie, R. Iman, A. M. Khan, F. I., Ali, S. F., Shaikh, A., & Farid-ul-Hasnain, S. (2011). Knowledge, perception and myths regarding infertility among selected adult population in Pakistan: a cross sectional study, *BMC Public Health* 11:760

Aluko-Arowolo, S. O., & Ayodele, S. J. (2014). The effects of native culture and religious beliefs on human infertility and assisted reproductive treatment: a focus on the Ijebu people of Nigeria. *African Journal of Social Sciences 4* (4), 88-102.

American Society of Reproductive Medicine, (2004). Patient's fact sheet: infertility. American Society of Reproductive Medicine.org.

Anate, M. (2006). Women Reproductive Health in Africa, a Continuing Tragedy: An Occasional Review in: *Nigerian Clinical Review* May/June, 7-14

Aniebue, P. N., & Aniebue, U. U. (2008). Adoption practices in Enugu, Nigeria. *Nigerian Journal of Clinical Practice* 11, 5-8.

Ashiru, O. (2006). Nigeria health sector requires complete revolution, in: *The Guardian Online Publications* 30/08/2006.

Avidime, S., Isaac, N., Aliyu, Y., Sullyman, K., Idris, H. (2009). Women's knowledge and acceptability of adoption in Zaria, northern Nigeria. *Tropical Journal of Obstetric Gynaecology, 26*(1), 8-10.

Benet, M. K. (1976). *The politics of adoption.* New York: NY Free Press: New York, 14- 16.

Boswell, J. (1998). The kindness of strangers: The abandonment of children in Western Europe from late antiquity to the Renaissance. Chicago: University of Chicago Press: Chicago, 62–63.

Bryman, A., & Bell, E. (2007). *Business research methods.* edition. New York: Oxford University Press Inc.

Butler, P. (2003). Assisted reproduction in developing countries-facing up to the issues. Progress in Reproductive Health Research 2003; 63:1-8.

Cederblad, M., Hook, B., Irhammar, M. & Mercke, A..M. (2000). Mental health in international adoptees as teenagers and young adults. An epidemiological study. Journal of Child Psychology and Psychiatry and Allied Disciplines, 40, 1239-1248.

Chandra, A., Abma J., Maza, P. & Bachraeh, C. (2000). Adoption, adoption seeking, and relinquishment for adoption in the United States (306), 1-16.

Connors, M. H. (2003). *Infertility: A guide to evaluation, treatment, and counseling.* Center for women's health. Brigham and Women's Hospital., 1-12.

Cooke I. D. (2000). Infertility in Dewhurst's Textbook of Obstetrics and Gynaecology for Postgraduates.

Daar, A., & Merali, Z. (2001). Infertility and social suffering: the case of ART in developing countries., 17-21.

Daniluk J.C. & Hurtig-Mitchell, J. (2003). Counselling Psychology Program, retrieved from the Department of Educational and Counselling Psychology, University of British Columbia, Canada

Daniluk, J. C. (2000). When treatment fails: The transition to biological childlessness for infertile women. Women and Therapy, (19), 81-98.

Daniluk, J. C. (2001). If we had it to do over again , couples reflections on their experiences of infertility treatments. *The Family Journal,* 9, 122-133.

Datta, B., & Okonofua, F., (2002). What about us? Bringing infertility into reproductive care. Quality/Calidad/Qualite (13), 1-31.

De Monleon, J. V. (2000). Who are my parents? Filial adoption and the function of time and place. Archives of Pediatrics, 7, 529-535.

Ezugwu, F. O., Obi, S. N., & Onah, H. E. (2002). The knowledge, attitude and practice of child adoption among infertile Nigerian women. *Journal of Obstetric Gyneacology* (22), 211-6.

Ezugwu, F. O., Obi, S. N., & Onah, H. E. (2002). The knowledge, attitude and practice of child adoption among infertile Nigerian women. *Journal of Obstetrics and Gynaecology* 22, 211-216.

Family Health International, (2003). Preserving fertility. Network on women infertility; 23(2), 3-23.

Fatoye, F. O., Owolabi, A. T., Eegunranti, B. A., & Fatoye, G. K. (2008). Unfulfilled desire for pregnancy: Gender and family differences in emotional burden among a Nigerian sample. *Journal of Obstetrics and Gynaecology* (28), 408-409.

Fidler, A., & Bernstein, J. (1999). Infertility: from a personal to a public health problem. Public Health Rep (114), 494-511.

Freundlich, M. D. (2008). The case against pre-adoption genetic testing. *Journal of Child Welfare,* (11), 663-679.

Gijsels, M., Mgalla, Z., & Wambura, L. (2001). 'No child to se Geneva, Switzerland: WHO; nd': context and consequences of female infertility in northwest tanzania. In: Boerma T, Mgalla A, editors. Women and infertility in sub-saharan africa. Amsterdam: Royal Tropical Institute; 203-221.

Giwa-Osagie O. (2001). Social and ethical aspects of assisted conception in Anglophone Sub-Saharan Africa., (7-21), 50-54.

Inhorn, M. C. (2002). The local confront the global: Infertile bodies and new reproductive technologies in Egypt. Eds Inhorn, M.C. and Van Balen, F. *Infertility Around the Globe.* Berkeley: UCL 263-282.

Kemeter P., & Fiegl, J. (2008). Adjusting to life when assisted conception fails. Journal of Human Reproduction, 13, 1099-1105.

Larson, U. (2001). Primary and secondary infertility in Tanzania. *Journal of Health Population Development Country,*2(3), 2-15.

Luna, F. (2002). Assisted reproductive technologies in Latin America: some ethical and sociocultural issues., (17-21), 31-40.

Miller, L. C. & Hendrie, N. W. (2000). Pediatrics, health of children adopted from China, 105, E76.

O' Fallon, B. J. (2005). Unmet fertility expectations and perception of fertility problems in a Malawian village. *African Journal of Reproductive Health.* 9(2), 15-24

Ojewole, F. O., Onore, O., & Nwozichi, C. U. (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 (IOSR-JNHS)3*(3), 26-34.

Okonofua F. E. (2006). The case against new reproductive technologies in developing countries. Journal of Obstetric Gynaecology,103(10):957-62.

Okonofua, F. (2003). Infertlity in sub-Saharan Africa. Contemporary Obstetrics and Gynaecology for Developing Countries. Women's Health and Action Research Centre, Benin City, Nigeria; 8:128 - 56.

Okonofua, F. E. (2002). What about us? Bringing infertility into reproductive healthcare. *Quality/Calidad/Qualite* No.13 Population Council: 1-2

Okonofua, F., Harris, D., Odebiyi, A., Kane, T., & Snow, R. C. (1997). The social meaning of infertility in south-west Nigeria. *Health Transition Review: The Cultural, Social and Behavioural Determinants of Health* 7.2:205-220.

Okonofua, F., Harris, D., Odebiyi, A., Kane, T., & Snow, R.C. (1997). The social meaning of infertility in south-west Nigeria. *Health Transition Review: The Cultural, Social and Behavioural Determinants of Health* 7.2:205-220.

Oladeinde, Y. (2009). Why infertility is increasing in Nigeria? *National Life,* 2(68), 34-41.

Oladokun, A., Arulogun, O., Oladokun, R., Adenike, B. F., Morhason-Bello I. O., Bamgboye, E. A., Adewole, I. F., & Ojengbede, O. A. (2010). Attitude of Infertile Women to Child Adoption in Nigeria. *Nigeria Journal Physiological Sciences 25*(2010) 47 – 49.

Oladokun, A., Oyedunni, A., Oladokun, R., Imran, O. M., & Elijah, A. B. (2009). Acceptability of child adoption as management option for infertility in Nigeria: evidence from focus group discussions. *Africa Journal of Reproductive Health,* (13), 79-91.

Oladokun,A., Arulogun, O., Oladokun, R., Imran O., & Bello, M. (2009). Adoption and Infertility in Nigeria. *African Journal of Reproductive Health, Volume* 13(2). 8-14.

Olatunji, A. O., &. Sule-Odu, A..O. (2009). The pattern of infertility cases at a university hospital. *West Africa journal of Medicine, 22*(3), 205-7.

Olugbenga, B. A., Adebimpe, W., Olanrewaju, S., Babatunde, O., & Oke, O. (2014). Prevalence of infertility and acceptability of assisted reproductive technology among women attending gynecology clinics in tertiary institution in southwestern Nigeria. *Gynecology and Obstetrics (Sunnyvale)* 4(210) 1 – 7.

Omosun, A. O., & Kofoworola, O. (2011). Knowledge, attitude and practice towards child adoption amongst women attending infertility clinics in Lagos State, Nigeria. *Africa Journal of Primary Health Care And Family Medicine 3*(1), 1-9.

Onah, H. E.,& Ogbuokiri, C. M. (2002). The knowledge and attitude of fertile and infertile Nigerians regarding adoption. *International Journal of Gynecology and Obstetrics* 79, 279-280.

Qui, R. (2001). Sociocultural dimensions of infertility and assisted reproduction in the far east. In: Vayena E, Rowe P, Griffin D, editors. Report of a meeting on "Medical, Ethical, and Social Aspects of Assisted Reproduction, 75-80.

Rochat, T. J., Mokomane, Z., & Mitchell, J. (2015). Public perceptions, beliefs and experiences of fostering and adoption: A national qualitative study in South Africa. *Children & Society*.

Silverman, (2005). Doing quantitative research. A practical hand handbook (Ed) Thousand Oaks London: Sage.

Sklar, S. I, & Wasserman, A. W. (2009). Adoption, Microsoft Corporation.Van

Tangwa, G. (2001). *ART and African socio-cultural practices:* worldview, belief and value systems with particular reference to francophone Africa, 55-59.

Van-Balen, F., & Inhorn, M. (2002). *Interpreting infertility:* a view from the social sciences. Infertility around the globe: new thinking on childlessness, gender, and reproductive technologies. London: University of California Press; 3-32.

Vayena, E., Rowe, P., & Peterson, H. (2002). Assisted reproductive technology in developing countries: why should we care? *Fertility Sterility Journal, 78*(1), 13-15.

Vayena, E., Rowe, P., Griffin. D., Van-Look, P., & Turmen, T. (2002). Forward, Current practices and controversaries in assisted reproduction.

Yee, D. (2002). Infant death rate jumped in 2002. The News and Observer 2004 Feb 12.

Zaki, M. (2000) Parental competency assessment: approaches and issues. Medicine and Law Oxford, Biackwell Science, (6th ed.), 432-440.