

Child Fostering And Adoption In Nigeria: A Case Study Of Kwara State And Literature Review

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Abstract

The aim of this study is to evaluate the state of fostering and adoption services in Kwara State, which is the gateway between the northern and southern parts of the Nigeria. We will be determining the major reasons for child placement, common kindred cases as well as common medical conditions seen amongst the children under care.

A retrospective analysis of case records in government owned family welfare institutions in the state between 1995 and 2005 was done. Oral interview was also conducted for officer's in-charge of these institutions. The results showed that cases of child abuse and neglect are the major reasons for child placement in foster care, and a steady rise has been noticed in spite of the existence of protective laws and regulations. This has led to an overwhelming of the available family welfare services in the state.

There is need for community sensitization on the adverse effects of abuse and neglect; on the child, the family and the society at large. Government should strengthen the various family welfare service institutions and improve on its family economic empowerment programmes. This will enhance the family income and prevent children from entering into inadequate and inappropriate foster care system.

Keywords: Fostering, Adoption, Child, Kwara State, Nigeria.

Introduction

A universal claim is the question of love for children. Ask anyone if he likes children in Lagos, Oslo, New Delhi or Moscow and he would claim to be a lover of children. The society expects a woman to be able to have a child, but the most important thing is to nurture and raise the child in a wholesome family atmosphere.

The family is a group of biologically related individuals living and eating together, sharing a pool of genes, a common physical and social environment and reflecting the culture of the wider society of which it forms a part and determines the behaviours and attitude of its members¹. The family and social environment has a considerable influence on the development of speech, personality and the intellectual potentials of the small child hence their care and protec-

tion by the family is a great priority. As an epidemiological unit, the family also plays an important role both in health and disease-in the prevention and treatment of illness, care of children and adults and personality stabilization¹.

The pursuit of economic interest and failure to perform these roles has endangered family cohesion and the care of the child resulting in a high rate of divorce among couples, juvenile delinquency/crime, child abandonment, unwanted pregnancy, child abuse and neglect and other social vices. Even though few research work exist in literatures on it's causes, the menace of child abandonment and their protection has been of great concern to health and social workers.

A child is a person under the age of 18 years, to be given care and protection necessary for his well- being and whose best interest is to be of paramount consideration in all actions concerning him². A child not adequately supported by his family, lacking parental affection, maltreated, and deprived of basic psychological needs may end up in the care of some people outside his natural home.

Fostering is the process of providing care and nurture in a family setting for children who cannot be cared for by their own families. Foster care is a term applied to several types of facilities for rearing children other than in their natural homes³. A good foster home will provide the child with security, love and affection that are needed.

Adoption on the other hand is the social, emotional and legal process that creates a family for a child when the birth family is unable or unwilling to parent. It connotes an acceptance into a parent's family of a child not born to the parent(s) and the child will have the parent's name and the same legal rights as a child by birth⁴.

Children need good childhood socialization to grow up and develop as proper human beings. Traditionally, Nigerians are farmers and traders and so childhood socialization in Nigeria has been through farming, trading as well as through fostering and placement⁵. Every growing child needs love, care and emotional support. When these are lacking they grow up as frustrated persons exhibiting traits of aggression, hostility, open defiance and acts of violence and cruelty. Lack of emotional support in early childhood has produced the likes of Adolph Hitler of Germany and

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Anini, the notorious armed robber of Edo State, Nigeria⁶.

Foster care provides a safe, temporary placement for a child who otherwise is at social, emotional, or physical risk. It also provides parents and all the associated benefits to a parentless child. The aim of this study to evaluate the state of such services in the state with a view to determining the major reasons for placement, common kindred cases as well as common medical conditions seen amongst the children under foster care.

Methodology

This study was carried out in Kwara State, which is in the North Central zone of Nigeria. Its population according to the 1991 census was 1.5 million (790,921 males and 775, 548 females). The state is culturally heterogeneous with the major ethnic groups being the Yoruba, Nupe and Barubas; all of whom practices the extended family system and encourages kinship care for their siblings.

It was a retrospective study in which case records of all children admitted into the government owned Children Reception Centre/ Motherless Babies home and cases seen at the Area Social Welfare Office between 1995 and 2005 were reviewed to determine the major reasons for placement, common kindred cases as well as common medical conditions seen amongst the children in foster care. Oral interview was conducted for the officer's in-charge of the state owned Rehabilitation Centre and Psychiatric home due to lack of adequate records. Medical records of only the preceding year were available for review and there was a restricted access to records at the Juvenile Justice department and the Remand home, because a section of the court was destroyed by a fire incident. Others sources of information for this review was through library search, internet based journals, articles and textbooks.

A written permission granting access to the various government owned welfare institutions in the state was ob-

tained from the State's Ministry of Social Welfare and Culture. Errors were checked by comparing data with records at the Ministry's records department. The data were analyzed using tables and percentages.

Results

During the period 1995 to 2005, a total of 259 children were admitted into the Children Reception Centre, Ilorin out of which 112 (43.2%) were males and 147 (56.8%) were females. Only 149 had their ages stated, with an age range of 0-14years. Of the total, 110 (42.5%) babies were abandoned, 33 (12.7%) babies were lost and found cases while 50 (19.3%) were motherless babies. Children that were retrieved from lunatics and brought to the centre were 29 (11.2%) and cases of attempted destruction (e.g. acid bath or strangulation) were 37 (14.3%). See Table 1.

A total of 3409 cases were seen at the Area Social Welfare Office during the period under review. Marital disputes that were successfully reconciled were 1007 (29.54%), instances of forced marriage 332 (9.74%) while dispute on the paternity of a child constitute 641 (18.8%) cases. Child maintenance order was granted to 1085 children (31.83%) against their fathers (for neglecting them) while 344 children (10.09%) were placed under custody (either because they are in need of protection or due to delinquent or destructive behaviours). See Table 2.

The commonest medical condition seen amongst the children was Malaria with 215 (32.77%) episodes in the preceding year while the least common was Boil with 26 (3.96%) cases. Other medical conditions seen are as represented in Table 3.

Discussion

In Nigeria, children are considered the virtual property of their parents and the parents are their natural protectors. This strong family bond was as a result of the welfare concept of the extended family system, which en-

Table 1: Distribution of Children Admitted into the Children Reception Centre/Motherless Babies Home, Gaa-Akanbi Ilorin Between October 1995 and October 2005.

Year/Categories	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total n=259	Per- centage
Abandoned	5	12	9	11	11	15	7	11	12	11	6	110	42.5
Lost and found	3	2	2	3	1	3	3	2	5	3	4	33	12.7
Motherless	3	2	4	5	1	7	4	5	10	4	5	50	19.3
Retrieved (from Lunatics)	2	2	2	2	1	4	3	4	2	4	3	29	11.2
Attempted destruction	8	6	4	5	2	1	4	3	2	1	1	37	14.3

Table 2: Common Medical Conditions seen among Babies in the Children Reception Centre Between October 2004 and October 2005

Year/Cases	OCT 2004	NOV 2004	DEC 2004	JAN 2005	FEB 2005	MAR 2005	APR 2005	MAY 2005	JUN 2005	JULY 2005	AUG 2005	SEP 2005	OCT 2005	Total n=656	Per-centage
Malaria	6	16	19	22	15	10	12	18	15	30	14	22	16	215	32.77
Diarrhoea	3	10	8	18	12	9	11	10	12	19	12	14	10	148	22.56
Boil	2	3	1	1	4	3	1	1	3	1	3	2	1	26	3.96
*URTI	12	14	9	8	10	10	16	19	11	15	19	27	12	182	27.74
Skin Infection	3	10	4	5	3	1	1	2	2	4	1	10	6	52	7.93
Conjunctivitis	6	4	4	2	1	1	1	1	2	4	1	3	3	33	5.03

*URTI—Upper Respiratory Tract Infection

Table 3: Distribution of Cases seen at the Area Social Welfare Office, Sabo-Line, Ilorin Between 1995 and 2005.

Year/Categories	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total n=33	Per-centage
Reconciled	105	135	40	65	110	69	102	100	61	115	105	1007	29.54
Paternity dispute	105	47	79	89	20	39	60	50	73	92	82	641	18.80
Maintenance Order	60	120	102	98	78	95	89	95	102	124	122	1085	31.83
Custody	10	53	40	35	25	15	35	35	21	55	20	344	10.09
Forced Marriage	20	65	18	21	15	15	20	32	40	70	19	322	9.74

courages kinship care. The gradual erosion of the extended family system due to increasing poverty, rapid urbanization, social and political crisis has made the care and protection of the child increasingly difficult⁷. Severe economic recession has impacted negatively on the family income thus many families cannot adequately support their children resulting in increasing rates of child abandonment, street begging, hawking, street children, juvenile crime, cultism, child labour and trafficking etc.

This study revealed 110 cases of abandoned babies between 1995 and 2005 (a period of 10years) whereas there are 101 detected abandoned babies in Kwara State between 1972 and 1990⁸ (a period of 18years). Perhaps the present study even gives a much lower figure than in reality because the cases that are never seen must be taken into account; and this may be as high as 25% of the reported cases⁸. This study also shows an incidence rate of 55.21% of total cases admitted into foster care (for a combined group of abandoned and loss and found cases). This is higher than the 34.9% incidence rate that was found in a similar study in Lagos State, south western Nigeria for a similar combined group⁹. In terms of human destruction or attempted destruction, perhaps a much larger figure than 14.3% of cases reported here has been aborted. The few number of cases of attempted destruction seen over the period under review could be due to the fact that family planning methods is being applied, the cases are not reported, or in fact

abortion rate has gone up.

The African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN) in 2004 has documented some regional shades of child abuse and neglect that has been noticed in Nigeria⁵. In the North, cases of child labour, early marriage/teenage pregnancy, and the age long Almajiri system (which involves street begging as a form of training and severe beating/starvation as punishment for the child) is still very common. The torture of children due to cultural beliefs (e.g. Witchcraft, “Abiku”), street trading, street children (“Area boys” in Lagos) and child trafficking is still a common phenomenon in many parts of Nigeria. Child prostitution/ trafficking and child battering is found in the East while exploitation of house-helpers and children “in business” in lieu of education is a common occurrence in the Southern parts of the country. The magnitude of these various forms of child abuse and neglect determines the dimensions of foster-age/adoption care in various parts of the country⁵.

In spite of the existence of an Adoption Edict in Kwara State, non-legal adoption is still very common. Non-legal adoption is the traditional type in which a person is granted the custody of a child without involving the court or social worker. Legal adoption involves the court/social worker and the parents and adopted child have reciprocal rights and responsibilities as if they were biologically related. Non-legal type is still very common in

Kwara State because many are not aware of the importance of involving the court and social workers and consequently, such adoptive parents stand the risk of losing his/her adopted child anytime the biological parents emerges⁶. However, it is pertinent to note that adoption from the foster care is the greatest challenge facing the State Ministry of Social Welfare as many of the children are legally ready (for adoption) but the number of prospective parents is very disappointing. Children with special needs e.g. school age, physical disabilities, and developmental needs including HIV/AIDS infection is at a disadvantage. Many individual philanthropist, religious groups, clubs, etc. have played important roles in the provision of foster care/adoption service in the State over the last two decades, but there has been a recent increase in reported cases of abuse and exploitation of these children by the private care agencies. Similarly, a potential psychosocial problem of fostering is child abuse and neglect by the foster parents themselves. Since fostering is not legally binding in most cases (as presently practiced in the state), the foster parent may decline at any time to the detriment of the child. Another important problem is poor funding of child welfare institutions that has kept them in a state of disrepair for long. The institutions and those who run them suffer so-to-say, the same neglect the children they look after also suffer in the larger society⁵.

Children who enter foster care have extraordinarily high rates of medical, developmental, mental health problems with majority suffering from behavioural and adjustment problems³. However, the common medical conditions found in this study are majorly communicable diseases and the pattern (malaria > upper respiratory tract infections > diarrhea) is similar to the disease pattern in the general paediatric population. See Table 2. This may be partly due to the fact that the Motherless Babies home is well equipped with facilities for water, electricity, recreation and accommodation, while there are staff nurses who cater for the health care needs of the children and do refer serious cases to the hospital. But certain constraints to adequate care for foster children were identified. Information about children's health prior to placement is often lacking or difficult to obtain from the biological parents, making it difficult for the social worker to take appropriate decisions on where and when to seek health care for the foster child and also, how to evaluate adequacy of services. Many of the children have complex problems requiring care from a variety of specialists e.g. physicians, sociologists, occupational therapists etc. and any lack of coordination or conflict of authority in taking certain decision always compound the problems of these children.

Kwara State, popularly known as the gateway between the northern and southern parts of the country, is an entity with unique cultural diversity as manifested by the ethnic composition of its people who share common descents with certain groups in some other states of the federation.

The shifting to urban centers coupled with foreign influences (education, communication, modernization, and civilization), has made needs, wants and desires to multiply rapidly. Consequently, the strong family ties which used to exist among the various ethnic groups are no more in existence in its traditional setting necessitating the establishment of family welfare offices in different parts of the state under the auspices of the Ministry of Social Welfare and Culture.

Fostering and Adoption is an integral part of the family welfare services of the State's Ministry of Social Welfare and Cultural and the state has an Adoption policy enabled by an Adoption Edict/Rules no. 12 of 1987 with peculiarities such as reporting to the police, application to the Ministry of Social Welfare, screening of prospective parents, probation period, consideration for infertile couples, withdrawal order etc¹¹. The Child Rights Act 2003 which was passed by the National Assembly in 2003 is presently before the state's House of Assembly as a bill awaiting passage into law. The Child Rights Act 2003 provides for the care, maintenance, welfare, training, education and rehabilitation of the Nigerian child. It covers the neglected and destitute, socially handicapped, uncontrollable, victimized, and delinquent child. Part X1 section 100-124 and Part X11 section 125-148 spelt out the regulations concerning fostering and adoption².

There are six institutions that render family welfare services in the State:

The Children Reception Center (CRC) and Motherless Babies Home, Gaa Akanbi, Ilorin -which takes care of abandoned babies, lost and found, orphans, babies of mentally ill-parent, multiple births in need of care (fostering), securing court mandate to already fostered child to would be parents (adoption) and other children in need of care and protection.

Area Social Welfare Office, Sabo-line, Ilorin -which is in-charge of family reconciliation in cases of marital disputes, enforcement of maintenance order/allowance, and supervision of day care centers. It also handles juvenile casework like delinquent and maladjusted children, who are either playing truancy in school, pick pocketing, stealing or constituting nuisance to the society. Cases of family disputes involving couples that are legally married but lack care and attention, and children delivered out of wed-

lock are usually treated almost on daily basis. Those still disputing the paternity of a child may be referred to the Forensic Science Laboratory, Oshodi, Lagos for immuno-assay test (after six months of delivery of the baby) to ascertain the real biological father. A high percentage of such kindred cases as shown in this study (especially paternity disputes and maintenance order) are usually the precursor of neglect of children that eventually predisposed them to entering the foster care. See Table 3.

Amayo Rehabilitation Center, Amayo -where training and vocational rehabilitation is done (e.g. tailoring, pottery, weaving);

Remand Home, Oko-Erin -which keep custody of those sentenced, awaiting trial/repatriation, or those children found stranded in motor parks, railways stations etc.;

Olokun Psychiatry Home, Okelele,- where psychiatric cases are treated and rehabilitated, Juvenile Court, High Court of Justice, Ilorin - which takes charge of juvenile justice administration.

In conclusion, every child needs a family and a permanent home to achieve good childhood socialization and develop into a responsible citizen. Increasing poverty and family disruption has made many families to fail in the discharge of their familial obligations.

It is therefore recommended that government should pursue the implementation of existing poverty alleviation and economic empowerment programmers with a view to improve the family income and ensured that children are raised in a proper family setting. Government should initiate a Child Welfare Reform that will place emphasis on the need to prevent children from entering the foster care system and a permanent plan to prevent children from remaining in the system indefinitely. The State legislators should expedite action on the passage of the Child Rights Act bill while the various monitoring/enforcement agencies should be strengthened.

The Ministry of Social Welfare and Culture should embark on a mass campaign to sensitize the community on the ill effects of abuse and neglect on the child, the family and the society at large. Lastly, there should be an improved coordination and collaboration in the activities of all professionals, institutions and specialists that render services to children in out-of-home care.

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