

**PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES OF DOMESTIC
ADOPTIVE PARENTS IN ADDIS ABABA, ETHIOPIA**

BY: TINSAE TEFERI

**A THESIS SUBMITTED TO THE SCHOOL OF PSYCHOLOGY, ADDIS ABABA
UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTERS IN DEVELOPMENTAL PSYCHOLOGY**

July 5, 2016

Table of Contents

Acknowledgement	I
Abstract.....	II
Acronyms.....	III
Chapter One.....	1
1.1.Introduction.....	1
1.2. Statement of the problem.....	4
1.3. Research question.....	6
1.4. Research Objectives.....	6
1.5. Operational Definitions.....	7
1.6. Significance of the study.....	7
1.7. Delimitations of the study.....	8
Chapter Two: Review of Literature	9
2.1. Conceptual frameworks and historical background of Adoption.....	9
2.2. Types of Adoption.....	11
2.2.1. Open and Closed Adoption.....	11
2.2.2. International and Domestic Adoption.....	12
2.3. Practices of Adoption in Ethiopia.....	13
2.3.1. De facto adoption and fostering	13

2.3.1.1. Guddifachaa	13
2.3.1.2. Qenja.....	14
2.3.2. Inter country adoption.....	15
2.3.3. Alternative Child Care Services and Domestic Adoption in Ethiopia. .	16
2.4. Impacts of Adoption on Adoptive Parents.....	18
2.4.1. Psychological Impacts of adoption on adoptive parents.....	18
2.4.2. Social Impacts of adoption on adoptive parents.....	19
2.5. Coping Mechanisms	20
2.6. Theories and Models on Child Adoption.....	22
2.6.1. Theory of adoption.....	22
2.7. Theoretical orientation	25
Chapter Three: Methodology.....	28
3.1. Research Design.....	28
3.2. Research Site.....	29
3.3. Population and Sample.....	30
3.4. Data Collection Tool.....	31
3.5. Data Collection Procedure	31
3.6. Method of data analysis	32

3.7. Ethical Consideration.....	32
Chapter Four: Findings.....	34
4.1. Demographic Information.....	34
4.2. Social problems encountered by adoptive parents.....	36
4.2.1. Lack of information from where to adopt.....	36
4.2.2. Lack of recognition.....	38
4.2.3. Prolonged procedure.....	39
4.2.3.1. Death of an assigned child.....	39
4.2.3.2. Inconvenience to create attachment.....	41
4.2.3.3. Founding of the birth mother	42
4.2.4. Stigma and discrimination.....	43
4.2.4.1. Negative perception on adoption and adoptees.....	44
4.2.4.2. Stigma on Infertility.....	45
4.2.5. Discomfort on Post placement follow-ups.....	47
4.3. Psychological Problems.....	49
4.3.1. Worry about leak of information.....	50
4.3.2. Worry through the adoption procedure.....	52
4.3.4. Stress and worry on providing adoption information to children.....	53

4.3.5. Fear of claim by birth mother.....	55
4.3.6. Guilt and Grief.....	56
4.3.7. Sadness and anger due to social stigmatization.....	57
4.3.8. Attachment problem.....	58
4.4. Coping mechanisms.....	59
4.5. Services to support adoptive parents	60
4.5.1. Support from adoptive parents.....	60
4.5.2. Support from Institutions.....	61
4.5.3. Support from family and friends.....	62
Unit Five: Discussion.....	65
5.1. Social problems.....	61
5.2. Psychological problems.....	67
5.3. Coping mechanisms.....	69
5.4. Social Services.....	69
Chapter Six: Conclusion and Implication of the study.....	71
6.1. Conclusion.....	71
6.2. Implications of the study.....	74

6.2.1. Counseling and Training.....	74
6.2.2. Advocacy.....	75
6.2.3. Implication for Social Policy	76
6.2.4. Implication for further research.....	77
6.2.5. Networking and Support groups.....	77
References	78
Appendix A: Informed Consent for Participants.....	82
Appendix B: Interview Guide for Participants.....	83
Appendix C: Interview guide for a key informant in BOWCYA.....	86
Appendix D: Interview guide for a key informant in Orphanage.	87

Acknowledgements

My huge gratitude goes to the almighty God who has been with me all the way throughout my life. This research project would not have been possible without the help of a number of people for whom I am very grateful. I would like to begin, first and foremost, by thanking my advisor, Dr. Tigist W. Tsega, who provided advice, guidance, editing, encouragement, and support throughout the study.

I would also like to express my deepest gratitude to the participants of the study who took the time out of their lives to share their personal adoption stories with me. I also thank those who were willing to help in recruiting the participants.

I want to extend my sincere gratitude to Dr. Daniel Okubit and my father Teferi Eshetu for their time and effort in providing critical and professional comments. Their help, knowledge, direction, and support were a large part of what made this project what it is. This thank is also extended to my mother Yeshimebet for her support in prayer and for being a consistent source of moral support. I would also like to extend my appreciation to my husband Nathan who stood by my side throughout the study.

Lastly, I offer my regards to all of those who supported me in any respect throughout the study, whose names are too many to enumerate here.

Abstract

The study aimed at exploring the psychosocial problems of domestic adoptive parents in Addis Ababa. Qualitative research method was employed in this research. The participants of the study were eight adoptive parents who were purposefully selected. Two orphanages have been selected in order to reach these participants. One of the orphanages is governmental, Kibebbe Tsehay, while the other one is an NGO called Kidmia foundation. Moreover to supplement data from the participants, three Key informants were interviewed. The researcher sought to uncover the psychosocial challenges that Adoptive Parents face; the coping strategies employed by these Parents, and the services being rendered both formally and informally in order to support Adoptive parents. The findings of this research revealed that adoptive parent pass through different social and psychological problems both before as well as after the adoption is finalized. Adoptive parent experience a lack of information from where and how to adopt. Adoptive parents also experienced lack of recognition from others by the time they share their plan for adoption. They also suffer from unexpected outcomes as a result of prolonged procedures. Above all adoptive parents experience stigma and discrimination from the community due to the adoption and their infertility. According to the findings the psychological problems that adoptive parents experience mainly due to the social problems are worry, fear, stress, anger, sadness, grief, guilt and attachment problem. The study suggests understanding the adoptive parents challenges can help design appropriate response to the problems of OVC's in the country by enhancing domestic adoption. Above all formal support systems to adoptive parents and a general awareness creation should be considered in the effort to enhance domestic adoption.

Acronyms

BOWCYA	Bureau of Women, Children and Youth Affairs
MOWCYA	Ministry of Women, Children and Youth Affairs
OVC	Orphan and Vulnerable Children
UNICEF	United Nations Children's Fund

**PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES OF DOMESTIC ADOPTIVE
PARENTS IN ADDIS ABABA, ETHIOPIA**

**A THESIS SUBMITTED TO THE SCHOOL OF PSYCHOLOGY, ADDIS ABABA UNIVERSITY
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS
DEVELOPMENTAL PSYCHOLOGY**

5 JULY 2016

SUBMITTED BY

STUDENT

SIGNATURE

DATE

APPROVED BY BOARD OF EXAMINERS

SIGNATURE

CHAIRPERSON

ADVISOR

EXTERNAL EXAMINER

INTERNAL EXAMINER

Chapter One

1.1. Introduction

Adoption is the formal, permanent transfer of parental rights to a family other than a child's biological parents and the formal assumption by the adopting parent(s) of all parenting duties for the child (Desta, Genet & Woldekidan, 2013). Adoption originated in Rome for the purpose of providing an heir to families without a male successor. It may involve biologically related children, step children, previous foster children, and children who are strangers to (have never met) the adoptive parents (Vincent et al., as cited in Tseday, 2013).

The purpose of adoption has evolved over time. Historically, adoption occurred primarily to preserve and transmit family lines or inheritance, to gain political power or to forge alliances between families. Adopted persons were usually adolescents or adults who could guarantee the continuation of the family line. The notion that adoption was a means for promoting children's welfare did not take hold until the mid-nineteenth century. Today, the principle of ensuring that the best interests of the child are served by adoption is the paramount consideration enshrined in most adoption laws (UN, 2010).

Adoption was mainly practiced between children and adults within similar cultures, communities and countries up until the mid – 20th century. The practice is what is commonly referred to as domestic or national adoption (The Hague Conference on Private International Law, 2008). Domestic adoption is an adoption that involves adoptive parents and a child of the same nationality and the same country of residence (Alternative child care guidelines, 2009). On the other hand, inter country adoptions are those that involve a change in the country of residence of the adopted child (UN, 2010).

Africa is increasingly becoming the new frontier for inter country adoption. African children are attracting increased attention from prospective adoptive parents in other parts of the world. This increased attention seems to have been triggered by a number of factors. One of the factors is some of the prominent sending countries in the past like China and Russia have suspended, shut down, or limited inter country adoption (ACPF, 2010).

Inter country adoption from Africa had shown a dramatic increase from 5 percent of all inter country adoptions by 2003 to 22 percent by 2009 and 2010. Ethiopia in a highest extent contributed to the increase by sending larger number of children. Ethiopia has sent 4,565 children in 2009 which accounted 70 % of children sent from Africa. Moreover, from 2003 to 2010, over 22,000 children were sent for adoption from Ethiopia. However, the number has slightly decreased in 2010 and in 2011 (Selman, 2012).

According to UNICEF (2012) in the past years, 1,529 children were de-institutionalized, of which 326 were reunified with their birth families or relatives, 272 children were placed in foster care, and 795 children were adopted by Ethiopian families. MoWCYA through the Ethio-Alternative Care Network and the National Highly Vulnerable Children Task Force have coordinated the efforts to develop alternative care for children without parental care by prioritizing quality domestic, family-based alternative care options for vulnerable children and by considering Institutional care as a temporary and last resort option.

Ethiopia has a traditional form of adoption called Guddifachaa. This term comes from the Oromo language and describes the full assimilation of an outsider (child) into a family. It has also been incorporated in the legal framework of the formal process of domestic adoption. In 2012, 421 children have benefited from this cultural practice in the Oromia region (Country fact sheet for the CRC, 2014).

There are many different reasons for adoptive parents to come to the adoption decision. Some adopt because of infertility, and adoption is their alternative way to grow their family; others adopt in order to add to their family, to help a specific child, or for social justice reasons (Forbes & Dziegielewski, 2003). Infertility has a stigma attached to it and this stigma of infertility can haunt the adoptive mother from the first stages of the adoption process to well beyond the finalization of adoption. Society values fertility and considers childbearing to be the principal source of mature femininity (Wegar, as cited in Forbes & Dziegielewski, 2003).

Adoption is a life event that changes the identities of all involved. For many adoptive parents, this change in identity means the realization of the long-awaited role of “mom” or “dad.” However, sometimes adoptive parents are slow to adjust or wonder what expectations accompany their new identities. Parents may have difficulty attaching to the new child and may question their parenting capabilities. Some wonder whether they are really entitled to parent their new son or daughter. Or, after years of keeping their parenting desire in check, they find it difficult to fully embrace parenthood or to believe they are truly parents like other people are. Post adoption depression may occur within a few weeks of adoption finalization. The realities of parenthood like lack of sleep and weight of parental responsibilities become irresistible. Parents may even question why they don’t immediately love their new child or wonder whether they love their child enough (Child welfare information gate way, 2015).

This study aimed at exploring the psychosocial challenges and coping strategies that domestic adoptive parents in Addis Ababa experience as they approach the decision to adopt, during the adoption process and after the adoption. Therefore this study will help to explore the psychosocial challenges and coping strategies of domestic adoptive parents and help as a basis for the right interventions.

1.2. Statement of the problem

According to UNICEF (as cited in Alternative childcare guidelines, 2009) It is currently estimated that there are about 4.6 million orphans, out of which 1 million have lost their parents due to AIDS. Many studies indicated that there are at least 100,000 street children in Ethiopia, out of which about 25% are girls (Alternative childcare guidelines, 2009). In 2010 the Addis Ababa BOWCYA worked with Street Invest London to conduct a head count of street children and counted 10,706 children living in Addis Ababa's streets. The majority of these street children (67 per cent) were boys above the age of six (UNICEF, 2013).

According to country fact sheet for the CRC (2014) the number of inter country adoption from Ethiopia in the period from 2004-2012 is 20,663, which is seven fold when compared to the period from 1999-2003 (2,769). Inter country adoption has changed its initial aim of protecting children and providing them a family environment. It is now practiced with a demand driven approach that looks for children corresponding with the criteria set by the adoptive parents (Kalkidan, 2011). While inter-country adoption is taken as an alternative form of childcare, local adoption seems largely neglected or utterly out of the focus of attention of many adoption service provider organizations (Alternative childcare guidelines, 2009).

Ethiopian Ministry of Women Affairs is frequently changing the guiding rules of inter-country adoption to control the increase in international adoption rate. It is also requesting both local orphanages and international adoption agencies to participate in sponsorship programs and is encouraging local adoptions (Kalkidan, 2011). Alternative child care guideline recognizes the system of adoption to ensure the best interests of the child as the paramount consideration and that inter-country adoption may be considered as an alternative means of a child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared

for in the child's country of origin (Alternative childcare guidelines, 2009). Despite the promotion of national responses for orphaned and vulnerable children, there is still a lack of residential and foster care and domestic adoptions (Country fact sheet for the CRC, 2014).

Adoptive parents face a wide range of problems as they approach the decision to adopt, during the adoptive process and after the adoption. According to Rushton (as cited in Deveny-Leggitt, 2012) the challenges adoptive parents face include: behavioral and emotional problems, attachment issues, cognitive challenges, history of sexual abuse, issues surrounding personal and racial identity, changes in the family dynamic, and reunion with biological parents.

In order to address the problem of orphans and street children in Addis Ababa through enhancing domestic adoption, the government should bring recognition and understanding to the challenges of adoptive parents and address them with the necessary interventions. The purpose of this study is to identify and understand the psychosocial challenges faced by domestic adoptive parents in Addis Ababa. Furthermore, the intent of this study is to increase awareness by professionals, caseworkers, adoption facilitators, therapists, lawyers, and up the 'food-chain' to adoption administrators responsible for policy decision making. Current research is sparse in Ethiopia on domestic adoptive parents while several researches have been conducted on the experiences of birth families who have relinquished their children for international adoption. The study conducted by Brittingham (2010) on Birth Families and Inter country Adoption in Addis Ababa, Ethiopia and the study by Kalkidan (2011) on birth mothers experience after relinquishment can be mentioned as some of the researches conducted on the experience of birth families. One research on the overall experiences of domestic adoptive parents in Addis Ababa have been conducted, but the parent's experience specific to psychosocial problems and their coping mechanisms haven't been dealt with. Hence, this study aimed at exploring the

psychosocial challenges faced by domestic adoptive parents and proposes measures that should be taken for supporting these parents.

1.3. Research question

This study addresses the following questions;

1. What are the psychological challenges faced by adoptive parents as they approach the decision to adopt, during the adoption process and after the adoption?
2. What are the social problems faced by adoptive parents as they approach the decision to adopt, during the adoption process and after the adoption?
3. What are the coping strategies employed by adoptive parents?
4. What services are being rendered from the government, institutions, families, and friends in order to support adoptive parents?

1.4. Research Objectives

The general objective of the research is to explore the psychosocial challenges and coping strategies of domestic adoptive parent in Addis Ababa. The specific objective includes;

1. To identify the psychological challenges that adoptive parents face as they approach the decision to adopt, during the adoption process and after the adoption.
2. To assess the social problems that adoptive parents face as they approach the decision to adopt, during the adoption process and after the adoption.
3. To examine the coping strategies employed by adoptive parents.

4. To identify services being rendered from the government, institutions, families, and friends in order to support adoptive parents.

1.5. Operational Definitions

Adoptive parent: An individual who has legally assumed the parental rights over, and responsibilities for, another person through adoption.

Domestic adoption (DA): Domestic adoption is an adoption wherein the adoptive parents and the adopted child are of the same nationality and have the same country of residence which his in Ethiopia (Alternative child care guidelines, 2009).

Child: A child means every human being under the age of 18.

Psychosocial problems: psychological and social factors that influence mental health.

Social problems- It is the experience of adoptive parents in relation to stigma, discrimination, rejection, mistreatment and inconvenient institutional systems.

Psychological problems- It is the experience of adoptive parents that reflect their feelings of fear, worry, anger, sadness, and stress.

1.6. Significance of the study

Domestic adoption is in its infant stage in Ethiopia while there are a lot of children seeking parents who can take care of them. Though many efforts are being done through governmental and nongovernmental organizations to promote domestic adoption, knowledge and documentation with regards to psychosocial problems that adoptive parents face are limited. Therefore, this research, unlike those conducted in the past, will document psychosocial

problems that adoptive parents face as they approach the decision to adopt, during the adoption process and after the adoption.

This study will help to bring recognition and understanding to the adoptive parents' challenges and this will lead to the right intervention on the areas of advocacy, counseling and others. This study will add knowledge and understanding of psychosocial challenges on Adoptive parents. Furthermore, it will help government and non-government organizations initiate actions related to developing policies and programs. Moreover, it will be used as a reference and initiate further researches on domestic adoption in Ethiopia.

1.7. Delimitation of the study

The study does not attempt to address all matters concerning domestic adoptive parents. It is rather delimited to only psychosocial aspects, coping strategies and support services and considered only two orphanages for reaching out these parents. Moreover it delimits itself to eight adoptive parents and three key informants, two social workers from the orphanages and one child officer from Bureau of Women, Children and Youth Affairs. The selected informants cannot represent the whole population of adoptive parents and generalization cannot be drawn from the findings. However, looking at the few will contribute to understanding of the psychosocial challenges of domestic adoptive parents.

Lack of a base line study on domestic adoption in Ethiopia was one of the challenges in this study. It was difficult to compare the findings of this research with other similar researches that deal with domestic adoptive parents.

Chapter Two

Review of Literature

2.1. Concepts and historical background of Adoption

Adoption is one of a wide range of practices that societies throughout the world have developed to allow a child who is unable to live with his/her parents – for whatever reason –to be brought up in a stable family-based environment (ACPF, 2012). Within the panoply of responses to the situation of children without parental care, the special features of adoption in its “full” form (the one that characterizes the vast majority of inter-country adoptions) are that, by judicial decision, it both definitively severs all ties with the child’s biological family and equates his/her status to that of a biological child of the adopters (ACPF, 2012).

The term adoption is variably defined in sociological and legal contexts. In most legal literature it is used as a form of contracts between parties to establish relationship of parent and child. Sociologically it is defined as ‘institutional practice through which an individual belonging by birth to one kinship group acquires new kinship ties (The International Encyclopedia of the Social Sciences, as cited in Ayalew, 2002).

Historic view of adoption include extracting labor from children, apprenticeship, equivalence of biological children’s expected assistance in productive contributions to households, a normative means of extending kin lineages, and indentured servitude (Shura 2010).

In the twentieth century, intercountry adoptions were done initially in acute humanitarian response to orphan or refugee crises that developed due to natural disaster, civil unrest, or war (Engel et al., as cited in Shura 2010). Yet intercountry adoption is no longer as inextricably

linked to temporally finite social crises in limited areas of the world. Some suggest that through recent history, adoption has been a means toward a diversity of goals, including serving the interests of adults that have ranged from child labor to hopes of fulfilling the dream of the “perfect family” (Ross ; Triseliotis as cited in Shura, 2010).

Some suggest that humanitarian impetus for mass inter country adoption has been replaced by demand for children by childless adults. Others suggest that laws that regulate inter country adoptions across history have become more and more oriented toward what is best for the child, and less oriented toward adoptive parents (Howell, as cited in Shura 2010).

Inter-country adoption has a shorter history as a significant phenomenon in Africa than elsewhere in the world. In the 1970s and 1980s, while inter-country adoption was fast developing elsewhere, there were few applications to adopt African children. The sole exception was in France, where sizeable numbers of African children were already being adopted by the end of that period, notably (in 1990) from Ethiopia (78) and Madagascar (123). It was over the course of the first decade of the 21st century that the African picture changed remarkably, and this was largely – though not exclusively – due to two factors. First, an increasing number of countries of origin in other parts of the world began placing restrictions on inter-country adoptions or were even forced to suspend them. Second, very few African States were bound by Hague rules: until 2003, only Burkina faso, Burundi and Mauritius were contracting States, leaving almost the entire continent potentially open to *ad hoc* agreements and, in too many cases, to what has proved in practice to be an inter country adoption procedure that is unworkable in terms of protecting children’s rights (ACPF, 2012).

2.2. Types of Adoption

Although most countries recognize one or more than one type of adoption, laws regarding specific aspects of adoption vary. There are different types of adoption practices all over the world including: licensed private agency adoption, facilitated/unlicensed agency adoption, foster care adoption, independent adoption, infant adoption and open and closed adoption (Tenagne, 1993).

2.2.1. Open and Closed Adoption

Open adoption refers to the sharing of information and/or contacts between the adoptive and biological parents of an adopted child, before and/or after the placement of the child, and perhaps continuing for the life of the child. Open adoption is in direct opposition to the traditional, or closed confidential adoption practices of the recent past, where birthparents often did not know the identity of the adoptive parents and could not maintain any contact with the child or the adoptive family after placement. Until very recently, adopted children when reaching adulthood had no way of finding their biological parents. Today adoption professionals are generally supportive of giving adoptees access to records holding details of their genealogical and biological past and information necessary to pursue reunion with their biological parents if they have made known their availability for contact (Berry, 1993).

There is a growing trend toward open adoption in which a birth parent or other birth relative continues to have some type of contact with the adoptive family after the adoption. It's common for a birth mother to choose the family who will adopt her child and to meet and form a relationship with the prospective adoptive parents. It is also common for birth families and adoptive families to have open adoption agreements in mediated adoptions and in some

adoptions from foster care. After the adoption, the extent of the communication can vary, but it may include the periodic exchange of letters and photographs between birth family and adoptive family, or it may be occasional (Child Information Gate way, 2010).

2.2.2. International and Domestic Adoption

The alternative child care guidelines consider two types of adoption that are domestic adoption and inter country or international adoption (Alternative child care guidelines, 2009).

Inter-country adoption is an adoption that involves a change in the child's habitual country of residence, whatever the nationality of the adopting parents. It also includes an adoption that involves parents of a nationality other than that of the child, whether or not they reside and continue to reside in the child's habitual country of residence (Alternative child care guidelines, 2009). Inter-country adoption has evolved from its roots as a legal instrument creating a filiation tie, to perception as a humanitarian act, and then into a widely accepted option for childless people who wish to create a family (ACPF, 2012).

A domestic adoption involves persons who are habitual residents of the same country, regardless of whether they are citizens of that country or not. Domestic adoption is not defined explicitly in international instruments. Domestic adoptions fall under the jurisdiction of a single country, namely, the country of residence of the adoptable person. Domestic adoptions far outnumber inter country adoptions. Almost 85 per cent of all adoptions involve citizens or residents of the same country. Domestic adoptions represent at least half of all adoptions in 57 of the 96 countries with data. Whereas the number of domestic adoptions has been declining in many developed countries, several developing countries have experienced an increase in the

number of domestic adoptions, partly because of the implementation of policies to encourage local residents to adopt (UN, 2010).

2.3. Practices of Adoption in Ethiopia

2.3.1. De facto adoption and fostering

De facto adoption is the practice of caring for a child either temporarily or permanently without a legally recognized contract. De facto adoptions have been a common practice among various populations of sub-Saharan Africa. The Oromo and the Amhara of Ethiopia for instance, traditionally practiced a form of adoption that required the consent of the child's parents or relatives and was sanctioned by a ritual ceremony (UN, 2009).

2.3.1.1. Guddifachaa

Guddifachaa is the customary adoption institution practiced by the Oromo society since ancient time. "Guddifachaa" a word derived from Oromo term 'guddisu', literally means 'to bring up,' foster, rear etc. It is equivalent to the English term adoption. Although there is no adequate information when and how it emerged among the Oromo society, adoption has been one of the known institutions in Oromo culture. Court historiographers associate the historical origin of guddifachaa with the so-called migration of Oromo after the sixteenth century. They argue that the Oromo adopted guddifachaa in the process of their expansion to central highland, northern, western and eastern part of Ethiopia to assimilate non-Oromo ethnic groups in the vicinity (Ayalew, 2002).

The Oromo people marvelously developed different types of adoption system with multiplex of purposes. For the Oromo society in general and the Borana Oromo in particular

lack of a child due to biological infertility, disease, death of children at infancy or other causes is considered as a bad luck or adversity. One of the major types of Oromo adoption is *ilmma guddifachaa* (son adoption). It is believed that lack of a son in a family leads to ‘*badaa dhaamuu*’ meaning complete ceasure of family line of the individual. Thinking of and experiencing a complete ceasure of family line has serious moral, psychological, material and spiritual implications upon individuals (Ayalew, 2002).

2.3.1.2. Qenja

Qenja is a child fostering and relocation practices in the Amhara region, Ethiopia. The practice of boys’ relocation in Ethiopia involves socio-cultural and economic coalition and interdependence between different households. As noted above, qenja can mean a coalition of either human labour or other resources needed to work the farm. It does not merely refer to a scenario whereby children are transferred from economically poor to economically wealthy households to work; rather, it entails a wider context of ‘teaming’ and ‘collaboration’ of rural agricultural labour. Before a child enters qenja, an oral and/or increasingly written agreement is made in front the elderly members of the community (*shimagele*), helping the two families develop mutual trust and nurture foster parent–child relationships (Chanyalew & Abebe, 2016).

An agreement is made on how much money or crop the foster families will give to the natal families. Foster parents have the responsibility to raise, treat, and discipline the child properly as well as to compensate him either in kind (in form of grains) or cash (which the child may spend to buy clothes, stationary materials, and to support his family). Children’s Fostering families also agree to provide proper care and a nurturing environment to the child, while the natal family agree on how much they will compensate for any losses that a child may cause (e.g.

cattle loss). Parents usually draw on their social networks in the village to identify ‘good and God-fearing families’ that are in need of a ‘child helper’ (Chanyalew & Abebe, 2016).

Qenja falls under International Labor Organization (ILO)’s minimum age convention – 14 years – (ILO C138) and is classified as the worst forms of child labour (ILO C182) that Ethiopia ratified in 1999 and 2003.⁴ Due to the advocacy work of NGOs and intention by the government to punish those involved in the practice, parents are increasingly refraining from openly speaking about it for fear of being criminalized (Chanyalew & Abebe, 2016).

2.3.2. Inter country adoption

Inter country adoption from Ethiopia have increased exponentially over the last years. The closure of adoption program in Asian countries resulted in adoption agencies flocking to Ethiopia. It is estimated that adoptions increased from a few hundreds to more than four thousand in a few years time (Tseday, 2013). The country devastated by poverty, civil war, HIV/AIDS, drought, famine, TB and malaria leaving children to be orphans makes it difficult to be practical in providing adequate care for children in their country of origin and highly contributes to the growth of international adoption; This situation created an opportunity for childless westerners to be custodians of the orphans and vulnerable children in Ethiopia and made western family’s care and nurture children of Ethiopia (Greene, as cited in Rebecca, 2013).

Ethiopia has sent 4,565 children in 2009 which accounted 70 % of children sent from Africa, moreover, from 2003 to 2010, over 22,000 children were sent for adoption from Ethiopia. However, the number has slightly decreased in 2010 and in 2011 (Selman, 2012).

2.3.3. Alternative Child Care Services and Domestic Adoption in Ethiopia

Alternative child care services are services that are availed by the government in order to serve the society at large. These services are designed to secure the best interest of the child which is to be highly considered when trying to bring a solution for orphans and vulnerable children. The alternatives that are in place other than relinquishing a child for international adoption are family preservation, family reunification/ reintegration, domestic adoption , foster care and children's home/similar institutions (Rebecca, 2013).

The CRC, ACRWC, and the Hague Convention accord that in-country placements, particularly with extended family, are preferable to inter-country adoption (Brittingham 2010). The 2001 Alternative Childcare Guidelines are revised pursuant to The Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the laws of the country and in consultation with childcare institutions, concerned professionals and children. The revised guidelines among others provide the minimum conditions for services where government, non-governmental, religious and other institutions who are giving alternative childcare should adhere to. It outlines measures and good practices to support, care and protect children without parental care in institution or outside of institution within the economic, social and political context of the country (Alternative child care services, 2009).

Despite the above effort there is a lack of information about the coverage, quality and impact of the diverse range of care options put in place by various actors, including formal community- and family-based alternative child-care services. Institutional care, which is supposed to be the last resort, is offered to children without adequately exploring the availability of other community- or family-based alternative care options. About a quarter of child-care

institutions in Ethiopia had no practical experience in implementing alternative child-care services, and the majority of those practicing alternative care mainly depend on the inter-country adoption as the only alternative placement, along with residential care (Genet, Desta & Woldekidan, 2013).

Domestic adoption was the least common category of family-based alternative child-care service, followed by foster care. The low uptake of local adoption was attributed to various barriers including lack of awareness about formal procedures on domestic adoption and misconceptions, reluctance to face legal procedures, cultural reasons, fear of stigma and labelling, and economic problems (Genet, Desta & Woldekidan, 2013).

According to the alternative child care guideline designed by the Ministry of Women, children and Youth affair (MOWCYA, 2009) prospective adoptive parents should fulfill the following major criteria in order to be considered eligible for perusing domestic adoption.

An applicant is eligible for **domestic adoption** if he/she is:

- ❖ Ethiopian by nationality;
- ❖ At least, twenty five years of age and at most 60 years of age (when adoption is made by two spouses, it is sufficient for one of them to be of twenty five and above years of age);
- ❖ Able to produce a document from a relevant authority certifying that He/she has an income that is sufficient to raise the child;
- ❖ Able to produce a document from a relevant authority certifying that he/she is free from any incurable and/or contagious disease and mental health problem;

- ❖ Able to produce a document from a relevant authority certifying that he/she is free from any criminal activities;
- ❖ Able to produce a marriage certificate or prove otherwise if the potential adoptive parent is married or is living with a partner as per legally recognized relation;
- ❖ Able to produce the consent of the applicant's spouse to adopt the child, in cases when the applicant is married or living in a legally recognized bondage.

2.4. Impacts of Adoption on Adoptive Parents

The challenges adoptive parents face include: behavioral and emotional problems, attachment issues, cognitive challenges, history of sexual abuse, issues surrounding personal and racial identity, changes in the family dynamic, and reunion with biological parents (Rushton as cited in Deveny-Leggitt, 2012).

2.4.1. Psychological Impacts of adoption on adoptive parents

Adoptive parenthood, like other types of parenthood, can bring tremendous joy and a sizable amount of stress. There are emotional ups and downs that adoptive parents may experience as they approach the decision to adopt, during the adoptive process, and, most importantly, after the adoption. While every adoption is unique and every parent has different feelings and experiences, there are some general themes that emerge regarding adoptive parents' emotional responses (Child Information gate way, 2010).

Many childless adoptive parents begin adoption with doubts about their ability to parent, to which is added concern about the permanence of adoption. Adoptive parents, as a normal part

of family development, face the question of their entitlement to the adopted child during the first stages of an adoptive placement. Open adoption may exacerbate uncertainty (Berry, 1993).

After months or years of anticipating parenthood, the excitement of the actual adoption can give way to a feeling of being “let down” or sadness in some parents. Researchers have dubbed this “post adoption depression syndrome,” or PADS, and it may occur within a few weeks of the adoption finalization. The realities of parenthood, including the tedium, lack of sleep (for parents of infants or children with behavioral or sleep issues), and the weight of parental responsibilities can be overwhelming. Parents may have difficulty attaching to the new child and may question their parenting capabilities. They also may be hesitant to admit that there are any problems after the long-awaited adoption (Child Information Gate way, 2010).

Adoptive parents face challenges through the procedure of the adoption. Prospective parents may experience long waiting times and have to face uncertain outcomes. It’s not unusual for them to feel anxious about the process and to find it difficult to go about their regular routine when so much is at stake (Child information gate way, 2010).

2.4.2. Social Impacts of adoption on adoptive parents

Adoptive parents are not open about the adoption. It is something they want to keep private mainly because of a great societal pressure and having own biological children is believed to be paramount in the Ethiopian society (Simegn, 2015). Many times the biases of society are as strong, if not stronger, within the nucleus of the immediate family and extended family. Adoption means adding to a family children who do not share the same genetic make-up. As adoptive mothers begin to integrate their adopted children into the entire family social

system, issues of rejection and discrimination, whether overt or passive, can become stressors for them (Forbes and Dziegielewski, 2003).

Some studies have determined that both adoptees and adoptive mothers report that others perceive them as abnormal or somehow second-rate and media news stories about adoption contained stigmatizing claims, such as depicting adoptees with emotional and identity issues (Baltimore, 2008).

2.5. Coping Mechanisms

Recognizing that the transition to parenthood is markedly different for adoption and biological parents, several authors have investigated the unique challenges, stresses & potential conflicts that can impact the path of adoption (Covington & Burns, 2006). There are multiple stressors experienced by foster and adoptive families, who care for and raise children who have experienced trauma and separation from their families of origin. It is vital to understand the significance of these stressors and to build coping and resilience strategies. (Smalley, B., 2006).

Talking to adoption social worker when having trouble coping is important. When adoptive parents are in the middle of trouble with coping, it's important to have somebody who can mirror that progress back to them. Social worker and other adoptive parent are the best choices to do that (Christianson, 2012).

Most therapists have little training on issues of adoption and foster care. And untrained therapists may exacerbate adoptive parents difficulties by ascribing blame or assuming them can reverse years of maltreatment with a star chart. An adoption-competent therapist is knowledgeable about adoption and the impact of trauma on children. He or she also must

understand the stages of normative adoptive family development. And the therapist must grasp how living with a traumatized child can affect the rest of the family (Smalley, B., 2006).

The best place to feel freest about sharing frustrations is with other adoptive parents who have walked the path. They'll understand and they'll have a good intuitive sense about whether other adoptive parents' feelings are so pervasive that they may need professional support. It's great to hook up with other people who have walked similar past, but are further along in the progression (Christianson, 2012).

Adoptive parents do not have to compare themselves to other families. When adoptive parents compare what is happening inside their own family, they may feel that their family is much more dysfunctional than most of their extended family, neighborhood or community. However, they compare their "insides" (what one knows intimately about one's own family situation) to other people's "outsides" (what others choose to present to the community) (Smalley, B., 2006).

Adoptive parents in order to deal with the overwhelming responsibilities of parenting, a helpful technique is to explore and list the parenting tasks each parent does very well and the parenting tasks that are problematic or disastrous. Parents can then differentiate which roles each is most suited to tackle. This enables parents to work as a team, share the load and use their individual strengths to benefit the entire family (Smalley, B., 2006).

Adoptive Parents in order to deal with difficult behaviors of their children, they do not have to be drawn into a steady stream of correction. The correction can escalate into nagging or other negative messages to a child who already feels unlovable and unkeepable. They should

interrupt this negative cycle by finding ways to increase positive interactions with the child. This is not only fun, but increases attachment (Smalley, B., 2006).

2.6. Theories and Models on Child Adoption

2.6.1. Theory of adoption

This theoretical analysis has a notion that own children and adoptees can be viewed as (imperfect) substitutes whose demands are endogenous and jointly determined. The model analyze preferences and constraints with adoption under several notions like Infertility, High (opportunity) costs of own child birth, orphans we care about and monetary benefits from adoption (Bethmann, D. & Kvasnicka, M., 2012).

According to the theory complete infertility therefore provides a strong motive for adoption, even when adoption is very costly or adoptees are valued much less than own children. If the householder is partially infertile, it will adopt children only if the demand for children cannot be satisfied by own children. The model further states that for the householder to have a positive demand for adopted children, adoptees need to become more attractive, or they must come at a cost advantage. It is straight forward to show that the demand for adopted and own children in this case depends on how the householder's relative valuation of the two types of children compares to the relative costs she faces in obtaining them (Bethmann, D. & Kvasnicka, M., 2012).

On the other hand a householder will adopt an orphan that it is emotionally attached to only if the costs of not adopting it outweigh the costs of adopting the child. A householder is more likely to adopt such an orphan, the more it values adopted relative to own children, the lower are the marginal costs of children, and the higher is any disutility occurs from not adopting

the child. Shocks like death of a family member and natural disasters lead householders to be emotionally attached with an orphan. This model also covers the monetary benefits from adoption in which historically prime motive for adoption, as well as related demands for unfree (slave) labor are discussed. It further states, for a celebrity, the adoption of a child generates headlines and adds to popularity, which benefits the career and ultimately income (Bethmann, D. & Kvasnicka, M., 2012).

2.6.2. Stress and Coping Model of Adoption Adjustment

The primary assumption of this model is that children's adjustment to adoption is determined largely by how they view or appraise their adoption experience and the type of coping mechanisms they use to deal with adoption-related stress. Adoption is assumed to involve loss and stigma and, hence, to be potentially stressful for children, even for those youngsters placed as infants. However, the degree to which children experience adoption-related stress and the Success they have in coping with it are highly variable. Some children show very few indications of stress-related symptoms; others experience fully developed clinical symptoms. The link between stress and adjustment outcome is mediated by the range and effectiveness of coping behaviors and coping resources available to the youngster (Brodzinsky, D. 1993).

This model also recognizes the role of genetic, prenatal, and birth factors in children's adoption adjustment. These biological factors are believed to influence the children's wellbeing through their impact on cognitive, social, and emotional development (Brodzinsky, D. 1993).

2.6.3. Attachment theory of adoption

Bowlby developed the major theoretical foundations of attachment theory to account for infant social and emotional development and adjustment. Bowlby theorized attachment as a life-span construct. Bowlby stated that separation from and lack of maternal care was a factor called

psychological deprivation. His study of orphanage children stated that children who lived in the care of institutions were deprived of the kind of care necessary for healthy emotional development (Houlihan, 2010)

According to Bowlby separation in early childhood led to long-term negative behaviors and particularly adversely affected emotional development. Attachment is an organized, self-regulated, and mutually interacting behavior system between parent and child (Karen as cited in Houlihan, 2010).

In instances where caregivers are perceived as emotionally available, children develop a sense of others as emotionally available and consistent. In turn, the children view themselves as cared for, and they view intimate relationships as positive. In contrast, when care giving is inadequate, children develop a sense of others as unresponsive and unavailable, experience themselves as unlovable, and enter intimate relationships with ambivalent or negative feelings (Houlihan, 2010).

For adopted children, attachment theory suggests that the pre placement history of the adopted child can influence later adoptive family relationship (McRoy et al., as cited in Groze & Rosenthal, 1993). Adopted children may enter adoptive care with attachment patterns and internal working of themselves and others that are not conducive to establishing a secure attachment pattern with the adoptive parents. These children have often experienced abuse, abandonment, and neglect from previous caretakers as well as a series of separations from caretakers because of child welfare interventions. Viewed from this context, it is not surprising that large numbers of adopted children experience attachment difficulties (Groze & Rosenthal, 1993).

Yarrow and Klein as cited in Groze & Rosenthal (1993) found that infants who moved from a high quality foster home to an adoptive home with less adequate care demonstrated significant disturbances after the move. Conversely, infants who moved to an adoptive placement with improved maternal care were less likely to evidence disturbances. The authors found that older infants experienced more difficulties than younger infants with the change

According to Groze & Rosenthal (1993) study, attachment was the most positive for children with no abuse history and least positive for children with multiple abuse histories. For special needs adopted children who were placed when older, the search for identity often rekindles issues around the birth family or other separations, and such children may pull away from relating to the adoptive parents. Trust demonstrates a similar pattern.

2.7. Theoretical orientation

This study bases the theoretical assumption of psychosocial development theory. Psychosocial development theory is primarily derived from the conceptual work of Erik Erikson (1902- 1994). It is a stage theory which covers the entire life span, unlike Freud's stage theory, which focused on infancy, childhood, and adolescence (Greene, as cited in Dulmus & Sowers, 2008).

He is most famous for his work in refining and expanding Freud's theory of stages. Development, he says, functions by the epigenetic principle. This principle says that we develop through a predetermined unfolding of our personalities in eight stages. Our progress through each stage is in part determined by our success, or lack of success, in all the previous stages. Each stage involves certain developmental tasks that are psychosocial in nature. Although he follows Freudian tradition by calling them crises, they are more drawn out and less specific than

that term implies. If a stage is managed well, we carry away a certain virtue or psychosocial strength which will help us through the rest of the stages of our lives. On the other hand, if we don't do so well, we may develop maladaptation and malignancies, as well as endanger all our future development (Boeree, 1997).

The seventh stage is that of middle adulthood in which adoptive parents can be categorized. It is hard to pin a time to it, but it would include the period during which we are actively involved in raising children. This would put it somewhere between the middle twenties and the late fifties. Generativity is an extension of love into the future. It is a concern for the next generation and all future generations. Although the majority of people practice generativity by having and raising children, there are many other ways as well. Erikson considers teaching, writing, invention, the arts and sciences, social activism, and generally contributing to the welfare of future generations to be generativity as well. Stagnation, on the other hand, is self-absorption, caring for no-one. The stagnant person ceases to be a productive member of society (Boeree, 1997).

According to Greene (as cited in Thyer et al., 2012) psychosocial development theory bases a number of factors, including one's genetic endowment, physiology, psychology, family, home, and community contexts, one's cultural upbringing, religion, ethnicity and race, sexual orientation, and economic status. It is very much a person- in - environment perspective, not solely an approach based on individual psychology (Thyer et al., 2012).

She further explains psychosocial theory as a theoretical approach that explores issues of growth and development across the life cycle as a product of the personality interacting with the social environment (Greene, as cited in Dulmus & Sowers, 2008). The theory, while trying to

understand human growth and development across the life cycle, gives consideration to both the psychological and social circumstances of an individual, in this case the adoptive parents. This theory can indicate that the issue of adoption is not limited to the adoptive parents inner or emotional life but it is also affected by the significant others. Therefore this study tries to explore adoptive parents challenges from within themselves as well as from their society.

Psychosocial crisis occurs when there is a predictable life tension that arises as people experience some conflict between their own competencies and the expectations of their society. (Barbara & Philip, 2012) According to Greene as individual faces a psychosocial crisis, he or she has a significant other (or others) who acts as a communicator of and buttress to the societal demands of that period (development) (Greene as cited in Thyer et al., 2012). Therefore, this study also tries to explore the available social support services that help adoptive parents to deal with the psychosocial crisis they may face.

Chapter Three

Method

This chapter will give a detailed description of aspect of the methodology that was employed in order to address objectives of the study with the maximum possible effort. A description of the research design chosen, the research site, the population and sample, data collection tools chosen, the data collection procedure to be taken and the data analysis procedure will be given respectively.

3.1. Research Design

This study has the aim of exploring the psychosocial problems that domestic adoptive parents face. It employed a qualitative research design. Understanding what people value and the meaning they attach to experiences, from their own personal and cultural perspectives, are major inquiry arenas for qualitative inquiry (Patton, 2002, p.147). It is also a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009). Epistemologically, it is also justifiable to use the qualitative design since what is intended here involves a lot more than what numbered attributes can carry along. As a qualitative study, the purpose of the study is to explore the meaning that the subjects have about life as adoptive parents and this entails a lot of introspective looks and explorations. This study didn't aim to generalize about the population of domestic adoptive parents rather tried to generate rich data in order to understand the psychosocial problems of domestic adoptive parents in depth.

The researcher used case study method. The distinct need for case study arises out of the desire to understand a real-life phenomenon in depth (Yin, 2009). In order to compliment the case study method the researcher used key informant interview. The key informants were from

BOWCYA, and two orphanages. The key informant interview has helped to gather information on what does it take adoptive parents to adopt, the challenges they face throughout the procedure and to understand what is being done in order to address the problems of the parents.

3.2. Research Site

This study was intended to be conducted in Addis Ababa. The high prevalence of OVC and orphaned children in Addis Ababa as well as the City government of Addis Ababa Women's, children and youth Affairs Bureau effort to encourage and facilitate domestic adoption as an alternative child care service in order to tackle the problem is the rationale behind selecting Addis Ababa as the research site.

Two orphanages that place children for domestic adoption have been selected for the study. One of the orphanages is a governmental orphanage, Kibebé Tsehay. This orphanage has been selected as it has placed large number of children for domestic adoption in the past few years than other governmental and private orphanages operating in Addis Ababa. Kibebé Tsehay children's home is currently one of the three governmental orphanages under the responsibility of Addis Ababa women Children and youth affairs bureau. One of the alternative child care services employed by the institution is domestic adoption and it has placed around 300 children for domestic adoption since 2001

The other orphanage is Kidmia Foundation which has been selected as cooperation was easily obtained than other contacted non-governmental orphanages that place children for local adoption. Kidmia is founded in 2007 in Gunchire town, Enemorena Ener District, Guraghe Zone of southern Nations Nationalities People's Regional State/ SNNPRs

The domestic adoption program of Kidmia is being implemented at the national level by targeting all regions of the country. It has so far placed around 74 children for domestic adoption and around 50 of the children are placed with adoptive parents living in Addis Ababa.

3.3. Population and Sample

The study participants are domestic adoptive parents who live in Addis Ababa and have adopted from Kibebbe Tsehay Orphanage and Kidmia Foundation. Adoptive parents who have adopted for a year or more and who are willing and available to participate in the study were entitled for the study. A year is assumed to be adequate for internalizing the psychosocial problems after adoption. Married adoptive parents and also single adoptive mothers took part in the study. Purposive sampling technique was employed in the study. The logic and power of purposeful sampling lie in selecting information rich cases for study in depth. Information rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry (Patton, 2002).

There are no rules for sample size in qualitative inquiry. Sample size depends on what you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resource (Patton, 2002). Hence eight parents who have domestically adopted and with diverse background and experience to the issue were purposefully selected by the responsible person in the orphanages. Two of the participants are single mom and never married while the rest are married. Three key informants, one from BOWCYA; one from Kibebbe Tsehay Orphanage and the last one from Kidmia foundation were also interviewed in order to gather information mainly on what does it take adoptive parents to

adopt, the challenges they face throughout the procedure and to understand what is being done in order to address the problems of the parents.

3.4. Data Collection Tool

The major data collection tool for this study is in –depth interview as it allows in-depth exploration of adoptive parents’ psychosocial problems. An In-depth interview is chosen because “very complex systems, processes or experiences are generally best addressed in in-depth interviews because of the depth of focus and the opportunity for clarification and detailed understanding” (Ritchie & Lewis, as cited in kalkidan, 2011). A semi-structured interview was employed in order to get deep and detailed information.

3.5. Data Collection Procedure

The participants, 8 adoptive parents and three key informants, were selected from two orphanages, one governmental and the other private and BOWCYA. The responsible staff from the orphanages was briefed on the purpose of the study and selection criteria of the parents so that they can select the participant who fit the criteria. The selection criteria for the participants were adoptive parents who have adopted for a year or more and who are willing and available to participate in the study. To this end, the selected parents who fit the criteria and agree to participate in the study were contacted. In order to make participants understand the purpose of the study and to clear any concerns that they might have, an orientation before the interview was held. They were informed about the data collection procedure, confidentiality of their identity, their right to terminate the interview at any time and other ethical issues

After the orientation those who are willing to participate in the study were asked to give their consent by signing on an informed consent form. All the interviews were done in the

informant's place of preference and in the time that is most convenient and comfortable for the participants. It was possible to undertake the interview in the home of some of the parents and was an opportunity to see the adoptees and their interaction with their parents. A tape recorder was used on the basis of the participants' permission to record responses of the respondents in order to have full attention on the interview. Each interview took an average of 1 and half an hour. Three key informants were also considered for the interview.

3.6. Method of data analysis

The analysis of the data collected through an in-depth interview started simultaneously with data gathering. The recorded interview was transcribed to English and the nonverbal expressions were properly transcribed using the field notes taken while interviewing. The collected data were categorized under the thematic areas of the research and in a way it could give a meaningful line with the research questions. After a repeated reading, a code was assigned by the lines and paragraphs of the data and then were refined and adjusted as the analysis proceeds. Coding will allow reducing large amount of data gathered from the in-depth interview to manageable pile (Walliman, as cited in kalkidan, 2011).

A detailed description of the data was made under the themes. Then depending on the findings of the study, discussions were made and recommendations forwarded.

3.7. Ethical Consideration

The researcher in collecting the data was guided by principles of respect for persons and obtaining informed consent. While conducting this research core ethical considerations such as informed consent, confidentiality and anonymity were give due attention. Explanations were given to participants that they have the right to agree or disagree to participate in the study, and

they were informed in detail about the purpose of the research before obtaining their consent. Participants were also aware of their right to withdraw from the study at any time in the interview. Then, they provided their consents to participate in the research by signing on an informed consent form and their decision either to participate or not was respected. The interviewer has taken a note and recorded the interview after getting the permission of the study participants. The information gained from interviews was kept confidential and anonymity was insured by not using information that might identify participant.

Chapter Four

Findings

The purpose of this research was to identify the psychosocial problems that adoptive parents face. Based on data obtained from eight adoptive parents and three key informants, the study identified pre-dominant psychological & social problems that adoptive parents encounter, their coping mechanisms & support services available to support these parents. It begins by describing the background information of the participants and adoptees. It then discusses the social problems that adoptive parents encounter as well as the psychological problems. It also discusses the coping mechanisms that these parents employ and at last services available to support them. The section is organized based on the research questions. The data is presented in a way that the participants wouldn't be recognized.

4.1. Demographic Information

Table1. Participants' and their spouses Demographic Background

Participants	Sex	Marital	Age	Religion	Educational Level	Occupation
Adoptive parent 1	Female	Married	45/50	Orthodox	Masters/Masters	Works for private ltd company/ Civil servant
Adoptive parent 2	Female	Married	44/48	Protestant	Degree/ Degree	Works for private company/ works in religious institution
Adoptive parent 3	Female	Single	39	Protestant	Diploma	Private business
Adoptive parent 4	Female	Single	41	Orthodox	Doctorate degree	Lecturer
Adoptive parent 5	Male	Married	47/48	Protestant/ Catholic	Masters/ Masters	Private business/ employee of an NGO
Adoptive parent 6	Male	Married	38/32	Orthodox	BA Degree/12 complete	works for privately owned clinic/ Sales
Adoptive parent 7	Female	Married	43/55	Orthodox	Degree/ Medical Doctor	Civil servant/ works for privately owned clinic
Adoptive parent 8	Male	Married	44/41	Protestant	Diploma/ Diploma	Works in church/ Civil servant

Among the 8 participants, two of them are single and never married while all the other participants are married. The participants are in the age range between 38 to 47. Among the five couples two of them are protestant Christians; two of them are orthodox Christians and one spouse of a couple is catholic Christian while the other spouse is a protestant Christian. Among the single moms one of them is a protestant Christian while the other single mom is an orthodox Christian. Among the fourteen adoptive parents, which is including spouses of the married participants; four of them have master's degree; four have BA Degree, three have diploma, one has medical doctorate, one has PHD and one of them has completed high school. Again among the 14 adoptive parents; three of them are civil servants; four of them work for privately owned companies; two of them work in religious institutions; one works for an NGO; one of them is sales, and at last one of them is a lecturer.

Table 2. Adoptees and biological children Demographic Background

Participants' Children	Child's Current Age	Age at adoption	Sex	Status	Adoption Organization
Child of adoptive parent 1	1 year and 3 month	3 month	Female	Adopted	Kibebe Tsehay
Children of adoptive parent 2	5 years	9 months	Female	Adopted	Kidmia
	4 years	6 months	Male	Adopted	Kidmia
Child of adoptive parent 3	3 years and 6 month	2 years	Male	Adopted	Kidmia
Child of adoptive parent 4	1year and 3 month	3 month	Female	Adopted	Kibebe Tsehay
Children of adoptive parent 5	13 years	-	Male	Biological	-
	4 years	45 days	Female	Adopted	Kibebe Tsehay
Child of adoptive parent 6	1 year and 3 month	80 days	Female	Adopted	Kibebe Tsehay
Child of adoptive parent 7	8 years and 9 month	2 month and half	Male	Adopted	Kibebe Tsehay
Children of adoptive parent 8	16 years	-	Female	Biological	-
	8 years	-	Female	Biological	-
	3 years	2 years	Male	Adopted	Kidmia

Two of the participants have both biological and adopted children and the age range of the biological children is from eight to sixteen. The current age of adoptees ranges from one year and three month to eight year and nine month. The adoption age of adoptees ranges from forty five days to three years. Among the nine adoptees, five of them are female while four of them are male. Among the participants, only one couple has adopted two children while all the other participants adopted one child. Among the nine adoptees, five of them are adopted from Kibebbe Tsehay while the rest four adoptees are from Kidmia Foundation.

4.2. Social problems encountered by adoptive parents

4.2.1. Lack of information from where to adopt

Adoptive parents don't easily get information on where and how to adopt as such information is not simply available. They had to contact other adoptive parents or wait until they get information by chance. Adoptive parents 2, 3 and 8 spent years in looking for a place where they could take a child for adoption. **Adoptive parent 3 states the situation as:**

The critical challenge I faced after I made a decision to adopt was related to an informant person. We didn't know whom to contact. Informally, I used to be told that local adoption is not customary and if they do they are expensive. I usually get upset whenever I get such information as it is contrary to my interest to make it at my early age. Whenever years pass, I feel sad and used to say, had I brought a child by the time I decided, the child would have grown up and reached at a certain age. One day I came across reading a magazine which promotes the good performance of an Orphanage named **Kidmia**. I immediately called my sister and visited the organization on the same day.

The challenge of **Adoptive parent 8** is also similar to the above one. He wanted to have an adopted child on top of two biological children, but he had no information from where to adopt. He reported that it was through a person his wife met on one training program she managed to get the information about **Kidmia**. Finally, he insisted on the critical need for promotion and awareness creation on places and procedures of adoption as there are parents who want to adopt children but do not know from where to adopt. **Adoptive parent 2 states her experience as:**

After I am convinced on the need to adopt, I started to visit different orphanages and most of the orphanages were not interested in domestic adoption. They were not even willing to share information. One of my intentions to go out and visit the orphanages was to look for positive things about adoption and tell the same to my husband as this could motivate him. However, the limited practice of placing children for domestic adoption had discouraged me.

Adoptive parents 1, 4 and 5 asked relevant information from other adoptive parents they knew while **adoptive parent 7** was informed through her friend's invitation to visit the orphanage from where she adopted. **Adoptive parent 6** had to consult a pediatrician who works with him as he doesn't know where to go for the adoption. The pediatrician gave him the address of orphanage known as **Kibebe Tsehay**. He finally suggested for the need to avail such information to the community through communication media as there are some people who do not want to share their plan and want to process the adoption secretly.

4.2.2. Lack of recognition

All of the adoptive parents passed through the experience of sharing their plan for adoption to others; especially to their families and friends. But the responses from those who heard the plan were not the same. Some have accepted it happily while others rejected it and expressed their negative attitude about adoption. In this regard, **Adoptive parent 3** states her experience as:

The response I got from my families was positive, but some people who I shared my plan with didn't like the idea and forwarded questions like; why have you lost your hope of getting married? Why do you go for adoption as you are still young and can give birth? Moreover, they tried to discourage me by saying “**yesew lij yesew new enderasish ayhonem.**”

Adoptive parent 8 had also faced rejection from his mother and brother. They told him to properly care for his biological children and not to create economic mess in the family.

Though **Adoptive parent 4** got a positive response from her family, some of her friends were shocked by her plan to adopt and advised her to wait for her own telling her that it is better than adoption.

Adoptive parent 2 initially lacked acceptance from her husband. She said;

It is clear that the adoption requires the decision of both of us. It didn't take a longer time for me to decide on, however, it was not easy for my husband and I had to wait until he is convinced which took him three and half years.

4.2.3. Prolonged procedure

Adoptive parents complain of prolonged procedures on adoption. This is particularly true to parents who adopted from Kibebbe Tsehay. The two month period in which they have to wait for police report on the disappearance of the mother who gave birth has so many inconveniences. The parents seeking the adoption experience various challenges during this period including unexpected results of the police report, sickness and malnourishment of the children assigned to them. They also get worried on what the result of the report would be as they already start creating attachment. They start processing medical examination of the children; they take the responsibility of taking care of the child due to their strong desire to have a child. Furthermore, they hire nanny and they facilitate for medical treatment when they get sick and make frequent visits before the status of the search for the birth mother came out in the police report. Now being sure of what the police search and investigations would lead to within this waiting period created discouragement and experienced undesired feelings like sadness, grief and hopelessness. This section is categorized based on the reported consequences and inconveniences of prolonged procedure.

4.2.3.1. Death of an assigned child

Adoptive parent one shared her experience with the death of the children assigned for her as:

Primarily, our preference was to get twin children, but we were told that getting twins is not easy. Hence, we decided to take one boy and one girl of ages from birth -3 months. We waited for a considerable length of time and managed to get a girl. We then started waiting for the boy. Following receiving the assignment of the baby boy, we had to wait

for two months until the status of birth mothers is known. When the two months were about to elapse, the boy got sick, and his body was wounded and finally died. Soon after the death of the boy, the girl also got sick and died.” The lady said “I was disturbed very much and completely stopped going to the orphanage. It was my husband who continued the process. Following the appeal of my husband, a girl and a boy were assigned for us for the second time. It was a very shocking experience to hear that the boy got sick. We took him to different hospitals for medical treatment and I used to make frequent calls to my doctor friends who work in the hospitals where the child was being treated to ask for health status. A week was like a month and I was unable to undertake my office work properly. Then the manager of the orphanage reported the death of the boy with a broken heart and advised him to take the girl and to adopt a boy in the future. By the time the court process started, it was very unfortunate that the girl assigned for us also got sick. We begged the assigned lady judge of the court to expedite and finalize the process as we realized that the baby girl would die in the orphanage center if she stays longer. The lady was very much cooperative and finalized the process within a day. We then took the baby to our home and started to take care of her carefully. We have made all the necessary treatment to the level of our knowledge. We kept her hygiene through frequent bathing and treated her wound on her head and leg with traditional treatment, i.e., using butter and lentils.

According to her, the children in the orphanage die due to transmitted diseases. The Orphanage center is serving children beyond its capacity and that is why children get sick easily and die. In her opinion, the government needs to shorten the procedure for adoption.

She further complained that she wouldn't have lost the first children assigned to her, had they been given to her from the beginning. Moreover, she said that her husband went to the Federal Women's and Children Affairs Ministry and commented that the orphanage needs support as it is serving beyond its capacity and the facilities are very poor.

4.2.3.2. Inconvenience to create attachment

Adoptive parent 4 expressed her experience within the waiting period as:

After a child is assigned to me, I hired a nanny and facilitated for medical examination of my daughter. She was anemic and asthmatic. I was prepared to breast feed by taking a medication and fortunately my breast produced milk, but I was told that only a 10 minute visit is allowed for me to breast feed per day and visit on weekends was not allowed. At first, I was discouraged, however, following my request to breast feed; I was allowed for an hour visit on regular working days, i.e., excluding weekends, although I don't see any reason behind not allowing on weekends. The one hour visit was not even sufficient to create attachment. The attachment I built in the five days fades up due to our separation on the weekends and I will be forced to rebuild it. Moreover, the nannies were not happy when I breast fed and their perception towards breast feeding made me uncomfortable. Luckily, after 20 days the government launched a system called foster to adoption. I and some other people waiting for the police report got the chance to take the assigned children home. It would have been very difficult to cure and make attachment with her, had I not taken her home through the foster care system. Accordingly I found Foster to adoption system to be helpful, but later I heard that we were the first and the last who was served by the system.

4.2.3.3. Founding of the birth mother

Adoptive parent 5 had to wait for two months until the police report comes. He hired a nanny and started medical examination of the child assigned to him. He shared the experience as:

After a month of the assignment, the general manager politely told me that the mother of the child has been found. That was a shocking moment for both of us. My wife wanted to quit the procedure as the interference of the mother would create a problem in the future. But it was difficult for me to go for another child, as I have already created an attachment with the baby. We then decided to go out of town for vacation to take our own time and think about it. We prayed on it and consulted some people we think could support us in this regard. We tried to see it from legal point of view. We were told that we have full right of parenting the child as long as the adoption process passes through court. One of our advisors further said to us that, if you don't adopt the child no doubt that another family will take her for adoption. We then decided to take her.

Adoptive parents from Kidmia hadn't faced such kind of experiences, as children are assigned to them after the status of birth mother is cleared. A key informant from the orphanage said,

We start assigning children for adoption only after the region's women and children affairs office confirms that birth mother of a child is not found or that the child is an orphan. He further stated that adoptive parents complain for a prolonged waiting time. They feel like they can take a child on the first day of their visit. But they have to wait until a child who fits their preference is found. Sometimes a child of their preference may not be in the center so they have to wait until the government assigns children to our

orphanage. Otherwise they have to compromise between their preference and the available children.

A key informant from Kibebbe Tsehay orphanage stated the following about the prolonged procedure.

Adoptive parents used to come with the expectation of short procedures. They usually get discouraged when they know the procedures to be followed takes considerable time. We know that the grievance is due to lack of awareness and we used to tell them that they are expected to pass the prolonged time with patience, as it is a stage of pregnancy.

She added,

Adoptive parents start creating attachment from the day the child is assigned to them as they are eager to be a parent. Furthermore, they take the responsibility of their medication when they get sick, they buy them cloths and also hire nanny. We don't advise them to create a deep attachment; we used to tell them possible results of the police investigation. The two month waiting time is very challenging for most of the parents. Whenever they hear that the birth mother is found or the child is dead, they feel very sad. They don't want to take another child and most of them quit the process. Some say God doesn't allow me to have a child so I won't make any further effort to have a child.

4.2.4. Stigma and discrimination

Beside lack of recognition on their plan for adoption, adoptive suffer from social stigmatization and discrimination. People make negative comments on adoption and express practically the negative attitude they have for it as well as for infertility. People also position

adopted children at secondary level within the family hierarchy. This section is categorized into two based on the date obtained.

4.2.4.1. Negative perception on adoption and adoptees

Adoptive parent 3 expressed what she has experienced with the negative perception of people on adoption and the adoptee as:

There were some people who tried to give us their children's salvage clothes. I was very sad when I experienced that. Whenever you bring these kinds of abandoned children, people think that they are here to serve you.

Some people in the neighborhood and even in our compound hated my child as he is very free, confident and act with full freedom in the compound. One person who knows our family very closely heard my child calling my mother as "anchi" he then got mad and said who is he after all to call her as "anchi" He should have said "antu".

She also had one experience of stigma in her local Church. She said,

Once while we were in a church ceremony, my son was playing around freely and was jumping up on the front stage. A lady came to me and said it is amazing that even our biological children don't have this kind of freedom and confidence like your child.

Adoptive parent 5 said,

It is customary to hear comments from people around us, some say why you have adopted, as it is not the same as your own birth child. Once, I remember one of my friends made a crazy statement which I will never forget. She said a dog could make a

lasting attachment than a child which is not your own. I was very shocked and got mad by the time I listened to this silly comment.

4.2.4.2. Stigma on Infertility

Adoptive parents who are infertile also face stigma related to their situation. Even after they adopt a child people think that a gap is still there and show them their pity.

Adoptive parent 6 expressed his experience as:

We have prepared for a baptism program for our daughter after few weeks of joining our home. We invited many people from different directions based on our past relationship. Our spiritual father asked me whether to make the case official or not. Then I told him to make it official. I believe that the more things are hidden the more they will be heard and spread. The reaction of the invited people was different from each other. Some people when they hear about our infertility showed their pity by sacking their lips (me-tseem) and others told us that the girl is cute.

Adoptive parent 2 also said

Some people came to me and said may God bless you with your own children in the future. Then I immediately tell them that God's plan for us is to have children through adoption and we used to tell them that the children are our own.

Adoptive parent 1 shared his shocking experience on the stigmatization of infertility as follows:

The community creates unnecessary pressure, for instance, in one funeral program of a women who died of cancer leaving her two children, a priest, who was preaching said "a

person who has children is not considered as dead, it is the one who doesn't give birth is considered as dead." By the time I heard this preaching, I was very shocked.

A key informant from Kibebbe Tsehay explained the social stigmatization and discrimination on adoptive parent and the experience of parents to stay away from stigmatization and discrimination as follows;

Adoptive parents who are infertile face stigmatization, isolation and discrimination from the community. So when these parents adopt they tell others that they have given birth. They do this in order to avoid social stigmatization and maintain fair interaction. They pretend as if they are pregnant; they wear clothes made for pregnant and wear sponges to resemble as pregnant. They sleep and are treated as if they have given birth. They pass a complicated path of hiding the fact. They even hide it from their siblings and parents. Sometimes they face unexpected results; the mother of the baby assigned to them could be found and refuse her baby to be given for adoption, or even the worst can happen, i.e., the child could die. In such cases they get emotionally broken, they feel stressed on what to say to the community they have lied. I remember a mother who told her family that she reached to the ninth month of her pregnancy. Following these news, her relatives residing in rural areas came to serve her, to treat the expected child and to prepare local food stuffs. After all these tiresome preparation, the mother of the child assigned to her was found and refused to give her consent for the adoption. I remember that the lady rolled on the floor, shouted loudly and acted like a mad person when I told her this miserable news. The only option she had was to hid somewhere far from her family, stay for some days and come back to her residence to report that she was accidentally hospitalized for abortion.

Sometimes the adoption process may not be finalized by the date they expect to take the baby or by the date they lied as the end of their pregnancy. In such cases, they get stressed, people ask for what has happened to their pregnancy and make comments like is your baby going to be born with teeth? Above all they use different mechanisms not to let others see the baby closer as the child they could adopt is a two month and above and doesn't look like a new born. I asked one adoptive parent on how she went through this. She told me that she has darken her bedroom and do not let anyone enter to the bedroom. When people question about breast feeding she tells them that her breast doesn't produce milk. These parents went through this kind of experience mainly to get away from the social stigmatization on infertility. On the other hand some parents hid the fact that the child is adopted out of fear of stigmatization the child could face from others.

All adoptive parents interviewed reported that awareness creation is needed to the community in order to avoid stigmatization

Adoptive parent 4 said,

The community should be thought on the importance of adoption as orphan status can happen to anyone. Others should think this could happen to their children too. If we have the capacity to help we should do it. The community's negative attitude towards adoption is mainly due to lack of awareness. Those who used to hate the child through time become loving and caring.

4.2.5. Discomfort on Post placement follow-ups

Parents who have adopted from Kibebé Tsehay orphanage are expected to submit post placement reports after the 3rd month, and the 6th months of the adoption, and annually until the

child become 18 years old. On the other hand, adoptive parent who have adopted from Kidmia experience pre-adoption home assessment and post placement assessment and visit by representatives from Kidmia and sometimes includes government bodies from the region.

Post placement visits are undertaken every three month for two years after the adoption. Adoptive parents are not comfortable with post placement visits and reports. They do not timely submit reports or totally stop reporting. Adoptive parent 7 doesn't like to send reports thinking that her child is her own and if the child was her birth baby no one would ask for the report.

Adoptive parent 3 reported that people used to come from the orphanage for surprise visit, i.e., to see the condition of her son. She added that they become happy when they see him well taken care of. But she was not willing to express the feeling she used to experience during their random visit, but a discomfort is read from her physical and facial expression.

Adoptive parent 4 shared her experience as:

They used to call me and take appointment for visit, but they don't respect the agreed upon schedule and they repeatedly did the same. I was angry one day and told them what they are doing is not right. The following day, they called and excused me as I was transferred from the foster care system to adoption.

A key informant from Kibebe Tsehay stated that the orphanage doesn't undertake pre and post adoption assessment. This is mainly to promote domestic adoption as it is in its infant stage. She further stated that adoptive parents are not usually willing or happy to such kind of assessments and they don't periodically submit reports that they are required. She added that they even change their residing area after taking their assigned child and some of them don't respond to their call as they think that they will come for a visit.

She believes that pre and post adoption assessments should be undertaken as the orphanage is working for the best interest of the child. She mentioned one case as an example to show the need for an assessment. She said,

For instance, in the case of an adoption which is initiated by an infertile partner, the other partner may accept the request for adoption just not to lose the marriage and to avoid the social stigmatization. In this case it is hard to evaluate whether the other partner loves and takes care of the child unless an assessment is undertaken.

A key informant from Kidmia stated that adoptive parents are not usually happy about post placement assessments. He said,

Adoptive parents develop worry on our repetitive visits and try to remind us that their child is their own. Some of them take it as one factor which reminds them that their child is adopted while others complain on our assessment by saying the child is already grown

4.3. Psychological Problems

Adoptive parents experience psychological problems like worry, fear, stress, anger, grief and sadness. Worry has been noted to be the major psychological problems from the study. There are many situations that persuade adoptive parents to worriedness during pre-adoption and post adoption periods.

The likelihood of unexpected results during the procedure of adoption makes them worried. For instance the police report on the birth mother and the health status of the prospective children are to be mentioned. Similarly they become worried on what would be the reaction of their children when told about the adoption. They have the fear that their child would be psychologically

affected or would loosen his/her tie with them when told about the adoption. Furthermore, they have the worry that others secretly would tell their child that he/she is found abandoned and adopted before the time they plan to inform. As a result, they will be forced to hide the adoption status of their child from others and also insist those who are already informed to keep it secretly. Some of the parents also experienced fear of a sudden appearance of the birth mother.

4.3.1. Worry about leak of information

Adoptive parents above everything else have the fear that others could tell their children that they are adopted and found abandoned. All of the participants want their adopted child to hear about the adoption from themselves. They think that their child would lose trust on them and loosen his/her attachment if he/she get firsthand information on adoption from others. Moreover they have the fear that others would psychologically hurt the children by releasing the information without due consideration and precaution.

Adoptive parents 1 and 7 passed through the process of hiding the fact from others out of the worry they have developed. They have also gathered friends, neighbors and relatives who had the information and urged to keep it secretly.

Adoptive parent 1 stated that very few people know about the adoption of her child, she said,

Very few people know that my child is adopted. I even hid the fact from my families. I was treated in every traditional way that a woman who gave birth is treated. It was not my intention to hide the fact initially, but some of my friends advised me to hide as it would be good for the child. I was convinced by their idea since I am living in a new compound and most of my families are living abroad. Above all I have implemented their

advice for I have developed worry related to leak of information, i.e., people who will come across the information could tell her that she is from an orphanage in a way she could be hurt psychologically. Her peers in the compound could insult her by saying that she is found from the ground. I beg God to shut the mouth of those who would like to leak the information.

Adoptive parent 1 insisted the few people who know about the adoption to make promises not to tell anyone that the child is adopted rather to say that the child is her birth baby. During conducting the interview, I was able to observe her husband's effort not to let their house made hear our conversation. Whenever she enters the room we were in, he switches the language to English and tell her to shut the door behind her when she leaves.

Adoptive parent 7 also shared similar experience. By the time she adopted her son, she gathered her neighbors and told them to consider her son as their own and to keep the secret from others especially from their children. She shared her worry as:

I have a fear that people could tell my child that he is adopted. He has friends in the neighborhood whose parents know about the adoption but they haven't told them so far. I hid the fact from my husband's niece who was 10 years old and used to live in our home by the time we adopted our child. I told her that the baby is my husband's son from another woman. I did that as she may mistakenly tell him that he is adopted." She further said, "I have a fear that one of my immediate families could tell him that he is adopted. If someone at this stage come and tell him that he is adopted, I would tell him that it is a lie.

Adoptive parent 3 believes that informing others would help to avoid questions and confusions people make in front of my child when they meet him for the first time. She said,

I believe that I have to tell everyone I know about the status of my child. This is because someone lacking the information may meet my child and ask me his status in front of him. I usually worry thinking that a cruel person could secretly tell my child about his adoption while he is on the way back from school.

Her fear was more reflected by her statement below,

I don't think I have to be surprised when others disgrace my child as adoption is not customary to our community. Rather I have convinced myself not to show resentment on someone who disgraces my child for that person could secretly tell my child that he is adopted as revenge.

Adoptive parent 5 didn't worry regarding the release of information to his daughter until his recent shocking experience. Recently, his daughter has told him that she was informed by the guard of a house next to his residence that her birth mother did come to visit her. He assumed that the guard is attempting to tell his daughter that she is an adoptive child, not because the birth mother was there to visit her.

Adoptive parent 8 also shared his worry that someone could tell his son that he was found abandoned on the ground. He wants his son to know about the adoption only from him and his wife by the time they think he is matured.

4.3.2. Worry through the adoption procedure

Adoptive parents worry on the likelihood of unexpected results and inconveniences that could come out through the adoption procedure.

Adoptive parent 1 used to be worried on the health status of the children assigned to her, while **Adoptive parent 4, 5, and 6** worried on the probability of founding of the birth mother during the two month waiting period for police report. Adoptive parent 4 shared her experience as follows,

After I brought the child home through foster care system, I had the fear that the police could find the mother. When the date approaches my worry became tense. Returning the child after creating attachment would have been terrible.

4.3.4. Stress and worry on providing adoption information to children

Most of the adoptive parents do not want to tell their children about the adoption at their early age. Some of them plan to tell them after they complete their education while others wait until the time they think the child is mature enough to face the fact. The parents worry and feel stressed when they think about telling their children about the adoption. They are also uncertain on what would be the result of informing the child. Moreover, they worry thinking that the attachment they have built will be affected when the child is told about it. They assume that the love and care they are giving to the child could serve as a justification for the child not to loosen his/her attachment with them.

Adoptive parent 6 had a discomfort while responding to the question, he grabbed his eyes with this hands and bent down and was silent for a while and shared the experience as:

That is the hardest part of the adoption. Whenever I think about informing her about the adoption, I get stressed especially when I think of her possible reactions. I have planned to tell her when I believe that she is in a state of maturation and I will be well prepared by then to respond her queries.

Adoptive parent 7 wants to inform her son by the time he gets done with his high school education. She said,

I don't know what would happen on his feelings by the time we tell him the fact. I assume that it will create a little gap between us, but I don't think worst things would happen as long as I brought him up by providing all his needs with love like "lij kalkefaw endemibalew". Sometimes I get shocked when he raises questions like how I did give birth to him and how I used to look as pregnant. I wish he could get a scholarship and go out of the country in the future as I would be freed from all my worries related to informing him, and others wouldn't get the chance to tell him as well.

Adoptive parent 8 would like to inform his son about the adoption by the time he believes he is mature enough to bear the stress and related discomfort. He wonders if he could take experience from other adoptive parents who have passed through the experience of informing their child. He believes that he should undertake a sort of research on how to inform the child, i.e., in a way he will not be affected mentality. He said,

Whenever I think of it I feel stressed as he could be hurt psychologically and assume that he could get sick and panic. Our reply to his conscience would be the love and care we are giving him equivalent to our daughters. We have video documented the journey we have made to the orphanage, the court and medical procedures, and his birthday celebrations for his future reference.

Adoptive parents 4 and 5 are less worried about the consequences of informing their child. **Adoptive parent 5** has already started to prepare his daughter mentally by providing information indirectly in order to reduce the negative outcome of a sudden release of the fact.

For instance, whenever the child raises issues related to her adoptive mother's pregnancy, they used to tell her that she is special and from their heart not from her adoptive mother's belly. They have a plan to inform her before the age of 6 and are well prepared to answer question that she could raise.

Adoptive parent 4 likes to make researches on when and how to inform her daughter. She prefers to let know her daughter about the adoption at early age as she believes a delay would affect the child psychologically and the attachment would loosen. She said that she is not much worried about it as she has documented all available information the child may need regarding the adoption. She gathered information from the orphanage as well as from the police station about the birth mother of her daughter. She even took a picture of the place where her daughter was abandoned.

4.3.5. Fear of claim by birth mother

Adoptive parents experience fear of a sudden appearance of their children's birth mother.

Adoptive parent 4, 5 and 6 shared their experience as:

Adoptive parent 5 said,

We have the fear that the birth mother could come and claim for her child, as we came to realize the existence of the birth mother in the town. I wished I lived somewhere else like in America, so that everything would have been completed by that.

Adoptive parent 4 said,

I don't want to think about the birth mother as it disturbs me. The chance that the mother could come is less likely, but I can't say it's impossible. If she were intentionally spying,

I expect she could come. I do not want the mother to come and disturb my daughter before my plan to let know my daughter about the adoption. We might meet in secret with the birth mother without the presence of my daughter, but I do not allow her to meet my daughter as she could take an advantage of the opportunity. If she has intention of disturbing me, I could go abroad with my daughter and live there.

Adoptive parent 6 shared his experience as:

Last Sunday I had private time with my spouse and daughter and started to play and make fun. In the middle of our chatting, the atmosphere was changed as I have interrupted by saying what if the mother comes. I actually don't use to raise such an idea as it could hurt the emotion of my wife. Anyway, we don't allow the birth mother to come and see our child unless otherwise it is the interest of my daughter

Adoptive parent 7 and 8 stated that they are not worried about the mother since they have taken the children through the legal process.

Adoptive parent 8 said, it would be painful if his birth mother comes to us and claim for my child, however, I don't think that would create a problem for we have brought the child through a proper legal process.

4.3.6. Guilt and Grief

Grief is another psychological problem that is experienced by the Adoptive Parents.

Adoptive parent 4 shared her experience of the adoption process with grief as:

By the time I was called and told to choose one of the two children available in the Adoption center; I was shocked for both kids were anemic. So I went out without saying

anything, as what I saw was out of my expectation and difficult to make decision. When I got back into my car, my mother told me to take the baby I have picked up at first by considering it to be the gift of God. Then we went back to the orphanage center and decided to take the one I picked initially. But the following week was so tough; I regretted for the fact that I haven't liked her at the first glance. I felt guilty and started to accuse myself by asking myself questions like why I didn't like her the moment I saw her. I found myself crying frequently and getting sad without any reason (hode basha honkugn). I passed through the processes of anger, denial, and grief. ” She further said, “I felt that I am not a good mother as I haven't seen her in my dream after I met her the first time

Adoptive parent 1 has passed with the grief experience whenever the children assigned to her got sick and died during the two month waiting period. She said,

Whenever the children assigned for me die, I feel like I lost my own baby. I used to continuously cry and think that having a baby is not allowed for me. I prayed to God to tell me whether having a child is not allowed for me and started lately to develop a feeling that I am striving against the will of God.

4.3.7. Sadness and anger due to social stigmatization

Adoptive parents experience sadness due to the social stigmatization and lack of recognition and some of them react with anger. **Adoptive parent 3** shared her emotional experience related to social stigmatization as:

I usually don't get surprised by what others say as adoption is not customary to our community. But some unexpected incidents make me feel sad.” She continued, “One day

an old man who is a close friend to our family came to visit us on a holiday. He greeted every one of us except my child. I was very sad by the time. He was not even willing to talk to him as the child approaches him by touching his walking stick. Even worse he used to turn his face not to see him. That moment was very terrible and I was deeply sad for several days. She added another experience of sadness due to lack of recognition,

My uncle is an educated and generous person and loves children very much but when I tell him that I have adopted a child, he was extremely unhappy. I was very sad by the time as I had no doubt on his acceptance of what we have done.

The lack of recognition from the community makes **adoptive parent 5** feel angry. He had a plan to make a big celebration of baptism for his daughter but he then cancelled it as he was angry by the lack of recognition in the community.

I feel angry whenever I see something negative from others about the adoption. If I find someone who will make a terrible comment I will definitely cut that person from my life or I will be disconnected with that person forever. (**Adoptive parent 6**)

4.3.8. Attachment problem

Adoptive parents use their own mechanisms to create attachment with their children. Some of them sleep with them while others breast feed even if their breast doesn't have milk. It was easy for the female parents to create attachment unlike some of male adoptive parents.

Adoptive parent 5 said,

It was hard for me to create attachment at first, it was easy to pretend. Attachment in this case is something that you build through time. But this was not a problem for my wife.

Similarly adoptive parent 6 stated that it was hard for him to quickly develop attachment with his daughter. According to him, attachment in the case of adoption is developed through time. He also mentioned that this was not a problem for his wife.

We are not perfect; the experience of creating attachment with our adopted son was not the same with what we have experienced with our birth children. Though we used to give him love and care, it was after months that we were able to develop an attachment.

(Adoptive parent 8)

4.4. Coping mechanisms

Adoptive parents use different mechanisms to cope with the psychosocial challenges they face. Most of them use spirituality as a coping mechanism. They choose to think about the joy they get from the child whenever they face challenges. Two of the adoptive parents reported that they get away from people who discourage them rather identify their resources and contact those who give them positive energy. One of the adoptive parent positively accepts the negative comments she receives from others thinking that people are doing this due to lack of awareness. The other two parents reported that the strong desire they have to have a child helped them to pass through all the circumstances. **Adoptive parent 1** said,

I used to pray throughout all the ups and downs. I have a prayer room and I kept the adoption application paper in that room. I cried a lot in front of God and beg him to give me patience.

Adoptive parent 4 said that assertiveness is what has helped her to go through the decision making process. She believes that she shouldn't have to wait for others approval as long as what she is doing is right. She also used to contact people who are positive thinkers and get away from

those who discourage her. According to her having a lower expectation at the beginning of the procedure helped her to go through it with patience.

4.5. Services to support adoptive parents

Adoptive parents reported that there are no formal support services available to support them either from the government or the community. Though there are no formal support services and networks, they reported that they have support from other adoptive parents, institutions, families and friends.

4.5.1. Support from adoptive parents

Most of the participants got support from other adoptive parents. **Adoptive parents 1, 3, 4, 5** reported that other adoptive parents they knew shared them information and experiences, encouraged them and assisted them in the procedure of adoption. All of the participants are willing to support those who want to adopt and most of them have shared information and assisted other people who want to adopt a child. Some of them were even successful in getting the people they supported successfully adopt a child. Adoptive parent 5, 3, and 8 were successful in this regard. **Adoptive parent 3** shared her experience as:

I have met two couple who wanted to adopt a child. I was very happy and felt as if they are doing it for me. I have shared them my experience and encouraged them in the procedures. One of the couples successfully adopted while the other couple were not able to adopt from Kidmia as the wife is a foreigner and the orphanage works only on local adoption. So they went to another governmental organization and started the process.

Adoptive parent 1 reported that she is currently assisting her friend who is on the process of adoption. She goes with her to the orphanage where the process is on despite her busy schedule.

4.5.2. Support from Institutions

The participants reported that they haven't got any support from the government (BOWCYA) except facilitation of the adoption process for those who have adopted from kibebe Tsehay.

Adoptive parents who have adopted from kibebe Tsehay reported that they haven't got any training and counseling service before as well as after the adoption. On the other hand, adoptive parents who have adopted from Kidmia have taken pre adoption training and counseling services from the organization. They further reported that transportation and accommodation to their journey to the orphanage including the medical examination of the child was facilitated by the organization itself. Unlike adoptive parents who have adopted from Kibebe Tsehay they further mentioned that the organization creates opportunities for them to meet with other adoptive parents and exchange experiences.

All of adoptive parents from Kidmia reported the organization recently invited them with their children to a get together program in which all adoptive parents from kidmia came at one venue for entertainment. They reported that this was a great opportunity for experiences sharing with other adoptive parents.

Adoptive parent 3 reported that she and her sister have taken pre adoption training from Kidmia. Though the organization invites them whenever there is a training program, She believes that the trainings are not enough. She also stated that the organization invites them on

different adoption seminars and conferences to attend as well as to share their experiences. Whenever she goes to programs prepared by Kidmia and see the many people who have adopted, she feels happy thinking that adoption is being widely practiced.

Two of the adoptive parents reported that their local church was willing to undertake the ceremony of “**giving a child to God**” for their children and they were also given the chance to give awareness on adoption to the congregation.

Adoptive parent 2 and spouse of adoptive parent 6 were able to get maternity leave from their hiring organizations.

4.5.3. Support from family and friends

Most of the adoptive parents reported that whenever they seek support they go to their families and friends. Most of the adoptive parents got positive response from most of their family members while sharing their plan of adoption. Some were accepted with welcoming ceremonies by friends, neighbors and families by the time they brought their child home. Some of them stated that they have been supported by friends, colleagues and family members through the procedure.

Adoptive parents above all want to be supported through awareness creation among the community. They stated that the pressure from the community would be reduced if awareness is created and that would in turn create a comfort to them. Adoptive parent 4 suggested the need for a common venue where Adoptive parents and those who want to adopt could meet and share their experiences specially to support those who are on the pre adoption stage. She further suggested the need for networking the adoptees. Adoptive parent 7 suggests adoptive parents networking as long as the children are informed about it. Adoptive parent 5 suggested the need

for adoptive parents networking in batches and suggested the need for trainings and courses as knowledge builds confidence.

Key informant from Kibebbe Tsehay reported that there are no formal support systems and networks set to support adoptive parents. According to her networking wouldn't work out as most of these parents hide the fact that they have adopted and usually change their address after they have adopted.

Key informant from BOCYWA reported that there are no formal support systems laid for adoptive parents; however, there are awareness creation programs to the kebele level like on Idir.

Key informant from Kidmia reported that pre-adoption training is given for adoptive parents by professionals for two days. Moreover on the post adoption assessment adoptive parents get counseling services based on the problems they are encountering. He further reported that kidmia family gathering have been held recently in one child play ground in which adoptive parents came with their children to get entertainment and informally share experiences with each other. As he mentioned, only few adoptive parents were unwilling to attend the ceremony. He said that this kind of programs would ease the process of informing the child about the adoption as the child will not feel that he/she is the only one with adoption status.

He further reported that the organization organizes adoption conferences once in a year to create awareness on adoption. In the conference community leaders, religious leaders and other influential people are invited to attend. He further stated that they have volunteers mobilization program in which volunteers take trainings and become ambassadors of adoption where ever they go. The organization also promotes local adoption and creates awareness through television

and radio channels. He added that a documentary film is being produced by the organization with which awareness will be created. He further reported that the organization has taken a step to open Ethiopian adoptive parents association.

Unit Five

Discussion

5.1. Social problems

One of the main social challenges that adoptive parents of this study experienced is stigma and discrimination. Miall's (as cited in Forbes and Dziegielewska, 2003) have identified three significant themes from his interview with infertile adoptive mothers in 1988. The identified three significant themes are (1) because a biological tie is assumed to be important for bonding and love, adoptive families are considered second best; (2) because of their unknown genetic past, adopted children are viewed as second rate; (3) because they are not biologically related to their children, adoptive parents are not considered to be real parents.

In line with this, the findings of the study revealed that adoption is considered as a second best. People position adopted children at secondary level within the family hierarchy. People tell to the adoptive parents that adopted children could not be like their own biological children in terms of attachment and love. People get mad when the adopted children are confident and act in every term like a biological child as they assume that it is inappropriate for an adopted child to act as a biological child and if they find it so, they react with negativity. Moreover by the time these adoptive parents share their plan for adoption, they face rejection and negative reaction from others.

According to Simegn (2015), adoptive parents are not open about the adoption. it is something they want to keep private mainly because of a great societal pressure and having own biological children is believed to be paramount in the Ethiopian society. Similarly it was revealed in this study that adoptive parents are forced to hide the adoption status of their child

from others and also insist those who are already informed to keep it secretly out of their fear that others secretly would tell their child that he/she is found abandoned and adopted before the time they plan to inform and hurt them psychologically.

Infertility has a stigma attached to it and this stigma of infertility can haunt the adoptive mother from the first stages of the adoption process to well beyond the finalization of adoption. Society values fertility and considers childbearing to be the principal source of mature femininity (Wegar, as cited in Forbes and Dziegielewski, 2003). Similar to the above, the findings of the study revealed that adoptive parents face stigma due to their infertility. They were considered as if their family is not still complete even after the adoption.

Adoptive parents face challenges through the procedure of the adoption. Prospective parents may experience long waiting times and have to face uncertain outcomes. It's not unusual for them to feel anxious about the process and to find it difficult to go about their regular routine when so much is at stake (Child information gate way, 2010).

In line with this, the findings of this study revealed that adoptive parents experience prolonged procedure which is filled with so many inconveniences. The parents seeking the adoption experience various challenges during this period including unexpected results of the police report on the appearance of the birth mother, sickness and malnourishment of the children assigned to them. They also get worried on what would be the result of the report as they already start creating attachment. One of the unexpected results that these parents face in the long procedure is loss of the assigned child either due to death or a birth mother claiming her child. These problems are mainly evident on adoptive parents who have adopted from kibebe Tsehay as they have to wait for two month for the police report on the appearance of the birth mother.

Adoptive parents from Kidmia on the other hand haven't faced such kind of unexpected experiences as the children were assigned to them after the status of birth mother is cleared

This finding goes with Child Information Gateway (2010) assertion that sometimes a planned adoption does not proceed—for example, because the birth parents decide to parent, a child in foster care is reunited with his or her birth family, while the prospective parents may have known that this was a possibility, the reality can be difficult to accept. If the parents have already met and attached to the child, it may be particularly difficult. This is a loss, and grief is an understandable reaction.

5.2. Psychological problems

According to Rushton (as cited in Deveny-Leggitt, 2012), the challenges adoptive parents face included: behavioral and emotional problems, attachment issues, cognitive challenges, history of sexual abuse, issues surrounding personal and racial identity, changes in the family dynamic, and reunion with biological parents. It was possible to examine from the study that adoptive parents experience emotional problems like fear, worry, sadness, stress, grief and anger. They mainly experience worry and fear on many different circumstances both before as well as after the adoption.

According to Deveny-Leggitt (2012), parents experience emotions surrounding infertility, such as fear that the adoption will not occur. These feelings are experienced before the adoption is completed.

Adoptive parents in the study experienced fear and worry through the procedure of adoption, they have the fear of losing the assigned child due to death or founding of the birth

mother. This was mainly evident on the adoptive parents who have adopted from Kibebbe Tsehay as a child is assigned to them before the existence of the birth mother is cleared.

According to Simegn's study (2015), not knowing as to when and how to inform their child worries adoptive parents. Her study further revealed that most parents get shocked when the birth mother is identified and even when they know that adoption decision is irrevocable once approved by court. Consistent with her study, some of the parents in this study experienced fear of a sudden appearance of the birth mother. They also become worried on what would be the reaction of their children when told about the adoption. They have the fear that their child would be psychologically affected or would loosen his/her tie with them when told about the adoption.

Parents may even question why they don't immediately love their new child or wonder whether they love their child enough (Eidson, as cited in child information gateway 2015). Similar to this study, one of the participants questioned herself for not immediately loving her adopted daughter. This was followed by feeling of guilt.

Miall (as cited in Forbes and Dziegielewski, 2003) identified that two-thirds of the adoptive mothers interviewed were negatively affected by the dominant society belief that adoptive motherhood is inferior. In line with this, the study found out that the social stigmatization on adoption has led adoptive parents to experience feelings of sadness and anger.

Though adoptive parents used different mechanisms to create attachment, for some of them it was difficult to achieve attachment within short period of time. This goes with child information gateway (2010) assertion that parents may have difficulty attaching to the new child and may question their parenting capabilities. They also may be hesitant to admit that there are any problems after a long-awaited adoption.

5.3. Coping mechanisms

Adoptive parents use different mechanisms to cope with the psychosocial challenges they face. Kress (as cited in Baltimore 2008) on his study of women's spirituality related to infertility revealed that spirituality was a part of their lives and helped these women navigate through conflict, coping, and growth relative to their infertility. Similarly from the findings of the study it was revealed that most of the adoptive parents use spirituality to cope with the challenges of the adoption. Furthermore they chose to think about the joy they get from the child whenever they face challenges. Some of the adoptive parents reported that they get away from people who discourage them rather identify their resources and contact those who give them positive energy while others positively accept the negative comments they receive from others thinking that people are doing this due to lack of awareness. The strong desire they have to have a child also helped them to pass through all the circumstances

5.4. Social Services

Simegn (2015), in her study stated that unlike the experience of other countries there are no formal post adoption network and support systems specifically set up for adoptive families in Ethiopia. Even though formal support system doesn't exist for adoptive families, all adoptive families are eventually getting support and acceptance from family members, neighbors, coworkers and others.

In congruence to Simegn's study (2015), adoptive parents in this study reported that there are no formal support services available to support them either from the government or the community. Though there are no formal support services and networks, they reported that they have support from other adoptive parents, institutions, families and friends.

According to Simegn's study (2015), which states that though adoptive parents believe that it would be great to share experience with others of the same page and agree on the importance of networking, none of the adoptive parents, except one of them, have contacted other adoptive parents. In contrast to this finding the current study revealed that most of the adoptive parents in the study contacted and got support from other adoptive parents in terms of sharing information and experiences, encouragement and assistance through the procedure of adoption

Unlike adoptive parents who have adopted from Kibebe Tsehay, adoptive parents who have adopted from Kidmia have taken pre adoption training and counseling service from the organization. They further reported that transportation and accommodation to their journey to the orphanage including the medical examination of the child was facilitated by the organization itself. Moreover the organization creates opportunities for them to meet with other adoptive parents and exchange experiences.

According to Rushton (as cited in Deveny-Leggitt, 2012), support groups, whether online or in person, provide parents an opportunity to connect with others in similar situations, vent their feelings in a safe environment, receive supportive feedback, and learn new strategies from more experienced adoptive parents. Similarly most of the adoptive parents in the study suggested the need for adoptive parents networking, pre and post adoption trainings and counseling services.

Chapter Six

Conclusion and Implication of the study

6.1. Conclusion

The current study explored the psychosocial challenges and coping strategies of domestic adoptive parents in Addis Ababa, Ethiopia. The researcher sought to uncover the social and psychological challenges that adoptive parents face as they approach the decision to adopt, during the adoption process and after the adoption. The coping strategies employed by adoptive parents and the services being rendered both formally and informally in order to support adoptive parents were also identified and described. The findings are based on the data obtained from an in-depth interview of eight adoptive parents and three key informants.

The findings from this research have implication for professionals and organizations in the adoption field as well as for government policies. This is a call to all concerned parties in providing services to adoptive parents who have adopted domestically to really understand their challenges so that the most appropriate services can be either created or offered. By supporting adoptive parents, the family as a whole is supported. This study is believed to have contributions in advancing the existing little knowledge in Ethiopia regarding domestic adoptive parents.

The findings of this research revealed that adoptive parent pass through different social and psychological problems both before as well as after the adoption is finalized. Adoptive parent experience lack of information from where and how to adopt. They don't easily get information on where and how to adopt as such information is not simply available. They had to contact other adoptive parents or wait until they get information by chance.

Adoptive parents also experienced lack of recognition from others by the time they share their plan for adoption. Some people rejected the adoptive parent's plan for adoption and expressed their negative attitude about it. Above all adoptive parents experience stigma and discrimination from the community due to the adoption. The stigma is expressed by the negative attitude people have on adoption and the adopted child as well as on infertility of the adoptive parent. It was also possible to explore that adoptive parents are not comfortable with post adoption visits and assessments as they develop worry on the permanence of adoption and as it reminds them that the child is an adoptee.

The study further revealed that these adoptive parents apart from the social challenges they face, they experience psychological problems that are mainly outcomes of the social problems. According to the findings the psychological problems that adoptive parents experience before as well as after the adoption are worry, fear, stress, anger, sadness, grief, guilt and attachment problem. Worry has been noted to be the major psychological problems from the study. There are many situations that persuade adoptive parents to be worried during pre-adoption and post adoption periods. The likelihood of unexpected results during the procedure of adoption makes them worried. Furthermore they have a worry about leak of information and on providing adoption information to children. They have a fear of the sudden appearance of the birth mother and also experience sadness and anger due to the social stigmatization.

From the finding, it was identified that most of the adoptive parents use spiritually to cope with their negative circumstances. They also choose to think about the joy they get from the child whenever they face challenges. Getting away from people who discourage them and contact those who give positive energy is also one of the coping mechanisms employed by them.

Adoptive parents in the study reported that there are no formal support systems either from the government or from the community in order to support them. Though there are no formal support systems, the parents reported that they have informal support from organizations, families, friends and other adoptive parents. Adoptive parents who have adopted from the organization called Kidmia, unlike from those who have adopted from Kibeb Tsehay, reported that they have taken trainings and counseling services before the adoption. Moreover their accommodation and journey to the orphanage was facilitated by the organization. The medical examination of the child is also covered by the organization which is contrary to the government orphanage Kibeb Tsehay in which adoptive parents have to cover the medical examination costs of the children.

Adoptive parents suggested the need for awareness creation among the community in order to reduce the pressure they are facing from their environment as well as to advance the practice of domestic adoption. They further suggested the need for adoptive parents networking under different preconditions they thought as best. They further suggested the need for trainings and counseling services by adoption competent professionals. The need for availing adequate information about adoption is also suggested.

From the findings it is reasonable to conclude that despite the psychosocial challenges that adoptive parents experience, there are no formal support mechanisms that assist them to adjust with the adoption. Therefore efforts should be made to understand and address the challenges of adoptive parents. This will in turn help to alleviate the problems of OVC's in the country through enhancing domestic adoption.

6.2. Implications of the study

The findings from this study have implications for researchers, professionals and organizations in the field of adoption, and policy makers. It has also an implication for counseling, training, advocacy, social policy, researches, networking and support group. This research can potentially inform ways of improving adoption services to better meet the needs of the parents. It is important to explore adoptive parents' challenges related to various adoption issues for prior awareness creation and to better support them in post-adoption. Understanding what adoptive parents experience as a challenge allows adoption workers to create services that best match their needs.

6.2.1. Counseling and Training

Counseling and training service would allow adoptive parents cope and adjust with challenges of adoption. The parents who participated in this study dealt with a range of psychosocial challenges. These parents had to cope both with the social and psychological challenges. These parents should be prepared beforehand to face such possible challenges through counseling and trainings. To this end, it is helpful to prepare parents about possible challenges with lack of acceptance, stigma, attachment problem and prolonged adoption procedures. Counseling and training services should be provided on parenting techniques, child-parent interaction, Identity crisis, and self-esteem. Adopted children experience attachment difficulties as they often experience abuse, abandonment, and neglect from previous caretakers as well as a serious of separations from caretakers because of child welfare interventions. Therefor adoptive parents should be aware of that and counseling should be provided on how they should develop interaction and attachment with their adopted children. Adoption is a life event that changes the identity of the parties as well as the identity of the involved families.

Adoptive parents and adoptees encounter identity issues through their lives especially around particular milestones, such as birthdays, holidays, births, and deaths. Sometimes, adoptive parents are slow to adjust to, therefore, they should be aware of the number of strategies that can help them adjust to their new status as parents and help their children with the possible identity crisis they may encounter. Adoptive parents have to be supported in the post adoption periods by identification of their challenges and letting them have counseling services on a regular service i.e. whenever they need the service.

Furthermore, the training and counseling service should be provided by adoption competent professionals. Researchers, educators, and agencies may be able to develop more comprehensive and ongoing training materials for all members of the adoption triad. Therapeutic services also should be provided in order to address the psychological problems that these parents face like fear and worry on different post adoption issues.

6.2.2. Advocacy

This study also has an implication for advocacy. There is a great need for awareness, knowledge and understanding of adoptive parents. The understanding on adoption is still minimal in the community as a result of which adoptive parents suffer from social stigmatization and lack of acceptance. Advocating for better awareness of the community about adoption will help in minimizing the social pressure associated with adoption. A positive response for adoptive parents from the community can have an impact in minimizing the challenges they face while trying to play their role in the society. Through advocacy, the community will also be engaged in the efforts to support these parents and encourage domestic adoption. Findings from the current study show that nation-wide public education campaigns ought to be implemented in order to promote domestic adoption and avoid the stigmatization on the practice.

6.2.3. Implication for Social Policy

Policy makers should facilitate aggressive, ongoing national adoption campaigns and training initiatives to relieve adoptees and adoptive parents from the social stigmatization and discrimination. These policies must support positive portrayals of adoption and educate the public about the adoption process, and facilitate adequate training in counseling and social work. These responsive approaches will most likely increase the number of adoptions and reduce the stigmatizations of adoption that can and do affect adoptees, adoptive parents and the society as a whole. Furthermore, policies should consider revision of adoption procedures based on adequate researches in a way that ease and address the many challenges that adoptive parents face through the procedure. Policies need to address concerns of provision of formal support systems to these parents. Moreover, government should encourage and advance strategically adoption by private orphanages. A policy which consider and addresses the challenges of adoptive parents will address the prevalence of OVC's through enhancing domestic adoption. Adoptive parents should be integrated in the policies and programs that target domestic adoption. For instance, providing maternity leave for adoptive parents could be cited. It is also important to allocate adequate budget and avail source of fund to support these parents. The need for funding in order to improve the facilitation in the orphanages and alleviate problems of malnourishment, sickness and death which are the challenges for adoptive parents specially during the waiting period of the adoption process. Funding needs to be allocated in this area to support necessary pre and post adoption services such as therapy, trainings, and parent support groups.

6.2.4. Implication for further research

The findings of this study can also serve as a base for further researches in the area. The findings of this study addressed only few questions and the issue of adoption cannot be addressed with only one study. Therefore researchers should continually explore all facets of adoption. Research on a larger scale and on a longitudinal basis is required in order to enhance domestic adoption and alleviate the problems of OVC's. For instance, gaps on the policies and procedure of adoption as well as on the systems of adoption organizations can be studied and addressed based on the outcome of the studies.

6.2.5. Networking and Support groups

Adoptive parents' network and support groups are the vital support mechanisms for adoptive parents. This will help them to cope up with the challenges they face as a result of the adoption. Moreover, it will facilitate to share experiences among parents who faced similar challenges with the way out and to create better understanding among parents with identical need. However, networking should be done based on a study, as the parents have their own different preferences under which the networking should work. It should be in a manner that addresses the need of most adoptive parents.

As to the saying, "It Takes a Whole Village to Raise a Child", adoption necessitates the backing of researchers, the knowledge of therapists, the understanding of policy makers, the support of the whole society in which these adoptive parent and their children reside, and the reactivation of the cultural values/practices are that also address such forms of child care.

References

- Ayalew D. (2002).Guddifachaa: Adoption practice in Oromo society with particular reference to the Borana Oromo. Unpublished MA Thesis, College of Social Sciences, Addis Ababa University.
- Baltimore, D. L.(2008). "Understanding the concept of adoption: a qualitative analysis with adoptees and their parents"
- Barbara, M. N., & Philip, R. N. (2012). Development through life: A Psychosocial approach. Belmont, CA: wads worth cengage learning.
- Berry, M. (1993). Risks and benefits of Open adoption.
- Bethmann, D., & Kvasnicka, M. (2012). Theory of Child Adoption. Otto-von-Guericke-University Magdeburg, Faculty of Economics and Management.
- Boeree, G., (1997). Personality Theories. Psychology Department, Shippensburg University.
- Retrieved from <http://www.ship.edu/%7Ecgboree/perscontents.html>
- Brittingham, S. (2010).Birth Families and Inter country Adoption in Addis Ababa, Ethiopia.
- ISS International Institution of Social Studies, The Hague, Netherlands.
- Brodzinsky, D., (1993). Long-term Outcomes in Adoption.
- Chanyalew, S. & Abebe, T. (2016). Qenja: Child Fostering and Relocation Practices in the Amhara Region, Ethiopia, Children's Geographies, 14:1, 46-62, DOI: 10.1080/14733285.2014.974508

Child Information Gate way.(2010).Impact of adoption on adoptive parents. Retrieved from

<https://www.childwelfare.gov/pubpdfs/impactparent.pdf>

Christianson, L., (2012). Four Strategies Single Adoptive Parents Can Use to Cope with Stress. Retrieved from <http://www.laurachristianson.com/>

Covington, S., & Burns, L., (2006). Infertility Counseling: A Comprehensive Handbook for Clinicians. Cambridge University Press.

Country fact sheet for the CRC. (2014). Retrieved from

http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/ETH/INT_CRC_IFS_ETH_17911_E.pdf

Creswell, J. W.(2009). Research Design: qualitative, quantitative, and mixed approaches.

USA: Sage Publication.

Deveny-Leggitt, H. (2012). Adoptive Parents' Experience with International Adoption: Children with Attachment or Behavioral Challenges. Master of Social Work Clinical Research, School of social work, St. Catherine University of St. Thomas.

Dulmus, C.N., & Sowers, K.M. (2008). Comprehensive handbook of social work and social welfare; Human behavior in the social environment. Hoboken, N.J.:Wiley

Forbes, H. T., & Dziegielewski, S. F. (2003). Issues facing adoptive mothers of children with special needs. Journal of social work, 3(3), 301-320, Sage Publications: London, Thousand Oaks,CA and New Delhi.

Genet, T., Desta, A., & Woldekidan, K. (2013): Assessment of Community- and Family-Based

Alternative Child-Care Services in Ethiopia

Houlihan, L., (2010). Child Attachment at Adoption & Three Months. Mandel School of Applied Social Sciences, Case Western Reserve University

Kalkidan, A. (2011). Birth Mothers' Experience after Relinquishment

Miall, C., & March, K. (2005). Open Adoption as a Family Form: Community Assessments and Social Support. Journal of Family Issues, sage publication. Retrieved from
<http://jfi.sagepub.com/cgi/content/abstract/26/3/380>

Patton, M.Q. (2002). Qualitative Research and Evaluation Methods. Thousand Oaks, CA: Sage Publications, Inc.

Rebecca, D. (2013). International adoption looked at from the circumstances, perspectives and experiences of birth mothers in Wonjishowa and Addis Ababa.

Selman, P. (2012). Global trends in inter country adoption 2001-2010, a publication of National Council for Adoption, Adoption Advocate, and USA

Smalley, B. (2006). Build resilience strategies with your adoptive or foster family retrieved from
<http://expertbeacon.com/>

Simegn, P. (2015). The experiences of adoptive parents with Domestic Adoption.

Shura, R. A. (2010). Inter-country adoption: A Theoretical analysis. Case Western Reserve University.

Tenagne A. (2006). Practice of Inter-country Adoption in Ethiopia. Unpublished MA Thesis,

College of Social Sciences, Addis Ababa University.

The Hague Conference on Private International Law. (2008). The implementation and operation of the 1993 Hague Inter country Adoption Convention: Guide to Good Practice.

Retrieved on April, 2016, from

http://www.hcch.net/index_en.php?act=publications.details&pid=4388

Thyer, B.A., Dulmus, C.N., Sowers, K.M., & Ebray, I. (2012). Human behavior and the social environment: theories for social work practice. Hoboken, N.J.:Wiley

Tseday, T. (2013). Psychosocial challenges, coping mechanisms and future prospects of institutionalized adolescents- A focus on Three orphanages in Addis Ababa

UN, (2010).Guidelines for improving data on child adoption. Department of Economic and Social Affairs, population Division, New York

UN, (2009).Child Adoption Trends and Policies. Department of Economic and Social Affairs, population Division, New York

UNICEF, (2012). Annual Report for Ethiopia, ESARO. Retrieved from

http://www.unicef.org/about/annualreport/files/Ethiopia_COAR_2012.pdf

UNICEF, (2013).Thematic briefing note on alternative childcare. Retrieved from

http://www.unicef.org/ethiopia/ET_CP_Factsheet_alternativecare_280213.pdf

Yin, R. K. (2009). Case Study Research: Design and Methods (4thed). Thousand Oaks, CA: Sage Publications.

Appendix A

Informed Consent for Participants

My name is Tinsae Teferi, and I am a post graduate student at Addis Ababa University, School of Psychology. I am conducting a qualitative study on the psychosocial problems of domestic adoptive parents in Addis Ababa. I am conducting this study for partial fulfillment of my Master's degree in Developmental Psychology. The purpose of this study is to identify problems that adoptive parents face from their families, relatives, the community and institutions; to assess the psychological problems that adoptive parents face due to the adoption; to examine the coping strategies employed by adoptive parents and to identify what is being done in order to support adoptive parents.

The findings of the study will add knowledge and understanding of the psychosocial problems of domestic adoptive parents. Furthermore it can initiate actions that would address the problems of adoptive parents. If you agree to participate in the study, your participation will involve an interview of one to two hours (estimated) time which will be audio taped or (note will be taken) for later analysis. You can choose not to answer certain questions or withdraw from the interview anytime.

The information you disclose to me is strictly confidential. It will not be passed to any third party nor shall it be used for purposes other than this research. Your name shall not appear in any documentation upon which this interview is based. By signing below you will be indicating that you have read and understood the above information, and you are interested in participating in this study.

Signature _____

Name _____

Appendix B

Interview Guide for Participants

Background Information

1. Age
2. Sex
3. Place of residence
4. Marital Status
5. Religion
6. Educational background
7. Occupation of both parents (if married)
8. Number of Family members (Sex and age of biological children (if any))
9. Number of adopted children, sex and age
10. Month and year of adoption, age at adoption.

Social problems encountered before, during and after adoption

1. How did you get to family consensus on your plan for adoption?

Probe 1: Who was the most important family member who has to agree on this?

Probe 2: Who else have you shared your plan for adoption? What was the reaction of the person?
2. What was your experience with the procedure of the adopting institution? (Probe for a prolonged procedure and unexpected outcomes)

Probe 1: How do you describe the service at the office?

Probe 2: How was the child preference procedure?

3. How do you describe the reactions of your family members after the child was brought home?

Probe 1: Who have come forward to welcome the child? How did they come? Would you please describe what was it like?

Probe 2: How was the experience of introducing the child to others? What was the reaction of those introduced about the child?

Psychological problems encountered before, during and after adoption

4. How do you describe the experience of decision making for the adoption?

Probe 1: How long have you thought about the issue?

5. How did the process of adoption with the adopting institution make you feel?

6. How was the parenting experience?

Probe 1: How do you describe the transition? What did it make you feel?

Probe 2: How do you describe the behavior of the child? Tell me about the specific things that you remember from the earliest parenting experience. What did it make you feel?

Probe 3: What was the experience of making an interaction with the child? What did it make you feel?

Probe 4: When have you planned to tell the child about the adoption? How do you feel about it?

Probe 5: What do you feel when you think of the birth mother?

7. How do you feel about the reactions of the community towards the adoption?

Probe 1: What do you feel about what others think and say about you?

Probe 2: How do you feel about answering questions to others about the adoption?

Probe 3: How does their reaction affected your social interaction?

Coping Mechanisms

8. How did you get over all of these?

Probe 1: How did you deal with the early experiences of parenting? What did you do to accommodate the behavior of the child?

Probe 2: How did you deal with the problems you faced from the community and family members?

Probe 3: How did you deal with questions about the adoption?

Services being rendered to support Adoptive parents

9. Where do you seek support from?

Probe 1: Are there any support systems you have encountered in the community for adoptive parents?

Probe 2: How did BOWCYA support you in the whole procedure of adoption as well as after the child was brought home?

10. What supports do you suggest to be provided for adoptive parents?

11. If you were to guide other people who want to adopt, how would you support them? What do you think people should learn from your experience?

Thank you for your time!

Appendix C

Interview guide for a key informant in BOWCYA

Background Information

1. How many OVC are there in Addis Ababa currently?
2. When did domestic adoption started?
3. How many children are so far placed for domestic adoption?
4. How many orphanages are placing children for local adoption?
5. What is the role of BOWCYA with respect to Domestic Adoption?
6. What is currently being done by BOWCYA in order to encourage domestic adoption?
7. Are there policies, guidelines and ratifications that address and encourage domestic adoption? If yes, Please describe?
8. What is the overall procedure to finalize the process of adoption?

Social Problems faced by adoptive parents

9. How do you describe the experience of adoptive parents during the adoption process?

Probe 1: What challenges do adoptive parents face throughout the procedure?

Probe 2: How do adoptive parents express their feelings through the adoption procedure?

10. How do you explain the reaction of the community towards domestic adoptive parents?

(Probe for any stigma and discrimination)

Services being rendered to support adoptive parents

11. Where do Adoptive parents seek for help? (Probe for any kind of service or support systems, also probe for any support from family or friends)

Appendix D

Interview guide for key informants in Orphanage

Background Information

1. When did the orphanage start operating?
2. What is the role of the orphanage with respect to domestic adoption?
3. How many children have so far been placed for domestic adoption from the orphanage?
4. What other alternative child care services are considered by the orphanage?
5. What are the most common age and sex of children so far referred for domestic adoption?
6. What is currently being done by the orphanage in order to encourage domestic adoption?
7. Are there policies, guidelines and ratifications that address and encourage domestic adoption? If yes, Please describe?
8. What is the overall procedure to finalize the process of adoption?

Social Problems faced by adoptive parents

9. How do you describe the experience of adoptive parents during the adoption process?
Probe 1: What challenges do adoptive parents face throughout the procedure?
Probe 2: How do adoptive parents express their feelings through the adoption procedure?
10. How do you explain the reaction of the community towards domestic adoptive parents?
(Probe for any stigma and discrimination)

Services being rendered to support Adoptive parents

11. Where do Adoptive parents seek for help? (Probe for any kind of service or support systems, also probe for any support from family or friends)

Declaration

I, Tinsae Teferi, hereby confirm that this thesis in the title “Psychosocial challenges and coping strategies of domestic adoptive parents in Addis Ababa, Ethiopia” is my original work and has not been presented for a degree in any other university, and all sources of material used for the thesis have been duly acknowledged.

Advisor

Signature: _____

Name: _____

Date: _____

Signature: _____

Date: _____