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ORIGINAL RESEARCH



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Child Adoption Practices: Emerging Child Welfare Concerns in a Nigerian Community

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Abstract

Background: Adoption in Nigeria operates within statutory and customary frameworks, yet informal practices, limited legal awareness, and inadequate counselling persist.

Objective: To explore adoption practices and emerging child welfare concerns in Onitsha, Nigeria, with emphasis on legal, psychosocial, and health dimensions.

Methods: A descriptive, cross-sectional study was conducted among 62 adoptive mothers recruited through consecutive and snowball sampling. Data were collected using a pre-tested, interviewer-administered questionnaire covering socio-demographics, adoption processes, counselling, legal awareness, and child health outcomes.

Results: Most adoptive mothers (48.4%) were aged 45–54 years; 85.5% were married and 69.4% had university education. The majority of adoptees were male (69.4%) and aged 0–5 years (73.8%), with 41.9% adopted on the first day of life. Primary reasons for adoption were absence of biological children (43.5%) and desire for a male child (22.6%). While 35.2% of adopters followed official procedures, 31% reported obtaining a child through informal payments to health workers. Only 41.9% received pre-adoption counselling, and 56.5% did not undertake routine post-adoption medical checks. Reported child health challenges included neonatal jaundice, sepsis, developmental delay, cerebral palsy, seizures, malnutrition, and one mortality from congenital heart disease. Despite these challenges, 95.2% reported strong family support for child adoption.

Conclusion: Adoption in Onitsha reflects a complex interplay of cultural preference, infertility-related motivations, informal practices, and limited health screening. Strengthening regulatory oversight, mandatory counselling, and structured post-adoption medical support are critical to safeguard child welfare and optimise family outcomes.

Keywords: Adoption practices, Adoptive mothers, Child Health, Child protection, Counselling services, Nigeria.

Introduction

Globally, adoption is recognised as an important child protection and welfare strategy, while in many African settings, evolving legal frameworks, cultural values, and socioeconomic realities shape public perceptions, practices, and acceptance of adoption. Adoption in Nigeria is regulated by statutory, customary, and religious

laws, with regional variations in practice. It may occur formally through legally recognised procedures or informally through customary caregiving arrangements, although informal adoption does not confer full legal rights unless judicially formalised.[1-3] The Child's Rights Act 2003 provides the principal legal framework for adoption, emphasising the child's best interests and requiring court authorisation. However, implementation varies across states, resulting in inconsistent enforcement and illegal adoption practices. [1,4]

Socio-cultural norms, psychological factors, infertility, and limited access to Assisted Reproductive Technologies influence perceptions and acceptance of adoption in Nigeria. [5,6] Common motivations for adoption include infertility, gender preference, orphan care, and family lineage continuity. [7-11] Adoptive parents often face challenges such as stigma, prolonged legal procedures, financial burdens, and inadequate counselling services. [12-16] Inadequate medical screening and poor healthcare infrastructure may also result in delayed diagnosis of chronic illnesses and developmental disorders among adopted children.[17-22]

This study aimed to explore the adoption practices and experiences of adoptive mothers in Onitsha, focusing on personal, legal, and health dimensions of the adoption process. It also aimed to describe the socio-demographic characteristics of adoptive parents and their adopted children, assess awareness of adoption laws and counselling support received, examine the reasons for adoption and family support systems and record the health checks and challenges experienced post-adoption.

Methods

Study design and setting

This descriptive, cross-sectional study was conducted in Onitsha, a commercial hub in Southeast Nigeria. The city reflects a diverse urban population with strong traditional and religious influences on family life. It also presents a unique socio-cultural and economic environment that may influence adoption decisions, practices, and experiences.

Ethical considerations

Ethical approval for the study was obtained from the Research and Ethics Committee of the Federal Medical Centre, Onitsha (FMC/OSHA/ETH.C/073/024), while informed consent was obtained from the participants. Data confidentiality and anonymity were strictly maintained.

Study population

The study population included women residing in Onitsha who had adopted at least one child. Eligibility criteria included being an adoptive mother aged 18 years or older, able to provide informed consent, and willing to participate in the survey.

Sampling method

Consecutive and snowball sampling were used to identify adoptive mothers through formal and informal networks – clinics, religious institutions, adoption agencies and community networks.

Sample size determination

The minimum sample size for the study was determined using Cochran's formula for cross-sectional studies[23]: $n = Z^2 p (1-p)/d^2$

Using a prevalence rate of 1.9%,[8] 95% confidence level, and a 5% margin of error, the minimum sample size for the study was calculated as 29 respondents. Adding 10% for potential non-responses brings the expected minimum sample size to 32 adoptive mothers. To increase the statistical power of the study, every adoptive mother identified in the study area

within the study period who met the inclusion criteria was consecutively recruited, bringing the eventual sample size to 62.

Data collection tool

A pre-tested, structured, interviewer-administered questionnaire was developed to capture: socio-demographic data (marital status, age, education, occupation), adoption details (age at adoption, frequency, child age and gender, reasons for adoption), legal and psychosocial factors (awareness of adoption laws, counselling received, source of counselling, family and social support) and health-related outcomes (pre/post-adoption health checks, subsequent child health challenges).

Data analysis

The quantitative data were analysed using SPSS version 25 for descriptive statistics (frequencies, means, percentages).

Results

Table I shows that most adoptive mothers were aged 45 to 54 years (48.4%), while the fathers were aged 55 to 64 years (56.5%). A large proportion of the parents were married (85.5%), with mothers showing higher levels of education (69.4% held university or higher qualifications). A notable portion of fathers (19.4%) reported having no formal education

Table I: Socio-demographic characteristics of adoptive parents

Variable		Frequency (n)	Percentage (%)
Maternal age group (years)	35-44	11	17.7
	45-54	30	48.4
	55-64	18	29.0
	65-74	3	4.8
Paternal age group (years)	35-44	1	1.6
	45-54	20	32.3
	55-64	35	56.5
	65-74	6	9.7
Marital status of parents	Married	53	85.5
	Separated/Divorced	3	4.8
	Widowed	6	9.7
Highest Education Level (Mother)	Primary	4	6.5
	Secondary	9	14.5
	Post-Secondary Diploma/Certificates	6	9.7
	Tertiary	43	69.4
Highest Education Level (Father)	Primary	3	4.8
	Secondary	21	33.9
	Post-Secondary Diploma/Certificate	4	6.5
	Tertiary	22	35.5
	No formal education	12	19.4

In Table II, a majority of adoptees were male (69.4%) and currently aged 0 - 5 years (73.8%). Most children were adopted within the first week or month of life, with 41.9% adopted on the first day of life. Table III shows that the leading reasons for adoption included the need for biological children or, specifically, the male sex. However, there was an overlap in the adoption procedure, as some of the participants indicated that they explored two or more pathways as they deemed necessary.

Table II: Age and sex characteristics of adopted children

Variable		Frequency	Percentage
Sex of adoptee	Female	19	30.6
	Male	43	69.4
Current age of adoptee (years)	0-5	45	73.8
	6-10	12	19.7
	11-15	2	3.3
	16-20	2	3.3
Age at the time of adoption	1st day of life	26	41.9
	2nd – 7th day of life	14	22.6
	2nd – 4th week of life	8	12.9
	2nd – 12 month	10	16.1
	1-2 years	2	3.2
	3-5 years	1	1.6
	Not sure	1	1.6
Not sure of adopted children	1	31	50.0
	2	26	41.9
	3	5	8.1

Table III: Reasons for adoption and choice of practices

Variable		Frequency	Percentage
Reason for adoption	No biological child	27	43.5
	Need for a male child	14	22.6
	Failed fertility treatment	10	16.1
	Loss of a child	4	6.5
	Need for more children	4	6.5
	Kinsmen adoption	2	3.2
	Need for a female child	1	1.6
Adoption procedure	Official process involving social workers	25	35.2
	Paid a health worker to get the baby	22	31.0
	Cryptic pregnancy scam	8	11.3
	Paid an orphanage to get a baby	6	8.5
	Got from an orphanage without payment	4	5.6
	International adoption	4	5.6
	Adoption of the child of a relative (customary kinsmen adoption)	2	2.8

In Table IV, 41.9% of the respondents received any form of adoption counselling. Among those who did, health workers and social welfare officers were the primary sources (52.2% and 47.8%, respectively). Friends and religious leaders played minor roles. In addition, 56.5% of the respondents did not take the adopted child for routine post-adoption hospital checks, while 43.5% did. Among those who did, the most performed laboratory tests included HIV (86.7%), blood group and haemoglobin genotype (both 76.7%), and Hepatitis B surface antigen (HBsAg) (66.7%), with other investigations reported less frequently.

Some of the health challenges reported among the children included jaundice or sepsis during the newborn period. Some of the adoptive mothers were not aware of the implications of these conditions and resorted to home remedies such as sunbathing and use of over-the-counter medications on the advice of family and friends, with resultant development of neurodevelopmental disabilities (like cerebral palsy, speech impairment). On the other hand, a few had malnutrition, seizures, and one child eventually died from complications of congenital heart disease. Remarkably, almost all the women (95.2%) received family support during the adoption process.

Table IV: Pre- and post-adoption counselling and practices

Variable		Frequency	Percentage
Received Pre-Adoption Counselling	No	36	58.1
	Yes	26	41.9
Source of counselling	Health worker	12	34.3
	Social welfare officer	11	31.4
	Friends with experience in adoption	9	25.7
	Religious leaders	2	5.7
	Others	1	2.9
Did you take the child to the hospital for a routine check and blood tests after adoption	Yes	27	43.5
	No	35	56.5
If yes, which tests were done?	HIV	26	22.0
	Hepatitis B	20	16.9
	Blood group	23	19.5
	Genotype	23	19.5
	Hepatitis C	6	5.1
	Full blood count	13	11.0
	Screening for metabolic disorders	1	0.8
	Bilirubin test for Jaundice	6	5.1

Discussion

This study explored the socio-demographic characteristics of adoptive parents, the profiles of adopted children, the adoption process, counselling services, and challenges encountered post-adoption. The results provide insightful details about the adoption landscape, particularly within the Nigerian context or similar socio-cultural settings. Adoption was most prevalent among middle-aged and older adults, with 48.4% of mothers aged 45–54 years and 56.5% of fathers aged 55–64 years. This age distribution suggests that adoption often occurs at a later stage of life, possibly after attempts at biological procreation have been exhausted. The high rate of involvement of married couples (85.5%) further strengthens the fact that adoption in most cases comes into the picture when married couples face fertility challenges. [12,24-26] This scenario is prevalent in many conservative communities in Sub-Saharan Africa, where biological procreation is preferred due to family dynamics, stigmatisation, and issues bordering on inheritance.[15,24] A different situation may, however, be found in other sociocultural settings, where some people have been reported to consider adoption as a first choice to parenthood. [27-29]

In terms of education, most mothers (69.4%) and a proportion of fathers (35.5%) had attained university-level education, suggesting that individuals with higher educational backgrounds are more likely to grasp and engage with formal adoption processes as reported in some studies. [9,30-33] Conversely, 19.4% of fathers reported no formal education, which may also suggest that factors beyond education, such as infertility, social influence, or religious motivations, may also motivate one to adopt.

The profile of the adopted children reflected a gender imbalance, with almost 70% of adoptees being male. While this may reflect actual availability patterns, it could also hint at sex preferences, a phenomenon observed in several cultures, like the Igbo culture, where male children are often viewed as carriers of lineage or economic providers. [30,31] Furthermore, the strong preference for early-life adoption may be driven by the belief that bonding is easier with infants and that early adoption reduces social stigma surrounding placement. It also indicates that adoption in this population may be perceived as a substitute for childbirth rather than a form of child welfare for older or orphaned children.

Most families limited adoption to one or two children, and the most frequently reported reason for adoption was having no biological child, followed by the need for a male child and failed infertility treatment. Other reasons, such as family expansion, loss of a child, and adoption of a child of a relative, were less commonly reported. The predominance of biological and fertility-related reasons reflects the social and cultural importance of childbearing in southeast Nigeria. Couples without biological children may turn to adoption as a socially accepted means of fulfilling family expectations and preserving lineage continuity. The need for a male child as a motivation highlights culturally rooted gender preferences, which have been documented in many societies where male offspring are traditionally valued for inheritance, carrying on the family name, or providing economic support. [30,31,34,35]

The pathways to adoption were varied, with the most common route being through government welfare officers. However, about a third of the respondents in this study reported paying a health worker to procure a child, pointing to informal and potentially unethical or illegal practices. This finding underscores the need for a more regulated adoption process in Nigeria, as well as adequate penalties for defaulters. Only 53.2% of respondents were aware of national adoption laws. The lack of legal awareness among nearly half of the respondents raises serious concerns about the transparency and legality of many adoption cases. This may suggest that the formal adoption system is inadequately publicised, not easily accessible or unnecessarily complicated.

In the study population, access to pre-adoption counselling was limited such that only 41.9% of parents received any form of counselling. Of those who did, health workers and social welfare officers were the primary sources, while informal sources like friends and religious leaders played lesser roles. The low counselling rate is problematic, given the emotional, legal, and social complexity of adoption. Counselling is crucial in preparing adoptive parents for potential challenges and to help them understand the long-term needs of adopted children. Post-adoption, more than half of the adoptive parents did not take their child for post-adoption screening in hospitals. Among those who did, the most commonly conducted laboratory tests were HIV screening, blood group and haemoglobin genotype determination, and Hepatitis B surface antigen screening, whereas other screening tests such as full blood count, Hepatitis C screening, bilirubin tests, and screening for metabolic disorders were less frequently performed. These

findings suggest that a considerable proportion of adoptive children may not receive adequate routine medical monitoring, which could increase the risk of undetected health disorders. Furthermore, even among parents who sought care, attention appears to focus primarily on infectious and genetic conditions, with other important health screenings being overlooked. This gap suggests the need for national specifications or institutionalised counselling programs as a mandatory part of adoption procedures. [20,21,36]

Some adoptive families reported unexpected medical challenges post-adoption due to inadequate pre-adoption health checks. Cerebral palsy and other developmental disabilities were among the most frequently reported conditions. Similarly, some other studies have also reported health-related challenges as prevalent among adoptees. [17,18,20] The findings may indicate that some children placed for adoption were medically vulnerable (with congenital malformations, poor *in-utero* care or birth/post-natal complications). In addition, family dynamics and time spent in institutionalisation may contribute to growth deficits or cognitive/behavioural challenges. [37,38] These reflect the burden that adoptive parents may carry, especially without sufficient medical or psychological support, thus amplifying the need for improved post-adoption surveillance and providing adoptive parents with relevant information and strategies to meet the needs of their child. Interestingly, despite these challenges, family support was overwhelmingly positive (95.2%) and may play a protective role against stigma and burnout in adoptive parents.

Conclusion

The findings in the present study highlight a complex and uneven adoption system - one that includes both formal procedures and informal practices, variable legal awareness, limited counselling infrastructure, and a high preference for infant adoption. While adoptive families are generally well-educated and supported socially, they face notable health and developmental challenges, especially when adopting children with medical needs. This study recommends stronger regulatory oversight to prevent illegal or informal adoptions, public education campaigns to raise awareness of legal procedures, institutionalisation of mandatory pre- and post-adoption counselling programs to prepare parents, and post-adoption medical and psychological support services to address child health issues. It is also attractive to suggest longitudinal studies aimed at monitoring adopted children's health status and well-being over time.

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References

1. Gbodo PI, Ahiakwo GA. The evolving landscape of parenthood, adoption and legitimacy in Nigeria. *NAU J Com Prop Law* 2025;12. https://journals.unizik.edu.ng/jcpl/issue/view/430 (Accessed 13th November 2025).
2. Kekere AI, Ajidasile OO. The Problems and Prospects of Child Adoption in Nigeria. *Glob J Polit Law Res* 2023;11:1–16. https://doi.org/10.37745/gjplr.2013/vol11n2116.
3. Okoye OC, Chikwe PC, Obiageli FE. A review of perceptions, challenges and prospects of child adoption in Nigeria. *Glob*

J Soc Sci. 2022;21:113–25. https://doi.org/10.4314/gjss.v21i2.10.

4. Udechukwu NS. Social Work Intervention against Illegal Child Adoption. *Sci Med J* 2019;1:1–11. https://doi.org/10.28991/SciMedJ-2019-0101-1.
5. Chikeme PC, Ihudiebube-Splendor CN, Arinze LB. Awareness, perceived efficacy, and utilisation of assisted reproductive technologies among women attending a fertility clinic in a Nigerian tertiary health institution: a cross-sectional study. *Pan Afr Med J* 2022;42:181. https://doi.org/10.11604/pamj.2022.42.181.35153.
6. Ezeome IV, Akintola SO, Jegede AS. Experiences of female clients in the assisted reproductive technology process in Nigeria. *Afr Health Sci* 2023;23:659–69. https://doi.org/10.4314/ahs.v23i2.76.
7. Buckenberger GN. Cultural Factors that Influence Domestic Adoption in South Africa. In: Kara Riggleman, editor. CARE Conference: Vulnerable Children and Viable Communities. 5., South Africa: Pillars at Taylor University; 2020. https://pillars.taylor.edu/care-conference/5 (Accessed 20th December 2025).
8. Eke C, Obu H, Chinawa J, Adimora G, Obi I. Perception of child adoption among parents/care-givers of children attending pediatric outpatient clinics in Enugu, South East, Nigeria. *Niger J Clin Pract* 2014;17:188. https://doi.org/10.4103/1119-3077.127549.
9. Ohachenu EI. Knowledge, acceptance and practice of child adoption among the people of Orlu North-East, Imo State, Nigeria. *Niger J Med Sociol* 2023;3. https://www.nigerianjournalsonline.org/index.php/NJMS/article/view/2160/2022. (Accessed 3rd June 2026).
10. Onayemi OM, Aderinto AA. Factors influencing child placement in adoption practices in Southwestern Nigeria: In the best interest of the child? *Child Youth Serv Rev* 2019;100:167–74. https://doi.org/10.1016/j.childyouth.2019.02.041.
11. Soares J, Ralha S, Fonseca SM, Prego J, Barbosa-Ducharne MA. Why and how do parents decide to adopt? A study on motivations and the decision-making process in becoming an adoptive family. *Child Fam Soc Work* 2023;28:753–63. https://doi.org/10.1111/cfs.13001.
12. Effiom BE, Mercy LE, Elizabeth GA. Knowledge, Attitude and Practice Towards Child Adoption Amongst Women in Calabar, Cross River State. *Int J Educ Learn Dev* 2021;9:57–67.
13. Onuorah C, Osajie J, Okolo R, Ugwu C, Eze E, Anowia W. The "Not-Our-Gene Syndrome": Perceptions of Child Adoption in Igbo Culture of Southeastern Nigeria. *Afr J Relig Philos Cult* 2025;6:233–55. https://doi.org/10.31920/2634-7644/2025/v6n1a13.
14. Nachinab GT, Donkor ES, Naab F. Perceived Barriers of Child Adoption: A Qualitative Study among Women with Infertility in Northern Ghana. *Biomed Res Int* 2019;2019:1–9. https://doi.org/10.1155/2019/6140285.
15. Adesida OE, Arulogun OS. Knowledge and Attitude of Infertile Women towards Child Adoption as Infertility Management in Southwestern Nigeria. *East African Scholars J Med Sci* 2023;6:347–56. https://doi.org/10.36349/easms.2023.v06i10.001.
16. Onayemi OM, Aderinto AA. Child Adoption Investigation in Nigeria: Challenges and Options. *Niger J Socio Anthropol* 2017;15. https://nasajournal.com.ng/volume-15-issue-2-2017/791-2/ (Accessed 3rd June 2026)
17. Kim J, Staat MA. Acute care issues in internationally adopted children. *Clin Pediatr Emerg Med* 2004;5:130–42. https://doi.org/10.1016/j.cpem.2004.01.005.
18. Onoka AC. Health challenges of adopted persons. *Asian Pac J Health Sci* 2017;4:108–13.
19. Goldberg AE, Virginia H, Logan M, Silvert L, McCormick N. "If only we knew…": An exploratory study of parents of adopted

adolescents seeking residential treatment. *Child Youth Serv Rev* 2023;151:107053. https://doi.org/10.1016/j.childyouth.2023.107053.

20. Onyiriuka AN. Child Adoption, Posttraumatic Stress Disorder and the Role of a Paediatrician in the Adoption Process. *J Nepal Paediatr Soc* 2019;38:110–7. https://doi.org/10.3126/jnps.v38i2.20815.
21. Liang AY, Dallimore E, Hanlon R. Adoptive Parent Advice: Challenges, Strategies, and Insights for Future Adoptive Parents. Families in Society. *J Con Soc Serv* 2025;106:661–79. https://doi.org/10.1177/10443894241272263.
22. Groger R, Bhagwan R. Adoptive Parents' experiences of support from social workers and informal networks during the adoption process. *Soc Work Maatskapsk Werk* 2023;59. https://doi.org/10.15270/59-4-1169.
23. Bolarinwa O. Sample size estimation for health and social science researchers: The principles and considerations for different study designs. *Niger Postgrad Med J* 2020;27:67. https://doi.org/10.4103/npmj.npmj_19_20.
24. Ama Quartey BN, Quartey J, Kyei JM, Armah D, Naab F. Navigating child adoption decision among women with infertility in Southern Ghana. *Sex Reprod Health* 2025;45:101111. https://doi.org/10.1016/j.srhc.2025.101111.
25. Ryan Hanlon, Matthew Quade. Profiles in adoption: A survey of adoptive parents and secondary data analysis of federal adoption files. 2022. https://adoptioncouncil.org/wp-content/uploads/2022/07/Profiles-in-Adoption-Part-One.pdf (Accessed 2nd June 2026).
26. Panti AA, Nasir AM, Saidu AD, Garba JA, Tunau KA, Ibrahim R. Awareness, Perception and Acceptability of child fostering and adoption among infertile women in a Nigerian tertiary health centre. *Eur J Pharm Med Res* 2020;7:64–70. https://www.researchgate.net/publication/339876638_AWARENESS_PERCEPTION_AND_ACCEPTABILITY_OF_CHILD_FOSTERING_AND_ADOPTION_AMONG_INFERTILE_WOMEN_IN_A_NIGERIAN_TERTIARY_HEALTH_CENTRE (Accessed 3rd June 2026)
27. Jager Weatherby. 3 Reasons Why Adoption Is My First Choice. Parent Map 2018. https://www.parentmap.com/article/adoption-first-choice-mom-pregnancy (Accessed 14th December 2025).
28. Tayla Blaire. Adoption is my first choice for motherhood, not my last resort. Business Insider, 2022. https://www.businessinsider.com/adoption-is-my-first-choice-for-motherhood-2022-1?r=US&IR=T (Accessed 3rd June 2026).
29. Megan Goodson. Why do some people choose to adopt? Is it really worth giving up on having their own biological children for adoption? Quora, Inc 2026. https://www.quora.com/Why-do-some-people-choose-to-adopt-Is-it-really-worth-giving-up-on-having-their-own-biological-children-for-adoption (Accessed 3rd June 2026).
30. Ndubuisi U, Charles O, Iheriohanma EBJ, Omeire Edward. Examination of the gender preference in child adoption in Igboland, South Eastern Nigeria. Proceedings of the Institute of Women, Gender and Development Studies (IWoGDS) 8th International Conference on the theme – Gender, Education & Sustainable Development by Federal University of Technology Owerri, Nigeria, Owerri: 2019. https://doi.org/10.5281/zenodo.321556.
31. Ugochukwu SA, Chiemzie A, Asadu NM, Melugbo DU. Bouncing baby boys, but crying baby girls: Assessing the socio-demographic impacts on male child preference in South Eastern Nigeria. *Iaana J Interdiscip Stu* 2020;2. Retrieved from https://iannajournalofinterdisciplinarystudies.com/index.php/1/article/view/39.
32. Ezenwankwo F, Roberts A, Balogun M. Acceptability of child adoption in the management of infertility: A survey of women attending fertility clinics in the tertiary facilities in Lagos. *J Cli Sci*

2014;11:35. https://doi.org/10.4103/1595-9587.146497.

33. Isikhuemen ME. Knowledge, attitude and practice of child adoption among men and women attending the infertility clinic at the University of Benin Teaching Hospital, Benin City. *Med J Zambia* 2021;47:297–304. https://doi.org/10.55320/mjz.47.4.123.
34. Etuk Grace R., Obeten Ude B., Ojua Takim A. Socio-Economic Issues and Challenges in Male Child Preference in Nigeria. *J Soc Sci Res* 2020;6:908–13. https://ideas.repec.org/a/arp/tjssrr/2020p908-913.html (Accessed 3rd June 2026)
35. Hussain MB, Olumide FD, Joseph M. Male Child Preference and Attitude of Mothers towards Child Spacing in Rural Kano, Nigeria. *J Contemp Soc Res* 2019;4:179–88.
36. Bergsund HB, Drozd F, Hansen MB, Jacobsen H. Pre-adoption training: Experiences and recommendations from adoptive parents and course trainers. *Child Youth Serv Rev* 2018;95:282–9. https://doi.org/10.1016/j.childyouth.2018.11.008.
37. Keil MF, Leahu A, Rescigno M, Myles J, Stratakis CA. Family environment and development in children adopted from institutionalised care. *Pediatr Res* 2022;91:1562–70. https://doi.org/10.1038/s41390-020-01325-1.
38. Peñarrubia M, Palacios J, Román M. Executive function and early adversity in internationally adopted children. *Child Youth Serv Rev* 2020;108:104587. https://doi.org/10.1016/j.childyouth.2019.104587.