

**Psychosocial, religious, and traditional framework for
intervention in addressing challenges faced by adoptive
families in developing countries: the case of Lesotho.**

By

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I, BOTSOA SOPHIA THABANE, declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the Doctor of Philosophy Degree in the field of Social Work in the Faculty of Applied Human Sciences, University of Kwa-Zulu Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other university.

.....

Botsoa Sophia Thabane.

10th November, 2015

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LIST OF ACRONYMS

AAI:	Adult attachment Interview.
ADHD:	Attention deficit and hyperactivity disorder.
AFP:	Adoptive Family Preservation
AGOA:	African Growth Opportunity Act.
ANOVA:	Analysis of variation.
CBCL:	Child behaviour check list.
FIDA:	(Translated from a Spanish coinage) Federation of Women Lawyers.
HAD:	Hyperactivity disorder.
IWM	Internal Working Model.
LCN:	Lesotho Council of Nongovernmental Organisations.
MANOVA:	Multivariate analysis of variation.
MHSW	Ministry of Health and Social Welfare.
NAC	National AIDS Commission.
PEQ:	Parental Environment Questionnaire (Elkins, McGue, and Iacono, 1997). PEQ was designed to gather information on parent-child interaction. It uses 12 items, each consisting of a 5 point scale ranging from 1 (definitely true) to 4 (definitely false) (Reuter, Keyes, Iacono, & McGue, 2009).
RAD:	Stands for Reactive Attachment Disorder. This condition, said to be highly contested and under-researched, is described in the DSM-IV diagnostic manual as “markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before age five and is associated with grossly pathological care”. While it is believed to be closely associated with disorganised attachment, the two are not synonymous.
SACU:	Southern African Customs Union.

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ABSTRACT

Parenting quality is the single most important determinant of social and psychological wellbeing in humans. In the case of Lesotho, however, parenting can be undermined by a range of undesirable circumstances including orphaning; abandonment; and poor biological and adoptive parenting skills. While significant effort has been applied by the relevant government department to improve child welfare and protection services in Lesotho, more can still be done. The aim of this research was to understand the nature of challenges that may undermine adoptive parenting with the intention of promulgating measures to circumvent such challenges with specific reference to Lesotho. To achieve the above mentioned aim, data was collected from two samples (adoptive parents and child protection professionals) in Lesotho in 2014. The data was then analysed qualitatively to arrive at the conclusions.

Three main findings emerged in the study:

1. Adoptive parents adopt on account of infertility; to mix their children's sex; and as acts of goodwill.
2. More can be done to improve pre-adoption assessment; and
3. More can be done to improve post-adoption support.

Against these main findings recommendations put forth include a pre-adoption assessment questionnaire; pre-adoption parenting training guidelines; parenting journal; as well as individualised video-aided post-adoption capacity building and parenting support.

Keywords:

Adoption; adoption services; adoptee-identity; attachment theory; childhood vulnerability; psychosocial development theory; infertility; intergenerational family systems theory; family emotional system; Lesotho.

CHAPTER I

INTRODUCTION and BACKGROUND OF THE STUDY

INTRODUCTORY BACKGROUND

Family organisation in Lesotho has changed from extended to nuclear structures, undermining social security for vulnerable children. According to oral accounts, polygamy and wife sharing were traditionally common in the country while orphans and children born out of wedlock were absorbed by extended families, mitigating difficulties of orphan-hood and protecting children born out of wedlock where there was need. Willing community members related or otherwise, assumed parenting responsibility for orphans and other vulnerable children in a manner comparable to adoption and/or foster care as they are understood today. Such children often retained their original identity and ultimately re-joined their birth families upon or just before adulthood.

Traditional mechanisms such as these mitigated against infertility¹ as infertile couples sometimes raised children in need as their “own”. Secondly, men acquired many wives, raising the likelihood of fertility within families (Guma, 2001; Maqutu, 2005; Parliament of Lesotho, 1938; Poulter, 1983; Sekese, 2002). Oral accounts continue to suggest that in the event of male infertility, other males within extended families were encouraged to “assist” their relatives’ wives to produce children². These and other traditional mechanisms for promotion of family coherence and protection from childhood vulnerability appear to have been obliterated by modernisation.

¹Readers are referred to the definitions sections for meaning and application of infertility in relation to this report.

²Maqutu (2005) and Poulter (1983) explain that traditionally, marriage was between families (not spouses). This usually implied that women became wives to all the men of husband’s clans and could procreate with anyone of them as long as they (women) were discrete. Further, according to a Sotho maxim, “all children born of a married woman belong to her husband”.

Paradoxically, childhood vulnerability is on the rise in the country, putting pressure on the country's weak resource base. In 2010³, 23.6% of the country's population was reportedly infected with HIV while 68% of an estimated 200, 000 orphans were as a result of AIDS related parental demise (NAC and MHSW, 2012; MHSW and ICF Macro, 2010; UNICEF, 2012). Efforts to contain HIV have been generally aggressive but arguably weak regarding protection of affected children who stand the risk of being infected (FIDA and LCN, 2012; NAC and MHSW, 2012). At the same time, Lesotho laws are interpretable as having an aggravating effect on childhood vulnerability. The Penal Code Act (Parliament of Lesotho, 2010) expressly prohibits abortion on social grounds, possibly leading to increase in unwanted babies (FIDA and LCN, 2012). Further, vulnerable children such as those residing in child headed households and street dwelling ones are at a higher risk of contracting HIV as laws do not oblige government to provide them with social security or any other form of protection (FIDA and LCN, 2012; Parliament of Lesotho, 2011; Sefako, 2009).

Clearly, therefore, a shift from traditional family structures; orphaning and other impetuses of childhood vulnerability suggest a need for sustainable strategies for protection of all groups of vulnerable children in Lesotho (FIDA and LCN, 2012; NAC and MHSW, 2012; Parliament of Lesotho, 2010; 2011; Sefako, 2009; UNICEF Innocenti Research Project, 2006). With this background in mind, the present study explores adoption as a means for provision of permanent care and protection of vulnerable children in Lesotho.

GEOGRAPHICAL INFORMATION ON LESOTHO

Lesotho is a landlocked country situated in the central region of Republic of South Africa. It had a population of 1, 876, 633 as of the past census (Bureau of Statistics [Lesotho], (2009). The country is considered extremely poor with up to 57% of its

³This is the most up-to-date and comprehensive set of statistics available in Lesotho to the researcher's knowledge. As of October 2015 when this report is being submitted for examination, the researcher is of the knowledge that Lesotho is in the process of conducting a demographic health survey to update the one quoted.

population reportedly living below the poverty datum line and 38.7% food insecure according to a survey conducted in 2013 (Government of Lesotho, 2014). While up-to-date figures on unemployment could not be located, the fore cited government report put the unemployment rate at 25% in 2008 (Government of Lesotho, 2014).

Perhaps as a consequence of poverty/unemployment coupled with the country's coterminous relationship with the Republic of South Africa, Lesotho can be described as a country of labour migrants. For instance, it is reported that 44, 000 Lesotho migrants were employed in the mines of South Africa in 2013 with a further substantial number operating as illegal migrants within South Africa (Business Day Live, 2013). Internal labour migrants include about 40, 000 people who were working in the country's apparel industry in 2012 (ALAFa, 2013). Other entities such as Lesotho Highlands Water Project as well as some diamond mines in the country also employ large numbers of labour migrants.

Poverty and labour migration are associated with illnesses and other socioeconomic challenges with Lesotho as no exception. For instance as alluded to above, the previous Demographic and Health Survey in the country found 23.6% of Basotho⁴ to be infected with HIV making Lesotho the country with the third highest incidence of HIV in the world. Similarly, Lesotho is said to have the second highest rate of TB infection in the world (WHO, 2013). Against the backdrop of poverty; morbidity and desperate attempts by adults to make a living, parents sometimes die early or abandon their families once they settle in areas with employment opportunities, scenarios which result in some babies and children being availed for adoption.

POSITIONING OF RESEARCHER

Before elaborating further on the research problem, it is also necessary to state the researcher's competencies and experience with a view of grounding some of the views put forward throughout the study. The researcher worked as a social worker in

⁴ Natives of Lesotho.

the government department of Social Welfare as it was known at the time for seven years, focusing mainly on child welfare and protection. It should be noted that the fore mentioned government department in Lesotho operates both as a service agency and a regulatory body for other social welfare service providers in the country.

STATEMENT OF THE PROBLEM

While adoption is desirable due to its permanency, socioeconomic challenges in Lesotho could encumber the government department responsible for adoption in Lesotho to function optimally in this mandate (Nono, 2007; Phera, no year; Sefako, 2009; Tamasane, 2011; Thabane and Kasiram, 2015). For instance, the researcher, a long serving social worker in the country under study as illustrated above, is aware that health and welfare services are resource-challenged partly due to multiple crises which beleaguer the country such as climate change related disasters, poor economic performance, and HIV, impact of which has been exacerbated by decline in remittances associated with AGOA⁵ and SACU⁶ (ILO, 2004; NAC and MHSW, 2012; Phera, no year). Fragile socioeconomic climates are known to have a disintegrating effect on extended family systems generally, indicating a need for States to strengthen family social services (UNICEF Innocenti Research Centre, 2006; UNICEF, 2012). In light of this and other fore noted impetuses of childhood vulnerability, adoption of children⁷ is considered a valuable option for consideration by States and families alike (UNICEF Innocenti Research Centre, 2006). However, adoption is a recently embraced practise in Lesotho which warrants thorough empirical investigation to facilitate evidence-based practise (UNICEF Innocenti Research Centre, 2006).

Infertile couples are more likely to adopt in Africa than fertile ones. Despite studies (e.g. Bevc, et al., 2003; Dyer et al., 2004; Mariano, 2004; Purewal and van den

⁵Please refer to the list of acronyms at the beginning of the report for the full title.

⁶See above footnote.

⁷From this point on, this construct will be referred to simply as adoption. Readers are referred to the definitions sections for the corresponding operational definition.

Akker, 2007; Steele et al., 2003) which suggest that infertile people may require focused services to deal with the crisis of infertility, intervention required to assist such families to simultaneously deal with infertility and successfully embrace adoptive parenthood is elusive (Atkinson and Gonet, 2007; Gibbs, Barth and Houts, 2001; McDonald, Propp, and Murphy, 2001). Similarly, post-adoption services in Lesotho are thought to be at an emerging stage despite documented need for such (e.g. Atkinson and Gonet, 2007; Berry et al., 2007; Smit, 2002; Steele et al., 2003). The study therefore seeks to generate information with which adoption practise in Lesotho may be informed and improved.

As highlighted, in developing countries and Africa specifically, the decision to adopt is often informed by infertility (Bevc et al., 2003; Dyer et al., 2007; Okpaluba, 2008; Sewpaul, 1995; van Delft and van Delft, 2008). However, authorities in the areas of adoption and family dynamics (e.g. Bevc et al., 2003; Kerr, 1981; McMillen and Rideout, 1996; Mariano, 2004; Ng⁸ and Smith, 2006; Steele et al., 2003) posit that the emotional state in infertile people's families may require attention to facilitate establishment of a bond between parents and adopted children as well as for facilitating such children's socio emotional development. Bevc et al. (2003) stress that the existential family crisis of infertility cannot be resolved by adoption adding that the emotional climate of infertile couples should be taken into account in the adoption process. Based on the foregoing, this study will first consider family dynamics which may prevail in families of infertile people before covering issues arising specifically from adoption.

In addition, little empirical research has been conducted to inform policy and practise of family welfare in Lesotho while studies on the international front tend to investigate parent and child issues separately. For instance, (Hornor) 2008; Mennen and O'Keefe (2005); Lawler, Shaver and Goodman (2011); van den Dries, Juffer, IJzendoorn and Bakermans-Kranenburg (2009); as well as Wilson (2009) focus

⁸Note that this is a complete name translated from either Chinese, Japanese or Korean languages.

narrowly on child characteristics while Howe (1995; 2005), Prior and Glaser (2006), Roberson (2006) as well as Steele et al. (2003) recognise the role of parental characteristics in adoption adjustment without taking adoptees' agency and idiosyncrasies into account. A study of the interplay of parent and child attributes in adoptive scenarios in African settings is thus warranted.

Lastly, legislation that is believed to be unsupportive to the plight of children as highlighted also warrants close examination. The Lesotho Child Protection and Welfare Bill was enacted in March 2011 replacing two obsolete Statutes: Adoption Proclamation of 1952, and Children's Protection Act 1980. These laws which sought to protect the same group of people were discordant in many respects and made redundant by age long before the Children's Protection and Welfare Act (Parliament of Lesotho, 2011) could be drafted. They were, consequently, often misinterpreted or disregarded altogether in practise by social workers and courts of law alike. For example, the Adoption Proclamation (Parliament of Lesotho, 1952) stipulated that only married people could adopt, marriage defined in a separate Statute as a union of two people of opposite sexes (Parliament of Lesotho, 1974). Furthermore, regardless of the Adoption Proclamation of 1952 naming The High Court of Lesotho as the Adoption Court, adoptions were carried out haphazardly by both Magistrate and High Courts until March 2008, (Commission on the Situation of Adopted Basotho Children, 2008), indicating disregard of child protection laws possibly due to perceived inadequacy of such laws.

In all, the sum of impetuses of childhood vulnerability combined with inadequacies and confusion in child protection in Lesotho calls for empirical examination.

BROAD AIM AND SPECIFIC OBJECTIVES OF THE STUDY

BROAD AIM:

The study sought to investigate and inform strengthening of adoption services in Lesotho.

SPECIFIC OBJECTIVES:

Specific objectives of the study were as follows:

1. To investigate pre and post-adoption challenges faced by adoptive families.
2. To investigate coping strategies and mechanisms employed by adoptive families.
3. To identify gaps in service provision for adoptive families.

RESEARCH QUESTIONS

To address the above listed aims, the study asked the following broad questions:

1. What factors lead parents to adopt?
2. What are the challenges faced by people who wish to adopt before and after adoption?
3. How do adoptive parents manage challenges they face as a result of wishing to adopt and/or adopting?
4. What pre and post-adoption services are available in Lesotho?
5. How accessible and efficient are services mentioned above?
6. What service gaps still need to be addressed in respect of adoption in Lesotho?

DEFINITION OF KEY TERMS USED IN THE REPORT

Adoptee refers to a child or person in respect of whom permanent parenting rights were acquired by legal rather than biological processes.

Adoption refers to a legal process of acquiring permanent parenting rights and responsibilities over children (Parliament of Lesotho, 2011). In this study only families who have legal documentation confirming adoption will be considered to

have “adopted”. In the case of countries other than Lesotho, it should be taken to refer to children or adults adopted under relevant international and national laws.

Adoption Adjustment: There is no universally agreed upon definition for this concept. However, it is generally regarded as the extent to which adoptees assimilate adoption status into coherent interpretation of self. The concept thus implies a range of factors including “coming to terms with being adopted” (Grotevant, Dunbar, Kohler, and Esau, 2000:382). This is confirmable by appropriate social and affective interaction, as well as reasonable cognition and perception of reality by adoptees (Priel, Melamed-Hass, Besser and Kantor, 2000; Tan, Marfo, and Dedrick, 2007; Wilson, 2004).

“Adoptive dyad” refers to a two person relationship between an adoptee and either of its adoptive parents.

“Alternative parenting” refers to parenting through means other than biology inclusive of step, foster, and adoptive parenting.

“Attachment dysfunction”. This phrase represents all levels of attachments excluding secure attachment.

“Attachment figure” refers to any person around whose behaviour children establish bonds, IWM, and related behaviour.

“Baby” refers to a person below the age of one year old.

“Basotho” refers to natives of Lesotho.

“Child”: International, Regional and Lesotho instruments are in consensus concerning definition of this concept. All are recognised as the present, Lesotho based study, cites vast literature conducted regionally and internationally.

Accordingly, a child in the present study will be taken to mean a person below 18 years old including an infant (African Charter on the Rights and Welfare of the Child; Parliament of Lesotho, 2011; United Nations Convention on the Rights of the Child).

Foster parent refers to an adult who has fostered a child according to Sections 51 to 53 of the Parliament of Lesotho (2011).

“Infant” refers to a person below the age of one year old.

“Infertility” refers to inability to conceive babies or carry pregnancies to term when all other necessary factors are in place.

“Maltreatment”: The following definition by Centre for Disease Control and Prevention is adopted: “Acts or series of acts of commission or omission by parent or caregiver...that result in harm, potential for harm, or threat of harm to a child.”

“Parental figure” has the same meaning as attachment figure.

“Sex-exclusive fertility” refers to couple fertility which produces children of the same sex.

HISTORICAL BACKGROUND OF ADOPTION IN LESOTHO

Historically, adoption did not take place in Lesotho for the native population. The Statute governing adoption, The Adoption Proclamation of 1952, was aimed exclusively at adoption of Lesotho children by White settlers (Kimane, 2005). This exclusion of natives in adoption laws was possibly a consequence of erroneous assumptions by then law makers that Basotho had a set of traditional mechanisms for adoption coupled with deliberate effort by settlers to create two separate population groups in the country at the time (Maqutu, 2005). Hence, historically, Basotho were legally prohibited from adopting children, a position which was

changed by a court decision in 1985⁹ (Kimane, 2005; Maqutu, 2005). As a result of the foregoing discriminatory law (before 1985), adoption remained an uncommon and mysterious practise to which Basotho remained ignorant and suspicious, suspicion which continues to prevail, albeit to a lesser extent.

However, evidence of adoption among Basotho has not been found. Two known systems of alternative parenting in Lesotho were child-lending and kinship care. “Child-lending” was a practise whereby children grew up in families other than biological families with the expectation that they would return to their original families later in life. It was common in instances where families had one-sex children, and were “lent” children of a different sex. Kinship care on the other hand was often necessitated by socio-economic incapacity on the part of biological parents. In this case, extended families completely or partially provided care to children in conjunction with biological parents. Kinship care and child lending were analogous in that in both cases children retained their original identity and did not fully integrate into host care families. Resultant to attenuation of extended family systems, however, traditional practises of child-lending and kinship care have become less common.

To date, institutionalisation and, to a less extent, adoption have since replaced the foregoing approaches to alternative care. Adoption entails complex psychosocial processes for adoptive parents and children alike. It is thus found essential to add to the growing body of documentation in Lesotho to improve efficiency adoption.

VALUE OF THE STUDY

The value of this study is hence two-dimensional in respect of Lesotho:

⁹1985 is the year in which the discriminatory nature of the Adoption Proclamation of 1952 was successfully challenged in the Constitutional Court of Lesotho, rendering all Lesotho citizens eligible for adoption of children from then on.

1. It can inform approaches to support emerging family makeup, specifically adoptive families.
2. It can generate valuable data on how to enrich family life for other alternative parenting families.

PARAMETERS OF THE STUDY

The study does not consider marital status of adoptive parents as this is a distinct and full researchable topic which requires separate research undertaking. Secondly, the study seeks to inform adoption process in Lesotho. As such, the location of the study is Lesotho and only the situation of families based in the country will be taken into account. Thirdly, the study focuses on experiences of adoptive parents without incorporating those of biological parents or adoptees. The researcher is of the view that it would be potentially challenging to locate adoptees' biological parents as many of them were abandoned.

LIMITATIONS OF THE STUDY

Despite meticulous effort taken in the design of this study, three unavoidable limitations are recognised: Scarcity of empirical literature on the subject of adoption in Lesotho, non-probability sampling strategies which, while found to be the best sampling methods in the study on account of the study populations, may have resulted in sampling bias. Third, data interference which may result from the interviewing process should be acknowledged even though, as will be illustrated in chapter four, all possible measures were taken to avoid interference. Nonetheless, interviewing can still result in some data interference and this is also duly recognised.

Since all interviews were conducted in Sotho, the vernacular for Lesotho, it is necessary to concede further that the translation process might have distorted some of the data and accordingly, information may have inadvertently and unavoidably

been misrepresented or lost in translation. Nonetheless, effort was made to avoid this through engaging a data quality reviewer as explained in chapter four.

Finally, it is perhaps honourable to admit that the researcher sometimes found it rather challenging to separate her researcher persona to that of her usual social worker/therapist personality. While these two characteristics might have complemented each other at times, at other times they may have obfuscated the research process for both researcher and participant, particularly during emotion expression. Again, the researcher was constantly vigilant about the possibility, making the effort to redirect interviews to research aims when digressing to minimise impact to the research process and outcome and reflecting with her supervisor throughout data collection.

PRINCIPAL THEORIES UPON WHICH THE STUDY WILL BE BASED

“Knowledge of child development and attachment dynamics” have been identified as crucial elements for stability in adoptive families (Roberson, 2006:735). This study therefore uses two theoretical frameworks to position arguments related to the fore mentioned factors combined or in isolation. The first, Attachment Theory, describes the possible impact of pre and post-adoption experiences on children and parents alike while Psychosocial Development Theory (PDT), the second theoretical framework, expounds child development according to life stages. Thirdly, studies have found family dynamics to be equally influential in child development. Intergenerational Family Systems Theory (IFST), is therefore the third theoretical framework which will be discussed with the view of substantiating arguments pertaining to family emotional processes in this study.

ATTACHMENT THEORY

Attachment theory was developed by John Bowlby, a trained psychoanalyst, in collaboration with a wide range of practitioners such as psychiatrists, nurses and

social workers (Bowlby, 1973; 1979; Howe, 1995). The theory, which is heavily influenced by ethological principles although it borrows on psychoanalytic thought, focuses on the complex bond between infants and their primary carers (Bowlby, 1966; 1969; 1979). In addition to its broad discipline spectrum, the theory possesses two principal strengths:

“...it is one of few bodies of work developed solely on research conducted on children ... further refined under research conditions in an African setting” (Thabane and Kasiram, 2015:46).

APPLICABILITY OF ATTACHMENT THEORY TO THE STUDY

Attachment theory expounds how individuals come to view themselves and others as a consequence of their experiences with those closest to them, specifically, parental figures, explaining the potential impact of single and/or multiple separations of children from such figures as well as that of maltreatment of the former by the latter (Mennen and O’Keefe, 2005; Samantrai, 2004; Wilson, 2009). Both maltreatment and separation of children from their birth parents, common factors related to adoption, are understood to result in permanent psychological scars evident in all life stages of affected children or people (Brodzinsky, Schechter, and Henig, 1993 cited in Roberson, 2006; Mennen and O’Keefe, 2005).

A history of either separation from parental figures or maltreatment in the hands of the latter is thought to predispose children to difficulty in establishing affectional bonds in subsequent relationships as highlighted (Bowlby, 1966; 1979; Dozier and Rutter, 2008; Bowlby, 1982 in van den Dries et al., 2009). Attachment theory was thus found relevant for application in this study as adoption implies permanent separation from birth parents and an existential requirement for establishment of bonds with alternative parents (van den Dries et al., 2009; Wilson, 2009).

Thirdly, a range of strategies to counter dysfunctional attachment have been promulgated and implemented with reasonable efficacy elsewhere (Bakermans-Kranenburg et al., 2003; Cohen et al., 1999; Dozier et al., 2005; Howe, 1995; Juffer et al., 2005; 2008a; 2008b; Marvin et al., 2002; Toth et al., 2002). Hence attachment theory is believed to be relevant to this study as it may have capacity to inform Lesotho social workers' and adoptive parents' efforts to facilitate integration of adoptees into adoptive families.

DESCRIPTION AND APPLICATION OF THEORY

Attachment theory views psychosocial development as a continuous process which commences at a uniform point for all humans but ultimately assumes distinct patterns dependent upon opportunities and risks prevalent in the development of each human (Cassidy, 2008; Howe, 1995; Kobak and Madsen, 2008; Roberson, 2006; Samantrai, 2004; Wilson, 2009). According to the theory, key factors for healthy human psychosocial development is quality of interaction between infants and their primary carers although others described as "beyond attachment" also have a bearing to the development process (Hornor, 2008; Howe, 1995; Lawler, Shaver, and Goodman, 2011; Mennen and O'Keefe, 2005; Roberson, 2006; Samantrai, 2004).

Attachment behaviour serves to preserve infants' life through ensuring their physiological needs as well as their protection from harm (Bowlby, 1969 in Roberson, 2006). Infant behaviours such as crying, cooing, clinging and sucking are examples of survival strategies by infants to solicit carer intervention as they are incapable of providing for their own wellbeing (Samantrai, 2004). Further, infants and younger children monitor presence of their preferred carers through eye and/or physical movement upon attaining motor competency (Bowlby, 1969; 1979). Moreover, motor competent children were observed to seek out and flee to preferred carers when ill, threatened or overwhelmed. Findings of Ainsworth's (1963; 1967 in Bowlby, 1969) study in Uganda confirmed this dynamic. Motor competent Ugandan

children in the study consistently fled to their preferred carers in the presence of the researcher, a strange intruder.

Attachment is defined as “a biological drive which encourage[s] proximity to a caregiver and provide[s] the young child with protection from danger” (Bowlby, 1969 in Wilson, 2009:23). It is a scientifically measurable indicator of a bond between carer and child and is observable in the sum of behaviour patterns designed to seek or manage closeness to caregivers (American Academy of Child and Adolescent Psychiatry, 2005 in Hornor, 2008; Howe, 1995; 2005). A child is considered to be “attached” to a preferred carer when she or he notably seeks proximity to a carer, specifically when “frightened, tired or ill” (van den Dries et al., 2009; Samantrai, 2004). In the absence of or in instances of dysfunctional attachment, however, children reportedly display contradictory behaviours which suggest a need for proximity to preferred people while simultaneously rejecting preferred people’s offer of comfort or closeness (Cassidy, 2008; Howe, 2005; Kobak and Madsen, 2008; Prior and Glaser, 2006; Steele et al., 2003). Therefore, attachment refers to the sum of acquired physical and ego protection mechanisms employed by children when under threat while attachment figures are those preferred people around whom children organise their attachment. In the absence of mitigating circumstances, it can be transferred into adulthood relationships.

Attachment security is considered vital for social and psychological wellbeing. Firstly, strong bonds or quality social relationships established in infancy are said to be the cornerstone of social competence throughout life (Howe, 1995). Roberson (2006) continue to cite the findings of Woodward, Fergusson and Belsky (2000 in Roberson, 2006) who revealed that children with lower levels of attachment to their parental figures were more likely to exhibit externalising behaviour than their more securely attached counterparts. These findings are consistent with discoveries of Bowlby (1979) who postulated that children who experienced early or prolonged maternal deprivation were more likely to display psychopathic attributes and depression. The preceding conclusions were later corroborated by van den Dries et al. (2009) who

posited that attachment has long-term benefits for concerned children as it promotes autonomous thought and action in children thereby enhancing their cognitive and physical development. van den Dries et al. (2009) undertook a meta-analysis of literature sourced across an expansive range of databases which yielded studies from across the globe.

Attachment, which is understood to be a product of children and their carers' instinctual strategies, is believed to be formed around the age of seven months and is most likely to be established between children and their most consistent carers (Bowlby, 1969; Cassidy, 2008; Prior and Glaser, 2006; Samantrai, 2004; van den Dries et al., 2009). Children's innate behaviours such as crying, laughing, smiling, and cooing which may be reciprocated by loving gestures from carers are thought to culminate into mutual bonds between children and carers (Howe, 1995; Prior and Glaser, 2006). Failure or inability on the part of carers to respond to displeasure and satisfaction signals of children, however, can result in dysfunctional attachment between carers and children (Bowlby, 1979; Lawler et al., 2011; van den Dries et al., 2009; Wilson, 2009). Thus, interactional patterns between children and their carers can either encourage or inhibit establishment of attachment between children and carers.

As this theoretical perspective suggests, when preferred people are consistent in conveying love and concern to children, children view themselves as worthy of such love whereas when love and affection is withheld, children acquire diminished self-regard; become paranoid about objects in their world; and are often reticent in exploration of the environment, restricting their growth potential (Cassidy, 2008; Mennen and O'Keefe, 2005; Lawler et al., 2011; Roberson, 2006; Samantrai, 2004; van den Dries et al., 2009). Such interpretation is stored in children's psychology in the form of internal working models or IWM in short. Internal working models tend to be enduring throughout life although they are not completely interminable (Cassidy, 2008; Mennen and O'Keefe, 2005). Young children tend to seek encouragement from their parental figures or "security bases" to explore. Upon encountering threats

in their efforts to explore, they return to their “base” for “protection, security and comfort” (Samantrai, 2004:66). Thus, a higher level of security in the relationship between children and their carers implies a higher likelihood of children to explore and interact with their environment. Secondly, securely attached children are said to possess higher levels of confidence in their abilities generally and their abilities to influence their environment specifically (van den Dries et al., 2009).

Three strategies signify attachment according to literature: proximity seeking; secure base effect; and separation anxiety, together known as attachment behaviour (Weiss, 1991 in Howe, 1995:52). Proximity seeking refers to children’s explicit attempts to remain within comfortable vicinity with their preferred carers, a comfort zone said to diminish in size during periods of perceived or real threat (Howe, 1995). Secure base effect on the other hand refers to children’s tendency to display more secure demeanours in the presence of their preferred or prime carers typically characterised by reduced caution when exploring their environment. For example, when [securely] attached children are within comfortable range with their preferred carers, they tend to explore and interact with the environment more readily and to take more risks while intermittently ensuring that attachment figures are still within safe distance. Lastly, three stage separation reaction i.e. protest, despair, and detachment is also used as a standard of children’s attachment to preferred carers. Protest is when children demonstrate displeasure upon separation with preferred carers by crying or, in cases of articulate children, “verbalisation”. Secondly, children’s activity is often subdued in the absence of or immediately after separation from attachment figures but this turns to reproach when preferred carers re-emerge whereupon children distance themselves from figures in behaviour known as detachment (Weiss, 1991 cited in Howe, 1995).

Howe (2005) continues to explain that attachment behaviour is “activated” when children are scared and/or distressed and “turned off” when perceived danger is minimised such as in the presence of preferred carers or attachment figures. In instances where attachment figures evoke fear or for any reason cannot be relied

upon to provide security, attachment activation cannot be turned off as threat is constantly imminent while respite cannot be guaranteed, leading to attachment dysfunction (Howe, 2005). Other antecedents to attachment complications include in-utero drug and alcohol exposure regardless of pregnancy desirability; maltreatment of children by attachment figures; and quality of alternative care (Levy and Orlans, 2000 in Roberson, 2006:729). Further, intellectual disabilities in children are also linked to attachment dysfunction.

Attachment theory may be used further to understand impact of a history of serial care. Attachment is a mutual bond believed to be established between children and parental figures irrespective of quality of relationship between them (Cassidy, 2008; Howe, 2005; Prior and Glaser, 2006; Samantrai, 2004). Thus, like all behaviour patterns, it is learnt. In the event that children experience frequent change in parental figures, therefore, they are thought to avoid emotionally gratifying interaction with others and are particularly resistant to attachment (Dozier and Rutter, 2008; Lawler et al, 2011, Wilson, 2009). Instead they learn to maintain what Howe (2005) refers to as utility relationships.

While this study does not seek to examine attachment level, rather considering factors which may inhibit establishment of secure attachment, it is still deemed important to provide an overview of attachment classifications for reference. There are four broad categories of attachment within which other variations of attachments may fall (except in the case of secure attachment) namely, secure attachment; insecure/anxious attachment; avoidant attachment; ambivalent attachment; and disorganised attachment which are described briefly below.

SECURE ATTACHMENT: Consistent, reliable carers lead to a state known as secure attachment. Such consistence and reliability foster self-confidence in children as well as confidence in carers as children know that attachment figures will respond favourably to their needs. Securely attached children therefore communicate their needs without fear of reprisal and venture away from attachment figures (when they

are mobile) knowing that attachment figures can be relied upon to provide protection should the need arise. Thus, secure attachment is characterised by mutual communication and compassion between children and attachment figures. Securely attached children develop IWM of themselves as capable people who are worthy of love which translates to capacity to give and receive love (Howe, 2005). Lastly, whereas secure children might be frustrated in the absence of attachment figures, they remain confident that during availability of carers, they will be protected and adequately cared for.

INSECURE AND ANXIOUS ATTACHMENTS: Unlike secure children, insecure and anxious children cannot guarantee their attachment figures' availability and/or responsiveness. In the case of maltreated children specifically, they become hyper-vigilant about attachment figures' (caregiver) reaction and location and are constantly concerned about their safety, limiting their potential to explore the environment. In addition to maltreatment, attachment figures' inability to respond to children's attachment needs in a consistent manner leads to insecure and anxious attachments between themselves and children in their care (Howe, 2005).

AVOIDANT ATTACHMENTS: Apart from inconsistent attachment figures, there are figures who fail to respond altogether as a result of fear of (close) social relationships. This fear causes attachment figures to condemn behaviour from children which involves demonstration of distress thereby requiring affection and compassion from attachment figures, which attachment figures are uncomfortable with (Howe, 2005). Thus, avoidant attachment, which takes the form of "emotion concealment" is a learnt strategy to deal with attachment figures' discomfort with emotions and is equally useful in keeping (avoidant) attachment figures close-by.

AMBIVALENT ATTACHMENTS: Ambivalence on the other hand results from attachment figures' preoccupation with themselves and their need for affection and approval (and therefore little or no attention to children). Such attachment figures are therefore unable to interpret children's distress signals. Indeed this leads children to

feel unappreciated which they deal with through attention seeking behaviour. When this fails, children become subdued in their activity and interaction with their environment although this has been found not to last long before further efforts of vying for attachment figures' attention are embarked on (Howe, 2005). While this pattern may not necessarily ensure positive response for attachment figures, it is useful in that it often elicits some (otherwise non-existent) response, be it positive (comforting) or negative (reproach) (Howe, 2005).

DISORGANISED ATTACHMENT: Attachment figures with damaged IWMs due to their own imperfect attachment experiences are unsettled by children's attachment behaviour, specifically comfort seeking. Taking note of children's attachment needs reminds (damaged) attachment figures of their own unmet attachment needs. Such attachment figures often become frightening to children, behaviour which children interpret as their fault and become constantly distressed as a result, and may resort to dissociation as a form of ego-protection from anxiety-causing attachment (Howe, 2005). Parents in this category typically have confusing behaviours when relating to their children. Howe (2005) points out, further that carers who are aware of their imperfect representations are better able to overcome them and still be good parents adding that the more imperfect parents' attachment histories are, the more difficult they have been found to be overcome.

The above discussion implies three principles:

- (a) Infants are highly sensitive to their carers' state of mind and record carers' behaviour for future reference;
- (b) For attachment behaviour to be activated children should identify consistent carers or preferred people;
- (c) In the event of maltreatment and/or serial care giving commonly preceding adoption, affected children may have difficulty establishing functioning attachment with subsequent carers.

PSYCHOSOCIAL DEVELOPMENT THEORY

Psychosocial development theory (PDT) was developed by Erik Erikson (1902-1994), a prolific scholar of a range of disciplines including psychoanalysis and cultural anthropology (Newman and Newman, 1997; Samantrai, 2004). His studies and conclusions were influenced partly by his life story and partly by psychoanalytic theory. Raised by a Jewish stepfather and Danish mother in Germany during explicit anti-Jewish sentiment in the country, Erikson learnt the truth about his relationship with his stepfather at adolescence, having thought of him as his biological father from the age of five years when the man married Erikson's mother. Professionally, Erikson initially studied art but later decided to change careers upon realising that art was not his strong point. Following international travel to "find himself", he met Anna Freud, who coached him to be a psychoanalyst (Newman and Newman, 1997).

APPLICABILITY OF PSYCHOSOCIAL DEVELOPMENT THEORY TO THE STUDY

The theory whose distinguishing feature is recognition of the individual's role in their psychological development, expounds how innate behaviour; home environment; and societal influence collaborate to shape a person's psychology. Thus it provides a framework within which confluence of adoptee, parental, and societal behaviour can be understudied. Most importantly, it provides a strong basis on which adoptee behaviour can be studied according to age. Secondly, practitioners working with adoptees and their families should appreciate potential difficulty experienced by adoptees in consolidating their biological and adoptive identities on account of the following:

1. Reports of high rate of maladaptive behaviour among adoptees relative to non-adoptees thought to be attributable to uncertainty about identity.
2. Adoption itself which understandably raises questions about adoptee origin.
3. Adoptee identity in African societies can be complicated by customs and traditions which revolve around biological lineage such as burial ceremonies, mourning rituals, and ancestral worship.

Psychosocial development theory was therefore found relevant to the study as it can provide direction on determining age-appropriateness of behaviour while it propounds identity formation (Newman and Newman, 1997; Karkouti, 2014). Identity is understood to be the theory's focus with the first four stages explaining identity formation in the first half of life while the remaining stages are concerned with how identity is consolidated in the last stages of life (Karkouti, 2014).

Despite some inconsequential limitations, studies have found the theory to be valid across genders and ethnic groups with Rescorla et al. (2007 cited in Craig and Dunn, 2010) testing the theory on an African setting.

DESCRIPTION AND APPLICATION OF THEORY

Psychosocial development theory promulgates eight stages of development characterised by conflict of opposing ego attributes, resolution of which not only influences progression to subsequent stages but capacitates individuals to deal with challenges thereat (Karkouti, 2014). The stages are thought to be successive although they can overlap (Samantrai, 2004). According to the theory, resolution implies balance rather than inclination towards an ego attribute. The stages, delineated below, are:

“basic trust versus mistrust, autonomy versus shame and guilt, industry versus inferiority, identity versus identity diffusion, intimacy and distantiation versus self-absorption, generativity versus stagnation, and integrity versus despair.” (Samantrai, 2004:53).

BASIC TRUST VERSUS MISTRUST (0-1 year): The first year of life is characterised by children's dependence to an older being or beings, usually their carers. According to Erikson, carer-child relationships are determined by carers'

psychosocial development coupled with prevailing child rearing norms while the duos should settle into mutually satisfactory routines within the first year of children's life. The first half of this first year is dedicated mainly to receipt of food and care by children while in the second half, children are expected to begin exploring their surroundings and making sounds. Carers are the most influential players in this stage although their behaviour is informed by social values and norms (Newman and Newman, 1997; Samantrai, 2004).

In the second year, adults gradually reduce time spent with children, compromising the trust developed in children's early life. Thus the conflict for children is whether to continue trusting a previously more available (trustworthy) carer to an increasingly less available (unreliable) one. Erikson believed that successful resolution of this conflict leads to hope, the opposite of which is hopelessness brought about by non-resolution (Samantrai, 2004).

AUTONOMY VERSUS SHAME (1-3 years): This stage coincides with psychoanalytic anal stage whereby children attain sphincter muscle and motor control. Again, carer response depends on (often counterproductive) societal norms such as use of shame and punishment for toilet training. When properly handled, meaning when children are granted autonomy and not subjected to shame and punishment, they acquire pride and independence whereas when excessive control is used, children become doubtful of their abilities (Samantrai, 2004). Successful resolution of this conflict is dependent upon successful resolution of the preceding one. Erikson recognised that social pressures can undermine parenting capacity and specifically identified class and marital problems as some of the factors which result in carer self-doubt as potentially being projected to children in concerned adults' care. In short, an unhappy disempowered carer can be damaging to psychosocial development of children at this momentous stage (Samantrai, 2004).

INITIATIVE VERSUS GUILT (4-7 years): This stage is characterised by guilt or anxiety about love/hate of same sex parent in oedipal complex. Guilt is said to be

accompanied by graphic fantasies of elimination of the same-sex parent and the risk of punishment. The intensity of thoughts is said to be limiting to children's initiative while resolution is said to culminate in identification with same-sex parent.

INDUSTRY VERSUS INFERIORITY (approximately 7 years – puberty). According to Erikson, learning is the focus at this stage in almost all societies although playing is equally important. However, children need to be useful, accomplish things, and be acknowledged for their accomplishments. Hence,

“[s]chools and teachers have direct significance in the development and maintenance of a sense of industry (or inferiority) in [children]. Crowded classrooms that permit little personal attention... [or acknowledgement] creates sense of inferiority and inadequacy. On the other hand, a good school environment can do much to create a sense of industry even when conditions at home are far less than optimal.”
(Samantrai, 2004: 57).

IDENTITY VERSUS IDENTITY DIFFUSION (Adolescence): Ego qualities developed in previous stages are understood to form an integrated whole during adolescence and to be useful in navigating difficulties therein and henceforth. For instance, adolescence corresponds with redirection of societal pressure from adults to adolescents which can be overwhelming especially as this stage it is also characterised by equally unprecedented shifts in body shape and thought processes generally. This is to say, at this stage, individuals face a potential psychosocial crisis which they have to deal with as independent entities, perhaps for the first time, with the manner in which they deal with the crisis dependent upon strengths acquired hitherto. Diffusion or disarray in identity from this viewpoint is when an individual cannot settle on a self-description which facilitates an acceptable strategy to deal with the crisis as a result of, among other things, doubt over ethnicity, sexual identity, and/or inability to identify a suitable career path. Furthermore, the crisis is

compoundable by vastness of available opportunities more so if the individual has not indentified who they are or who they want to be (Karkouti, 2014; Low and Edwards, 1993; Samantrai, 2004).

In short, Erikson describes the frustration of not settling on a self-description or not being happy with a prevailing one. From Erikson's set of ideas, positive self-regard is associated with coherent identity and fulfilling social interaction, portending less psychological and psychiatric challenges. Conversely, identity diffusion is associated with psycho and psychiatric symptoms including drug use and self-destructive behaviour (Schwartz et al., 2011). Secondly, adolescents who are able to map a suitable life trajectory become confident in their identity as opposed to those who either lack opportunities or are unable to choose from a variety of opportunities (Schwartz et al., 2011). This is to say, "people who know who they are and where they are going are likely to capitalise on the opportunities presented" (Schwartz et al., 2011:840).

The stage does not necessarily become a crisis for all individuals, however, as research has found adolescent externalising behaviour to be statistically insignificant (Craig and Dunn, 2010). Nonetheless, Craig and Dunn (2010) argue that discrepancy between parental expectations and adolescent behaviour can be considered a positive rather than negative attribute for adolescents who should ideally be differentiating from adults at this stage in preparation for adulthood. They explain that, often adolescents merely re-evaluate family culture and where their views vary with adults', they are often labelled externalising. Again, how such dissention is handled depends on how adults are influenced by prevailing societal norms and values, implying that maturity of adults (or lack thereof) could account for the so-called adolescent strife.

The theory was further operationalised by Marcia (1966 cited in Schwartz et al., 2009) focusing on identity formation. The theorist came up with four stages of identity formation, namely, exploration, foreclosure, moratorium, and commitment.

“Exploration is sorting through potential identity alternatives and commitment refers to deciding on and adhering to a specific set of goals, values and beliefs... [while] foreclosure is commitment without prior exploration and moratorium refers to active identity exploration without commitment.” (Schwartz et al., 2009:143).

Schwartz et al. (2009) concludes that identity formation is not necessarily final as humans continue in the journey of identity exploration throughout life, a journey they found to be distressful. They also emphasise that, perhaps like in all stages, identity synthesis and confusion are not necessarily mutually exclusive.

INTIMACY VERSUS SELF-ABSORPTION (young adulthood): In this stage there is a need for closeness which differs from the one with carers. Such closeness should ideally be founded on a strong identity and it in turn forms the basis of other meaningful adult relationships (Samantrai, 2004).

GENERATIVITY VERSUS STAGNATION (middle adulthood): Erikson considered adults to have the urge to contribute in development of the younger generation. As such, he identifies philanthropic activity as a means for enriching adult's life (Samantrai, 2004).

INTEGRITY VERSUS DESPAIR (old age): At this stage adults should ideally be at peace with their successes and losses in previous stages. However, despair, characterised by discontentment about the past and trepidation about death, can arise (Samantrai, 2004).

In conclusion, it is noted that Erikson's theory fairly represents conventional times. In particular, his view that society potentially influences almost every aspect of individuals' lives calling for some level of maturity to prevail over societal demands

without being in conflict with it rings true. Even as society moves further from closed social circles through modernisation and computerisation, many individuals appear to constantly call out for social approval. For instance, in the Republic of South Africa and in Lesotho, where the researcher is based and where it originates respectively, people's lives appear to be heavily dependent on branded clothing, beauty enhancers, and other merchandise often procured on credit and brandished on electronic media in a bid to vie for peer approval.

INTERGENERATIONAL FAMILY SYSTEMS THEORY (IFST)

IFST promulgates eight interlocking principles which together seek to explain the systemic nature of familial interaction and how this impacts family members, particularly young ones: Differentiation of self; triangles; nuclear family emotional system; family projection process; emotional cut-off; multigenerational transmission process; sibling position; and societal regression (Goldberg and Goldberg, 1996; Kerr, 1981).

JUSTIFICATION FOR THE APPLICATION OF THE THEORY TO THE STUDY

The starting point of this study is that a family which is afflicted by involuntary childlessness is characterized by an extraordinary emotional system which can be passed on to its non-biological offspring in the event that such are introduced into the family. Intergenerational Family Systems Theory (IFST) is therefore found to be appropriate as a framework for this study since it propounds the emotional system within families and the effect that the foregoing can have on family members. This theory has the capacity of informing social work strategies of working with infertile families which this study seeks to design. IFST was developed by Murray Bowen who initially observed mothers and their schizophrenic children and later entire families with schizophrenic children (Goldberg and Goldberg, 1996). Bowen's (1976 in Green, 2003) main tenet is that malfunction in one's family of origin limits ability to assume a mature, healthy personality, a prognosis which applies to single or two parent family systems alike (Green, 2003; Kerr, 1981). The converse of Bowen's

theory can therefore be interpreted as: families with a healthy emotional system will likely give rise to healthy emotional functioning in their offspring.

DESCRIPTION AND APPLICATION OF THE THEORY

DIFFERENTIATION OF SELF: As highlighted, the founding principle of IFST, differentiation of self, submits that a couple's emotional capacity manifests in a nuclear family emotional system which in turn determines the emotional and intellectual development or actuation of offspring within the nuclear family (Goldberg and Goldberg, 1996; Kerr, 1981; McMillen and Rideout, 1996; Ng¹⁰ and Smith, 2006). According to Hartman (1981 cited in Laird and Allen, 1983) the concept of differentiation provides a framework on which the linkages between intrapersonal and interpersonal family system(s) can be conceptualised and analysed. It also represents the capacity of an individual to balance emotional and intellectual functioning (Green, 2003). Differentiated persons are said to be "those who can experience strong emotions and can also shift to calm, logical reasoning for decision making and problem solving, as appropriate to the context of the experience" while undifferentiated act solely on the basis of feeling (Green 2003:73). As such, "[p]eople who can maintain reasonable separateness of the intellectual and emotional systems in diverse, particularly trying situations, are said to have a high degree of basic differentiation" (Kerr, 1981:238). The less differentiated a person is, the more she or he will be dependent on others' emotionality (Kerr, 1981). Kerr (1981) asserts further that, people exist on a scale or continuum of differentiation, ranging from the lower to the higher end of the continuum, although the highest point of the continuum is a proposed indication of a level of differentiation that people can but have not yet reached. Moreover, the level differentiation is not constant in any person. Differentiation is not a psychometric scale but an abstract framework (Goldberg and Goldberg, 1996; Kerr, 1981).

¹⁰Note that this is a name which is translated from either Chinese, Japanese or similar languages and is a full name as it is.

From the above perspective a fused couple has a high propensity of creating a fused emotional system within their nuclear family and consequently children with a low level of differentiation (Kerr, 1981). The foregoing implies also that, a child who is brought up in a fused family system or a family characterised by unmanaged levels of emotion will likely suffer from inability to demarcate boundaries between her or himself and others. Such a child is likely to depend on the emotionality of others: “seeking approval and being dependant on pleasing others [as well as] feeling obliged and comforted by conforming to what others seem to want...[or] actively seeking approval” (Kerr, 1981:238).

The relevance of the concept of differentiation to an adoptee is founded on the premise that, unsound intrapersonal and interpersonal dynamics within infertile families in conjunction with unpreparedness of adoptive families can inhibit adoptees’ differentiation process. Both biological and adoptive families and their children are at risk of suffering from poor differentiation. However, this study specifically extrapolates IFST to infertile and adoptive families as they are the subject of the study. Possibly poor intra and interpersonal relations within adoptive families, can impede adoptees’ ability to mature into healthy people capable of making and executing decisions without the influence of others, at the expense of their wishes. The foregoing indicates need for thorough social work intervention prior to and after adoption.

TRIANGLES: Triangulation in families refers the process of drawing-in a third person in an effort to reduce anxiety in a two person relationship (Goldberg and Goldberg, 1996). During periods when anxiety is low or external condition unthreatening a dyad or two-person system may engage in a comfortable back and forth exchange of feelings, both positive and negative until an overwhelming problem is experienced by the couple or until one of the partners is threatened or upset (Goldberg and Goldberg, 1996). For instance, spouses may draw-in a child when the anxiety within their spousal relationship becomes overwhelming. A classic example of spousal triangulation can be witnessed in families when spouses “*communicate through their*

children” so to speak. For example, a father may say to a son “Tom, please tell your mother to lower the television volume, I’m trying to do some work here” while his spouse is within hearing. Triangulation can advance to the extreme extent to one parent denying the other access to children during an episode of marital dissention. Another child and then another are likely to be included in the triangle if one child fails to catharsise the anxiety within the system. Similarly, a child and mother two-person system may involve a father in the event of insurmountable anxiety and two children may involve either parent (Kerr, 1981).

The triangle has the potential of growing until it involves the extended family, local leadership (in the case of rural settlements) and even the Courts with polygamy another form of spousal triangulation. “A triangle ... dilutes anxiety in a two-person system and is... [supposedly]... both more stable and more flexible than [a] two-some and has a higher tolerance for dealing with stress” (Goldberg and Goldberg, 1996:173). Over and above the provision of relief from minor discomfort, families employ triangles to negotiate closeness and distance between members and to delineate comfortable boundaries within the system (Papero, 1983 cited in Goldberg and Goldberg, 1996).

An unstable nuclear family emotional system can result from either spouse feeling less appreciated or less functional within the system. In families for whom biological maternity is not possible, a couple might choose to adopt. A child introduced into a nuclear family under the fore mentioned circumstances becomes a victim as, once harmony or equilibrium is restored within the system, the child can potentially be relegated to obscurity by the system. According to the perspective of IFST, triangulation is an ongoing process and triangles are established and dissolved when required (Kerr, 1981). The consequent oscillatory over and under attention to an adoptee, depending on the prevailing nuclear family emotional system, can adversely impact on the adoptee’s ongoing process of differentiation. A fused nuclear family emotional system may even scapegoat a child, in this case an

adoptivee, choosing to regard the child as the source of its problems. The likelihood in this case is that of total rejection of the child and further fusion of the spousal dyad.

The above described scenario implies that a two person system such as a spousal system often functions optimally and is well equipped to solve minor huddles as they arise. A massive challenge such as that of infertility which, according to Dyer (2007), is not only an individual or a household problem, but a family and social problem as well, can cause a couple to widen the two-person system in an attempt to manage or reduce anxiety. This effort can manifest positively in ways such as seeking treatment from traditional or Western medicine or negatively through promiscuity, alcoholism, and/or overworking for example (Dyer, Abrahams, Mokoena, and van der Spuy, 2004). Where couples adopt to diffuse tensions however, it is not a certainty that adoption on its own can effectively dilute the spousal tension that results from failure to bear children (Bevc et al., 2003). It is postulated that, the service of adoption, such as it is the researcher understands it to prevail in Lesotho currently, whereby financially sound and socially renowned couples and individuals adopt children without psychological or social assessment (i.e. family emotional system) cannot adequately address the problem of infertility and should be strengthened.

NUCLEAR FAMILY EMOTIONAL SYSTEM: According to Bowen (1978 in Green, 2003) people select spouses with more or less corresponding levels of differentiation to theirs (Goldberg and Goldberg, 1996). Poorly differentiated adults are, according to this perspective, likely to marry others with equally poor levels of differentiation. The resulting spousal dyad will likely be fused and a generally poorly structured nuclear family emotional system likely to ensue. A fused nuclear family emotional system is, according to Bowen (1978 in Green, 2003) characterised by spousal discord and/or impaired or compromised functioning of one of the partners (Kerr, 1981 cited in Goldberg and Goldberg, 1996). Apart from that, a fused nuclear family emotional system is characterised by imagined or real psychological impairment or weakness in a child which enables the spousal dyad to focus attention on the child and away from their unresolved intra and interpersonal conflicts (Green, 2003;

Goldberg and Goldberg, 1996). Furthermore, an over focus on a child is said to increase the child's propensity towards lifelong dysfunctional behaviour such as schizophrenia, delinquency and other forms of maladaptive behaviour (Green, 2003; Goldberg and Goldberg, 1996).

FAMILY PROJECTION PROCESS: This concept refers to the process of projecting the nuclear family's level of differentiation onto some of its offspring. Parents are said not to have the same levels of emotional attachment to their children and to consequently treat their children differently, leading to personality disparities in children from the same nuclear family. The family projection process takes place within the mother-father-child triangulation processes. For instance, children may react to anxiety of either parent and in turn the parent may over-react by becoming age-inappropriately protective to a child. A second parent might step-in, with or without incitement from the other, the resulting emotional system can be overwhelming to a child who is caught in the triangle and the child's potential for age-appropriate development inhibited (Singleton, 1981 cited in Goldberg and Goldberg, 1996).

The above concept derives directly from the one immediately preceding it which is nuclear family emotional system. It asserts that projection of an emotional system may prevail through a counter-transference process between parents and children resulting from the tension of the nuclear family emotional system. To invoke literature discussed under the literature section above, both infertility and adoption can put strain on the nuclear family system (e.g. Bevc et al., 2003; Dyer, 2007; Dyer et al., 2004; Mariano 2004; Okpaluba, 2008; Sewpaul, 1995) resulting in the system projecting much of its strain onto its adoptive offspring through either overprotection or neglect. This study will examine the extent to which infertility affects the ability to embrace parenting responsibilities.

MULTIGENERATIONAL TRANSMISSION PROCESS: Unlike all the preceding concepts under IFST, this concept perceives the family emotional system from a multigenerational point. It implies that members of a nuclear family are as affected by experiences in past generations as they are by experiences in their nuclear families. For instance, in line with this concept of IFST some aspects of dysfunction would be regarded as emanating from adversity in past generations. Multigenerational transmission process is linked with other concepts of this theory but specifically, differentiation, nuclear family emotional system and family projection process. According to this concept, projection of malfunction from one generation to the next is a product of differentiation of partners and the nuclear family emotional system which they create and transmit to offspring from generation to generation (Goldberg and Goldberg, 1996). The process of multigenerational transmission of emotional function can progress from marginally to seriously poor functioning with the latter manifesting after several generations (Kerr, 1981). In practice, multigenerational transmission process can be observed through the transmission of poor parenting practices such as all forms of child abuse and neglect of offspring. The African practice of naming children after past generations can also be cited as one practice that can incite a multigenerational transmission process by way of parents projecting their unresolved feelings about past generations onto their offspring (Guma, 2001).

EMOTIONAL CUT-OFF: This concept refers to the process of isolating or cutting one's self literally or figuratively from one's nuclear family (Kerr, 1981). People from fused nuclear families are said to be more likely to cut-off from the nuclear family in an attempt to retain a degree of autonomy from a nuclear family emotional system which otherwise does not allow independence of thought or action. This phenomenon is however paradoxical in that it can be both a solution and a problem (Kerr, 1981; Goldberg and Goldberg, 1996). For example while it may be the obvious solution to an overwhelming family emotional system, it can simultaneously pose the problem of leaving individuals without the unconditional and reliable emotional support of a fused nuclear family emotional system.

SIBLING POSITION: This concept is credited to Toman (1961 cited in Kerr, 1981). It purports that the chronological order of siblings within the nuclear family tends to have a bearing on the development of their personalities (Kerr, 1981). According to this theory, this development of personality which is determined by sibling position seems to transgress cultures and time. Where families have adopted more than one child, the study will explore how an infertile couple may place different expectations on different children according to their order of joining the family or any other characteristics as perceived by adoptive families.

SOCIETAL EMOTIONAL PROCESS: This concept is sometimes referred to as societal regression (e.g. Goldberg and Goldberg, 1996). Having conceptualised the emotional functioning of the individual, then the family, Bowen went further to conceptualise the functioning of society itself arguing that, societal versus individual standards operate in harmony. In ideal situations therefore, society tolerates difference and protects weaker members in congruence with families practice. When tension erupts, however, as in the case of conflict over power and/or resources, subgroups within the system (or the society) may emerge in an attempt to defeat the system (Goldberg and Goldberg, 1996).

STRUCTURE OF THE REPORT

The report is organised into seven chapters as thus:

Chapter one: Introduces the study, justifying its value to social work practice in Lesotho and outlining theory frameworks which will inform the study.

Chapter two: With the use of evidence from other parts of the world, this chapter discusses some of the challenges which may besiege prospective and adoptive families.

Chapter three: Presents a critical evaluation of a selection of preventative and corrective interventions which have been used elsewhere to facilitate family coherence and/or adoption adjustment.

Chapter four: Narrates and justifies the methodology used in the conduct of the study going further to highlight weaknesses of some methods which considered but discarded in favour of those used herein.

Chapter five: With the use of content analysis, the study's findings are presented in chapter five in their original form.

Chapter six: This penultimate chapter builds on the one preceding it to contextualise the findings, interpreting them within the theoretical frameworks discussed in chapter one as well as literature findings presented in chapter two. At the same time, the chapter highlights implications of the findings to social work practice in Lesotho.

Chapter seven: Finally, chapter seven consolidates all six chapters and presents the researcher's ideas on what can be done in Lesotho to improve the service of adoption citing interventions delineated in chapter three.

CHAPTER SUMMARY

A range of impetuses of childhood vulnerability in Lesotho call for permanent measures to protect affected children which are independent from government funding. Adoption, one such reliable measure, has recently been embraced by Basotho due to a variety of reasons as outlined, prompting this study which seeks to understand how adoption can be improved to benefit children and parents who wish adopt.

The study is guided by three theories: attachment; psychosocial development; and intergenerational family systems theories, discussed above, which singularly or together underscore the following five key points:

1. Parents' (or parental figures') state of mind as determined by their backgrounds and prevailing circumstances determine their parenting ability and approach.
2. Growing up in a healthy environment which fosters positive self-regard is crucial for strengthening one's psychosocial competencies.

3. Age-appropriate psychosocial growth throughout life predicts ability to deal efficiently with life's difficulties.
4. Defects at any stage of development potentially damage the entire life process.
5. Family imperfections tend to be transmitted from generation to generation unless the trend is broken.

To illustrate the above points, theoretically there is a time allocated to developing psychological; followed by elementary; then tertiary skills; all of which should be succeeded by a period of employing the sum of acquired skills to earn and invest income. Lagging behind in any of the stages frustrates the entire process and this can be seen throughout individuals' lives with implications at family and society level. At individual level the theories suggest chronic discontent with one's self and life in general; leading to inability to relate intimately or to create the necessary atmosphere to nurture others at family level while at societal level they portend lifelong economic embarrassment and frustration in the best case and in the worst case scenario risk of incarceration and diseases such as HIV and addictions. Suggested therefore is importance of not only addressing inadequacies at individual and family level but of preventing them. This synopsis is applied onto the life trajectory of adoptees throughout the study.

CHAPTER II

LITERATURE REVIEW PART I

OBSTACLES TO ADOPTION ADJUSTMENT

INTRODUCTORY BACKGROUND

This chapter, which is divided into two main sections (pre and post-adoption circumstances), considers factors believed to impede adoption adjustment. Under pre-adoption circumstances, the value of parental figure-child relationship is examined followed by risks associated with parental deprivation and maltreatment. Finally, under post-adoption experiences adoptive parents' infertility; adoptee psychological state and service provision challenges are analysed. Trends, gaps and incongruities in knowledge and research efforts pertaining to the subject are also highlighted.

Before engaging with the subject, it is necessary to justify some of the material presented. Much of the literature reviewed in the two literature chapters originates from Europe and America, although some literature from the Republic of South Africa is also featured. The study's reliance on European and American literature is not absolute as primary data which forms the foundation of the study was collected from Lesotho while suitability of each program discussed in chapter three will be demonstrated. In much of Africa, psychosocial interventions are generally community rather than family based. Consequently, there is a dearth of family work literature in Africa, relative to community work. Community work falls beyond the scope of this study and literature on it, considered in the study's preliminary stages, was found irrelevant. Based on relevance of content to the present study, more European than African literature is examined.

Proliferation of literature on community versus family work in Lesotho in particular and Africa as a whole can be explained. Firstly, professionalisation and documentation of family services in many African states has been slow (Chitereka, 2009). In addition, professionalisation was paralleled by epidemics such as HIV which led to services taking the form of managing crises rather than seeking permanent solutions. For this reason, programs such as *lutsango iwakangwane*¹¹ and *kwa gogo*¹² are more widespread in Africa. The situation is somewhat similar in Lesotho and Botswana whereby community based care of sick people appeared to be the focus of intervention and reporting from the previous to the present decade (see Kang'ethe, 2011; NAC and MHSW, 2012). As such there is arguably more community work compared to family work literature in much of Africa.

PRE-ADOPTION CIRCUMSTANCES

This subsection first outlines the value of unique relationships between children and their parental figures and continues to discuss risks associated with absence of and weakness of such relationships. The latter are considered under the titles parental deprivation and pre-adoption maltreatment respectively.

PARENTAL FIGURE¹³ - CHILD RELATIONSHIP

The first authorities to document experiences of caring for children beyond the realms of family life or school environments were Dorothy Burlingham and Anna Freud, nurses at a residential nursing facility for children (Bowlby, 1973). Subsequently, workers in nursing homes confirmed that young children tended to “identify with” and become “excessively possessive” towards some workers. Children were also reported to display signs of distress in the event of unavailability

¹¹This is a Swazi term which refers to a traditional institution for transference of social skills from older to younger adults. It has been revived to address emerging needs such as the problem of child headed households. Conventionally, *lutsango iwakangwane* provides community based care for orphans and vulnerable children in Swaziland's suburban areas.

¹²Kwa gogo is also a traditional Swazi institution revived to provide community based care for orphans and vulnerable children.

¹³Bowlby (1973) uses the term “mother” to refer to any person who cares for a child. In this text, “parental figure” will be applied in the place of “mother” to refer to any person who consistently provides care to a child. Parental figure is found to be consistent with attachment theory which informs this study. Readers are, again, referred to the first chapter of the report for a comprehensive list of pertinent operational definitions.

of some carers. The following accounts encapsulate children's behaviour towards their preferred carers:

“Tony (3 ½) would not allow Sister Mary to use “his” hand for handling other children. Jim (2-3) would burst into tears whenever his “own” nurse left the room. Shirley (4) would become intensely depressed and disturbed when “her Marion” was absent for some reason.” (Bowlby, 1973:3).

Documentation of behaviour patterns led to awareness of the exceptional nature of bonds children formed with their carers, particularly their parental figures, and the grief they suffered upon separation from such figures. Bowlby and others subsequently set out to decipher distinguishing elements of this relation (the parent-child relationship).

Further investigation revealed signs of maladaptive behaviour in children lacking this fundamental bond. This pattern was, however not consistent. Hence, Bowlby (1966; 1973; 1979) acknowledged that, many children whose relationships with their biological mothers were interrupted were able to recover and become adjusted enough to resume normal development, indicating differential effect of such deficiency.

Interruption of children's existing bonds from parental figures also proved to be problematic. However, personality abnormalities resulting from such interruptions were commonly found to surface in later life stages therefore often not associated with history of disrupted parental experiences. Bowlby (1966) proceeded to scrutinise the parent-child relationship. The theory which emerged as a consequence of the fore mentioned study of John Bowlby, attachment theory, is used in this study and was described in the previous chapter under theoretical frameworks.

According to attachment theory (Bowlby, 1966; 1973; 1979) it may be concluded that parental figures are the equivalent of attachment figures hence parental deprivation may connote attachment challenges.

PARENTAL DEPRIVATION AND MALTREATMENT

The following section expands on potential effects of parental deprivation and maltreatment in turn and concludes by illustrating how the foregoing adverse experiences may singularly or conjointly impede attachment and adoption adjustment. The work of Bowlby (1966; 1973; 1979) on attachment forms the basis of the discussion.

RISKS ASSOCIATED WITH PARENTAL DEPRIVATION¹⁴

There are various dimensions to parental deprivation. It may take the form of absence of emotional bond between parental figures and children as a result of psychological impairment on the part of the former. Parental figure psychological impairment may be a result of clinical depression, abuse of intoxicating substances, or mechanical parenting provided by care institutions. In all cases it has detrimental implications to the wellbeing of affected children.

Effects of parental deprivation are varied and complex. It has been attributed to the prevalence of mental, physical, intellectual and social malfunction as well as to prevalence of mental illness in humans discernible throughout life stages (Bakwin, 1949 in Bowlby, 1966). Furthermore, Bowlby (1966; 1973; 1979) while acknowledging that such outcomes are not universal, established that, all children below the age of seven years old who experience parental bond disruption are vulnerable to social and or mental pathology. Such vulnerability is said to peak at five years old after which it diminishes but is still evident up to the age of eight years old. Moreover, vulnerability is compoundable by sudden and unexplained separation

¹⁴ This construct is used in John Bowlby's (1966; 1979) publications as "*maternal deprivation*". The same construct will be referred to as parental deprivation throughout this report as parental responsibilities seem to be assumed by both parents in conventional times. This is consistent with attachment theory which informs the present study.

(Bowlby, 1966). The foregoing analysis may explain differential impact of parental deprivation or other dimensions of parental loss on siblings. Based on these conclusions, adolescents and adults who lose parental figures before the age of 10 are likely to be impacted more severely than pre-teens, for instance.

Bowlby (1963; 1966; 1979) reports on evidence of effects of parental deprivation on children. He states for instance that, babies who were separated from their parental figures failed to respond to the sight of a human face (Spitz and Wolf, 1946 in Bowlby, 1966), they babbled and cried less than those cared for by a single carer and were slower in speech development (Brodbeck and Irwin, 1938 in Bowlby, 1966). Bowlby (1966) acknowledges however that infants in Spitz and Wolf's (1946 in Bowlby, 1966) study "were living in conditions especially bad from a psychological point of view as [there was] one nurse to seven children... [and]... for reasons of hygiene, the children were kept restricted to cots and cubicles..." (Bowlby, 1966:18).

Nonetheless, children can be affected by less extreme circumstances as illustrated below.

"Studies such as those of Rheingold (1956 in Bowlby, 1966) and Levy (1937 in Bowlby, 1966), both conducted on institutionalised children (samples of 29 and 122 respectively) reveal however that even in circumstances less drastic than those described by Spitz and Wolf (1946 in Bowlby, 1966), children without regular parental affiliation displayed signs of mental retardation. Delinquent behaviour, incapacity to form affective bonds, stealing, egotism and socially unacceptable sexual behaviours as well as poor cognitive development are among other developmental challenges noted among samples of babies and children who experienced disruptions in parental bonds (Bowlby, 1966). Further, Bowlby (1966) discovered that "extra parenting" even within institutional settings could

diminish the effects of institutional care in children below the age of 7.” (Thabane and Kasiram, 2015:47).

The above findings on adverse effects of parental deprivation were corroborated by Bowlby (1979) himself in later studies. Bowlby (1979) lists sociopathic or psychopathic behaviours and depression as syndromes directly attributable to disrupted affective bonds in childhood. In his work Bowlby (1979) defined a psychopath as one who engages in acts which go against societal norms such as criminal activity, sexual deviance, or self-destructive behaviour inclusive of addiction, suicide, or failure to maintain employment. He remarked also that “[i]n such people the capacity to make and maintain affective bonds is always disordered and not infrequently conspicuous by its absence” (Bowlby, 1979:72). Antecedents specific to the fore mentioned behaviour are described as death, divorce and or separation of parents, or any other atypical family environment such as that characterised by abuse and neglect (Bowlby, 1979).

Bowlby’s (1979) conclusions confirmed earlier investigations of adult help seeking behaviour. Historical data of patients with suicidal tendencies were found to be congruent with that of psychopaths as both seemed to have suffered disruption as a consequence of death, divorce or illegitimacy. Both groups were likely to have encountered loss before five years old of age (Bowlby, 1979) while depression seemed to have resulted from loss occurring after the age of 5 (Brown, 1961; Munro, 1966; Dennehy, 1966 all in Bowlby, 1979).

Further, effects of parental deprivation seem to endure over several generations. Impairment of the capacity to be a healthy parent is cited as the most adverse effects of parental deprivation (Bowlby, 1966). According to Bowlby (1966), babies and children who have not experienced fulfilling parental bonds were often found to be neglectful or abusive as parents. They were more likely to dismiss or denounce their parental responsibilities formally or informally.

The above discussion raises several key points. First, it implies that babies and children who were abandoned, neglected, or institutionalised prior to adoption may have difficulty in establishing affective bonds during and beyond childhood. Moreover, according to the literature, they may fail to develop optimally mentally or physically (e.g. Bowlby, 1966; 1973). This is to say, among other things, they may exhibit self-destructive behaviour, poor social interaction skills, delinquency and criminal tendencies (Bowlby, 1966; 1973). These traits are transmissible from generation to generation.

Various factors can account for the impairments cited above. According to Bowlby (1979), they are attributable to death or other cause of separation from biological parents. Moreover, Bowlby (1979) identified specific ages of vulnerability with regard to parental deprivation as between zero and five years and stated further that effects of parental deprivation are remediable below the age of seven years.

Based on attachment theory, outlined in the previous chapter, differences outlined above equate to attachment dysfunction. From the researcher's perspective, therefore, needs of attachment dysfunctional children can therefore be achieved through attachment corrective interventions described in the subsequent chapter.

RISKS ASSOCIATED WITH PRE-ADOPTION MALTREATMENT

This section reviews work by, Lawler et al. (2011), Mennen and O'Keefe (2005), Roberson (2006), and Wilson (2009) who present literature on relevance of attachment theory to adoption and adoption work while Hornor (2008) and Chapman (2002) report on their experience of dealing with RAD. Cassidy (2008) and Howe (1995) expound attachment theory itself and Howe (2005) explains the impact of child abuse by attachment figures.

Maltreatment, attachment, and adoption are closely interlinked. Maltreatment of children, a common antecedent to adoption adjustment, may take place in

conjunction with or in isolation from parental deprivation. In the case of adoptees, it is likely to have been committed by parental figures. Further, maltreatment by parental figures is believed to be a widespread experience for children eventually availed for adoption and is arguably more insidious than maltreatment by other people (Roberson, 2006; Steele et al., 2003).

This concept seemed to be associated with multiple removals of children from care giving environments and eventual need to embrace new parental figures (Chapman, 2002). History of maltreatment in the hands of parental figures, however, is identified by authorities as a barrier to formation of subsequent fulfilling relationships (e.g. Chapman, 2002; Wilson, 2009; Roberson, 2006). In addition, maltreatment places children at a milestone disadvantage (Lawler et al., 2011). Nurturing environments, sensitive to idiosyncratic needs of previously maltreated children are regarded as essential for reparation of said children's internal working models (Cassidy, 2008; Dozier and Rutter, 2008; Howe, 1995; Lawler, 2011).

The pendulous circumstances of maltreating environments have a limiting effect on attachment organisation. Lack of sensitive parental figures when required, or for that matter, conflicting cues from the same people have unsurprisingly been found to have a deregulating effect on children's mental representations of themselves and their carers, or attachment disorganisation (Dozier and Rutter, 2008; Howe, 2005; Kobak and Madsen, 2008; Lawler et al., 2011; Roberson, 2006; Steele et al., 2003). Literature evidence suggests that attachment disorganisation is directly attributable to children's failure to identify a fixed strategy for interacting with their parental or attachment figures and the associated anxiety necessitating creative, but not always constructive, defence strategies (Howe, 2005; Steele et al., 2003, Wilson, 2009).

Steele et al. (2003) extends the discussion on exasperation of children in maltreating environments. The most profound predicament faced by such children according to Steele et al. (2003) is distinction between conflicting working models of the same people: caring to abusing. Moreover, children are tasked with constantly monitoring

inconsistent psychological climates and adjusting accordingly (Steele et al., 2003). A study by Steele et al. (2003) found that children from maltreating environments displayed atypically fine-tuned ability to determine the psychological state of others. Lawler et al. (2011) quotes Crittenden (1998) to corroborate the foregoing: “To survive in an abusive child-parent relationship, a young child must be able to adapt with flexible proximity seeking, avoidance, and resistance according to the shifting needs of an unpredictable parent” (Crittenden, 1988 in Lawler et al., 2001:475). Failure to attach in maltreated children is thus a learnt ego protection mechanism.

Externalisation is understood to be common in previously maltreated children. The level of psychological maturity required from children as young as a few weeks old is considered detrimental to their psychological development (Howe, 2005). This is believed to be exacerbated by children’s situation of being fully dependant on carers (Prior and Glaser, 2006; van den Dries et al., 2009). Under such disempowered situations, older children – months to a few years – may seek to claim power through mischief and often deliberately agitating carers (Howe, 2005; Steele et al., 2003). Other examples of destructive ego protection mechanisms are controlling and manipulative behaviours, abuse of intoxicants and promiscuity (Chapman, 2002; Howe, 1995; Wilson, 2009).

The serial nature of care received by maltreated children poses an additional risk to attachment organisation. Maltreatment is often linked with removal of children from familiar circumstances, compounding harmful effects of abuse (Hornor, 2008; Howe, 2005; van den Dries et al., 2009). Frequently such children may oscillate between biological parents and care institutions before finally settling with adoptive parents implying constant requirement for children to establish and re-establish bonds (Lawler et al., 2011). Strong attachment with birth parents, however, predicted fewer complications in subsequent attachments compared to disarrayed founding attachments (Milan and Pinderhughes, 2000 in Mennen and O’Keefe, 2005).

Other research findings confirm positive correlation between maltreatment and failure of affected children to establish subsequent bonds. It has been established that maltreated children are said to have a higher propensity for insecure attachment than groups of non-maltreated control group participants (Mennen and O'Keefe, 2005; Steele et al., 2003; van den Dries et al., 2009; Wilson, 2009). For example, in a meta-analysis of 13 studies, Morton and Browne (1998 in Mennen and O'Keefe, 2005) discovered that maltreated children in 11 out of 13 of the studies were more insecurely attached compared to control groups. A different study revealed that children with a history of maltreatment possessed dysfunctional internal working models of self and others characterised by compromised sense of self and mistrust of others (Prince and Glad, 2003 in Mennen and O'Keefe, 2005).

Devastation of abuse is often exacerbated by removal of children from familiar circumstances to clinical environments of care facilities or new family environments as pointed out above. This poses further pressure on children who are then expected to automatically establish new bonds with alternative carers “who will have expectation[s] of the relationship based on representation of his or her own attachment experiences...” again, predicting relationship incompetence or attachment disorganisation (Hughes, 2004 in Lawler et al., 2011:475).

A major cost of maltreating environments to children is understood to be social incompetence. According to Howe (2005) maltreated children displayed age inappropriate communication strategies such as aggressive behaviour below age 5 and tantrums even at ages 8 to 10. Similarly, Chapman (2002) revealed that maltreated children - some below the age of three years old - had a tendency of making use of profane language, while Wilson (2009) described their behaviour as erratic and uncontrollable. Howe (1995) cites an observational study by Hopkins (1991 in Howe, 1995) which discovered that, previously maltreated children tended to avoid eye contact with attachment objects and others in their vicinity and rarely communicated feelings, instead dealing with any pain or distress in silence. They were alleged to suffer from an enduring fear of social closeness (Howe, 2005).

Maltreated children's perception of social relationships may become flawed. Chapman (2002), Hornor (2008), and Wilson (2009) separately explained that such children tended to be indiscriminate in their choice of play partners, meaning they had no preferred play mates or friends. Relationships to them were found to be worthwhile only if they served a purpose (Howe, 1995). To them, people were often interchangeable and relationships preferably brief (Chapman, 2002). As adults, evidence that their behaviour gravitates towards promiscuity is almost unequivocal (Chapman, 2002; Hornor, 2008; Howe, 1995; Mennen and O'Keefe, 2005; Wilson, 2009). In adulthood, people with a childhood history of maltreatment are also characterised by higher propensity for criminality and or other forms of socially deviant behaviour (Howe, 1995; Wilson, 2009).

Research outcomes are indicative of intergenerational transmission of attachment deficiency. Morton and Browne, (1998 in Mennen and O'Keefe, 2005) contend that, due to internalised perception of self as inadequate, previously maltreated adults may be unable to establish mutual bonds with others including their offspring leading to high risk of maltreatment. Morton and Browne's (1998 in Mennen and O'Keefe, 2005) findings were corroborated by Steele et al. (2003) who conducted a study of 43 mothers and a total of 61 of their adoptees aged between 4 and 8 (mean age 6) with a history of compound maltreatment and multiple carers ranging between 2 and 18 pre-adoption carers per child. The study was conducted prior to adoption on prospective adoptive parents and three months following adoption on adoptees and was sex indiscriminate for both study groups. It applied a qualitative methodological approach involving the use of AAI on parents and compared AAI outcomes to children's narratives (Steele et al., 2003).

Findings of the study were indicative of association between parents' and children's state of mind: adoptees of parents with unresolved attachment issues were attachment disorganised and were more likely to give narratives replete with aggression and reprisal. Those of securely attached parents on the other hand,

submitted story completions characterised by mutual communication and understanding (Steele et al., 2003). The authors' view on the results, which they found astounding themselves, is that they suggested that mothers' state of mind impacted on that of children (Steele et al., 2003). Authors were astonished by the short period of time within which transference of attachment levels seemed to have taken place.

Parent to child transference of attachment dysfunction can be a product of parenting style. Howe (1995) expounds the notion of intergenerational attachment transference by citing an observational study that discovered that insecurely attached parents were unable to accurately interpret distress signals in their children. The study found that parents either did not understand their children's thought process or did not recognise the value to studying it at all (Howe, 1995). The study observed parents and children in play sessions. Insecurely attached parents were more likely to direct play sessions than secure parents who intervened only at children's instigation and in most cases were able to correctly identify children's needs (Howe, 1995). When children needed different toys secure parents were able to make relevant suggestions whereas insecure parents tended to prescribe toys without being required to do so (Howe, 1995).

The highlighted observations are illustrative of disharmony between children's attachment needs and parental behaviour. They denote unpreparedness of parents to recognise children's feelings leading to poor communication between parents and attachment dysfunctional children. Such incongruence is potentially frustrating to both parents and children. The product of which may range from attachment disorganisation to parent-child resentment.

Such counterproductive patterns are said to be ignited whenever incumbents encounter emotion evoking situations. For instance, according to Howe (2005), disorganised mental representations seem to be evident in adult intimate and care-giving interrelation. Based on the foregoing contentions it may be reasonable to

conclude that partner violence is one of the functions of attachment disorganisation. While intimate partners may be duly attracted to each other, the resulting emotions revive unresolved attachment feelings, prompting learnt ego protection behaviours such as aggression and regression (Chapman, 2002; Howe, 1995; Samantrai, 2004). The expressed need for children to be nurtured can evoke comparable emotions.

Intellectually the children are also disadvantaged. They reportedly perform significantly poorer in school attributable to a lower concentration span which they apparently have in common (Howe, 1995; 2005; Dubowitz et al., 1993 in Lawler et al., 2011; Mennen and O'Keefe, 2005). In contrast, children from non-maltreating environments fare relatively better academically. According to Mennen and O'Keefe (2005) children from nurturing environments are more numerically proficient compared to children from hostile environments. They are more receptive to new information and new information giving methods (Lawler et al., 2011). Lawler et al.'s (2011) statement suggests that non maltreated children are likely to adapt to a learning environment versus a home environment better than maltreated children, giving the former an inherent advantage over the latter, educationally. Moreover, van den Dries et al. (2009) posit that compared to children with poorer attachments, securely attached children tend to have higher propensity for autonomous thought and function as they have more confidence in themselves and their abilities.

The foregoing statements predict several unfavourable outcomes. Poorly attached children are likely to fall within the category of what is referred to as slow learners or intellectually disabled. The detrimental value of which is known. For being labelled intellectually deficient, children are likely to internalise devalued sense of self. They are also likely to be reticent in exploring new or risky situations. Further, devalued sense of self can lead to lack of ambition and non-achieving personality.

Effects of parental deprivation and maltreatment on children are more or less the same. Maltreated children, like children whose parental bonds were disrupted, are

understood to be socially incompetent and to deliberately avoid intimate relationships (Chapman, 2002; Howe, 2005; Wilson, 2009). These phenomena are associated with inconsistent care received by children as a result of multiple removal from parental or attachment figures (Dozier and Rutter, 2008; Lawler et al., 2011; Mennen and O'Keefe, 2005; Prior and Glaser, 2006; van den Dries et al., 2009). Such children are at risk of developing psychological and psychiatric problems including self-destructive behaviour and lack of trust in themselves and others (Samantrai, 2004). They have often been found to be promiscuous and criminally inclined (Howe, 1995). Disorders associated with both parental deprivation and childhood maltreatment may be noticeable immediately or after a long time and can be passed to several generations (Howe, 1995; van den Dries et al., 2009).

Relevance to the present study is somewhat self-explanatory. Previously maltreated children have a high likelihood for resistance to affective bonds with adoptive parents or subsequent carers. This can be problematic to adoptive parents who may often be unable to associate such behaviour with adoptees' complex background. Intervention should, accordingly, capacitate both adoptive parents and adoptees to deal with this complexity. Discussion on interventions that seek to achieve this is duly presented in the subsequent chapter.

ADOPTION CIRCUMSTANCES

Having discussed possible pre-adoption events which may impede adoption adjustment in the previous section, this subsection continues to examine circumstances within adoptive families which may undermine adoption adjustment. Specifically, the following themes are explored by the section: infertility; adoptee psychological state and service provision.

INFERTILITY

There seems to be consensus on social value of children in Africa. Findings of studies on couple fertility unanimously reveal that, in African societies children promote status of women and magnify ego or perceived masculinity of men (e.g. Dyer et al., 2004; Mariano, 2004; Women and the Law in Southern Africa Research Trust, 1998). To illustrate, Dyer (2007) submits that, multi-parous¹⁵ older women in Tanzania are given the opportunity to participate in local politics through involvement in otherwise male only elder meetings and chiefs' caucuses. Further, review of Laws that may empower or disempower women in Lesotho, reveals that, sons guarantee women's access to land and other property (Women and the Law in Southern Africa Research Trust, 1998). The Lesotho Inheritance Act (1977), which is still current, stipulates that daughters may not inherit property intestate. Upon death of men therefore, and in the absence of male heirs women are likely to be dispossessed by relatives of property acquired during marriage (Women and the Law in Southern Africa Research Trust, 1998). While both cited authorities are aged, the researcher is of the knowledge that the situation has not changed. Thus, children are often one means of facilitating women's access to their husband's property, affording married women economic security.

Infertility can undermine masculine identity and cause embarrassment for women. South African men in Dyer et al.'s (2004) study reported feeling emasculated and ashamed as a consequence of being infertile. They further alluded to resorting to measures such as consulting faith healers and promiscuity to produce children and reclaim male pride. Clearly therefore, these African men's self-esteem appear to be interconnected to their ability to produce children. According to results of qualitative studies conducted across Africa (Dyer, 2007) and in Mozambique (Mariano, 2004) women in infertile couples reported being subjects of insults, gossip and disrespect from their husbands, in-laws, co-wives¹⁶, children within extended families and broader communities. In Lesotho and Zimbabwe specifically, married women and

¹⁵ This concept is used by Dyer (2007) to refer to people who have many children. It is applied with the same meaning here.

¹⁶ This concept is used by Dyer (2007) and Dyer et al. (2004) to refer to concurrent wives of one man. It is applied with the same meaning here.

men are reported to not fully acquire the full status of “woman” or “man” within their communities before they bear children, preferably sons, from which point they may be addressed as mother or father of so-and-so (Dyer, 2007; Women and the Law in Southern Africa Research Trust, 1998). Consequently, infertile people in Zimbabwe stated that they felt perpetually insulted when being addressed by their own names (Dyer et al., 2004).

Infertility threatens security of marriage for African and non-African women alike. Purewal and van den Akker, (2007) in their study of women and men across cultural divides in Britain, Dyer (2007) in a content analysis of academic publications sourced through Medline database and Cochrane Health Library and Okpaluba (2008) in interviews of women and men in an unnamed rural area of Nigeria, both found that desire to reproduce can offset affection and attraction between spouses. In the foregoing studies, either one or a combination of the following themes emerged: all forms of spousal abuse, divorce, infidelity, and polygamy. Specifically, men in Dyer et al.’s (2004) and women in Mariano’s (2004) studies admitted to having involved themselves in extramarital affairs. Thus, women and men reportedly employ destructive means to reclaim their diminished self-esteem.

Caution is due in considering the above study outcomes as they do not account for whether the parties would have pursued extra marital relationships in the absence of infertility. It should be noted however that, infidelity seemed to be a recurring theme in a variety of studies on social repercussions of infertility conducted in diverse settings (e.g. Dyer, 2007; Dyer et al., 2004; Mariano 2004; Okpaluba, 2008).

Infertile women are systematically isolated from society. Mozambican women in Mariano’s (2004) study reported being excluded from traditional rituals surrounding fertility and being forbidden from broaching the subject in conversation. The findings from women in Mozambique are consistent with the situation in rural Lesotho in that, feasts are held to celebrate the end of breastfeeding period (and re-instigation of sexual activities with husbands). Such feasts are exclusively for parous women and

serve a multifaceted role of recreation, social support and delineating social status for women. Similarly, Nigerian women reported that children were cautioned to avoid them (childless women) for fear that they may invoke harm on children due to jealousy (Dyer, 2007). Seemingly, not only are infertile women unable to depend on social support from their spouses, they are prohibited from having meaningful social affiliations within their respective communities as well.

Challenges posed by childlessness for married African women are paradoxical. Divorce usually requires return of the bridal price which can cause women's maiden relatives to withhold support for those women who are in contentious marital unions (Dyer, 2007; Mariano, 2004). Such women are overtly rejected by their families of origin upon return from marriage and are said to be "losers" who have "failed" and have embarrassed their families. They can also be labelled as "cursed" and as being punished by ancestors for past wrongdoing (Dyer, 2007). The foregoing analysis of the predicament of childless married women implies a life of systematic rejection from their maiden and marital communities, stigma, isolation and loneliness, despair as well as risk of other STI and HIV infection. Social work intervention should thus be cognisant of the social dynamics faced by these women.

Emotions in families of single infertile individuals are possibly equally turbulent. Nevertheless, in African societies, and perhaps the world at large, infertility is presumed to be exclusively a challenge for people in marital unions. In fact, there can be stigma attached to bearing children out of wedlock. The fear of such stigma has led many single people, both women and men, to remain childless at the expense of their social and psychological wellbeing. A library and online literature search of childlessness with specific reference to single people by the researcher, yielded no results. All literature which the researcher came into contact with focused on fertility within marriage (e.g. Dyer, 2007; Dyer et al., 2004; Mariano, 2004; Okpaluba, 2008; Sewpaul, 1995). It can be deduced from the foregoing that social scientists are incognisant of the paradox in which childless single women and men are find themselves.

It is contended, however, that single people experience similar social and psychological effects of infertility to married people. Attenuation of extended family systems may amplify single people's plight. For instance childless single people lack personal satisfaction, social recognition, affiliation and support that derive from having offspring. Furthermore, in communities with fertility specific rituals, they may be equally excluded, shamed and isolated (Dyer, 2007).

Infertility seems to be a challenge in modern and traditional settings alike. For instance, modern settings are characterised by individualised as opposed to community mode of life (Thabane, 2008). The foregoing can render infertile people socially isolated in absence of offspring for company and social affiliation. According to Thabane (2008), in her study of challenges faced by migrant labour women in Maseru Lesotho, migrant women reported lack of community activities and community spirit which caused them to feel lonely and excluded in host communities. Furthermore, migrant labour women in Thabane's (2008) study noted exorbitant cost associated with socialising in cities. It is submitted that, for people in cities, individualisation and loneliness could be circumvented by having children. In absence of children life may become desolate for people in cities thereby forcing them to seek comfort from detrimental activities and habits such as drug use which are rife in cities.

The social value of children transcends need for social recognition and company. Against the backdrop of poor performance of global economies, children may become a safety net during times of socio economic vulnerability such as sickness, unemployment, and old age. According to Deveroux (2006) state social security is inadequate in many African countries and people have to resort to "traditional" methods of social security at old age. Moreover, in the era of HIV, an affliction sometimes characterised by long term incapacity, and diminished social cohesion, children may represent the most reliable source of support in times of illness and

economic incapacity. Thus children are an integral part for individual wellbeing and are valued as social security in many African settings.

Infertile people in Africa are subjects of societal wrath even at death. Studies reveal that infertile women and men in Africa are not only systematically isolated in life but are stigmatised at death as well. A study conducted in Chad discovered that infertile women and men were buried with a “marker” to inform ancestors that such people should be excluded from re-incarnation...[while in] Tanzania...traditionally, infertile dead women were not buried on community land as this was believed to [adversely] affect fertility of the soil” (Dyer, 2007:74).

The preceding discussion highlights several fundamental issues. It highlights stigma, isolation, loss of social status and possible rejection by spouses suffered by infertile people. The foregoing is believed to prevail against a backdrop of unequal gender relations in developing countries where children can be the sole source of status and recognition, poor access to fertility treatment, and possible ignorance of available services. Further, the discussion is also suggestive of individual’s desperation to bear children. Where adoption is effected without due cognisance to these realities, it remains questionable whether adoptive parents can successfully nurture adoptees despite such parents’ supposed ego conflicts.

Infertility and failure to parent appear to be interconnected. For example, emotional climate in many infertile couples’ and individuals’ families is considered not conducive for adoption adjustment. Such climate may inhibit full integration of adoptees into their adoptive families. This is to say, introduction of adoptees into strained marital dyad as discussed above can allegedly cause unhealthy boundary development within the dyad (Bevc et al., 2003; Goldberg and Goldberg, 1996; Kerr, 1981).

To extrapolate the preceding literature analysis further, partners may divert love and affection completely from each other to children in psychological defence against

marital rejection, successive to adoption. Such behaviour may culminate in displaced feelings of resentment from either parent to child as well as development of unhealthy intergenerational dynamics within the family system (Kerr, 1981; McMillen and Rideout, 1996). Infertility can thus adversely implicate adoptees introduced into families affected by it (Bevc et al., 2003). Further, unresolved infertility issues can result in deeper psycho pathology in the family that may act as a hindrance to secure parent child attachment (Kerr, 1981; Steele et al., 2003).

ADOPTION CHALLENGES

Literature ranging from the 1940s fails to substantiate an anecdotal perspective that associates adoption with maladaptive behaviour. Instead, history of maltreatment among adoptees is the single most certain predictor of post-adoption challenges (e.g. Dozier and Rutter, 2008; Tan et al., 2007). Further, insignificant behavioural and intellectual differences between adoptees and non-adoptees have been reported (Miller et al., 2000; Reuter et al., 2009). These and other contentions are explored below with reference to relevant empirical research. The section is divided into the following subsections: adoptee psychological state and service provision challenges.

Under psychosocial challenges, some statistical tables deemed pivotal to the discussion have been quoted partly or in full for emphasis. Specifically, data from Miller, Fan, Christensen, Grotevant, and Dulmen (2000) has been reproduced and further illustrated pictorially by the present researcher while tables from Reuter et al. (2009) have been presented in an adapted form. Findings of Miller et al. (2000) and Reuter et al.'s (2009) studies refute common notions about adoption. Moreover, both studies made informative findings and were conducted on large samples (90, 000 and 1, 230 respectively). Reiteration of the figures was thus found worthwhile in support of arguments raised.

ADOPTEE PSYCHOLOGICAL STATE

The contextual reality of adoptees is unique. Adoptees are said to suffer complex emotional problems relating to their extraordinary situation of being adopted (Smit, 2002). According to Smit (2002) growing up in an adopted family varies in many respects for adopted children than growing up in a biological family. Smit (2002) posits that adopted children encounter ordinary developmental challenges such as esteem and identity issues differently from children who grow up within biological families. Additionally, Smit (2002) cites Silverstein and Roszia (1999 in Smit, 2002) who promulgated the following psychological core issues in children related to adoption: loss, grief, rejection, shame, intimacy, and relationship issues. Attention deficit disorders, compulsive disorders and other intellectual inadequacies are also some of the psychological challenges which have been noted among adopted children in countries such as Britain (Chapman, 2002). These and other exceptional characteristics of adoptees should be considered when designing services for them. Thus, speciality expertise and services are indicated for adoptees and their families.

Identity is believed to rank high in contentiousness for adoptees. Grotevant et al. (2000) describes identity as socio relational integration of self over time and within context or simply as self-in-context (Grotevant et al., 2000:381). In relation to adoption, identity formation is thought to “involve coming to terms with oneself in the context of the family and culture into which one has been adopted” (Grotevant, 1997 in Grotevant et al., 2000:382). Grotevant et al. (2000) explain further that identity issues seem to be more dominant in some adoptees than others. For instance, they cite Archer (1992 in Grotevant et al., 2000) who contends that female adolescent adoptees are more likely to be preoccupied with issues concerning their identity than males of the same population. Grotevant et al. (2000) made use of narratives to decipher the extent to which adoptees may dwell on their unique identity and how they may interpret it. The article represents part of a longitudinal study on adolescents conducted by Minnesota – Texas adoption research project (Grotevant et al., 2000). The following direct quotation of a participant’s narration reflects

general perception of adoptees on identity issues according to Grotevant et al. (2000:379):

“I guess like the big thing is similarities because I guess growing up in a family it’s hard when everybody’s like – like my mom’s family looks a lot alike and I don’t look like any of them. And, you know, they’ll say, “So and so looks like so” and it’s really hard...[o]r this is when my birthfather would write me a letter and something would sound like me... and I’d say, “Well, oh, this is where I get this from”.”

A female participant in the fore mentioned study alluded to a wish to meet her biological mother as she (the participant) considered her relationship with her adoptive mother as distant, a factor the researchers attributed to need for gender specific socialisation (Grotevant et al., 2000). This finding gave rise to the construct of “adoption identity” or “adopted child syndrome”, a principle which is yet to be clarified by research (Grotevant et al., 2000; Wilson, 2004).

To cite identity theory, identity is a combination of roles and identities defined partly by the social structure and partly by the individual and which together make-up a person (Hoelter, 1985; Stryker, 1968; Stryker, 1980 cited in Callero, 1985; Turner, 1978). Identity according to this perspective is said to be composed of competing characters which can either be rewarded with salience or castigated with obscurity subject to societal standards and demands, leading to a hierarchical structure of identities of the self (Callero, 1985; Hoelter, 1985; Nuttbrock and Freudiger, 1991; Stryker, 1968; Stryker and Serpe, 1994). Stryker and Serpe (1994:17) point out further that, “the location of an identity in [a] hierarchy is a consequence of support provided by those concerned as well as by others for the identity...and the gratification [and castigation] associated with the identity.” Furthermore, individuals are said to have as many identities as there are groups with which they are affiliated (Markus, 1977; Nuttbrock and Fruediger, 1991). Identity is hence said to be both

multidimensional and hierarchical in nature, with the most salient one appearing at the top of the hierarchy and the least salient at the bottom (Markus, 1977; Callero, 1985; Nuttbrock and Freudiger, 1991; Stryker and Serpe, 1994).

The above outline of identity theory implies that adoptees' identity can be constituted with aspects biological identity as well as adoptive identity. The extent to which an adoptee acts out or lives either identity is consequent to the salient identity of the adoptee (Fine, 2006 cited in Mabona, 2010; Stryker and Serpe, 1994; Stryker, 1968). Based on the foregoing, it can be argued that, the social and personal costs of an identity are higher for adoptees than their non-adopted counterparts. Factors which can potentially compound the social cost of identity for adoptees include racial incongruity between adoptees and adoptive families as well as vast socio-economic disparity between adoptees' family of origin and adoptive family. It is contended herein that, the diversity of behaviour options which are open to adoptees with regards family can result in ego-confusion and self-doubt for adoptees.

Separate studies confirmed the complexity of adoption identity formation. Smith, Howard and Monroe (2000 in Wilson, 2004) studied 292 adoptive families with children aged between 3 and 20 years seeking mental health services in America. In the foregoing study, identity issues were found to be a concern for 62% of adoptees (Smith et al., 2000 in Wilson, 2004). An astounding revelation of the study was that, adoptees placed within 12 months of birth had more identity concerns compared to those placed after age of one year (Smith et al., 2000 in Wilson, 2004). Further, 41% of adoptees in a study by Benson, Sharma, and Roehlkepartain (1994 in Wilson, 2004) reported that "they thought of adoption from at least two to three times a month to daily" (Wilson, 2004:694). Thus adoption status seems to constantly occupy adoptees' minds, albeit not necessarily in a negative manner.

Miller et al. (2000) empirically studied comparative adoptee behaviour by reanalysing national survey data collected using self-administered questionnaires from a sample sourced through cluster sampling to reach 90, 000 adolescents

between the ages 10 and 19 years. From the 90, 000, 1587 were adopted and living with neither biological parent, criteria for inclusion in Miller et al.'s (2000) study under the category of "adoptee". These were compared to the remaining 87, 165 adolescents (Miller et al., 2000). Adoptees were then grouped into early, middle and late adoptee based on age at which they were adopted, race, family structure of adoptive family (i.e. either single or married, cluster or shelter home), and education level of adoptive parents (Miller et al., 2000). Further, data was grouped according to sex of adoptees (Miller et al., 2000). Strategies used to analyse emerging data were salient composite measure, exploratory factor analysis, and Cronbach's Coefficient.

The following are examples of themes emergent from the data: school grades, participation in academic extracurricular activities, participation in non-academic extracurricular activities, school troubles, substance abuse, and self-esteem. They found that behaviour and cognitive problems in adoptees and non-adoptees were only moderately disparate (Miller et al., 2000).

Miller et al.'s (2000) study has several strengths and weaknesses. It is based on a national survey and by implication its population included all categories of adolescents regardless of class or race. Use of cluster sampling enhanced representativeness of the study whereas related studies usually rely on self-selection and availability sampling to reach samples due to the private nature of the topic (i.e. adoption). Other studies in the field tend to recruit samples exclusively from therapy or support groups, limiting representativeness of samples relative the population of study (e.g. Tan, Marfo, and Dedrick, 2007). Self-administered questionnaires may also be regarded as a strength of the adolescent focused study as this population group is often found to be secretive about its behaviour, unable or unwilling to articulate feelings and suspicious of adults. A further merit of the study is that data analysis was done according to age group. This is commendable since children are known to vary greatly in terms of behaviour per age subgroup (Craig and Dunn, 2010; Karkouti, 2014; Low and Edwards, 1993; Newman and Newman, 1997, Samantrai, 2004).

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A tabulated summary version of the findings of the study appears below:

TABLE I

Comparison of distribution tails between adopted and non-adopted adolescents - positive outcomes

		PERCENTILE POINTS					
OTHER VARIABLES	STATUS	50	25	10	5	2.5	1
School							
Grades	Adopted	67.67	33.76	15.52	8.74	6.33	6.33
	Non ¹⁷	62.26	28.39	10.29	4.65	3.12	3.12
Positive							
about school	Adopted	59.07	37.1	21.06	15.7	10.25	7.11
	Non	53.54	27.96	11.63	6.31	2.78	1.09
Self Esteem	Adopted	61.49	29.74	19.64	12.7	8.29	6.41
	Non	57.67	21.54	11.51	5.43	2.25	0.91
Future Hope	Adopted	60.8	36.15	20.24	16.5	11.44	8.53
	Non	52.16	23.78	9.7	5.48	2.11	1.18

¹⁷ Means non-adopted in tables I and II.

Taken from Miller et al. (2000:1468)

TABLE II**Comparison of distribution tails between adopted and non-adopted adolescents – negative outcomes**

OTHER VARIABLES	STATUS	PERCENTILE POINTS					
		50	75	90	95	97.5	99
School Troubles	Adopted	60.16	33.11	16.76	9.08	6.26	6.26
	Non	56.11	27	12.57	5.1	2.54	2.54
Skipping School	Adopted		37.57	23.38	14.3	11.55	10.1
	Non		30.32	14.35	4.98	2.5	1.64
Emotional Distress	Adopted	62.05	35.29	17.54	12.6	10.17	5.32
	Non	56.24	23.8	8.22	4.96	2.83	0.67
Fighting	Adopted	86.18	46.73	26.8	19.9	19.88	19.9
	Non	84.09	35.61	12.92	7.47	7.47	7.47

Taken from Miller et al. (2000:1469).

Above entries represent percentages of adolescents whose salient composite measure scores added up to or above a stipulated percentage or percentile point (Miller et al., 2000). For example, on table I 67.67 adopted adolescents attained a composite score of 50% or more in their school grades (Miller et al., 2000).

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CHART I

Distribution Tails - Positive Outcomes

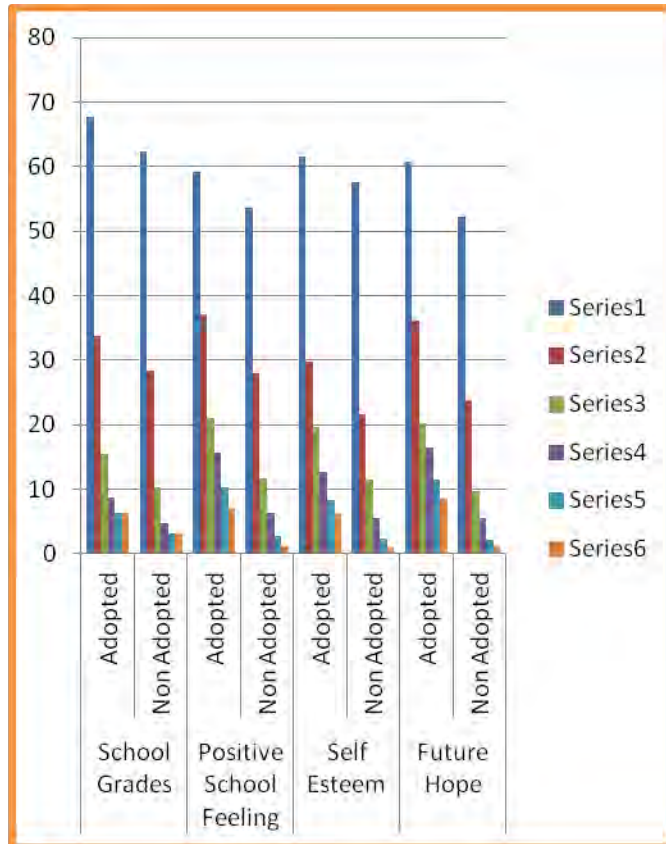
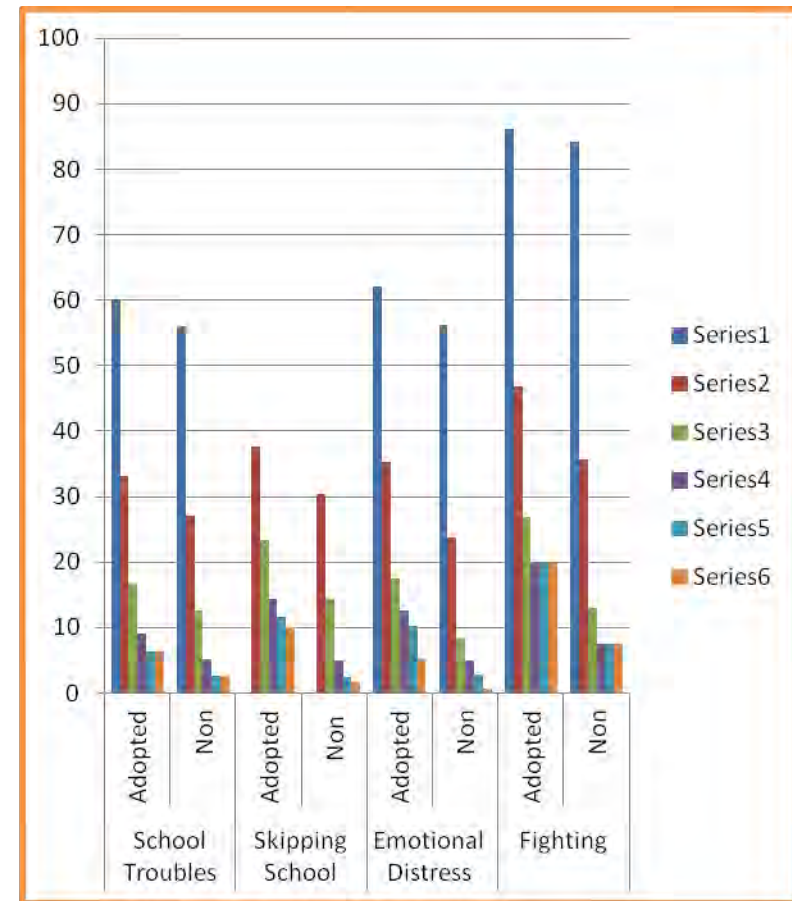


CHART II

Distribution Tails - Negative Outcomes



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CHART I

- Series 1 = composite scores of 50% or more,
- Series 2 = composite scores of 25% to 49%,
- Series 3 = composite scores of 10% to 24%,
- Series 4 = composite scores of 5% to 9%,
- Series 5 = composite scores of 2.5% to 4%,
- Series 6 = composite scores of 1% to 2.4%.

CHART II

- Series 1 = composite scores of 50% or below,
- Series 2 = composite scores of 51% to 75%,
- Series 3 = composite scores of 76% to 90%,
- Series 4 = composite scores of 95% to 97.4%,
- Series 5 = composite scores of 97.5% to 98%,
- Series 6 = composite scores of 99% to 100%.

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Tables one and two above depict results of Miller et al.'s (2000) study regarding academic performance and behaviour of adoptees versus non adoptees. The data combines values for both sexes and across age groups and is presented separately according to positive and negative traits. Pictorial representation in the form of charts one and two have been provided to illustrate contrast. Both methods of data presentation were found to be essential for the purpose of emphasis: tables provide exact scores while the charts illustrate comparison.

The above data highlights two key points: negligible disparity between the two groups of children and a consistent trend in almost all variables understudied, albeit higher comparative values for adoptees in almost all percentiles in both positive and negative outcomes (bar charts 1 and 2). However, it is worth noting that the differences are larger for negative traits compared to positive ones meaning a lot more adoptees than non-adoptees have negative behaviour qualities. Caution should be applied before arriving at such linear conclusions, however, as higher proportions of adoptees in a category could be mean more self-reflectivity in adoptees compared to non-adoptees rather than actual behaviour or attitude discrepancy since the findings are based on self-reports. Nonetheless, Miller et al. (2000) provide valuable empirical findings on this ongoing debate. The value of Miller et al.'s (2000) findings to the current research is that they suggest that service needs for adolescent adoptees and non-adoptees may not necessarily vary.

An overview of relatively dated literature may also shed light on the complex factor of adoptee adjustment. It is deemed beneficial to the present study as it examined a vast collection of literature dating from 1984 to 2000 (Wilson, 2004). In the review, Wilson (2004) presents results of a separate literature study which established that adoptees were two to five times more likely to be referred to psychiatric services than non-adoptees (Grotevant and McRoy, 1990 in Wilson, 2004). Reanalysis of data from a 1981 American national health survey of 3698 adolescents, however, revealed that they were likely to be referred for negligible behavioural concerns (Warren, 1992 in Wilson, 2004). Warren's (1992 in Wilson, 2004) findings were

corroborated by Wierzbicki (1993 in Wilson, 2004) in meta-analysis of 66 published studies. Regardless, the Search Institute of Minnesota sought to add further insight to the ongoing investigation. They submitted that,

“adopted adolescents, compared to their non-adopted siblings, showed lower levels of functioning on some measures of emotional and behavioural adjustment, and higher levels on others. Generally, adoptees reported higher levels of delinquency, illicit drug use and poorer school adjustment than their non-adopted siblings. However, adoptees reported less withdrawn behaviours than their siblings.” (Benson, Sharma and Roehlkepartain, 1994 in Wilson, 2004:689).

As highlighted, the debate remains inconclusive to date.

Statistics indicating higher representation of adoptees compared to non-adoptees in psychiatric and psychological services can be variously interpreted. It has been argued for instance that, adoptees are over represented in service agencies due to adoptive parents being accustomed to use of professional family services as compared to biological parents (Miller et al., 2000). Furthermore, adoptive parents generally tend to be affluent and by implication afford to procure a wide range of health services. For example, more than 90% of participants in Tan et al.'s study (2007) had annual incomes of US\$90, 000 and above while the range of annual income for parents in Bird et al.'s (2002) study was US\$60, 000 to US\$69, 999 in 1996. The amounts should be viewed in terms of the cost of life in the respective locations of the study, America and Israel and date of the Israeli data. Twenty percent (20%) of parents in Miller et al.'s (2000) study had advanced degrees meaning a higher percentage held first degrees. Many of them also seemed to be in formal employment (e.g. Miller et al., 2000; Priel et al., 2000). The sample in Glover et al.'s study (2009) follows the same trend in terms of race, academic qualification and income of parents.

The combined body of literature is suggestive of underlying issues. For instance, working mothers are known to experience role conflict, anxiety over parenting quality which may be associated with imagined incapacity in children. Such parents are hence more likely to imagine maladaptive behaviour in their children – adopted or otherwise – and proceed to seek remedial attention. Adoption has also been described as associated with anxiety over a range of issues including adoptee health (Atkinson and Gonet, 2007; Bird et al., 2002; McDonald et al., 2001). Suggested therefore is that adoptive parents may seek remedial services where non adoptive parents would not. Representation of adoptees in services therefore, may not necessarily reflect maladaptive behaviour in adoptees but may be implicative of a range of other factors.

Several factors can account for varying outcomes of adoption adjustment research. First, the range of pre-adoption experiences is broad although social studies seem to generalise in this regard. Pre-adoption experiences range from orphaning, abuse and neglect, familial socioeconomic incapacity, to separation as a consequence of wars and natural disasters. Children in the foregoing categories can be expected to have formed bonds with parental figures prior to separation. Additionally, there are children who were given away at birth. All categories of children may or may not have been institutionalised before adoption. Hence, the widespread practise of regarding all fore mentioned groups of children as homogeneous and proceeding to cluster all adoptees as a single population in studies, may account for vastly varying research outcomes.

More research findings explore the phenomenon of special needs adoption as a possible antecedent to adoption adjustment. For example, Tan, Marfo, Dedrick (2007) investigated the extent to which special needs adoption status, as defined by American law, may exclusively contribute to behavioural problems in adoptees. The law in America defines special needs according to age at adoption, which varies between States, sibling and minority groups, prenatal exposure to drugs and to HIV,

and all forms of disability (Tan et al., 2007). The study made use of mailed questionnaires and adoptee behaviour was separately measured against the 67 point CBCL (Tan et al., 2007). Tan et al. (2007) sought participants from online adoption networks and adoption agencies throughout America, employing self-selection as sampling strategy. In total, 852 out of 1092 families returned questionnaires. The 852 families had combined 1193 children between themselves, 1122 of which were adopted from China while the remaining 71 were biological. One hundred and twenty four (124) of the 1193 adoptees were classified as special needs adoptees.

Thus, behaviour of 124 special needs adoptees was compared to that of 1079 non special needs adoptees. Ninety five percent (95%) of the families were headed by White parents while children's ages ranged from 1.5 to 15.7 at the time of the study with 70% below the age of 6. The questionnaires required, among other information, child's demographic data and specifications of special needs. Further, numerical point systems were used to score signs of defined pre-adoption adversity, evidence of developmental delays at adoption, and initial adaptation to adoption. In total, the questionnaires contained 103 items excluding CBCL items. Salient composite measure and multiple regression analysis were used to analyse study results (Tan et al., 2007).

Tan et al. (2007) discovered statistically insignificant discrepancy in behaviour between special needs and non-special needs adoptees. Early adoptees, those adopted before age three years, had approximately equal behaviour scores to non-special needs adoptees while late adoptees scored relatively lower on the CBCL. Thus, only age at adoption seemed to determine behaviour difference and none of the other features which characterise special needs adoptees. Late adoption is associated with history of maltreatment and multiple changes in parental figures

Tan et al.'s (2007) findings are in agreement with Dozier and Rutter (2008) as well as Lawler et al. (2011) who found signs and symptoms of pre-adoption adversity to

be “the most consistent predictor of problems in both the preschool and school-aged samples [of their study]” (2007:1280). Further, 91% and 80% of preschool and school going children respectively in the special needs category were in normal category on Total Problems compared to 94% and 83% of non-special needs category. Behavioural disparity in special needs adoptees versus non special needs was thus found to be extremely marginal, implying that special needs characteristics *per se* are of no consequence to adoption adjustment.

Tan et al.’s (2007) study has one but apparently inconsequential methodological weakness while also making one important contribution to the present study. Questionnaires of 103 items excluding CBCL can be regarded as too long. However, its questionnaire return rate was satisfactory, leading to the conclusion that questionnaire length had no consequence on research outcomes. In view of the present study, the findings further confirm centrality of pre-adoption experiences, specifically maltreatment, to adoption adjustment. Hence, a vital lesson in this context may be for relevant stakeholders to expedite adoption process in order to circumvent children’s exposure to pre-adoption adversity.

Parental attributes may account for behaviour discrepancy between adoptees and non-adoptees. Priel, Malamed-Hass, Besser, and Kantor (2000) conducted an interview based comparative study of 50 adoptive and 80 non adoptive White Israeli mothers. The sample of adoptive mothers was found at Centre for Consultation and Treatment of Adoptive Families while adoptive mothers were enlisted from schools. Priel et al. (2000) do not provide specific geographic details for their study except that it was based in Israel. Both sets of mothers in the study were engaged in formal employment on a part time basis, during which time grandparents or hired helpers cared for children. Sixty percent (60%) of adoptees were adopted before the age of two years old while 40% were adopted between two and three years old. Both adoptive and non-adoptive children attended mainstream schools. Subsequent to consent seeking, mothers were interviewed in their places of residence to determine, *inter alia*, effect of parental self-reflection on perceived child adjustment. Numerical

point systems were designed and points added by independent scorers who were unaware of parents' adoptive status.

The study made informative revelations. Maternal self-reflection was found to be negatively correlated to report rate of externalising behaviour among both groups of children. Interestingly, adoptive mothers scored higher on child factor and lower on mother factor: they seemed to recognise more behavioural problems in adoptees than they did their own subjective emotions and expectations of children (Priel et al., 2000).

Priel et al.'s (2000) study, while imperfect, is indicative of efficacy of Israel's social services and adds insight to the present study. Its sample is 100% White although it is known that there are other race groups in Israel. This unique contextual feature notwithstanding, the study is regarded as methodologically biased, offering no explanation for the apparent bias. All adoptees in the study were adopted relatively early, indicating efficiency of (possibly White) Israeli adoption services. The study suggests that adoptive mothers may suffer self-pity and or be too self-absorbed to understand their children's behaviour in relation to theirs, supporting the point raised earlier that prospective adoptive parents' state of mind should be assessed and addressed prior to adoption (Bevc et al., 2003; Howe, 1995; Steele et al., 2003). Further, a support plan may have to be devised where service providers find it necessary. These assertions will be taken into account in the envisaged output of the present study.

Interaction in adoptive versus non adoptive families is also worth understanding as parent-child interaction is alleged to influence children's behaviour and self-regard (Steinberg, 2001 in Reuter et al., 2009). This reasoning is underpinned by Steele et al.'s (2003) discovery that influence of mothers' mental state is detectable on children's behaviour within as short a period as three months subsequent to adoption. From this perspective, and based on above assumptions on infertility, it

may be concluded that parent-child interaction in adoptive families potentially accounts for purported behaviour discrepancy between adoptees and non-adoptees.

Reuter et al. (2009) undertook a study of 1230 families, taken from a separate study titled "Sibling Interaction and Behaviour Study", a longitudinal study investigating sibling influences on adolescent drug and alcohol use, from which a sample of 615 families totalling 1108 adolescents was selected. Out of the 1108 adolescents, 631 were adopted and 477 not adopted. All adoptees were adopted before the age of two years and had no recorded disability. Each of the parents filled in a 12 item PEQ, a structured questionnaire containing five point scales, in conjunction with a five item parental control questionnaire while children filled in one questionnaire per parent documenting interaction with each. Secondly, actual family interaction was captured on video. To achieve this, families were given hypothetical problems to solve while being videotaped in the absence of researchers or their assistants (Reuter et al., 2009).

The study established that communication in adoptive families was marginally less warm compared to non-adoptive families. The discrepancy, though, was statistically insignificant with the exception of scores for communication with adoptive mother (Reuter et al., 2009:62). This finding is consistent with Grotevant et al.s' (2000) which revealed that adoptees had warmer relationships with adoptive fathers than mothers. More parent-child conflict was also noted in adoptive compared to non-adoptive families as garnered through questionnaires and confirmed by recorded interactions. Observers commented that adolescent adoptees were more insolent in interaction with parents than non-adoptees (Reuter et al., 2009). For clarity, a summary of Reuter et al.'s (2009) results appears below as adapted by the researcher.

TABLE III

Mean family interaction of between family and within family comparisons – ANOVA results

	SELF INTERACTION ADOPTIVE ADOPTIVE PARENTS	REPORTED between and NON ADOPTIVE	SELF REPORTED INTERACTION between ADOPTED and NOT ADOPTED CHILDREN IN THE same FAMILY	
	ADOPTIVE	NON ADOPTIVE	ADOPTED	NOT ADOPTED
ADOLESCENT TO MOTHER				
Warmth, Support	38.97	39.85	37.49	40.91
Conflict	22.51	21	24.21	19.84
ADOLESCENT TO FATHER				
Warmth, Support	37.89	38.12	36.73	39.13
Conflict	22.04	20.75	23.4	19.96
MOTHER TO ADOLESCENT				
Warmth, Support	42.76	43.05	41.8	43.41
Control	17.59	17.9	17.44	17.74
Conflict	21.6	20.04	22.55	19.55
FATHER TO ADOLESCENT				

Warmth, Support	39.66	39.53	40.05	40.82
Control	17.64	17.83	17.63	17.75
Conflict	22.92	21.65	24.21	22.12

Adapted from Reuter et al. (2009:62-63).

The above results raise dual possibilities. Firstly, in many families mother-child interaction, specifically during children's adolescence, may be encumbered by limit setting which is often mothers' responsibility potentially causing adolescents to be resentful to mothers. To invoke Erikson's theory of psychosocial development, adolescence is understood to be characterised by challenging of boundaries and/or making decisions on ones behalf, decisions which could be in conflict with parents' principles (Craig and Dunn, 2010; Kakouti, 2014; Samantrai, 2004). Regardless, the findings further raise the possibility of adoptive mothers' self-absorption which may translate to insensitivity towards adoptees' needs and inflexible parenting, a concern which appears common to Reuter et al. (2009) and Priel et al.'s (2000) studies highlighted above. Furthermore, being self-absorbed is attributable to infertility on the part of mothers, also discussed above with emphasis on how this can undermine parents' self-regard. Thus, study outcomes seem to equivocally be in support of meticulous pre-adoption parental assessment.

Reuter et al.'s (2009) study methodology has both strong and weak points. It applied a novel intra and interfamily comparison of perceptions of adopted and non-adopted children. Furthermore, it made use of a mixed method design of questionnaire and observation. The study remains one of a few which garnered simultaneous participation of mothers and fathers. Thus, it stands out from others. On the contrary, it may be argued that the fore noted observation was conducted under experimental conditions, thereby compromising external validity of results. Regardless, the study adds credibility to the present one: It is suggestive of the possibility of the adoptive mother-child dyad as a possible nodal point in adoptive family dynamics, particularly at adolescence. As such, the foregoing relationship will be afforded special attention in the present study.

Understanding adoptive parents' psychological processes is thus worthwhile. To this end, research by Glover, Mullineaux, Deater-Deckard, and Petrill (2009) was considered. Glover et al. (2009) investigated, inter alia, connection between parental attitude (negative or positive) and children's behavioural and emotional problems.

Their sample consisted of 85 mothers and fathers married or cohabiting who had both adopted and non-adopted children. According to the article, “nearly all parents were European American” (Glover et al., 2009). No further sample description in relation to race is provided. All adoptees were adopted before the age of one year with children’s ages ranging between four and 16 years. The sample was recruited from Northeast-Northwest Collaborative Adoption Project, which is described as a “national volunteer sample of adoptive families” (Glover et al., 2009:242). Interested parents were sent demographic questionnaires and subsequently Parent Feeling Questionnaires (Deater-Deckard, 2000 in Glover et al., 2009), along with the CBCL. Questionnaires were sent through ordinary or electronic mail. Composite scores compiled and ANOVA applied to analyse emergent data.

Results of the abovementioned study vary slightly from similar ones. Outcomes of the study reflected more positive feelings of parents towards adoptees relative to non-adoptees. Mean composite scores for negative feelings towards adoptees was 0.20 for fathers and -0.03 for mothers while fathers and mothers scored 0.15 and 0.14 respectively on the same item in respect of negative feelings towards non adopted children. With regard adoptee behaviour, both parents reported more externalising behaviour for adoptees compared to non-adoptees with an average score of 8.66 for fathers and 8.38 for mothers against 6.67 fathers’ scores and 6.98 mothers’ pertaining to non-adoptees. These results are concordant with Reuter et al.’s (2009) somewhat divergent from results of Grotevant et al. (2000), Priel et al. (2000), presented above. Glover et al.’s (2009) study outcomes and Reuter et al.’s (2009) conflict somewhat. Mothers in Glover et al.’s (2009) study reported less negativity while mothers in Reuter et al.’s (2009) study reported more positivity towards adopted relative to non-adopted children. Fathers proved to have more negative perceptions than mothers (Glover et al., 2009). They recorded significantly more negativity with reference to both adoptees and non-adoptees. However, mother/father variation was greater in respect of adoptees and nominal for non-adoptees (-0.01 versus -0.17).

Extracts of results of Reuter et al. (2009) and Glover et al. are tabulated below for emphasis.

TABLE IV**Comparison of results of Reuter et al. (2009) and results of Glover et al. (2009)**

	REUTER ET AL. (MEAN WARMTH SCORES)		GLOVER ET AL. (MEAN NEGATIVITY SCORES)	
	ADOPTED	NONADOPTED	ADOPTED	NONADOPTED
MOTHER				
ADOLESCENT				
WARMTH/NEGATIVITY	42.73	43.05	-0.03	-0.14
FATHER				
ADOLESCENT				
WARMTH/NEGATIVITY	39.66	39.53	0.2	-0.15

Adapted from Reuter et al. (2009:62) and Glover et al. (2009:244).

To conclude this subsection, general trends in adoption research are noted. This body of research tends to narrowly present adoption as inherently problematic (e.g. Barth et al., 2005; Berry et al., 2007; Chapman, 2002; Grotevant et al., 2000; Smit, 2002). To cite an example, Barth et al.'s (2005) article holds an underlying connotation that adoptees and adoptive families require special services as they are more at risk of dissolution than non-adoptive families, while Berry et al. (2007), who only studied families at a Missouri family preservation facility, describe "many" adoptees as emotionally scarred. Grotevant et al. (2000) insinuate that adoptees have higher propensity for identity crisis than non-adoptees. Authorities also seem to posit that adoptees are at higher risk of criminal behaviour (e.g. Cassidy, 2008; Dozier and Rutter, 2008; Howe, 1995). While adoptees' inherent challenges are acknowledged, there seems to be some exaggeration on the part of researchers in reporting these issues as studies focusing on adoptee behaviour in comparison to non-adoptees have not found serious behaviour challenges among adoptees (e.g. Miller et al., 2000).

Adoption literature also can also be described as generally myopic and methodologically weak. It is salient that, no studies were found by the researcher on adoptee representation in criminal correctional facilities or adoptees with criminal records generally, suggesting that this thinking too could be unfounded. Absence of studies on actual criminal records of adoptees is regarded as representing a significant shortcoming in adoption research as adoptees are presumed to be criminally inclined. Similarly, no research report was encountered on outstanding characteristics of adoptees or their resilience to adversity. For example, no mention is made in research reports encountered by the present researcher of outstanding adoptees as Olympians or pioneering scientists. Moreover, much of adoption literature is based on people in using treatment facilities (only Miller et al., 2000 was a nationally representative sample). While Steele et al. (2003) do not specify how they located their sample, their methodology (observing play) suggests that their sample was receiving treatment. Bevc et al. (2003), who assert that infertility potentially exacerbates the challenge of adoption, located their sample at an infertility treatment facility despite their study focusing on both

infertility and adoption. Tan et al. (2000) located their adoptive parent sample at a treatment centre for adoptive families.

Nonetheless, it is recognised that sampling in adoption studies can be complicated. Consequently, much of adoption research relies on self-selection, which may not necessarily yield representative participation. In addition, the plethora of reports encountered by the present researcher employs reports exclusively from adoptive parents rather than adoptees with the exception of Grotevant et al. (2000) who interviewed adoptees, Steele et al. (2003) who observed play sessions of adoptees and Reuter et al. (2009) who interviewed both parents; interviewed adoptees and went a step further to observe adoptee-parent interaction. Additionally, the combined research is biased towards mothers and overlooks fathers: Steele (2003) interviewed mothers while Tan et al. (2007) concede that 95% of returned questionnaires from a total of 852 families they understudied with the use of mailed questionnaires, were filled by mothers and Priel et al. (2000) specifically targeted mothers in their investigation of the effect of parental reflection on adoption adjustment. Last, out of 99 participants in Bird et al.'s (2002) study, 89 were female and 10 male.

Prevailing body of research also seems to favour children and adolescents over adults. The present researcher failed – in spite of deliberate attempt – to locate adoption literature conducted on adults adopted as children even though this would be ethically easier to access. Emphasis on adolescent adjustment is potentially problematic since adolescence is generally associated with vast intrapersonal conflicts and antiauthoritarian behaviour. Due cognisance is therefore made to limitation of available research while future researcher are called upon to take note of these observations and perhaps expand the literature on some of the identified issues.

SERVICE CHALLENGES

Social services in developing countries are typically overwhelmed and under resourced. For instance, the government department of Social Welfare in Lesotho is currently the sole adoption agency in the country despite its stretched resource base as well as rising

child and adulthood vulnerability in the country (Nono, 2007; Sefako, 2009). Consequently, adoption is not afforded centrality as a child protection or family preservation measure in the country. For instance, the researcher knows from her experience working in the department that, between 2004 and 2008, the department delegated one social worker to conduct social investigations and compile reports in support of applications for adoption for families requesting this service. The fore mentioned adoption social worker did not discharge adoption duties exclusively but was assigned other generic social work duties as well. It is reasonable to contend therefore that pre-adoption services are lacking in Lesotho.

Benefits of adoption services are reportedly vast. Benefits cited by families in the Virginia AFP facility, a post-adoption agency, include the opportunity to talk with other parents in a similar situation, a better understanding of adoptees and a consequent improvement in family experiences, in no particular order (Atkinson and Gonet, 2007). Additionally, families in Atkinson and Gonet's (2007) study mentioned support for adoptive parents, training, information, counselling for adoptees, adoption subsidies, psychological assessment and treatment, as well as special education facilities for adoptees as valuable attributes of post-adoption services. Lastly, families with special needs adoptees reported satisfaction with the respite service provided by the agency. On a similar note, families in McDonald et al.'s, (2001) study conducted among adoptive families in Kansas reiterated the views outlined above and proclaimed their frustration in the reduction of post-adoption services resulting from budget cuts.

AFP services are replicable across a wide spectrum. In America, for example, AFP services are Statutory based services outsourced to nongovernmental organisations which provide a multivariate complement of services encompassing home based support, grants, psychological assessment and treatment for adoptive families, and mobilisation of support networks of adoptive families (Atkinson and Gonet, 2007; Berry et al., 2007). AFP may also assist with legal representation for adoptive families in the event of such need (Atkinson and Gonet, 2007). Moreover, American AFP taps the

experiences of people affected by similar situations by employing adoptive families to provide support to other adoptive families (Atkinson and Gonet, 2007).

The foregoing nature of services is concordant with strategies employed in most African countries, including Lesotho to address challenges posed by HIV and AIDS. It is argued therefore that, they would be logistically feasible in Lesotho. Currently, Lesotho government trains community based child care support workers for families at risk of disintegration and it is put forward that adoptive families may be included as target families for such care. Thus, while the above literature is based on experiences of United States based families, it can apply to developing countries including Lesotho.

The above discussion suggests a service gap for prospective and adoptive families. Services such as preparation of families for adoption, conducting thorough investigations in support of adoption applications as well as providing support for adoptive families can reasonably be described as lacking in Lesotho. However, there is a rich collection of literature suggestive of pertinence of the foregoing services (e.g. Atkinson and Gonet, 2007; Berry et al., 2007; Gibbs et al., 2005; McDonald et al., 2001; Prater and King, 2001).

Such services may be of more value in a country such as Lesotho which is characterised by ignorance and arrogance informed by tradition surrounding the practice of adoption. For instance, a study of characteristics of families who solicited post-adoption services in Missouri, America by Berry et al., (2007) argued that, the adoption process does not end when adoption is legalised, but is a lifelong process which warrants lifelong services and support, a perception echoed by Atkinson and Gonet (2007) in discussion of findings of their study of families receiving Adoptive Family Preservation (AFP) services in Virginia, also in America.

Conflicting arguments on necessity of post-adoption services have also emerged. Studies in other jurisdictions of America (e.g. Prater and King, 2001) and South Africa (e.g. van Delft and van Delft, 2008) reveal that while post-adoption services may be

valuable, they are not imperative to all adoptive families. For instance, Black adoptive families in an area identified only as South of America stated that they were “happily settled” in their families and “would do it over again” (Prater and King, 2001:544), suggesting that not all adoptive families may require external support. Respondents in Prater and King’s (2001) study reported that, although they did experience challenges with their children especially those adopted at an older age, such as demanding to “go back to their real mothers”, they considered these to be “ordinary parenting” tensions and were able to handle them. These research outcomes which highlight age at adoption as a possible impediment to adoption adjustment correspond with findings of Atkinson and Gonet (2007) and Berry et al. (2007) discussed above. In South Africa 20% of adoptive families in van Delft and van Delft’s (2008) study articulated a need for post adoptive families with 25% pointing out that, they would not wish to become part of a support group of adoptive families as that would be a constant reminder that they were a “different” family. However, some of the respondents in van Delft and van Delft’s (2008) study said they would not hesitate to approach the adoption agency which handled their adoption in the event of any problems. A limitation with regards van Delft and van Delft’s (2008) study should be noted. The study was co-conducted by the same worker who handled adoptions for the respondent adoptive families which may have adversely affected the trustworthiness/validity of the data which emerged from the study as families may have avoided raising views suggesting dissatisfaction with the service they received.

CHAPTER SUMMARY

While adoptive parenting can be encumbered by several factors as demonstrated, some families are more likely to encounter post-adoption adjustment problems than others, and this can be addressed through efficient pre-adoption services. Some researchers go further to posit that when pre-adoption services are sound, post-adoption services may not be required at all. In the case of Lesotho as highlighted, the researcher contends that pre-adoption services are lacking to a large extent particularly on account of often debilitating pre-adoption experiences of adoptees, necessitating establishment

of strong pre and post-adoption services. With this reasoning, examples of interventions and services for adoptive families are discussed in the next chapter, highlighting implications to the present study.

CHAPTER III

LITERATURE REVIEW PART II

ENHANCING ADOPTION ADJUSTMENT: INTERVENTIONS FOR PROSPECTIVE AND ADOPTIVE FAMILIES

INTRODUCTORY BACKGROUND

While these have not always been substantiated by empirical literature, possible obstacles to adoptive family coherence discussed in the previous chapter suggest a need for services which are sensitive to the unique circumstances of prospective and adoptive families. Attachment enhancing interventions therefore make up a large proportion of this chapter which presents a critical analysis of some interventions for promotion of family coherence. Attachment appears to warrant particular attention in respect of Lesotho where it could be undermined by imperfect circumstances preceding adoption (Ministry of Social Development, 2011; Tamasane, 2011; Thabane and Kasiram, 2015). These interventions are therefore considered herein to determine the extent to which some of them may be adaptable and/or applicable to Lesotho as well as to establish lessons learnt elsewhere in addressing challenges for adoptive families to avoid repeating mistakes. Based on findings of research comparing behaviour of adoptees and non-adopted children also discussed in the previous chapter (e.g. Miller et al., 2000; Reuter et al., 2009; Tan et al., 2007) which reveal that behaviour of the two groups of children is nominally discrepant, interventions intended for and those tested on both adoptive and non-adoptive dyads are included.

ATTACHMENT SENSITIVITY IN ADOPTIVE PARENTING

Attachment sensitivity refers to parental appreciation of attachment; its precedents; and antecedents. This concept is particularly pertinent to adoptive parenting as adoption can

often be preceded by circumstances which potentially inhibit attachment building in adoptive dyads while family emotional systems in many adoptive families are also believed to be detrimental to attachment development (Bevc et al., 2003; Dyer et al. 2004; Dyer, 2007; Lawler et al., 2011; Mariano, 2004; Mennen and O'Keefe, 2005; Roberson, 2006).

Care giving that is sensitive to the needs of attachment dysfunctional children or attachment sensitivity is thought to strengthen the children's internal working models (IWM), thereby restoring attachment functionality (Cohen et al., 1999; Dozier et al., 2005; Howe, 1995; Juffer et al., 2005; 2008; Marvin et al., 2002). Adoptees are especially presumed to be at an attachment disadvantage as they are likely to have encountered multiple separation and possibly even maltreatment prior to adoption (Dozier and Rutter, 2008; Horner, 2008; Howe, 1995; 2005; Lawler et al., 2011; Roberson, 2006; van den Dries et al., 2009). Noteworthy, all children form bonds with their carers including abusive ones (van den Dries et al., 2009). Thus, implied is that adoptive parents should be more attuned to children's attachment needs.

In a review of literature, Mennen and O'Keefe (2005) also found that alternative parents should ideally be socially and psychologically competent people and continued to list the following focus areas for child welfare practitioners when identifying alternative carers for previously maltreated children: attachment patterns of identified alternative carers, that of affected children as well as children's developmental stage, to which Roberson (2006 citing Moss 1997 in Levy and Orlans, 2000) added:

“[a]dequate support, pre and post placement services, emotional flexibility and open communication in the marriage [or equivalent partnership], ... knowledge of child development and attachment dynamics, and sense of competence in one's parenting ability” (Moss, 1997 in Levy and Orlans, 2000 in Roberson 2006:735).

Seemingly, therefore, while parenting that is sensitive to adoptive children's unique needs may be considered the cornerstone of successful parenting, it should ideally be reinforced by realistic practical arrangements and a level of strong parental self-regard. Furthermore, alternative parenting can rectify dysfunctional attachment behaviours if the parents "... provide "warmth" and "sensitivity" and alleviate any discomfort associated with separation from a [previous] attachment figure" (Remkus, 1991 in Roberson, 2006:734). Hence, adoptees should be given the opportunity to deal with the loss of biological and/or substitute parents to enable them to accept being nurtured by adoptive families (Roberson, 2006).

Dozier (2001 in Lawler et al., 2011) as well as Dozier and Rutter (2008) reported that children maltreated during infancy organised their attachment behaviour into securely attached in relation to nurturing foster parents despite initial hesitation, leading to development of parent-child dyads with attachment levels comparable to those of secure biological parent-child dyads. On the contrary, parents who were considered unsympathetic to the situation of previously maltreated children were found to have a higher probability of misconstruing the children's behaviours as rejection resulting in counter rejection and consequently poor attachment in alternative parenting dyads (Dozier and Rutter, 2008; Lawler et al., 2011). Hence, Lawler et al. (2011: 475) concluded that "responsive and sensitive" parenting is effective in mitigating childhood maltreatment.

Appreciation of attachment and developmental psychology among family services professionals is thus implied. According to Mennen and O'Keefe (2005) as well as Hornor (2008), attachment-based assessment should be conducted to determine carer suitability for attachment dysfunctional children. To this end, social workers and other clinicians should not only ascertain that prospective alternative carers have practical and resource capacity to provide for attachment dysfunctional children but should also analyse their coherent description of their own attachment patterns (Howe, 1995; Mennen and O'Keefe, 2005). Moreover, age at which interruptions take place should be

noted by workers in planning interventions for maltreated children (van den Dries et al., 2009).

Alternative parent's practical capacity should also be investigated beforehand to establish that prospective alternative carers have reasonable care responsibility loads to accommodate children with special needs. For example, it may not be advisable to place previously maltreated children in families of children with disabilities. Lastly, Mennen and O'Keefe (2005) concur with Roberson (2006) that developmentally appropriate strategies should be used to prepare children for carer change, providing them the opportunity to mourn the loss of previous carers in order to be able to embrace alternative ones. Hence, thorough investigation of a child's historical background and alternative parents' situation is imperative for post placement adjustment. With this understanding in mind, some family preservation and attachment corrective practises are examined below.

The reasoning behind looking into family preservation services is informed by the belief that attachment dysfunction is a result of change in carers, among other factors. It would therefore be worthwhile to understand measures that have been applied elsewhere to keep families intact, and with specific reference to this study, to avoid post-adoption challenges. Also, an example of family preservation services from RSA was found especially appropriate as the Republic has many social characteristics in common with Lesotho, the location of the study. South African family preservation services are hence included in the chapter, quoting the relevant law and highlighting their strong points.

FAMILY PRESERVATION SERVICES IN RSA: CHILDREN'S ACT NUMBER 38 OF 2005 (Parliament of the Republic of South Africa, 2005)

RSA is unique in Africa in that legislation for child protection stipulates minimum standard of services and continues to oblige government to provide certain family and child protection services (Matthias and Zaal, 2009; Proudlock and Jamieson, 2010). The law further prescribes budget priorities based on the country's demographic disparities (Parliament of South Africa, 2005). Thus, as demonstrated by RSA, community based services should not necessarily preclude family services.

The Children's Act (Parliament of South Africa, 2005) of RSA forms the bedrock of family preservation services in the country. Proudlock and Jamieson (2010) along with September (2008) provide a background to the South African Children's Act (38 of 2005 as amended). According to September (2008), vast poverty and inequality, both attributable to the legacy of apartheid in South Africa were impetuses for development of strong measures to protect all vulnerable people. She elaborates that previous racially discriminatory laws, including the Child Care Act (78 of 1983) and associated systems were made obsolete by introduction of democracy in the country explaining that a new, inclusive law, sensitive to the unique needs of citizens, specifically children, was accordingly promulgated. Proudlock and Jamieson (2010) concur adding that the Children's Act (Parliament of South Africa, 2005) aligns child laws with the highly acclaimed Constitution of the country. The authors thus describe the current Children's Act (38 of 2005 as amended) as progressive since it seeks to provide for prevention and early intervention services to families at risk of undermining the welfare of children (Proudlock and Jamieson, 2010). According to the Act, removal of children from homes should be a last alternative to other innovative measures outlined in the Act.

The Act's broad objective is translated into four operational categories. In the words of Proudlock and Jamieson (2010:30), "the Act provides a range of social services primarily aimed at strengthening and supporting families and communities to care for and protect children." These services are categorised into primary prevention and early

intervention programs; childhood development programs; youth and development programs; and alternative care (Parliament of South Africa, 2005).

Primary prevention and early intervention programs (PPEI) relate to the subject matter of this study. PPEI as provided by Children's Act (Parliament of South Africa, 2005) of RSA represents an example of integrating service provision into law. According to Matthias and Zaal (2009:31) these encapsulate "services to intervene early if a child is at risk of abuse or neglect [and they are inclusive of] family and child counselling. They also entail alternative care for children through measures such as fostering and adoption (Proudlock and Jamieson, 2010).

Section 144 (1) (a) to (i) of the Children's Amendment Act (41 of 2007) expressly stipulates a range of program goals which may fall under PPEI. These are:

- a) "preserving a child's family structure;
- b) Developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the wellbeing and best interests of their children, including the promotion of positive, non-violent forms of discipline;
- c) Developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the wellbeing and best interests of children with disabilities and chronic illnesses;
- d) Promoting appropriate interpersonal relationships within the family;
- e) Providing psychological, rehabilitation, and therapeutic programs for children;
- f) Preventing the neglect, exploitation, abuse or inadequate supervision of children and preventing other failures in the family environment to meet children's needs;
- g) Preventing the recurrence of problems in the family environment that may harm children or adversely affect their development;
- h) Diverting children away from the child and youth care system and the criminal justice system; and
- i) Avoiding the removal of a child from the family environment".

And, according to the Act, these services “may include –

- “assisting families to obtain the basic necessities of life;... and
- promoting the wellbeing of children and the realisation of their full potential.” (Children’s Amendment Act, 41 of 2007, Section 144 (2) (a) and (f)).

The Act is commendable on several counts. To an extent, it applies Maslow’s principle of hierarchical needs extending from basic to extraordinary. On the bottom level, it provides for necessities such as food, health and housing while recognising that despite satisfaction of basic needs, family executive function may be variously encumbered. With this in mind, it seeks to circumvent child abuse and neglect by legalising appropriate programs. It also recognises the need for state provision of family counselling and parenting skills training to indigent families who sometimes require but do not afford to procure them. Lastly, the RSA government works in collaboration with nongovernmental agencies to provide family services as stipulated by the law (Proudlock and Jamieson, 2010). The two sectors are reported to have an established referral system with government monitoring adherence to standards as prescribed in the Act (September, 2008). An example of collaborative effort between the different stakeholders is whereby nongovernmental organisations provide residential care facilities while government provides partial funding for operation of such agencies. A separate area of interest is in legal criteria for adoption social workers. The Children’s Act (Parliament of South Africa, 2005) stipulates that in addition to a Bachelor’s Degree in Social Work, adoption social workers should have two years’ experience as child protection social workers under supervision.

The Act’s provision for parenting skills training is of particular interest to this study. In RSA, prospective adoptive parents undergo parenting skills training in groups or as individuals, successful completion of which qualifies parents to adopt. RSA courts are further charged with the responsibility to order all parents, including adoptive parents to attend these courses in the event that they are found to lack parenting competence at

any point in their children's lives. This aspect is a major contribution as parenting skills training is considered worthy of incorporating in Lesotho's child protection practices and laws (Thabane and Kasiram, 2015).

RSA's child protection law, however, is not without implementation problems. In the first instance, being a law, it is open to misinterpretation and misapplication. For instance, it does not provide clear guidelines as to what may be contained in the parenting skills curriculum (Government of South Africa, 2010). As a consequence, standardisation and evaluation are problematic. Finally, the researcher, based at a South African University, failed to locate documented evaluation of efficacy of such training programs. Hence, the programs may have not been evaluated in the 10 years since enactment of the law. While the practise of parenting training is comment-worthy especially for first time adoptive and foster parents, it would be valuable to evaluate its effect over time with the view to improve on its strong points and perhaps doing away with its less useful aspects.

ATTACHMENT CORRECTIVE INTERVENTIONS

Eleven interventions are examined below. On account of resource and time limitations, out of the 11 interventions and their comparison studies considered herein, two interventions are quoted from secondary resources namely child-parent psychotherapy promulgated by Fraenberg (1980 in Berlin et al., 2008) and attachment bio-behavioural catch up Dozier et al (1980 in Berlin et al., 2008).

Child-parent psychotherapy (CPP) and attachment bio-behavioural catch-up (ABC) could prove especially informative to the study on account of two outstanding features: In addition to reparation of carers' IWM and carer-child relationships which are common to many attachment based interventions, they use manualised approaches (CPP and ABC) while CPP has a stress management component as well. Thus both can be said to be both unique and reasonably comprehensive which is why they were included in

the review of literature even though resource limitations prevented the researcher from accessing their primary sources.

The following interventions and associated analyses are delineated below along with their perceived potential input to the study: Child-parent psychotherapy (Fraiberg, 1980); three dimensional theory (Howe, 1995); Watch, Wait, and Wonder (Cohen et al., 1999); relationship based intervention with at risk mothers (Heinicke et al., 1999); relative efficacy of interventions in altering maltreated preschool children's representational models (Toth et al., 2002); Circle of Security (Marvin et al., 2002); Bakermans-Kranenburg et al. (2003) "less is more" philosophy; importance of parenting in the development of attachment (Juffer et al., 2005); attachment bio-behavioural catch-up (Dozier et al., 2005); video feedback intervention to promote positive parenting (Juffer et al., 2007); and three dimensional approach to healthy parenting (Berlin et al., 2008). Thus, in addition to possible obstacles to adoptive family coherence discussed in the previous chapter, interventions and studies to strengthen family coherence spanning almost four decades from 1980 to 2008 are examined in this chapter to inform this study.

FRAIBERG (1980 in Berlin et al., 2008): CHILD PARENT PSYCHOTHERAPY (CPP)

The primary goal of CPP according to Berlin et al. (2008) is to *inter alia*: assist parents to deal with their adverse childhood experiences and losses of early childhood and to link their feelings to associated predisposition towards maltreatment of offspring. CPP is appropriate for children aged five years and below and can be administered in office or home settings.

As the name suggests, CPP is founded on psychoanalytic theory. It was developed by Fraiberg (1980 in Berlin et al., 2008) with the view of treating problematic parent-child relationships. According to Fraiberg (1980 in Berlin et al., 2008:749) "such disturbances are the manifestation in the present, of unresolved conflicts [or old ghosts] between one or both parents and prominent figures from their own childhoods".

Hence, CPP has two main objectives as follows:

- To assist parents to decipher and possibly overcome feelings associated with childhood adversity; and to
- Appreciate the interconnectedness of the former and current parent-child interaction (Berlin et al., 2008).

The therapeutic relationship is the medium of intervention in CPP. In Berlin et al.'s (2008:749) words, "[t]he therapist's empathic understanding is considered the vital ingredient in giving parents the courage to explore themselves and to test new parenting behaviours". CPP is conducted by Master's level as well as pre and post-doctoral therapists (Lieberman et al., 1991 in Berlin et al., 2008) whose discipline of education is however, not specified.

This approach to intervention was further developed by Liberman, Weston and Pawl (1991 in Berlin et al., 2008). The authors added a structured manual without modifying the original model of establishment of links between parents' past and present parenting experiences (Lieberman et al., in Berlin et al., 2008). The manual has been mainly used in treatment of poor families with a history of trauma (Lieberman and van Horn, 2005 in Berlin et al., 2008). Second, Liberman et al. (1991 in Berlin et al., 2008) introduced stress management which they viewed as culture and context specific, as a third objective of the intervention.

Therapy within CPP is unstructured and makes use of play techniques. During therapy, parents assume the role of play facilitator by deciding on play themes. As in typical play therapy sessions, facilitators, parents in this instance, participate in play only at children's instigation (Berlin et al., 2008).

Berlin et al. (2008) report on five evaluations of CPP. Two of these are noted here. In the first trial application, Liberman et al. (1991 in Berlin et al., 2008) assigned 59 insecurely attached one year olds from poor backgrounds who had recently settled in

the Netherlands from poorer neighbouring countries. While no change in attachment rating was observed in the children after 12 months of intervention, there was significant decline in avoidant and resentful behaviour towards mothers and maternal empathy had improved. A second evaluation by Toth et al. (2002 in Berlin et al., 2008) indicated “a significantly greater decline in negative self-representations than either the control group children or those who had received the didactic parenting intervention” (Berlin et al. 2008: 750). Toth et al.’s (2002) evaluation is considered at length below.

As argued in relation to ABC above, the researcher finds considerable merit in manualised approaches. To explain, manuals raise the likelihood of establishing and adhering to standards, ensuring uniformity of application across professions including non-social workers and non-psychologists. Moreover, as highlighted, not all “social workers” and “counsellors” in Lesotho are professionally trained (Nono, 2007). As such, a simple step by step resource could be a strong option for Lesotho. Further, manuals promote heuristic learning and this may be both applicable and useful to Lesotho’s mostly educated adoptive parent population. Manuals also increase the possibility of extending therapy to the home environment. Hence, notwithstanding the intervention’s poor outcome in respect of attachment improvement, there may be merit in CPP in the context of Lesotho to the extent that it makes use of a manual.

Location flexibility is another significant strength of CPP. According to the proponents, CPP can be applied either in the home or at offices of professionals. It is a reasonably uncomplicated intervention approach which makes use of play techniques, skills that are easily acquired even by non-professionals. Heuristic and therapeutic benefits of play therapy are known. In CPP, parents’ observation and reflection capacity is likely to be improved. Further, play therapy is likely to be a pleasant experience for both parents and children compared to traditional therapy, strengthening the otherwise potentially encumbered relationship.

HOWE (1995): THREE DIMENSIONAL THESIS

The value of the helping relationship is stressed throughout this chapter. Howe (1995) concurs and continues to discuss three foci that should be considered when assisting families facing attachment difficulties: understanding; support; and psychotherapy.

According to Howe (1995), understanding in the helping relationship is essential for successfully dealing with attachment dysfunction while compassion is the bedrock of every helping relationship. Social workers should therefore endeavour to understand both the evolution and the nature of turbulent relationships in families (Howe, 1995). He reminds social workers that by the time people become their clients, they have typically experienced a series of relationships characterised by negative feedback and rejection adding that such clients are often labelled “difficult” and uncooperative in therapy (Howe, 1995).

However, Howe (1995) emphasises that social workers should be resolute in their relationships with “difficult” clients lest they (social workers) become an addition to clients’ list of failed relationships. Determination to understand both the past and present turmoil in clients’ lives can add to the success of the helping encounter. On this note, Howe (1995) comments that against the backdrop of standardisation and quantification of social work intervention in line with market forces, the concepts of understanding and relentlessly pursuing “difficult” cases can become a lesser priority, advising social workers to choose ethical practise over standardisation. Another aspect of the helping relationship put forward by Howe (1995) is practical and emotional support. According to Howe (1995) social workers are adequately placed not only to support struggling families but to identify other possible sources of support. First, Howe (1995) points out that, partner support can improve parents’ wellbeing thereby promoting parenting and consequently attachment formulation, informing social workers that in many cases of attachment dysfunction, partner problems contribute to the range of causative factors for poor interaction between carers and children.

Tension between partners can lead to withholding of support. Unsupportive partners can either fail to contribute to parenting and other domestic responsibilities or even be outright hostile. Studies have confirmed the positive correlation between partnerships in families and quality of parenting (e.g. Belsky and Vonda, 1989 in Howe, 1995). Belsky and Vonda (1989 in Howe, 1995) found that where partner relations were poor, parenting tended to be equally poor and tedious while in mutually supportive families parenting was described as fulfilling and rewarding. Thus, improving family relations in instances of attachment inadequacy may be fruitful and may have a lasting impact on family coherence.

Family and friends are also a resource worth pursuing in identifying possible support for overwhelmed parents. Parents who, for various reasons, cannot enjoy the support of loved ones can rely on family and friends for support. This has been found by Belsky and Vonda (1989 in Howe, 1995) to have a two dimensional impact. It has been found to boost parents' self-regard and to facilitate sharing of experiences and skills. With the use of known social work tools such as eco maps developed in collaboration with clients, social workers can identify sources for support within the extended family that clients may otherwise overlook. In Lesotho, where social services are weak (Tamasane, 2011), social support would be particularly useful as social services may not be relied upon all the time to assist families in need. It is recognised, however, that extended family members may not be willing to avail themselves for a variety of reasons including pre-existing tensions. Where relationships are strained, and where this may become useful, social workers may highlight the value of re-building them and proceed to assist clients towards that end.

Psychotherapy is the third indicated intervention in this perspective. According to Howe (1995) social casework is generally weak in psychotherapeutic intervention. Specifically, it is accused of "pathologising" individuals and of failing to improve individual capacity to deal with social strain in the long term. Since not all social workers may be adequately equipped to provide psychotherapy, clients for whom psychotherapy is indicated should be appropriately referred (Howe, 1995). Where social workers command verifiable

competence for psychotherapeutic intervention, Howe (1995) suggests use of an “attachment-like” relationship as a medium adding that, when carefully constructed, such medium can allow clients to develop trust in therapists first, then themselves. Further, such relationships can effectively bring to clients’ realisation that relationships can be satisfying. Thus, clients can master the courage to venture beyond the safety of therapeutic relationships into other relationships of social significance (Howe, 1995).

Attachment-like therapeutic relationships can improve clients’ IWM and enhance social interaction skills. In this way, existing representations of the self can be re-examined and realigned in accordance with clients’ needs (Howe, 1995). For example, clients who have acquired avoidance/ambivalence as their relationship style may repeatedly convince themselves that they feel no grief on being rejected. This defence may be displayed through avoiding intimate relationships. In a secure client worker relationship, however, clients learn to acknowledge their fears of rejection and work towards overcoming them. Howe (1995) submits further that social support is a vehicle for promotion of attachment, stating for instance that, simple practical measures such as assistance with child minding for a few hours can be helpful in optimising nurturing in families with opportunity for calm and relaxation. He continues to point out that financial assistance and adequate housing may be equally crucial in troubled families.

Howe (1995) dispels commonly held notions of ineffectiveness of such assistance asserting that support over a reasonably long period of time has been found to increase families’ propensity for self-reliance rather than promote dependency. To support his argument, he cites several studies including Seitz et al. (1985 in Howe, 1995) and Olds et al. (1986 in Howe, 1995). Seitz et al. (1985 in Howe, 1995) reported that supporting new parents to deal with motherhood was found to have long term effects of creating productive citizens with reduced proclivity for criminal behaviour.

Findings of a study by Olds et al. (1986 in Howe, 1995) were in consensus with the statements of Seitz et al. (1985 in Howe, 1995). Olds et al. (1986 in Howe, 1995) investigated a prenatal and early infancy project in Elmira New York, a family support

initiative in which nursing professionals visited teenage, single and or indigent mothers from pregnancy up to when their children reached the age of two years. The visits took place fortnightly during pregnancy, then weekly for the first six weeks after babies' birth and less frequently but regularly thereafter. Olds et al. (1986 in Howe, 1995) noted that the visits seemed to have a diversity of outcomes which included promotion of healthy lifestyle during pregnancy, family planning, and positive life choices such as enrolling for training and or finding jobs by mothers. Thus, long term consistent support seemed to have far reaching benefits for families.

To further emphasise the value of social support, Howe (1995) comments on SureStart, a Britain based community support program operating in low income areas. He describes the primary aim of SureStart as optimisation of child care for children and promotion of parents' prospects for career development. SureStart reportedly provides free early education and child care and facilitates access to child tax credit to qualifying mothers while some mothers are referred to relevant agencies for emotional support. On program evaluation, many of the children in this program were progressing satisfactorily in school and their mothers were unlikely to make poor life choices such as use of drugs. They were more likely to have secured employment at the end of two years (Howe, 1995).

Howe (1995) concludes by describing a "high frequency, low intensity supportive service" known as New York State Preventive Services Demonstration Project (PSDP; Jones 1985 in Howe, 1995:231). PSDP was staffed by unqualified social workers whose only criterion for recruitment was commitment to family welfare. The unqualified personnel visited identified families with the aim of averting removal of children to care facilities. The functions of the unqualified social workers were to capacitate families to care for children within the family and to provide practical and emotional support to such families. Services from the program were provided over a long period of time. Upon evaluation of PSDP, it was found that less children in the low intensity group were removed from care compared to children in a comparison group. The comparison group was a shorter task oriented group which employed trained social workers.

Thus, social support can be said to be key to optimal mother and child health. To this study in particular which seeks to develop strategies for assisting infertile people, psychotherapy and social support are equally vital. In the case of infertility, it would possibly be valuable to assist families to deal with their negative emotions (where there are any) and to simultaneously identify sources of external support such as family, friends, and organisations set up for the purpose. Recreational facilities and/or activities could be equally useful.

**COHEN, MUIR, LOJKASEK, MUIR, PARKER, BARWICK, and BROWN (1999)
EFFECTIVENESS OF WATCH, WAIT and WONDER (WWW)**

Cohen et al.'s (1999) article does not specify whether or not they designed WWW, an innovation of that time. Rather, their report clearly states that they compared it to an existing approach, parent-child play therapy (PPT) to establish its relative efficacy. At the time, Ms. Nancy Cohen was based at York University and Hincks-Dellcrest Centre, a child mental health facility in Toronto Canada while the six colleagues with whom she collaborated in the exercise were at University of Toronto and Hincks-Dellcrest Centre. The authors report to have found the intervention noteworthy for one reason: while many psychological interventions with children at the time tended to focus on adults, WWW was remarkable in that it focused more on children's self-initiated behaviour (Cohen et al., 1999). WWW is concordant with other interventions informed by attachment theory in that it seeks to understand and address weaknesses in carer-child relationships although it uses a slightly different approach of observing babies' spontaneous activity in a manner which corresponds with psychiatric observation of adults combined with in reflective discussion with parents (Cohen et al., 1999).

The study espoused a pre-test post-test design. At pre-test, dyads went through a rigorous assessment process entailing interviewing, filling-in questionnaires, assessment of attachment security, observation of parent-child interaction, and measurement of child development. Post-test took place at conclusion of treatment and

again six months after treatment termination (Cohen et al., 1999:436). Intervention, which took eight weeks, was videotaped while behaviour patterns and changes thereof in the video were discussed with parents at post-test.

Both treatment approaches were carried out in the same room using the same play tools. Dyads or families received a minimum of 10 and maximum of 18, (M for WWW=13.8 and M for PPT =14.9) sessions per family which lasted an hour each. On average families in the WWW group received treatment over a period of 4.6 months while those in the PPT group received treatment for 5.4 months (Cohen et al., 1999:438). The 67 dyads (34=WWW and 33=PPT) included in the analysis exclude those lost through attrition. Interveners, all specialists in child mental health reportedly had considerable experience in their field generally and specifically in application of the respective interventions. The interventions are described in turn subsequently (Cohen et al., 1999).

All children, aged between 10 and 30 months, had presenting problems at intervention inception. Carers, all women, reported symptoms such as poor feeding, sleeping, and behaviour in children. Some mothers had previously been diagnosed with clinical depression and they expressed inability to bond with their children. Attachment pre-test and post-test made use of strange situation procedure and interviews to determine mothers' perception of children (Cohen et al., 1999).

WWW is divided into two parts. The first half comprises of a play session in which carers are encouraged to sit on the floor and do nothing but "watch and wait" for children's cues and respond as they would normally. Interveners do the same, this is to say "watch, wait, and wonder", about carer –child interaction (Cohen et al., 1999). The other half, 20 minutes in duration, is dedicated to reflective discussion between mothers and therapists. Mothers are asked about their observation and encouraged to explore emotions associated with the experience. The authors stress that the main aim of the first session was to teach carers to understand and follow children's cues. In this manner, mothers learn to appreciate children's autonomous thought and action, while

reacting to children's expressed needs for care and support and acting as safety nets against which children are encouraged to take risks (Cohen et al., 1999). This approach could have benefits for mothers and children alike as mothers' reflective capacity is enhanced and appropriate parenting behaviour acquired. For children, propensity to explore their surroundings is sharpened, boosting their self-regard as well as heuristic engagement with their environment. Thus, effects of WWW are potentially long term and extendable to other areas of mothers and children's lives.

PPT on the other hand is undivided. Carers converse with interveners throughout the session while simultaneously playing with children, without being told how to go about it and without interveners participation in play. Sessions are conducted weekly except in the case of family or couple sessions which are conducted at intervals of three to four weeks (Cohen et al., 1999). Discussion between interveners and carers focus on emotions associated with the experience. Further, interveners draw carers' attention to children's cues and what they might mean. Thus, in PPT mothers simultaneously engage in didactic conversation and play with (or leave) children to play.

Attachment related results of Cohen et al.'s (1999) study appear below.

TABLE V

Changes in attachment security at the end of treatment (www)

ATTACHMENT CATEGORY	WWW GROUP (n=34)	PPT GROUP (n=33)
Insecure to Secure	20.6% (7)	3% (1)
Disorganised	14.7%	9.3%

to Organised Insecure	(5)	(3)
Insecure to Secure or Organised	35.2% (12)	15.2% (4)
No change in attachment classification	50% (17)	59.4% (19)
Secure to insecure or disorganised	14.7% (5)	28.1% (9)

Adapted from Cohen et al. (1999:441-442).

The evaluation results, though somewhat unimpressive for both interventions, highlight the value of flexibility in parenting especially for potentially attachment insecure children. This attribute may be specifically pertinent to the present study as some adoptive parents may be first time parents with unrealistic standards of freedoms and limits for children. Thus the notion of flexibility will be integrated to the outcome of the present study. The didactic element of WWW is also a potentially valuable trait, and worth incorporating in strategies for assisting adoptive families in Lesotho.

**HEINICKE, FINEMAN, RUTH, RECCHIA, GUTHRIE AND RODNING (1999):
RELATIONSHIP-BASED INTERVENTION WITH AT-RISK MOTHERS: UCLA
FAMILY DEVELOPMENT PROJECT (UFDP)**

C.M Heinicke and the next four co-authors of the article worked at the University of California, Los Angeles at the time of the study while C. Rodning, the sixth author was

based at a University of California, Davis. They investigated efficacy of an innovative approach which was informed by both systems and attachment theories. In addition to instilling appropriate strategies for carer-child interaction, the intervention sought to identify and strengthen carers' social support structures. It is unique from many other interventions in that it uses family specific strategies covering mothers' communication and personal adaptation, alternate approaches to mothers' relationships to their children, mothers' relationships with their partners, and social support (Heinicke et al., 1999:356-357).

Two factors justify examination of intervention for at risk mothers. First, personal and society's persecutory attitude towards both infertility and adoption expounded in chapter two lead to the conclusion that many infertile families may require systematic intervention to improve their nurturing capacity (Dyer et al., 2004; Dyer 2007; Prater and King, 2001; Purewal and van den Akker, 2007). Secondly, as discussed in chapter one under IFST, perceived or real personal and/or societal inadequacies which affect the families may be projected onto children, impeding children's capacity for psychological development. Hence the need is to understand and consider putting precautionary measures in place.

Furthermore, Heinicke et al.'s (1999) relationship based intervention was found relevant for consideration in this study as it was conducted by social workers unlike many considered herein which were administered by psychologists. All interventions are, nonetheless informative to the study.

The intervention deviates slightly from other attachment based ones. Its founding principle is that mothers' partner and family support as well as mothers' relationships with their children along with children's development require a systematic intervention for a period of two years to achieve the desired level of functionality and synchronisation of mother-child relationship. Additionally, Heinicke et al. (1999) reiterated other attachment researchers who believe that children's optimal development and psychosocial functioning is dependent on their perception of their self-worth. High self-

worth is in turn believed to derive from a “loving and responsive early relationship which encourages autonomy” Heinicke et al. (1999:351). To address mothers’ communication and personal adaptation as well as strategies for handling children, interveners listened to and addressed mothers’ intra and inter-personal conflicts, specific nature of which is not disclosed in the article. Heinicke et al. (1999) state only that the intervention was informed by Meichenbaum’s (1979 in Heinicke et al., 1999) and Bandura’s (1986 in Heinicke et al., 1999) theoretical frameworks. Additionally, interveners and mothers observed children while interveners provided information as necessary modelling appropriate behaviour for parent-child interaction (Heinicke et al., 1999:586).

There were 12 criteria for inclusion in the study which can be conflated into: a family had to be classified as at risk based on a social history interview and it had to be having its first child. In this case, at risk was considered as poor, lacking partner and family support, mother not wanting to have baby, and mother having a history of legal transgression, abuse and/or mental illness including depression, suicidal thoughts and substance abuse (Heinicke et al., 1999).

The intervention made use of a group therapy approach. Weekly group sessions were conducted in the third trimester of pregnancy and babies’ first year. In babies’ second year the visits declined to every other week and were replaced by telephone and follow-up contacts in the third and fourth years. Group sessions were each one hour long. Families attended approximately three group sessions per month in the first year and one and half per month in the second year. According to authors, the study did not incur any attrition in the first two years (Heinicke et al., 1999).

Results of evaluation of the intervention at the end of its first year suggested reasonable efficacy. With regards to maternal adaptation, mothers in the intervention reported a consistently positive relationship with partners whether or not they were still in a relationship. Similarly, they kept close contact with extended family members whether or not they were living with the extended family. Close contact was also maintained with mothers’ friends. One out of 31 mothers or approximately 3% lost all contact with a

(previously intimate) partner. Maternal depression and anxiety, however, were found to have increased. Mother's relationship with child was also functional at end of the first year. It was found to be more secure than a control group as measured by the child's expectation of mother and response to being separated from mother. The average security rate score was .416 in the intervention group compared to .311 in the control group. A difference of .095 can however be regarded as somewhat nominal especially in light of the intensity of the intervention. Furthermore, while at the time of Heinicke et al.'s (1999) documentation, the analysis was still ongoing, they found that 10/31 or 33% of the mothers had lost all contact with previously intimate partners and friends at the end of two years even though their depression and anxiety levels were reportedly lower.

The results underscore a phenomenon which is potentially pivotal to parenting in general and crucial to adoptive parenting in particular. It highlights the value of carers' intimate and other social relationships to parenting specifically in the first year of babies' lives. Significance of carers' intimate relationships is twofold. Firstly, these can enrich or undermine adults' wellbeing. Second, carers' interpretation of intimate relationships may provide some indication of their attachment behaviour (Feeney, 2008; Howe, 2005; Lawler et al., 2011). Thus, the researcher believes that UFDP is informative to the study to the extent that it emphasises the value to significant relationships.

TOTH, MAUGHAN, MANLY, SPAGNOLA, AND CICCETTI (2002): RELATIVE EFFICACY OF INTERVENTIONS IN ALTERING MALTREATED PRESCHOOL CHILDREN'S REPRESENTATIONAL MODELS

Miss Sheree Toth, and her colleagues were based at the Hope Family Centre and University of Rochester, New York America at the time of the study. They, like Cohen et al. (1999), also conducted a study which sought to establish comparative efficacy of interventions. Theirs involved a comparative study of three established models of intervention, namely preschool parent psychotherapy (PPP), psycho-educational model (PHV), and intervention based on community norms and standards (CS). Efficacy of the interventions was evaluated relative to each other and against a control group of

children from non-maltreating families. The three interventions are described in turn hereunder.

The approximately 12 months long intervention(s) were conducted by holders of a Master's in Clinical Psychology qualification, trained by doctoral level psychologists to conduct each intervention (Toth et al., 2002).

Like the comparative study of WWW and PPT, this comparative exercise also employed a pre-test/post-test design. All children were aged around 4 years ($M=48.18$ months) at pre-test and around 5 at post-test ($M= 61.47$ months) (Toth et al., 2002:884). To ascertain degree of maltreatment, records from Child Protective Services were accessed (with parents' written consent) and coded using Barnett, Manly, and Cicchetti (1993 in Toth et al., 2002) Maltreatment Classification System. Master's level psychology students carried out the coding. Additionally, the pre and post-test assessment made use of a widely acclaimed intelligence test for children known as WPPSI-R in conjunction with narratives. To facilitate narratives, children were given story stems from the MSSB (Bretherton, Oppenheim, et al., 1990 in Toth et al., 2002) and the ASCT (Bretherton, Ridgeway, et al., 1990 in Toth et al., 2002).

"The narratives utilised in the present investigation [depicting] moral dilemmas or conflicts and emotionally charged events in the context of parent-child and family relationships. [The story stems] included vignettes designed to elicit children's perceptions of the parent-child relationship, of self, and of maternal behaviour in response to child transgressions, intrafamilial conflicts, and accidents" (Toth et al., 2002:886-887).

A total of 122 preschool children participated in the study: Sixty eight boys and 54 girls. Eighty seven of these (71.31%) were in confirmed abusive parent-child relationships while 35 were not. Children with histories of abuse were enrolled into the respective

interventions groups at the ratio of 23:34:30 (PPP:PHV:CS) while the 35 remaining made up the comparison group (Toth et al., 2002).

From the researcher's perspective, PPP is consistent with Howe's (1995) description of qualities of a good helping relationship. In PPP the intervener-carer relationship acts as a medium through which carers learn to overcome their attachment related conflicts. This it does by creating an affirming intervener-carer relationship based on "empathy, respect, concern, and unfailing positive regard." (Toth et al., 2002:891). Thus the relationship is said to provide an environment for creation of a new set of positive experiences of self in relation to others, improving carers' IWM (Toth et al., 2002:891). This expected mindset shift is believed to spill-over to the carer-child relationship.

PPP carers and children were seen weekly for an hour per session at home or at the centre. Intervention entails observation of carer-child interaction. Observing carers with children was thought to provide information on how maternal representation may influence parenting. Thus, the intervention sought to change maltreating carer-child relationships from dysfunctional to functional (Toth et al., 2002).

Contrary to PPH, PHV applies an ecological model. Therapists sought to understand how personal, familial, and societal factors may impact carer-child relationships positively or otherwise. Subsequently intervention represented a blend of "social support, psycho-educational strategies, and cognitive-behavioural techniques." (Toth et al., 2002:892).

Intervention in this category was multi-dimensional and sought to build carers' parenting skills. To this end it gave carers specific information and skills on best strategies of dealing with situations related to the carer-child relationship underpinned by cognitive-behaviour theory. Further, it sought to address prevalent life stressors while identifying possible sources of strength and/or social support. Last, children in this group were all put on a 10 month full day preschool program where they received additional social competence training (Toth et al., 2002:892).

CS: A government department intervention made up the third model under comparison. Services received by this group included psychotherapy, parenting education, grants and shelter. Moreover, the children were in government day care facilities and preschools while 13% were receiving individual psychotherapy (Toth et al., 2002).

Post-test assessment could be regarded as thorough. It took the form of children's narratives using reliable strategies as described above. This was done to determine change in the representation and perception of relationships (presumably with carers) subsequent to intervention. General Linear Model (GLM) analysis was conducted to track change in children's maternal representation over time. Thirdly, ANOVA was done to get a deeper understanding of intergroup disparities in intervention and time effect.

Results confirmed relative efficacy of PPP and PHV compared to CS. In PPP, maternal maladaptive behaviour decreased to almost nonexistent ($p < 0.001$) while clients who received PHV registered negligible change in maladaptation ($p < 0.079$). Negligible change was recorded in the CS group in respect of maternal maladaptive behaviour. Additionally, children in PPP and CS showed improved post intervention self-representation while children in PHV showed insignificant change (Toth et al., 2002). In some of the intervention maternal representation of children had also shifted (baseline $M = 4.59$, $SD = 3.23$ post intervention $M = 6.72$, $SD = 3.73$) (Toth et al., 2002:893).

Thus it can be concluded that streamlined psychotherapeutic intervention is more efficient compared to multi-dimensional ecological intervention. However, community standards intervention also had remarkable improvement in children's self-representation (baseline 1.67 and post intervention 3.60) although moderate change was seen as far as maternal representation was concerned. The comparative study is important to this study as it demonstrated the comparative advantage of psychotherapeutic intervention to multi-pronged interventions such as PHV and community based intervention.

MARVIN, COOPER, and POWELL (2002): CIRCLE OF SECURITY (COS)

This intervention model was pioneered by Marvin, Cooper, Hoffman, and Powell (2002). Mr. Robert Marvin was a researcher at Child-Parent Attachment Clinic, an annex of University of Virginia where he was also lecturer at the time of the study. His colleagues on the other hand were researchers at the Centre for Clinical Intervention at Marycliff Institute, also in Virginia, America. Marvin et al. (2002) describe the Circle of Security protocol while Hoffman, Marvin, Cooper, and Powell (2006) report on a pilot exercise of the intervention. COS is an innovative program which, like the UCLA family development project, assumed a distinct approach from other attachment theory based interventions, without deviating significantly. For instance, like other attachment treatments, it is underpinned by three common assumptions:

- Caregivers and children's IWM are typically synchronised;
- Certain factors can destroy the parent-child relationship, causing the relationship to be in need of repair;
- Problematic parent-child relationships are repairable (Marvin et al., 2002).

Thus, COS has three main aims with the third aim divisible into three subsidiary aims:

- Building parents' or carers' self-esteem;
- Assisting parents or carers to resolve past parenting issues;
- Enhancing parenting through:
 - Providing closeness in response to children's attachment needs;
 - Facilitating autonomy in response to children's need to explore;
 - Enhancing emotion regulation in the parent-child dyad (Marvin et al., 2002).

As highlighted, the intervention is prescriptive in nature and follows a set protocol as thus:

- pre-test;
- design of dyad specific intervention;
- intervention;
- mid intervention evaluation; and
- post test (Marvin et al., 2002).

PRE TEST: The pre-test is multipronged and can be described as reasonably thorough. Firstly, the Strange Situation assessment procedure as promulgated by Ainsworth et al. (1978 in Marvin et al., 2002), is conducted to determine attachment patterns of concerned dyads. Subsequent to Strange Situation, parents are asked to read to their children and then instruct children to pick up toys in the experiment room. Thereafter, carers are interviewed using specially designed interview guides, Circle of Security Interview (COSI), Parent Development Interview (PDI) (Aber, Slade, Cohen and Meyer, 1989 in Marvin et al., 2002) and Adult Attachment Interview (AAI) (George, Kaplan, and Main in Marvin et al., 2002). All of this is captured on video and video footage makes up the main instrument for observation, reflection and learning throughout the program. Lastly, carers fill in several structured questionnaires aimed at establishing “child behaviour problems, anxiety and depression, parenting stress, and stressful life events” (Marvin et al., 2002:114).

The authors explain the rationale behind use of multiple assessment procedures. According to the researchers, combined use of COSI and AAI is considered useful for determining “stuck points” or previous experiences which may account for discomfort associated with parenting. COSI also facilitates identification of used and unused resources available to carers for support in their caring responsibilities. Further, PDI has the capacity to reveal reflective, nurturing and guiding capacity of carers (Aber et al., 1989).

Coding of data emergent from the pre-test is equally thorough. The task is entrusted to qualified clinical psychologists with a minimum of four years university education in clinical psychology. These are further orientated to the new intervention and their

knowledge of attachment and associated assessment procedures refined. Half of the data from Strange Situation, interviews and questionnaires is recorded by a set of different coders for quality assurance (Marvin et al., 2002). Additionally, Marvin et al. (2002) extended Bowlby's attachment patterns described earlier by delineating the following attachment classifications in which parents and carers in their study seemed to fall: Secure pattern; insecure, avoidant-dismissing pattern; insecure, ambivalent-preoccupied pattern, and insecure disordered pattern (Marvin et al., 2002).

Attachment patterns mentioned above should be described briefly, starting with secure autonomous. According to Marvin et al. (2002), this pattern is characterised by comfortable interaction free of anxiety on both parties and is said to encourage children's exploration. No miscuing is observed in this pattern although some conflict may prevail occasionally. Conflict does not cause damage to the relationship as equilibrium is easily restored.

Insecure, avoidant-dismissing departs slightly from secure autonomous relationship. This relationship is characterised by marked effort to keep intimate interaction to a minimum. Instead, carers and children are said to engage in distracting behaviour through focus on exploration. As Marvin et al. (2002:113) elaborate:

“The partners work carefully to stay connected enough to protect the child, but not so close as to behave in an intimate manner. They therefore have their own distinct pattern of attunement-disruption-repair – a pattern that, while organised or ordered, is more complex and anxious than the secure pattern”.

Insecure, ambivalent-preoccupied pattern on the other hand does not seem to have an organised pattern. Children's independent exploration is kept to a minimum. “Parent and child are said to miscue each other that there really is something about which they should be worried and or distressed.” (Marvin et al., 2002:113). This pattern is

understood to be associated with a history of caregiver inconsistency on the part of the carer.

The final category according to Marvin et al. (2002) is insecure disordered. It is characterised by parental fear regarding children's attachment behaviour. It has often been found in neglectful parents or carers and in parents who relinquish their parenting responsibilities voluntarily or involuntarily (Main and Hesse, 1990 in Marvin et al., 2002). It is believed to be associated with past or present unresolved issues on the part of parents.

Additionally, the researchers put forth the concept of "miscuing". According to them, "miscuing" denotes a defence strategy on the part of parents and children. The underlying assumption behind the concept of miscuing is that attachment relationships can evoke unresolved feelings in parents or carers. Parental figures are then believed to obscure their pain in a variety of strategies including miscuing. Miscuing hence refers to the act of distracting children from their "true" attachment needs and behaviour (Marvin et al., 2002).

To provide examples of miscuing: parents may react to children's proximity seeking behaviour by encouraging children to play rather than cuddle. Over time, children learn not to seek proximity from attachment figures. Instead, they merely invite attachment figures to play (Marvin et al., 2002). By this principle, children whose parental figures seem to prefer to provide protection and comfort than freedom to explore, would presumably devise means to distract parental figures from protection giving.

DESIGN OF INTERVENTION: Outcomes of assessment are used to inform this stage. Thus, goals which address each attachment category are set. "For example, dismissing caregivers usually are assigned the following treatment goals: increased appreciation of how much their children need them; increased skill at reading and registering their children's subtle distress signals; and decreased miscuing under circumstances in which a child's attachment behaviour is activated" (Marvin et al., 2002:115). As Marvin

et al. (2002) explain, goals may be reviewed or revised throughout the program. Further, during intervention, carers' group skills are noted and refinement thereof may be incorporated into intervention goals.

The principle of children's IWM as dependant on that of their carers takes precedence in this intervention. In spite of this, Marvin et al. (2002) point out that the reasoning behind the intervention's focus on carers is that carers have more freedom and intelligence to adjust their IWM, their environment and consequently the IWMs of children.

IMPLEMENTATION and MID INTERVENTION EVALUATION: Groups of six meet weekly for 75 minutes over a period of 20 weeks. Video records taken at pre intervention assessment represent the main treatment tool. In addition, discussions are described by Marvin et al. (2001:108) as "individualised to each dyad's specific attachment care giving pattern".

As highlighted, COS is strong on theoretical underpinning. Specifically, it is informed by Ainsworth's Secure Base and a Haven of Safety (Ainsworth, Blehar, Waters, and Wall, 1978 in Marvin et al., 2002). This philosophy is introduced to carers with the use of non technical language and pictures. Pictures are then given to parents as reference material beyond the group setting. Additionally, proponents of COS have constructed an easy recitation "Always be bigger, stronger, wiser and kind"....Whenever possible follow my child's lead....Whenever necessary take charge" (Marvin et al., 2002:108).

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COS is a protracted and detailed twenty-week long intervention, delineation of which would not benefit this overview of interventions for the purpose of the report. It is summarised in table form below while its detailed description is provided as an annexure and marked “annexure one” for reference by readers who need to do so.

TABLE VI: SUMMARY OF CIRCLE OF SECURITY PROTOCOL

WEEK	DESCRIPTION
1.	Relationship building and introduction to theory.
2.	Review of videos with the view of instilling observation skills and understanding of children’s needs.
3. - 8.	Reviewing tapes continues as groups conduct an analysis of “overused and underused strengths” (Marvin et al. 2002:117). Here emphasis is made that carers have parenting strength that they put to good use and those they neglect. Strengths in this context refer to comfort and exploration. Some parents will find that that their strength is in comfort giving to the exclusion of exploration while others are stronger in exploration and dismissive of comfort giving.

	<p>Discussion of each parent-child dyad lasts for a period of a week, at the end of which a carer receives a picture highlighting her or his moment of mastery from the video.</p>
9.	<p>As the name suggests, this is a stage of mastery or shifting from victim to regaining control. To assist carers to achieve this, group leaders read a validating poem to carers. The poem is entitled “welcome to the club” and depicts the challenges of parenting, affirming their fears, concerns and even moments of displeasure around parenting.</p> <p>Group members assist each other to identify points that each seems to encounter in interacting with her or his child.</p>
10 – 15	<p>This period is dedicated to instilling emotion regulation between carers and children and in the respective individuals of the dyads.</p>
16	<p>This week is the equivalent of a mid intervention evaluation. The pre test can be described as an abridged version of the pre test. It takes the form of a videotaped Strange Situation procedure.</p>

17 – 19	This time is allotted to hypothetical application of knowledge gained within the group setting. Carers watch videos of themselves with their children and reflect.
20	Here, the group celebrates: a graduation ceremony is held and appointments for post intervention assessment made.

Adapted from Marvin et al. (2002).

POST TEST: The 20 week program is followed by a post test. To achieve this, a process that is identical to the one undertaken at pre-test as explicated above, is conducted. This is usually done within 10 days of completion of treatment (Marvin et al., 2002).

As highlighted, Hoffman et al. (2006) report on a pilot exercise for Circle of Security (COS) and results of evaluation thereof. Participants were recruited from “HeadStart” and “Early HeadStart” programs in an unnamed location in Washington, America. There was no specific criterion for involvement in the program other than availability. Seventy five dyads initially took place in the program, out of which 65 participated to completion. Out of the 65, 85% were reportedly mothers, 6% fathers, 6% foster parents, and 2% or one a grandmother. Racially, 86% were described as “White/Caucasian” (Hoffman et al., 2006:1019).

The report provides scanty details on social background of the dyads (i.e. Hoffman et al., 2006). For instance, no mention is made of attachment levels of these children to their carers, or how many had experienced adversity. Information on marital status, academic level or income of carers is also lacking. The researchers indicate however that the children were selected purposefully from their peers and only those of “average” intelligence were included (Hoffman et al., 2006). Furthermore, they all came from a residential area of high crime rate (suggesting low income) while some carers had been maltreated in childhood and some of them had maltreated the children in their care.

Pre-test/post-test design was used as per protocol draft. For the purpose of pre intervention test, age specific Strange Situation were put to use (see Ainsworth et al., 1978; Cassidy and Marvin, 1992 in Hoffman et al., 2006). Further, Main and Solomon’s (1990 in Hoffman et al., 2006) attachment coding system was used to code recorded video footage. This was repeated subsequent to completion of the program. Coders in the post test were blind to the attachment classifications attained at pre-test and 85 of the 130 tapes were randomly selected for double coding to ensure reliability.

Results of the evaluation reflected an acceptable, though not outstanding, efficacy rate. To illustrate, at pre-test, 60% of the dyads were reportedly attachment insecure and the number of attachment insecure dyads decreased to 25% subsequent to intervention. While 20% were believed to be secure prior to intervention, these had increased to 54% at post intervention assessment (Hoffman et al., 2006). Thus, attachment insecurity was decreased while security was promoted. Berlin et al. (2008) caution, however, that this level of intervention success cannot be considered exceptional as a secure attachment rate of 60% is usually found among non-externalising populations.

Nonetheless, COS has some commendable attributes, most notable being meticulous pre assessment which is then linked to dyad-specific intervention goals. Secondly, the intervention assumes a didactic approach to attachment intervention by educating parents on basic propositions of attachment theory. Similarly, it encourages parents to maintain a healthy balance between closeness with children and children's autonomy, constructs which are believed to be co-influential and crucial to establishment of healthy attachment (Berlin et al., 2008; Marvin et al., 2002). Hence, these skills are likely to spread to all areas of carers' functioning. The intervention's emphasis on reflective function is an additional strength. Reflective functioning, while relevant for all parents, may be particularly pertinent for adoptive parents. As described, adoptive family coherence may be encumbered by various factors such as infertility on the part of parents and history of maltreatment for children. It may therefore be valuable in providing insight into latent emotions and self-object relations. This is believed to positively impact on parenting style and consequently children's self-regard.

Moreover, advantages of group intervention are recognised by the researcher, particularly for a low budget context such as Lesotho. The researcher's position is that the adoptive dyad is complex by nature and may benefit from interventions such as the one promulgated by Marvin et al. (2002). Further, the researcher finds the above intervention meritorious due to its didactic characteristic and implied permanence of change relating to adoptive dyads and other significant relationships. Thus, change is likely to be detectable throughout the life span. To the extent that parents are educated

through intervention, parenting is likely to be improved beyond the level of preschool. This intervention is likely to empower parents to deal with challenges that may surface in later childhood stages such as adolescence, a stage commonly characterised by parent-child conflict.

In the researcher's view, the model is unique in many respects. Firstly, it is administered in group settings of six mother-child dyads (Marvin et al., 2002). This is in contrast with comparable interventions such as parent-child psychotherapy and UCLA family development project, also described in this chapter (Berlin et al., 2008). Second, COS has a specific and thorough assessment method, whose outcomes are employed to design dyad specific intervention. Specially designed intervention for each dyad is a notable comparative strength of the intervention. Moreover, the intervention is relatively affordable as it is group based yet innovative in that it allows for focus on one dyad at a time. In addition, it employs group dynamics to further enhance carers' skills. In addition to being cost effective, group interventions are valuable in that they can lead to establishment of future relationships between people in similar situations, fostering much-needed social support for parents in line with propositions of Howe (1995).

Some authors, however, have questioned its trustworthiness. Lawler et al. (2011) for instance, caution that it was tested on a relatively small sample and without the use of a control group, limiting its reliability. Also, the present researcher notes that the pilot sample was chosen from a homogenous group of existing interventions, namely HeadStart and Early HeadStart programs. Furthermore, the ethical connotations of providing attachment enhancing treatment to dyads which have not specifically been identified as in need of such intervention are considered.

Notwithstanding reported weak efficacy rate and problematic piloting, COS has ignited particular interest in the researcher. The intervention has many strong points. Subsequent to minor revision, it may be suitable for application to Lesotho. The researcher particularly finds its pre-test (assessment) post-test design as well as group intervention traits note-worthy.

There could be merits to utilisation of video clips unrelated to dyads in the group. It should be reiterated that attachment issues are complex and can invoke intense emotions in all people. Also, there is a likelihood that carers may have not had the opportunity to reflect on their relationships with children and link these with previous life experiences. A group setting may hence not be the best arrangement for such profound introspection, which can possibly be disturbing. Thus use of videos of unrelated dyads may be helpful to create distance and objectivity.

Marvin et al. (2002) and Hoffman (2006) do not specify requisite academic qualifications of group leaders. Also, use of a single group leader for 12 people over 20 weeks, could compromise quality. Further, group dynamics require special competence on the part of leaders. Thus, it is argued that, group leaders in COS may have not been well equipped for group models of intervention. To elaborate, the researcher, a social worker, with basic psychology training, understands that her psychology training alone may not provide adequate group therapy skills. Social workers, on the other hand are better disposed for this approach. Further, psychologists are skilled to transform people's IWM, while social workers can better provide assistance and support of a psychosocial nature. As such, multidisciplinary intervention by social workers and psychologists may be a strong option for consideration in attachment correction and insecurity prevention. Psychologists would also be able to address resurfacing latent emotions as a consequence of the intervention. Finally, co-therapy and/or collaborative effort are useful approaches particularly for protracted intervention such as COS.

BAKERMANS-KRANENBURG, VAN IJENDOORN AND JUFFER (2003): INTERVENTIONS ENHANCING SENSITIVITY – LESS IS MORE

Bakermans-Kranenburg, van IJzendoorn and Juffer (2003), are Netherlands based psychologist researchers on attachment enhancement. Their work focuses strongly on attachment in adoptive dyads although they have considered other parenting dyads. Bakermans-Kranenburg et al. (2003) found that exclusive focus on parental reflective

functioning can be adequate intervention and more efficacious than multidimensional interventions. This conclusion was preceded by a series of studies which revealed that interventions aimed at increasing understanding of children's attachment needs were successful across large socially discrepant samples. Bakermans-Kranenburg et al.'s (2003) studies consisted of several meta-analyses of attachment enhancing interventions.

Findings of the 1995 study suggested that sensitivity enhancing interventions do not necessarily translate into increased attachment. On the contrary, the authors established that short term interventions focusing exclusively on attachment were more successful in enhancing attachment in relevant dyads compared to long term interventions targeting similar outcomes. Further, the study, based on meta-analysis of 12 studies, was relatively small in size and as such its findings could not be considered reliable or applicable in varied contexts (Bakermans-Kranenburg et al., 2003). In 2003 Bakermans-Kranenburg et al. (2003) reported a larger follow-up study incorporating as many studies as possible sourced through "Psyclit" and "Medline" online search engines and made use of some referenced materials as well as consultations with experts in the field of psychology of child care in Europe, America and Australia (Bakermans-Kranenburg et al., 2003). This study featured both qualitative and quantitative studies covering 88 interventions and 7636 families in 81 articles.

The authors found that "randomised interventions that focus exclusively on sensitive maternal behaviour are more effective in changing insensitive parenting...as well as infant attachment insecurity [to a lesser extent]" (Bakermans-Kranenburg et al., 2003:299). The authors add that interventions aimed at promoting sensitivity proved equally effective in families with complex problems. They continue to concede, however, that the comparative efficacy of such interventions was "modest".

Results of the two meta-analyses can be summed up as follows:

- "[A]ttachment insecurity is more difficult to change than maternal insensitivity." (2003:300).

- Interventions that focused on sensitivity alone were more effective than those that sought to address sensitivity, support, and representation;
- The following factors were found to enhance intervention success:
 - Video feedback;
 - Fewer than five sessions as compared to sessions with five or more sessions;
 - Interventions starting after the age of six months of a child's age were more successful compared to those commencing earlier including prenatally;
 - Non client-intervener contact studies which encouraged use of soft baby carriers in conjunction with cuddling and a workbook on responsiveness or a videotape recorded the highest success rate (Bakermans-Kranenburg et al., 2003:299-304).

The authors offer an explanation for comparative efficacy of sensitivity enhancing intervention relative to multidimensional interventions submitting that firstly, the interventions are more focused and easy for interveners to understand and apply. Secondly, protracted and complex interventions carry the risk of high default rate and participant attrition.

Bakermans-Kranenburg et al.'s (2003) findings may be useful to the context of Lesotho. Firstly the researchers contend that as little as five intervention sessions per family may be adequate and that non-contact intervention may be as successful as intervener administered intervention. Moreover, the authors propose a heuristic intervention based on video feedback and workbook entries by parental figures. In this manner, Bakermans-Kranenburg et al.'s (2003) findings are suggestive of child and family specific approaches. The intervention encourages close observation of unique parent-child interactions and appropriate practical change. To this extent, Bakermans-

Kranenburg et al.'s (2003) theory is both methodologically meritorious and applicable to Lesotho.

As indicated in an earlier chapter, from the researcher's experience in child welfare in Lesotho, adoptive parents in Lesotho are generally educated and many of them hold powerful positions. Thus a model based on reflective observation and informed decision making in terms of parenting techniques is considered appropriate. Similarly, fewer intervention sessions may be ideal for these adoptive parents on account of their other socioeconomic responsibilities as well as resource limitations of the country itself. Accordingly, these findings inform interventions in this study as detailed in the last chapter of the report.

**JUFFER, BAKERMANS-KRANENBURG, and van IJZENDOORN (2005):
IMPORTANCE OF [SENSITIVE] PARENTING IN THE DEVELOPMENT OF
DISORGANISED ATTACHMENT**

Juffer, Bakermans-Kranenburg, and van Ijzendoorn (2005) sought to understand intervention that can improve parent-child attachment in adoptive dyads. They randomly recruited mothers of children adopted before the age of six months through adoption agencies and misled them into believing that the exercise was aimed at monitoring child development. It is salient that the families had no reported child related problems and in fact had not received any post-adoption service from the agencies. Early adoption age was essential to the study to control for pre-adoption adversity. The random selection yielded 130 families with almost the same number of boys as girls: 66 and 64 respectively. Mothers were primary carers in all cases and all were White. Majority of the families came from "(upper) middle class backgrounds" (Juffer et al. 2005:265). Two sub samples came out of the 130: Ninety families without biological children and 40 with first biological child. It is not mentioned whether families had more than one adoptee as the study required only one.

Families underwent a thorough assessment prior to commencement of the study. To this end, families' socio-demographic information including motivation for adoption and

health condition of baby on arrival were gathered. Carer- child interaction was then observed for maternal sensitivity and attachment level at 6 and at 12 months (Juffer et al., 2005). Maternal sensitivity was measured during a play session while attachment was measured using the Strange Situation Procedure (Ainsworth et al., 1974 in Juffer et al., 2005). Lastly, babies' temperament was measured using the Dutch Temperament Questionnaire (Kohnstamm, 1984 in Juffer et al., 2005). No significant difference in socio-demographic information of families was found. A trial of the intervention employed a pre-test/post-test comparative design. Mother and child interaction was captured on video at age 6 months of adoptee as pre-test and at 18 months, post-test while observation took place at 9 months in the home and in a lab at 12 and 18 months. The sample was divided into two subsamples: one subsample received a personal book, three video feedback sessions while the other was given only the personal book (Juffer et al., 2005).

Personal book and video feedback group: In this group, the first two sessions took place when the child was six months old while the third and last was at nine months. The duration of each session was approximately one hour. In the second visit, the video from the previous visit was used while a video took on the same day was used on the third visit. The intervener drew carers' attention to pertinent constructive and unconstructive behaviour in the clips by narrating. For instance, the intervener would comment when a carer appropriately reached out to touch or assist a baby in any way or when the carer inappropriately interfered with a child's play (Juffer et al., 2005). This was aimed at reinforcing positive interaction and discouraging the negative. In addition to video feedback, the group received a personal book as described below.

Book only group: this group received a book explaining sensitive parenting, based on attachment theory. The information provided in the books involved how to interact with children. Books were designed such that they contained children's names in text – thus they were “personalised” (Juffer et al., 2005).

Measures to ensure reliability and validity as well as to ensure standardisation were in place. Interveners were trained by the same person, the author, while video recorders were placed on stands in all cases to avoid data contamination. Interveners did not interfere at all during carer–child play. Intervention was implemented by three female interveners including the author who made use of a strategy known as “speaking for the baby” promulgated by Carter, Osofsky, and Hann (1991 in Juffer et al., 2005). This is to say, they decoded babies’ cues and relayed the message to carers using words. According to Juffer et al. (2005) interveners were trained to adapt each video clip related comment to each family’s situation.

The intervention was based on the overarching attachment-behaviour premise: Behaviour of carers and babies is supposed to be in harmony in that carers correctly interpret babies’ cues and act in a manner that communicates availability to a child, without impeding exploration and reasonable risk taking (Juffer, Hoksbergen et al., 1997 in Juffer et al., 2005).

Findings confirmed the benefit of video feedback without implying that it is perfect. The intervention was found to be reasonably efficacious in changing attachment levels of disorganised infants and a moderate effect score of .46 was registered at post test for the video feedback group. Comparatively, less change was noted among children in the personal book only group, although there was some change. The moderate effect score for personal book only group is not provided. The video feedback intervention, however, reportedly had little to no effect on insecure avoidant and resistant attachment (Juffer et al., 2005).

Juffer et al.’s (2005) article lacks clarity on a number of critical issues. It does not spell out the required or recommended interval between the first and second home visits conducted when children were aged six months. Further it does not explain the reason for using a video from a previous session in the second visit, and one taken on the same day for the third visit. Further, the value of including families with biological

children and those without is not explicated. Last, but perhaps most importantly, it does not mention required academic level of interveners.

Nonetheless, the intervention further demonstrates the importance of video feedback and professional intervention in attachment promotion, specifically for attachment disorganised and babies at risk of attachment disorganisation. More importantly, it proves that a total of three one hour sessions can yield substantial results. It's weakness, however, is that it does not seek to understand or modify carers' IWM. The risk therefore is that change could be temporary. However, the researcher is of the opinion that this weakness does not outweigh its valuable addition to the science of parenting particularly parenting children at risk.

Its failure to address insecure avoidant and resistant attachment, however, remain cause for concern to the researcher. The relatively short duration of intervention may be responsible for its limited efficacy. This conclusion is made on account of the complexity of care associated with insecure avoidant compared to disorganised attachment. As Howe (2005) in consensus with Prior and Glaser (2006) are quoted as saying in chapter one, insecure avoidant attachment is associated with inconsistent care whereas disorganised attachment has been found to be the result of constantly inadequate carer –child relations. It is therefore possible that Juffer et al.'s (2005) brief intervention may not be suitable for addressing complex or pendulous carer child relationship issues. The intervention's arguably short duration has nonetheless raised the interest of the researcher and evidently that of other researchers as well. It is as a result, worth noting.

DOZIER, LINDHEIM, AND ACKERMAN (2005 in Berlin et al., 2008): ATTACHMENT BIO-BEHAVIOURAL CATCHUP (ABC)

ABC is a multi-pronged intervention program whose efficacy is enhanced by use of highly qualified personnel. Holders of Master's qualifications in social work are deployed to deliver this model of attachment correction. These conduct weekly home visits to identified families (Berlin et al., 2008).

ABC seeks to address the following three common challenges to alternative parenting:

- Children's tendency of being dismissive towards parental figures;
- Carer's past experiences of nurturing (or lack thereof) and this may play a role in present nurturing efforts;
- Children's, poor self-regulation (in particular those in alternative care) (Berlin et al., 2008).

The program makes use of educative manuals on the above target bio-behavioural areas. Manual topics are as follows:

- "Caregiver/parental nurturance;
- Following the child's lead;
- "Overriding" one's own history and/or non-nurturing instincts; and
- Non-threatening care-giving" (Berlin et al., 2008:751).

Video recording represents the main *modus operandi* of the program. Alternative parent-child interaction is taped, presumably, outside of program sessions, and employed as a training tool in conjunction with manuals. The 10 week, one hour long program is also said to positively reframe children's negative emotions and externalising behaviour, assisting alternative parents to internalise positive perception of children behaviour (Berlin et al., 2008).

Video recording is further supplemented by the use of "shark music" as promulgated by Marvin et al. (2002) in the Circle of Security Program which originates in Virginia, America. The concept of shark music is explicated under Circle of Security. Studies on ABC reported positive outcomes. In one study, 60% of the infants recorded secure attachment to alternative parents subsequent to treatment. This rate is considered reasonably comparable to biological parent-child populations.

The researcher believes that the contribution of ABC to the present study lies in its multidimensional, but structured approach using a manual. A multi-tiered approach using documents, video, verbal therapy and music therapy is likely to yield results within

a short time. It is also likely to appeal to social work clients who may be suspicious of traditional therapy and therapists: Therapeutic introspection is often found to be uncomfortable for clients as it seems to open healed wounds. Secondly, clients are likely to have received therapy at other periods of their lives with or without success. Thus, innovative treatment approaches such as this may be worth considering for future adapted replication.

Its limitation, however, lies in its arguably resource intensive approach. The intervention employs case rather than group work. Additionally, 10 weekly visits per family by Master's level social workers may not be sustainable in the context of Lesotho where trained social workers and other resources are scarce (Nono, 2007; Sefako, 2009). Use of a manual and therapy within a group setting may, instead, be more feasible. For instance, Circle of Security is a group based intervention which has registered laudable results (Marvin et al., 2002). Benefits of group based intervention models are well documented and this strategy is more suitable for Lesotho. A group based intervention based on other tenets of ABC is thus considered a stronger adapted option for the context.

JUFFER, BAKERMANS-KRANENBURG, and VAN IJZENDOORN (2008) VIDEO FEEDBACK INTERVENTION TO PROMOTE POSITIVE PARENTING (VIPP), ALONE WITH SENSITIVE DISCIPLINE and WITH REPRESENTATIONAL ATTACHMENT DISCUSSIONS

Miss Juffer and her colleagues were supervisors of the Leiden Attachment Research Program at the Centre for Child and Family Studies at Leiden University in the Netherlands when they jointly edited a book describing methodology; application; and evaluations of the above mentioned interventions. In a chapter delineating the interventions' *modus operandi*, they explain that: "video-feedback intervention to promote positive parenting (VIPP) aims at enhancing sensitive behaviour through providing personal feedback..." and can be combined with written information (Juffer et al., 2008:12). In line with Bakermans-Kranenburg et al.'s (2005) theory, "less is more", the interventions are typically short term (four to eight weeks) and to maintain a

personalised approach, conducted from dyads' homes by Master's and Doctoral level interveners. While the researcher is of the view that eight sessions are rather intensive particularly in light of resource limitations specific to Lesotho, they are somewhat modest compared to UCLA Family Development Project's two year duration (Heinicke et al., 1999); Preschool Parent Psychotherapy's one year (Toth et al., 2002); and COS's complicated 20 week assessment and application combined (Marvin et al., 2002). Like Howe (1995) above and Berlin et al. (2008) below, Bakermans-Kranenburg et al. (2008) stress the importance of the intervener-parent relationship.

Like other attachment-informed interventions VIPP seeks to strengthen:

- Parents' IWMs;
- Parent-child interaction; and
- Intervener-parent relationship

Methods in VIPP

In the first session of VIPP, usual parent-child interaction is video-taped for 10 to 30 minutes by intervener who does not participate in parent-child interaction in any way other than inform parents about the filming process with specific mention that even children's distress signals will be captured and requesting parents to react as they would in the absence of the intervener (Bakermans-Kranenburg et al., 2008). The video footage is later studied by intervener with the view of identifying scenes for discussion in subsequent sessions based on the four themes listed below:

THEME	EXPLANATION
Exploration versus attachment behaviour	Here the intervener, with the use of the video and pre-developed notes, explains different (exploration-seeking and/or attachment-seeking) behaviours pointing out expected parent reactions.

	Where these emerge in the videos, they are highlighted for use in the dyadic session.
Speaking for the child	Interveners assist parents to understand children's different behaviour through verbalising their cues as captured on the video.
Sensitivity chain	Highlights value of appropriate parental reaction to each category of cues as indicated by positive child response to parental reaction. Firstly parents are made to feel competent about their ability not only to comprehend children's cues but to react appropriately which in turn facilitates encourages children to relax and generally thrive.
Sharing emotions	Finally, parents are made to realise how understanding their children can lead to positive shared emotions and/or experiences. In a way, this theme reinforces the ones preceding it.

Bakermans-Kranenburg et al. (2008:15-16).

Lastly, Bakermans-Kranenburg et al. (2008) explain that the sequence of themes which begin by focusing on children's behaviour and culminate with parental behaviour is

helps to progressively build intervener-parent relationships before faulting parental behaviour which can be damaging to the relationships. As pointed out the intervention can be combined with written information provided with the use of generic brochures booklets or books on (attachment) sensitive parenting.

VIPP with additional focus on sensitive discipline (VIPP-SD)

As mentioned under psychosocial development theory in chapter one, children generally seek more autonomy after their first birthdays (Samantrai, 2004). While secure parent-child dyads are able to manage such need effectively, other dyads struggle. VIPP-SD seeks to address this misalignment of parents and children at this stage. Again, as an optional measure, interveners may provide parents with additional written information of (sensitive) discipline. This intervention builds on the themes described under VIPP above to incorporate the aspect of discipline as thus:

THEME	EXPLANATION
Inductive discipline and distraction	Here parents are taught to distract children when children behave undesirably while at the same time explaining why behaviour (a) is desired over behaviour (b).
Positive reinforcement	This approach largely understood to be effective entails praising positive behaviour and ignoring negative ones.
Sensitive time-out	De-escalate temper tantrums

Empathy	Again, a known productive strategy of indicating to children that parents understand children's (often) displeasure or discomfort. For example, a parent may say, "I understand/I know that you are tired/hungry, we are on our way home now, where we will have dinner/ your favourite snacks."
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Bakermans-Kranenburg et al. (2008:18).

VIPP with additional representational discussions (VIPP-R)

Again building on VIPP above, interveners stimulate discussion on parents' (attachment) representational behaviours through exploring their childhood attachment experiences using questionnaires or projections and link these to parenting behaviour using story stems (Bakermans-Kranenburg et al., 2008). Themes under VIPP-R are:

1. Separations in the past and present separations with baby;
2. Past and present parenting;
3. Adult relationships with parents and expected adult relationship with child;
4. Exploring the links between being a child and being a parent.

In the last theme, parents choose from a range of hypothetical experiences developed by intervener, and reflect on their feelings during negative experiences as well as whether they may have used the same negative messages to their children, again trying to establish how this must make children feel (Bakermans-Kranenburg et al., 2008).

In an evaluation of the intervention, Velderman, Juffer, Bakermans-Kranenburg, and van IJzendoorn (2008) found that up to 98% of parents involved in a trial intervention were happy with both the video feedback and brochure aspects of the intervention with 73% claiming to have used the information gained from the program although 5% did not like watching videos while 58% found attachment discussions difficult. The difficulty in attachment discussions can be expected and perhaps a useful measure to mitigate the discomfort would have been to prepare parents in advance that they may find some aspects of the intervention unsettling. However, the discussions are an important element of the intervention as they facilitate awareness and with that can have lasting impact heuristic learning in that parents will be able to make similar attachment links throughout their parenting experience.

BERLIN, ZEANAH, AND LIEBERMAN (2008): THREE DIMENSIONAL INTERVENTION

Berlin, Zeanah, and Lieberman (2008), psychiatrists based in California (first author) and New Orleans (last two authors), in America, propounded a three dimensional approach to addressing attachment inadequacy in biological parent-child dyads (Berlin et al., 2008). Their approach represents a synthesis of Bowlby's attachment theory and van IJzendoorn's (2005 in Berlin et al., 2008) attachment transmission model. Berlin et al.'s (2008) procedure has three therapeutic foci:

- "Parents' IWMs;
- Parents' behaviour towards their child; and
- Parents' relationship with an intervener." (Berlin et al., 2008:747).

Berlin et al. (2008) explain that the rationale' for targeting parents' internal working models (IWM) is the understanding that children's IWM are informed by their parental figures'. The underlying assumption to the first two tasks is that enhancement of parents' internal working models potentially enhances their ability to relate with the environment and to partake in mutual relationships including those with children thereby positively effecting such children's IWM (Berlin et al., 2008).

The first two dimensions of focus, parents' internal working models and their behaviour, have specific procedural sequence according to this framework. At inception, it assists parents to develop self-understanding. This may be achieved through interviews in which self-reports of constructs such as self-definition and self-worth (encapsulating achievements, competencies and strengths) are elicited. Further, parents' childhood experiences may be explored to illuminate some of the feelings associated with parent-child dyads, information which acts as a basis for the subsequent step, how parents' self-regard influences their regard of others also conducted through interviewing. A third area of understanding involves identification of how self-regard may inform interpretation of social feedback in a reflective discussion (Berlin et al., 2008).

In this approach, insight on self is considered beneficial to effective parenting. The process of insight development is believed to culminate into appreciation on how internal working models may affect relationships - and consequently behaviour – in relation to offspring (Bowlby, 1988 in Berlin et al., 2008). Thus, parents are assisted to recognize how destructive patterns learnt in childhood potentially undermine current parenting efforts.

Parent-intervener relationship is the third focus area. From Berlin's et al.'s (2008) perspective, success of the above intervention is dependent on the strength of the relationship between client-parent and intervener. Commonly, parents of attachment dysfunctional children may have experienced atypical childhood relationships, especially with parental figures, resulting in parenting incompetence (Hornor, 2008; Howe, 1995). The intervener is thus tasked with creation of a "safe environment" in which parents can explore potentially risky psychological territory of past unmet needs and consequent dysfunctional traits (Bowlby, 1988 in Berlin et al., 2008; Howe, 1995). Lieberman (1991 in Berlin et al., 2008) extends the discussion by noting that it may also be valuable for the intervener to act as a "model for supportive behaviour" (Berlin et al., 2008:748).

From the point of view of proponents of this intervention, there is value in teaching by example or modelling. This may be particularly crucial in providing potentially lacking parents with reference material for emulation (Berlin et al., 2008). Thus, it may enhance the likelihood of acquisition of alternative approaches to social interaction. As previously promulgated by Howe (1995), parents may be experiencing mutually satisfying relationships for the first time. Against this backdrop, the parent intervener relationship is a critical medium and tool of behaviour modification and should therefore be handled with requisite proficiency and sensitivity.

Berlin et al.'s (2008) intervention model is yet to be implemented. This perhaps explains the lack of clarity pertaining to the exact academic and related qualifications of interveners. Consequently, from literature perused by the researcher, evidence of its efficacy is not yet available. Berlin et al. (2008) caution, however, that their proposed intervention does not represent a one-size-fits-all approach. Suggested, therefore, is that each family should be assessed thoroughly and a suitable intervention established on a case by case basis.

Nonetheless, the researcher believes there are merits to Berlin et al.'s (2008) model in relation to this study. To elaborate, the intervention seeks to modify parents' IWM which are considered central to effective parenting. They may be more important in the context of adoption, specifically as influenced by infertility. In Lesotho, parents' IWM may be undermined by negative societal feedback associated with infertility and or adoption as expounded in chapter two. In Lesotho, where ancestral worship is prevalent, society may be apprehensive towards infertility and adoption, leading to affected parents' diminished sense of self. Thus, Berlin et al.'s (2008) intervention targeted at IWM may be useful for adoptive dyads in Lesotho.

Berlin et al.'s (2008) intervention can have broad effects. Through application of this intervention program, enhanced IWM is likely to spread to other areas of functioning for parents and children alike, improving family wellbeing holistically.

CHAPTER SUMMARY

A recurring theme throughout the interventions is emphasis on resolution of attachment-related conflicts through the medium of strong intervener-carer relationships. Some interventions extend their focus to information giving in writing and/or practicalities of life such as fostering partner support. Generally, attachment based, psychotherapeutic one-on-one interventions (e.g. WWW and PPP) seem to be more efficacious than group based ones such as COS and those based on mixed theories such as PHV. Adaptation of intervention to family circumstances has also proved valuable in improving tenuous carer-child relationships (e.g. PPP and COS). Another common variable in all successful interventions is high level training of interveners. Manual based interventions, while strong on a heuristic level, yielded the weakest results.

Furthermore, a multidimensional approach such as use of music and a group therapy approach, both in COS have ignited particular interest in the researcher. Nonetheless, all interventions have some aspects for possible adoption in proposing strategies for addressing adoption related challenges in the context of Lesotho as illustrated.

CHAPTER IV

RESEARCH METHODOLOGY

INTRODUCTORY BACKGROUND

This chapter describes the research procedures and process adopted in the conduct of the study by way of delineating the overall paradigm and the design used in the study (qualitative, using an exploratory design). Specifically, the study used snowballing; purposive sampling; in-depth interviews; unstructured questionnaires; and content analysis and these are discussed and justified herein. Subsequently, reliability and ethical considerations are discussed. Finally, limitations of the study are acknowledged before summarising the chapter's contents.

QUALITATIVE RESEARCH PARADIGM

The study design was qualitative in nature as expounded by Babbie and Mouton (2006); Fouche` and Delport (2005) as well as Terreblance, Durrheim and Painter (2006a)). The following section discusses the qualitative research paradigm within which the study is conceptualised. To this end, qualitative research strategies applied are explicated and their relevance to the study demonstrated.

Qualitative studies are appropriate for studying social life. The qualitative research paradigm is concerned with people's subjective experiences and how they interpret social stimuli (Babbie and Mouton, 2006). Further, Marshall and Rossman (1999 in Fouche` and Delport, 2005:80) add that qualitative research is suitable for research "that seeks to explore where and why policy...and practice do not work". Qualitative researchers seek to acquire a holistic understanding of social phenomena with the use of a combination of flexible research strategies and tools (Fouche` and Delport, 2005). Studies within this paradigm therefore yield outcomes which are society and culture specific (Mwanje, 2001). Here, research strategies are descriptive rather than summative.

There are various strategies applicable within the qualitative paradigm. These include review of available data, observation and/or participant observation, as well as unstructured interviewing (Babbie and Mouton, 2006; Fouche` and Delport, 2005; Leedy and Ormrod, 2001). Additionally, qualitative research uses small samples due to the extensiveness of its data collection and data analysis methods (Mwanje, 2001). Samples for qualitative studies are typically subjectively chosen rather than mathematically derived.

Two reasons therefore justified use of the qualitative research paradigm in this study: The study investigates challenges that may emerge when families seek to adopt as well as those that may emerge subsequent to adoption. These challenges were presumed to be broad in spectrum and eco-systemic in nature while period; context; and family specific. Rich descriptive data was therefore expected to emanate from the study. Flexibility in the strategies and tools applied was hence vital to fulfilment of the research purpose.

A qualitative research design was also found suitable as the study looks at service quality through the perspective of users. Hence a subjective but holistic view of weakness and/or gaps in services as experienced by participants was expected.

RESEARCH DESIGN

The study used an exploratory design as little research has been done in the area of adoption in Lesotho (Fouche` and Delport, 2005; Rubin and Babbie, 2013). It is also descriptive to reflect the subject realities of respondents. Accordingly, rich descriptive data is presented in the next chapter.

STUDY POPULATION

The population of the study was adoptive families in Lesotho.

SAMPLING

Non-probability sampling procedures, namely snowballing and purposive sampling were applied. This category of sampling is characterised by chance, hence units do not have an equal chance of being selected (Babbie and Mouton, 2006; Terre Blanche, Durrheim, and Kelly, 2006a). It is considered valuable to again list specific objectives of the study for ease of reading:

1. To investigate challenges faced by adoptive families.
2. To investigate coping strategies and mechanisms employed by adoptive families.
3. To identify gaps in service provision for adoptive families.

SNOWBALLING

A snowball sample was sourced for the purpose of objectives one (1) and two (2) of the study. A snowball sample is derived by requesting research participants to identify others in a similar situation as themselves. In turn, the identified persons are requested to identify others with similar characteristics who may also potentially make up the sample of the study. This process continues until the research has reached a sufficient number for the required sample size (Strydom and Venter, 2005) and attaining data saturation. The first informant of a snowballing exercise is referred to as an index person (Sarantakos, 2005). Snowballing is considered relevant when the population of a study is difficult to locate such as samples of people engaged in illegal and other socially unacceptable activities (Babbie and Mouton, 2006; Rubin and Babbie, 2013). It is also relevant for a population which is difficult to define (Strydom and Venter, 2005).

A number of reasons therefore justified use of snowballing. There are no specific service agencies or associations of adoptive parents in Lesotho known to the researcher, a long serving social worker and researcher in the country. In addition, for reasons discussed in chapter two such as infertility and lack of understanding of adoption by some members of the population, some families are not open about having

adopted. Hence, snowballing was regarded as the sampling strategy with the highest potential to reach the otherwise elusive group of respondents.

Secondly, some families in Lesotho adopt as a result of infertility. Literature that has been expounded under the literature section of the study suggests that the topic of infertility, an indisputably private matter, is not openly discussed in African countries including Lesotho (e.g. Dyer, 2007; Mariano, 2004). It was therefore expected that this group of people would be difficult to locate.

The third reason for use of snowballing is perhaps the most important as far as this study is concerned. The process acts as a buffer for invasion of privacy by a stranger, the researcher: a researcher being referred by people known and trusted by the target sample of the study reduces suspicion in potential participants. Due to the sensitive nature of the research topic, snowballing was considered ideal as the researcher met participants through their social networks. This strategy seemed to allow participants to be more open with the researcher.

Of the 23 adoptive mothers the researcher was referred to, only two declined to participate. Thus, the buffer element may have yielded the desired results. This conclusion is reached because the researcher encountered a single case of hostility in the entire research process. The hostility did take the researcher aback somewhat, as she (the researcher) had specifically asked respondents to first establish that other respondents were willing to participate in the study before giving their contact details to the researcher. Indeed, the second prospective respondent who declined confirmed that while she had initially agreed to participate, she had decided against it as she was “still coming to terms with the fact”. Thus it can be said that snowballing was efficacious both for reaching an elusive sample and for increasing participants’ propensity to be open minded about the study.

Index people were provided by the ministry of social development. As outlined in the study’s proposal, three index persons of whom two participated were provided by the

fore mentioned government ministry responsible for adoptions in the country. Subsequent to permission seeking from their clients, the department provided the researcher with details of three willing adoptive parents who in turn requested permission to provide names of persons in similar situations known to them, to the researcher, yielding 25 potential participants, 21 of whom participated at which point data saturation was reached.

From the 25 prospective participants, 23 were willing to participate. However, two out of the 23 did not as one could not be found while the other could not avail herself for the interview as she was busy moving house at the time of fieldwork even though she sounded willing to participate. Lastly out of 21 interviews conducted, data from one interview is not included in the analysis for several reasons: Firstly, the interviewee could not secure an adoption order for the “adoptee”, whom she lived with for less than a year. Subsequently, she left the baby with relatives when leaving the country but was denied access to the baby on return ten years later. Even though she still considers the child, who is now an adult, to be hers, she did not pursue the matter.

The snowballing exercise was expected to yield a sample of either adoptive mothers or fathers. However, only mothers, including those who declined participation, came up. There are several explanations for this. First, most of the mothers were either divorced ($n = x$), widowed ($n = 1$), or never married ($n = x$). The other possibility is that since the index people were female, they tended to lead the researcher to other females. In all but one of the incidents, adoption was initiated by mothers, which could explain why social development contacted mothers as index people. Fourth, women tend to be the carers in families in Lesotho. Hence, the mothers-only sample, whilst biased in nature, resulted from the sampling procedure and should not bias on the part of the researcher.

PURPOSIVE SAMPLING

A purposive sample is a sample perceived to contain the most suitable characteristics for the research (Royse, 2004; Strydom and Venter, 2005). These should be those attributes that are considered by the researcher as typical to the population (Singleton

et al, 1988 in Strydom and Venter, 2005). Leedy and Ormrod (2001) clarifies further that a purposive sample is that which is selected for a “purpose”. Critics of purposive sampling point out that it places extensive discretionary powers on researchers, some of who may be novices in the practise of research. This disadvantage is duly eliminated in this research as the researcher has extensive experience in the field of child welfare in Lesotho while the study itself received support from the University of KwaZulu-Natal, under whose auspices the study was sanctioned and conducted.

Purposive sampling was used in objective three (3) of the study. This is to say, it facilitated selection of a sample of 2-4 professionals each from the following professions who reasonably come into contact with adoptees and their adoptive families in their work: psychologists, social workers based in the Department of Social Development, currently the sole adoption agency in Lesotho, as well as those based in child care facilities in the country, and medical doctors. Thus the sample of professionals was a total of 12 participants. The exact number per profession appears in the next chapter.

The researcher, who has considerable experience as a social worker in Lesotho purposively selected the samples from professionals and agencies deemed relevant to the study. The sole criterion for participation was a minimum of two years’ experience working in one’s profession. Professionals in the same field were chosen from different work settings to broaden the scope of opinion, knowledge, and experience per profession.

The sample of professionals was employed for two reasons: Firstly as a triangulation measure for the data and to garner an understanding of service provision gaps. It was considered valuable to find a second reliable data source to corroborate the data on some of the challenges associated with adopting and adoptive parenting as gathered from parents.

DATA COLLECTION

One- to-one interviewing is the main mode of collection of primary data employed in this study although some data was collected with the use of a questionnaire specifically to corroborate the data which emerged from interviews as mentioned above. The discussion below outlines and demonstrates the relevance of one-to-one interviewing to the study. In addition, it discusses how the combined use of interviews and questionnaires in data collection may enhance trustworthiness of findings through method triangulation (Rubin and Babbie, 2013).

ONE-TO-ONE INTERVIEWS (USED WITH ADOPTIVE PARENTS)

An individual one-to-one or in-depth interview refers to “a personal exchange of information between an interviewer and an interviewee” (Ruane, 2005:147). These are employed largely in helping professions to co-create meaning with interviewees through presenting the meaning of events through the perception of interviewees (DiCicco-Bloom and Crabtree, 2006; Valentine, 1999). According to Valentine (1999), the main advantage of the in-depth one-to-one interview as compared to the couple interview is that they present participants with the opportunity to air their views and feelings in privacy. In one-to-one interviews, interviewees are less likely to hold back important information regarding their views and feelings as well as information on conflict and power dynamics in their respective relationships compared to couple interviews, for instance (Valentine, 1999). Further, an interview is more likely to yield a true picture of reality rather than a shared reality which usually develops in families over time.

Possible shortcomings posed by use of one-to-one interviews in family related matters are recognised. According to Valentine (1999) this could limit trustworthiness of data. Hence, in addition to individual interviews of adoptive couples, professionals who may be in contact with adoptive parents in their work will be asked to provide data to corroborate or substantiate data emerging from adoptive parents with the use of questionnaires.

One-to-one interviews were selected subsequent to meticulous consideration and consultation. For instance, couple interviews were initially thought to be the obvious choice in light of the nature of the study. To explain, couple interviews provide an opportunity for triangulation through partners' unprompted corroboration, contestation and modification of data as it emerges, thereby enhancing validity of data. Additionally, through observation of couples' conduct in interviews, the researcher can easily identify contentious issues within family relationships (Valentine, 1999). These apparent strengths were, however, not as strong as the weaknesses delineated subsequently.

Shortcomings of family interviews can become the pitfall of any study. Firstly, in situations where couples have not adequately dealt with their emotions relating to either infertility or adoption, and particularly in families with high levels of tension as discussed in chapter two, couple interviews can degenerate into unpleasant confrontations between partners (Valentine, 1999). Where they do not become confrontational, they may become too emotional, causing the researcher to shift focus from research. This aspect will be dealt with in detail under ethical considerations of the study. Additionally, couples usually develop a "shared reality", in which disparities in experiences and perceptions of either member become blurred (Beitin, 2008; Kerr, 1981). A couple interview can therefore present this shared reality thereby overlooking individual experiences and cloaking some pertinent information.

Moreover, one member of a marital dyad may tend to dominate the interview, and to provide an "official account" of family issues (Beitin, 2008). Partners can also deliberately navigate around sensitive issues in an effort to protect the relationship, in a couple interview. It can also be problematic to arrange a joint meeting with both partners especially in cases whereby both partners are employed outside the home. Couple interviews erroneously assume that, couples openly share all their life experiences and feelings and that they hold no secrets from each other (Valentine, 1999). Lastly there is more time required per couple interview than for individual interviews (Beitin, 2008). It should be added that on account of known time limits prevalent in all research endeavours, it was not possible to interview both adoptive parents separately where

there were two of them. One-to-one interviews with adoptive parents who availed themselves were hence selected on account of the above noted shortcomings of couple interviews and considerations.

Interviews, which took one to two hours each, at participants' work places (19) or homes (2) per participants' preference, were all conducted by the researcher. This location, albeit not initially the researcher's preferred location proved beneficial for a number of reasons. Firstly, there were less distractions at work places and in the instance where adoptees were older, it could have perhaps turned out to be unwise to conduct interviews where adoptees could potentially hear the interview. Efforts to prevent adoptees from hearing would also possibly be suspicious to older adoptees. In the three interviews conducted at home, one adoptee was at home but playing outside while in two, the adoptees were at school. Thus it is submitted that there is no point at which the researcher made contact with adoptees or caused them any discomfort.

QUESTIONNAIRES (USED WITH PROFESSIONALS WORKING WITH FAMILIES)

Primary data from professionals targeted for inclusion in the study was collected with the use of semi-structured questionnaires for two reasons: Firstly, logistical considerations of arranging for interviews are known to be a major limitation regarding use of interviews in research (Babbie and Mouton, 2006; Delport, 2005; Sarantakos, 2005). Secondly, on account of time and work commitments of the targeted professionals, questionnaires were found to be the most suitable data collection method as compared to interviews as, based on guidance by some research authorities (Babbie and Mouton, 2006; Delport, 2005; Sarantakos, 2005), this would supposedly give professionals the opportunity to fill-in questionnaires at their own time. This, they did but not without some pressure from the researcher as explained below. In addition to questionnaires, professionals from the ministry of social development, which is responsible not only for assessing people for suitability to adopt in line with the law, were asked to explain the adoption process to the researcher step-by-step and how they go about it.

It was recognised that questionnaires, too, can sometimes frustrate the research process and this was addressed in the study's design from the start. The major limitation of questionnaires in research is that response rate can be low (Delport, 2005). However, an array of measures was employed to enhance the rate although it should be conceded that some of the measures may not have produced desired results. For instance, Leedy and Ormrod (2001) suggest that in order to motivate people to fill-in questionnaires, researchers should employ innovative strategies that draw attention to their questionnaires. To this end, they (Leedy and Ormrod, 2001) recommend questionnaires which stand out from other "junk mail". Further, potential respondents should be sensitised to the value of the research (Leedy and Ormrod, 2001). Thus, questionnaires with interesting designs in pastel colours, as demonstrated on annexed questionnaires, were designed to draw attention of potential respondents preceded by a statement detailing the value of the research to encourage respondents not only to notice questionnaires but to happily and promptly choose to respond.

As alluded to, this was not to be the case. Despite the researcher's creativity to motivate participants to respond to questionnaires, it was still difficult to get responses from professionals: None of 10 questionnaires emailed to respondents were returned despite up to three reminders. This prompted the researcher to visit professionals at their work places to remind them to fill-in questionnaires, at which point some did but still some promised to respond at a later stage but did not. Thus the thinking that questionnaires would be filled and emailed at respondents' convenience did not work, instead causing some delay to the data collection process.

On the same note, other shortcomings of the questionnaire method should be acknowledged. Questionnaires can potentially limit the possibility of yielding qualitative information (Leedy and Ormrod, 2001). This limitation was not significant in the research as only trained professionals who are competent in writing (qualitative and quantitative) reports participated. Further, it should be noted that professionals' views are required to corroborate qualitative primary data from adoptive families.

DATA ANALYSIS

Analysis of qualitative data is subjective and descriptive and it begins at data collection. The first step of analysis of qualitative data according to Terre Blanche, Durrheim and Kelly, (2006a) is data immersion which is followed by identification of themes or constructs or open coding. Themes are areas or topics found to be common during the process of data collection and the initial stage of data analysis. Subsequent to identification of themes, words and word combinations are grouped together in a process known as axial coding (Babbie and Mouton, 2006). Subsequent to open coding related data was further grouped through axial coding and reported in their original form, albeit translated from Sesotho to English (Rubin and Babbie, 2013; Terre Blanche et al., 2006a). The foregoing is a qualitative data analysis method known as content analysis.

Content analysis can be defined in different ways. A simple definition seems to be the one offered by Rubin and Babbie (2013:273), who submit that it is “[a] way of discovering patterns and meanings from communication.” They go on to explain that analysis can be done using any unit from words to entire books and visual material. The authors also emphasise that researchers should identify both content that supports and that which rebuts their initial hypothesis to present a truthful picture of the phenomena under study when presenting findings through content analysis (Rubin and Babbie, 2013).

A serious danger of content analysis is misclassification or tendency to narrowly consider all or most of the data as fitting within a certain parameter which supports researchers’ assumptions. To counter this risk, Rubin and Babbie (2013: 276) suggest the following strategies: random selection of cases for analysis, use of several examples to support each contention, peer review, and inclusion of data that contests the central arguments of the research. All measures were applied as demonstrated in the subsequent chapter in addition to which the researcher’s peer, an acclaimed social worker now employed by the National University of Lesotho, read through the final report of the study making suggestions for improvement as she found necessary.

Rubin and Babbie (2013) conclude by highlighting some of the strengths of content analysis, stating that in addition to being unobstructive, meaning it does not interfere with data, it is economic on both time and money. Additionally, content analysis is seen as positively influencing confirmability of research output. For these reasons content analysis was found suitable for this study.

Data from the interviews is presented using content analysis as described above. As noted, content analysis commences at data collection, through identification of themes and trends in data. In this study as much as possible primary data is reproduced in its original form, albeit translated into English and sorted. This strategy is believed to enhance credibility of the research as explicated by de Vos (2005).

DESCRIPTION OF DATA ANALYSIS AS UNDERTAKEN IN THIS STUDY

Open coding

As highlighted, open coding involves identifying themes which run through data (Babbie and Mouton, 2006). While Babbie and Mouton (2006) suggest that coding be done on the basis of sentences or paragraphs, in this study coding was guided by the study's objectives. Thus open coding took place objective-by-objective to find themes related to the objectives running through the data. It should be noted that, since data from adoptive parents was collected using an interview guide, not specific format of questioning was followed as in some instances data relating to other questions would emerge while addressing a different question. Furthermore, it should be stressed that the study yielded rather extensive data with up to seven hours of recording necessitating a two-stage open coding process. Examples of the coding protocol along with the two-stage open coding process appear in the annexes as "annexure four".

Axial coding

As directed by literature (Babbie and Mouton, 2006), axial coding was performed by grouping themes according to colour codes applied in the process of open coding.

VALIDITY AND RELIABILITY OF RESEARCH FINDINGS

VALIDITY

Strategies to enhance validity are described below. In simple terms, validity refers to the ability of the research to achieve its intended purpose. According to Volmerg (1983 cited in Sarantakos, 2005) validity is achieved through use of appropriate data collection and analysis methods in line with the subject or purpose of research. To Sarantakos (2005), it is thus the analysis of whether a combination of the tools, methods and approaches used in the study are efficient and relevant for their intended purpose. de Vos (2005:351) quotes Lincoln and Guba (1985:290) who described validity in qualitative studies as “establishing the truth value of the study...”.

Lincoln and colleague came up with four constructs which better represent validity in qualitative studies: credibility, transferability, dependability, and confirmability. These are discussed in turn below.

Credibility of this study is embedded in its design. Thick description and justification of each strategy as well as triangulation seek to enhance the study's credibility. Consistent with de Vos' (2002) and Sarantakos' (2005) intimation of the concept, the population of the study is clarified and so is the study's purpose and parameters (see chapter one). Measures were taken to reduce data interference. To this end, the researcher merely provided participants with the purpose of her study and, without confining participants to any structure, allowed participants to relate their stories. The researcher refrained from interruptions or asking closed questions. Thus, data interference was avoided. Interviews, conducted in Sotho, the vernacular, were recorded and transcription and translation, done by the researcher herself.

A sample of Sotho and translated interview transcripts were then subjected to scrutiny by a retired languages teacher, who upon agreement with the researcher, made changes to the English transcripts to align the content with the Sotho versions. Finally she confirmed in writing that the English transcripts were a fair reflection of the initial

transcripts, proof of which is attached with the annexes. Again, this process sought to improve credibility of the findings.

Transferability, a rather elusive concept in qualitative studies was also ensured. In fact, de Vos (2005) submits that transferability is a weakness rather than a strength of qualitative research. Kelly (2006) seems to be of a similar opinion but nonetheless presents the views of Smaling (1992 in Kelly, 2006) who suggests that to assist subsequent researchers to transfer or draw reasonable linkages between research results, qualitative researchers should explicate the process and outcome of a study in as much detail as possible.

This study seeks to be as applicable to the majority of adoptive parents in Lesotho as much as possible. As such, the research process is carefully delineated and justified at length to enhance replicability and transferability. To this end, chapter one outlines the research problem and explains the importance of the study to human sciences in general and to Lesotho in particular, while this chapter outlines the methodology and justifies each strategy employed.

As the name suggests, confirmability is the extent to which results of a study could be confirmed by a different researcher (de Vos, 2005). This concept seems to be the equivalent of cumulative validity as expounded by Sarantakos (2005). Thick description, used throughout this report, especially in chapter five, underpins confirmability of the findings. Additionally, a research journal and related information or audit trail, inclusive of participants' written consent forms, was maintained throughout the study and may be made available for scrutiny on request.

Sarantakos (2005) add that in qualitative research validity measures should free data from interference and/or contamination. They should also ensure that data is collected under an environment that is neither controlled nor manipulated (LeCompte and Goetz, 1983 cited in Sarantakos, 2005). The following are some of the measures proposed by Volmerg (1983 cited in Sarantakos, 2005:86) to improve validity of a research process:

communicative validity, ecological validity, cumulative validity and/or argumentative validity. Sarantako's (2005) explanation of communicative and argumentative validity seem to be the equivalent of credibility as expressed by de Vos (2002). They have therefore been accounted for in the discussion above.

Ecological validity simply implies studying subjects in their natural environment or one in which they are most at ease (Sarantakos, 2005). Participants in this study were interviewed either in their homes or work places and the choice of location rested entirely on participants. Ecological validity was thus ensured.

Further to the above strategies, validity in this study was enhanced by a piloting exercise to test the capacity of the research tool to yield the required magnitude and categories of data. Also, the study secured academic support and sanction from two bodies of note, an academic institution in RSA and a research arm of the Ministry of Health in Lesotho. Written advice of clearance from both authorities are included in the annexes.

RELIABILITY

Reliability refers to the capacity of a research design to produce consistent results over time and space. A method can be regarded as reliable if it produces matching results upon replication regardless of the researcher, the research conditions or respondents (Sarantakos, 2005). However, the known dynamics of human life such as tendency to evolve rapidly and diversity are likely to render any measures of ensuring reliability of qualitative human studies void. Reliability of research findings in qualitative studies is therefore not rigorously observed and a demonstration of validity as carried out above is sufficient to prove reliability, (Babbie and Mouton, 2006; Leedy and Ormrod, 2001). Rather transferability is sought, this being discussed in the earlier section.

ETHICAL CONSIDERATIONS

Strict ethical conduct was observed throughout the research process. Ease from discomfort, informed consent, confidentiality, and accurate representation of process and outcome are considered the main ethical issues in research with human participants (Leedy and Ormrod, 2001; Strydom, 2005; Wassager, 2006). Strydom (2005) adds that researchers' competence and debriefing of participants subsequent to participation are equally important ethical issues which should be accounted for. An illustration of how the ethical prescripts were adhered to follows:

Discomfort that may arise from the research process, however, is a paramount ethical consideration in human science research. Strydom (2005) points out that discomfort can be of a physical or psychological nature. In this study, discomfort of a psychological nature was expected and factored into the research design and planning. As expounded in chapter two, issues of infertility and/or adoption are not easy to deal with in most contexts. It is believed that the difficulty is amplified in Africa, where a lot of value is placed on fertility (Dyer et al, 2004; Mariano, 2004). Thus it was appreciated that participants could have encountered difficulty in dealing with these twin issues and appreciated that talking about them in research could evoke uncomfortable memories and/or feelings.

Measures for addressing possible discomfort were therefore put in place. Sometimes, it was found adequate to merely acknowledge participants' expressed emotions. For example, some participants were reduced to tears during interviews while others just fell silent midsentence. Their sadness and anger was recognised in a process known as tracking. Silence was respected and participants were not put under pressure to continue: they were given space to continue when they ready. The question "do you want to talk about what makes you sad?" was often asked when participants' emotions surfaced. Lastly, respondents were referred to a reputable therapist for continued service where deemed necessary.

Information was provided where needed. For instance, majority of mothers whose adoptees were still babies had concerns that babies could have externalising behaviours or reject adoptive parents later in life. Mothers were given empirically tested information (e.g. Dozier and Rutter, 2008; McDonald et al, 2001; Miller et al, 2000; Tan et al, 2007) that adoption on its own does not lead to problems in humans but research has established that adverse childhood circumstances seem to lead to problems later in life (e.g. Howe, 2005; Mennen and O'Keefe, 2005; Roberson, 2006). They were also informed about how some of the problems can be prevented such as through extra parenting as advanced by Bowlby (1966) and Wilson (2004).

Similarly, participants can benefit from a research encounter (Strydom, 2005). Some participants in the research declared that they had benefited from the cathartic, non-judgemental, and affirming encounter with the researcher, who is a social worker trained in family therapy. For instance, some participants raised some fears about parenting, which the researcher dealt with as they arose. Mothers generally needed affirmation that they were good mothers. To cite an example, an adoptive mother whose daughter had quit school to get married to a man whose occupation is unclear, raised concerns about having failed her adoptive daughter as a parent. She was duly assured by the researcher that short-sighted decisions among young people are fairly common and do not necessarily reflect poor parenting.

Several parents also had concerns about disclosing adoptive status to adoptees. The researcher offered pointers in this regard. Thus while the discomfort of the research was duly acknowledged and addressed, benefits were also realised.

Participants made an informed decision to participate. All adoptive mothers except for two had a Master qualification in their disciplines and were all prominent citizens while all professionals had a minimum of a Bachelor's Degree. The two adoptive mothers without Master's Degrees held a diploma and high school certificate respectively. Informed consent was therefore not problematic as participants were all sophisticated enough to understand the concept of research and that they were at liberty to decline to

participate. Nonetheless, this was duly explained to them as stressed by Strydom (2005) and a pre drafted consent form given to them for written confirmation of their consent, which were granted in all instances. A copy of the pre drafted consent form appears in the annexures while completed consent forms may be availed on request within five years of completion of this study.

It is reasonable to argue that there was no fear of victimisation in the study as pointed out by Strydom (2005). This could not have been a possibility since participants were all very powerful people. Moreover, there was no expectation of any favours from the researcher. Thus participants did so at their free will.

Confidentiality or anonymity as stated by Leedy and Ormrod (2001); Strydom (2005) and Wassager (2006) are also vital ethical concerns of any study involving humans. In this study, recordings of interviews which were captured on cellular telephone, were automatically allocated numbers by the phone. These numbers were used to label transcripts and are used in the report as well. As a result, everyone who came into contact with the information including the language reviewer, with and without knowledge to the researcher, could not link the data to participants.

Lesotho is a relatively small country, and due to the high profile of respondents it can be reasonably easy to link their details to them. Consequently, no identifying particulars including names, occupation, place or town of residence/work of adoptive parents, and school of adoptees will be mentioned in the report as raised by Leedy and Ormrod (2001). Thus, anonymity of participants is ensured.

The penultimate consideration is truthful representation of information that emerges from the study. This is to say, veracity of information contained in the report specifically with reference to methodology and professionalism in interpretation of findings (Leedy and Ormrod, 2001; Strydom, 2005; Wassager, 2006) are important. The researcher confirms that the report contains no fabrication of issues and that all interpretation is substantiated with empirically tested knowledge. Moreover, faults and shortcomings to

both process and outcome of the study are admitted below in line with Strydom's (2005) guidance. Further, both data in support as well as that which contradicts the researcher's assumptions or expectations is incorporated in the findings.

Lastly, de Vos (2005) points out that research participants should be debriefed. He (de Vos) cites Judd et al (1991 in de Vos, 2005) who suggest that participants may be debriefed immediately after the study. According to Judd et al (1991 in de Vos, 2005) this can be done by focusing on participants' emotions during the research and on any other problems that may have arisen at that time. de Vos continues to quote Salkind (2000 in de Vos, 2005) who recommends informing participants about the outcome of the study as another strategy for debriefing participants.

Debriefing per se did not seem necessary in this study as emotions were dealt with as they arose. As indicated above, adoptive mothers' latent and expressed emotions were handled with respect and professionalism at any point during interviewing. The researcher made it a priority that no participant was left in an anxious state subsequent to interviewing. To elaborate, there were instances where issues that did not directly relate to the study came up as a result of the introspective aspect of the interview. These were duly addressed as described under protection of participants from harm.

Despite meticulous efforts to observe ethical principles of research including informed consent and anonymity used in the report, there is still a possibility that participants in the study may not be able to handle the information, especially analysis, should they come across it.

LIMITATIONS OF THE STUDY

Despite great care taken in the design of this study, there are limitations which were found to be unavoidable. Firstly, the scarcity of empirical literature on the subject of infertility and adoption in Lesotho, which is the physical setting of the study posed a limitation to the conceptualisation of the study. Secondly, non-probability sampling, while found to be the best sampling methods in the study on account of the study

populations, can result in a sampling bias. A possible sample bias developed in the study by way of women only being part of the sample.

Third, data interference which may result from the interviewing process should be acknowledged even though, as explicated, all possible measures were taken to avoid interference with data during interviewing by way of minimal interjections by the researcher and by interviewing participants in their own environment. Nonetheless, interviewing can still result in some data interference and this is duly acknowledged.

Interviews were conducted in Sotho, the vernacular language for Lesotho. While this was thought to be the language in which all participants were most at ease, and while all measures were taken to ensure the accuracy of translation, it is honourable to concede that the translation process may have distorted some of the data and accordingly, information may have been misrepresented or lost in translation.

Finally, it is perhaps the decent thing to do to admit that the researcher found it rather challenging to separate her researcher persona to that of her usual social worker/therapist personality. While these two attributes complimented each other at some times, at other times they may have confounded the research process for both the researcher and participant, particularly adoptive mothers who were sometimes very emotional.

CHAPTER SUMMARY

Qualitative research methods namely snowballing and purposive sampling, interviewing and unstructured questionnaires were used along with content analysis. Measures to ensure credibility of findings include detailed explanation and justification of methodology contained in this chapter as well as thick description of sample and data, found in the subsequent chapter. A sample of transcripts was also reviewed by a competent person to ensure reasonable translation.

CHAPTER V

FINDINGS OF THE STUDY

INTRODUCTORY BACKGROUND

As pointed out in chapter four, content analysis is used to present findings herein. Due to data collection instruments used in accord with the study's research aims and objectives, thick descriptive data emerged. This was subsequently coded or classified and it is reported here in its original form, albeit translated to English. As indicated in chapter four, this reporting strategy in conjunction with triangulation is believed to enhance findings' trustworthiness in qualitative studies (Terreblanche et al., 2006b).

While every effort is made to report relevant and important data, use of the chosen data presentation strategy precluded presentation of all collected data in this report due to its magnitude. As such a sample of quotations which present a reasonably accurate view of responses is presented to illustrate key findings. Furthermore, it was considered best to present the findings and discuss them in separate chapters to maintain data integrity.

Zero (0) in front of digits which denote participants (e.g. 010) is used to distinguish between numbers (e.g. 10, 20) and participant codes (e.g. 010, 020).

SAMPLE

To remind the reader of who comprised the sample, data was collected from two samples for the purpose of triangulation: adoptive mothers and child protection professionals. Twenty-one adoptive mothers were interviewed either at their homes or work places. As explained in the previous chapter, data from one adoptive mother is excluded on account of two reasons: Firstly because she had not acquired an adoption order and secondly because she had lost contact with adoptee after two years even though she still considered the child, now an adult, to be "her adoptee".

All adoptive mothers included in the findings were prominent citizens holding powerful, presumably well-paying jobs. All, except for three mothers, had at least one while most mothers (n=13) had more than one university degrees. Those who did not have at least one university degree were, nonetheless, in high social positions in the country and equally prominent.

Due to Lesotho's relatively small size and participants' social status therefore, exact nature of participants' professions are omitted in the report as this would potentially pose a threat to their anonymity.

The following set of tables present overviews of both samples and adoptees. The first table summarises adoptees' ages at the time of the study relative to their academic achievement. Their age at adoption is also presented as it is believed to be a critical factor for attachment development, adoption adjustment as well as social advancement in later life stages according to literature. Age at adoption is also understood to be a strong indicator of adoption services efficiency.

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TABLE VII**Summary of adoptee information**

ADOPTEE CODE	HAS NON- ADOPTIVE SIBLINGS	MOTHER'S MARITAL STATUS	ADOPTEE PRE- ADOPTION BACKGR- OUND	ADOPTEE AGE AT ADOPTION (Months)	ADOPTEE AGE AT INTERVIEW (Years)	ADOPTEE SEX	ADOPTEE EDUCATIONAL LEVEL
01	NO	Married	Neglected	12	21	F	At university
02	NO	Cohabiting	Abandoned and neglected	4	17	F	Form D
03A	NO	Divorced	Abandoned	60	22	F	Completed High school. Employed as non- professional
03B	NO	Divorced	Abandoned and neglected	6	18	M	Form E
03C	NO	Divorced	Abandoned	3	14	F	Form A
04	YES	Widowed	Abandoned	5	9	M	Grade 4
05	NO	Married	Abandoned	3	11	F	Grade 6
06	NO	Single	Abandoned	40	15	F	Form A

07	NO	Divorced	Abandoned	12	4	F	Preschool
08	YES	Divorced	Abandoned	16	2	F	Preschool
09	YES	Married	Abandoned	6	5	F	Preschool
010	NO	Married	Serial care and neglected	10	5	F	Preschool
011	YES	Married	Neglected	7	5	F	Preschool
012	NO	Married	Abandoned	14	16 months	F	-
013	YES	Married	Consistent care	36	39	F	University degree. Employed as a professional.
014A	YES	Divorced	Compound abuse	10 years	28	F	Did not complete high school. Employed as a non-professional,
014B	YES	Divorced	Compound abuse	14 years	25	M	Did not complete high school. Employed as a non-professional.
015	NO	Divorced	Serial care	9	16	F	Form C
016	NO	Single	No information	17	6	F	Grade 1
017	NO	Single	Abandoned	6	15	M	Form B
018	YES	Divorced	Serial care				
019	YES	Married	Neglected	13	10	M	Grade 4

020	YES	Married	Abandoned	1	12	F	Form A

TABLE VIII

Participant mothers' marital status

MARITAL STATUS	NUMBER OF MOTHERS
Divorced	7
Widowed	1
Cohabiting	1
Never married	3
Married	8
TOTAL	20

TABLE XV**Summary of professional respondents in the study**

PROFESSION	NUMBER OF RESPONDENTS
Medical doctor (General Practitioner)	1
Psychiatrists	2
Psychologists	4
Adoption social workers (Ministry of Social Development)	3
Institution based social workers	2
TOTAL	12

As indicated in chapter four, the process of open coding yielded the following main categories of data: reasons to adopt, pre-adoption challenges, post-adoption challenges, coping strategies, and gaps in service provision for prospective and adoptive families. Data under adoption services is categorised according to groups of respondents i.e. adoptive mothers and professionals.

To facilitate coherence, the findings will be presented under the study's objectives (listed in chapters one and four) as themes. The reader is reminded that the data presentation/analysis procedure is described in chapter four.

THEME ONE: PRE-ADOPTION CHALLENGES

Under pre-adoption challenges, adoptive mothers bemoaned infertility, poor societal attitude, and lack of family support with pre-adoption maltreatment coming up when adoptee backgrounds was discussed.

PRE-ADOPTION CHALLENGE ONE: Infertility

According to some mothers, their situation of not having biological children attracted insults and shame from their husbands and extended families. One

mother adopted due to a health reason which does not necessarily cause infertility but renders pregnancy risky to the health of mother and unborn baby. Responses are hereunder presented:

MOTHER 01

Mother 01 tried unsuccessfully for 7 years to have a baby:

“A lot of time had passed [after marriage] and we still didn’t have a baby. We were getting older. We got married in 1985 and adopted in 1992. [During this time] I had two miscarriages.”

Mother 01 was not specific about ostracisation from family or general society she may have experienced due to her inability to bear children. She merely alluded to “frustration” in her marriage and seemed reluctant to divulge specific details despite probing. To this effect, she said,

“I won’t pretend there was no frustration. There was frustration and my husband would be particularly difficult sometimes. When we argued he would mention it. So I said, “Look, there are things you can and some you cannot change.”” My attitude was, I’ve had pregnancies before, so if a baby is not there... [shrugs]. I didn’t go to doctors. I told myself that there are some things you can and some you can’t change.”

MOTHER 02

Mother 02, who was divorced at the time of the study, had five miscarriages before deciding to adopt.

“During my marriage I had four miscarriages. Before that I had one other miscarriage. [As such] I had given up on ever having a [biological] baby, but the urge to bring up a child, was so strong. Each time my biological clock ticked I felt like I was going mad. I wanted to have a baby one way or the other. Also,

because I was divorced. I had brought up the subject with my [now ex-] husband, who was reluctant [so divorce brought the opportunity].”

MOTHER 03

Mother 03, another divorcee, also miscarried twice during her marriage but her marriage ended before she could make further attempts to fall pregnant. Her husband was unsupportive when she miscarried, instead giving her the silent treatment and/or abusing her verbally and physically. She talked about her wish to have a child and how her marriage was replete with insults and physical abuse from her husband as a result of childlessness.

“[During my marriage] I yearned for a child, I lost two pregnancies, one advanced enough for [his] sex to be evident. It was a boy. But then I lost my marriage and (shrugs). Each time I had a miscarriage, my husband would spend up to a month without talking to me, like I was at fault. So it was the pain of losing a baby on one end, and [that of] my husband’s silent treatment on another.”

Abuse in mother 03’s marriage became more severe after her first miscarriage.

“[Before my first miscarriage] we had arguments like all married couples. But after that things got really bad. He would come home at all hours of the night and when I ask where he had been, a fight would erupt. I was a [occupation] at the time. You can imagine a [occupation] arriving at work with a blue eye, [everyone] whispering behind your back. He once said to me, ““I regret marrying you. You are not a woman (referring to the miscarriages).”” It was not a life and I had to make the difficult decision to leave him. I had always wanted a child so... after I

had made peace with the divorce, the next obvious step was to adopt a baby.”

MOTHER 05

Mother 05 had been married for more than 20 years when she decided to adopt. In this time she had an ectopic pregnancy after which attempts to conceive were unsuccessful. She was more specific about the challenges she faced due to her inability to bear children. She related how she was not only insulted and pressured by hers and her husband’ s families but also put herself under pressure to have a biological child for a long time before deciding to adopt.

“It is a source of stigma. There is no stigma, no worse stigma, no pain than being married and childless. I was attacked directly, called names. I got married to an older divorcee with children of his own. This alone put me under a lot of pressure and my only dream was to give the man children. So I can say that I was pressured from all angles. I even pressured myself.”

She theatrically continued to narrate how both in-laws and family of origin compounded her unpleasant situation of infertility, making her feel as if she had a problem and not her husband.

“[I felt as if] they were counting months [from the day I got married in anticipation of a pregnancy or a baby]. They will be looking at your body suspiciously. The pressure mounts with time. I even visited traditional healers... [As if the pressure from in-laws were not enough], my family would not give me a break. My mother constantly asking, ““How is progress?”” She would give me all sorts of advice, ““Let’s go to this [traditional] healer or that [traditional] healer. I heard about this faith healer...”” The funny thing is it never felt as if people questioned my husband’s ability [to bear children]. It doesn’t matter how

enlightened you are. You feel inadequate. You carry the stigma.”

Mother 05 was also openly blamed for absence of children in her marriage:

“People will tell you in your face that you must have done this and the other [wrong] thing. I remember an ex teacher saying “you didn’t listen [to your elders]”.

In addition to being the under pressure, which was directed at her and not her husband, she complained about how her husband refused to cooperate with her when she sought artificial insemination.

“My husband was supportive throughout [and] we did everything together, [such as] going to doctors. He paid for the expensive treatments without complaining. [But] at one point we went to a clinic for artificial insemination, they gave me the information, I did everything and I was ready... when he was supposed to provide the sperm, he refused. He just refused. He said, ““No no no no””. My egg was ready. We couldn’t go through it. We came back home [the same as when we left].”

MOTHER 07

Mother 07 was married for 13 years in which she never fell pregnant despite attempts but adopted 21 years after marriage (13 years of marriage plus eight years of divorce). Instead, during her marriage, she sought medical assistance and was diagnosed with endometriosis, a treatable condition which makes it difficult to conceive and carry a pregnancy to term. She explained:

“I had severely painful menstrual cramps from childhood which continued into adulthood. But, I was not too worried. All girls have menstrual pains. It’s normal. Or so I thought. In 1995,

after about 5 years of trying unsuccessfully to conceive, I went to [acclaimed gynaecologist and obstetrician in Lesotho]. [The doctor] referred me to Bloemfontein...where I was diagnosed with endometriosis. They said my uterus behaves abnormally during ovulation, causing pain before and after menses. My initial doctor had already told me this but it was confirmed in Bloemfontein. [But] I could still have a normal pregnancy after treatment. So I took treatment for about 6 months... and started on the journey to fall pregnant again. [Still] nothing.”

After about a further five years since her initial gynaecological treatment, making it approximately 11 years after marriage, and perhaps as a result of her diagnosis, she went to further her studies in a first world country, where she and her husband continued to seek medical assistance to conceive.

“In 2001 I left for [one of the United States], and consulted a fertility clinic immediately upon arrival. My husband joined me in the States for about 3 months so that we could conceive. By then I was desperate. I was prepared to try anything.... I had study leave, which my husband did not so he could not stay for a long time in the States. After a seemingly successful artificial insemination, he had to come back home. We were elated, it was surreal, I would wake up at night just to confirm that I was really pregnant and it was not another dream. [But the pregnancy] did not last. I was pregnant for about three months [after which], to my horror I started bleeding and the doctor told me I had a miscarriage. He told me not to despair as I could still try [artificial insemination] again. By this time my husband had left for home [while] I had remained in the States to complete my studies. Perhaps I should have come back with him. The

[menstrual] pains had stopped so I suppose I would have conceived. ”

Subsequent to mother 07's studies she returned home to a discontent husband and her marriage ended soon thereafter. Mother 07 did not specifically say her marriage ended due to her infertility, merely alluding to the possibility.

“[Upon my return from the States] my (now) ex-husband, who was supportive at first, was now understandably edgy. I was getting frustrated myself. He was visibly unhappy.... He was a reserved person, so we never talked about it, which makes it more painful thinking about it (eyes filling and tears trickling down mother 07's face, causing researcher to acknowledge her sadness and pause until mother is ready to continue). We were very unhappy, I was a mess, everything made me upset and bitter... and he soon left.... I found my daughter in 2011.”

MOTHER 08

Mother 08, who had a child before getting married to her now ex-husband, explained how she could not believe her ears when her husband of more than 10 years said *“he had not accepted the child that I brought [as his].”* In the same conversation, the husband also informed mother 08 that *“he had a child with another woman and was getting married to her.”*

MOTHER 010

After about nine years of marriage, 38 years old mother 010 whose husband was a labour migrant at the time of adoption and at the time of the study decided to adopt partly out of embarrassment about not having a biological child and partly out of necessity. She made no reference to seeking medical intervention to conceive prior to adoption.

“Firstly I got married very late [in life]. I was almost 30 [years old] when I got married. I was considered a spinster already. My husband worked in [name of country] for as long as I knew him. He was on vacation when we met. I did want to have a [biological] child for a while and I tried. But with my husband on that side [of the world] and I on this side plus our [advanced] age (giggling), it was not easy. So in 2008, I said to him, ““My friend, we are getting old and we still don’t have an heir. Why don’t we adopt?”” He raised no objection. He just said, ““That is a White person’s thing.”” I said, ““What is wrong with doing White people’s things if they are useful?”” He said, ““OK””. It was becoming embarrassing really. Even my nephews and nieces we starting to have children. I am sure he too was also beginning to worry even though he would not admit it.”

In fact, mother 010’s husband embraced the idea of adoption, taking it upon himself to facilitate the process. Mother 010 continued:

“The next time [my husband] was off duty we went to [name of children’s home] which is close to where we reside. They (personnel at the children’s home) told us that the right office [for the service] is the department of social welfare, so we went... They (personnel at social welfare) gave us a long list of things to do. My husband, you know how they are, said, ““This people are crazy. Do we look like criminals?”” For a moment I was worried that he would bail out [but] I thought it was all necessary and I told him as much. Yes, we could have been criminals as a matter of fact. So I did not mind doing all those things...but they cost time and money. Time we did not have. My husband is at home only about three days [because] on the fourth he has to drive back to work. [Also] he can’t come [home] every week. It is costly. I am so busy at work. I couldn’t absent

myself [from work] to do all those things. [My husband] works continuously for seven days and has four day off...so when he was at home he had to do the running around. We went to the police together (who) told us to return a month later to collect the [criminal record clearance]. Exactly a month later, my husband was at the police station. They said come back next week... [By this time] he had brought his medical record from the health center at his workplace, his pay slips. He went to his brother, who works in the same country as him, to get the family letter (required as supporting documentation in the application) He did everything really. We were ready. So we waited for the police... to my husband's annoyance. When the [police] document was finally ready, we went to the department of social welfare with excitement and anticipation, only to be told that the letter from my husband's brother was not correct.”

MOTHER 015

Mother 015 related how she and her migrant labourer (now) ex-husband tried unsuccessfully for 12 years to fall pregnant. Her ex-husband, a worker in the same country as husband 010, however, fathered two children outside of their marriage during this time whom he took, the first to his matrimonial and the second to his parent's home.

“I am a [occupation] by profession, so I used to work at night. One day I came home in the early hours of the morning to find my niece who was staying with me carrying a wailing baby in her arms. [It] must have been around 2 or 3 months [old]. I was livid. ““Why have you brought this baby into my house?”” I shouted. She was a teenager, so somehow I thought it was hers,““I did not bring the child, [your husband] did.”” She replied. We stayed in a small house, so [my husband] must have heard me arrive. He emerged from the room we used for

sleeping and said, boastfully: ““She is my child....”” I cried until it was time to get ready for work [in the evening]. The following morning I went to my supervisor to tell her [about developments in my home]...she knew about my struggle with childlessness.”

Referring to the second child her husband fathered out of their marriage, mother 015 said her now ex-mother-in-law, addressing her in condescending manner, told her of a second baby her husband fathered out of wedlock.

“[Before then] my husband took another child to his mother’s house...I am told it is also his. I did not even know about it until my mother-in-law said to me: ““You barren woman, you are full of yourself that is why your husband goes around making babies all over the place...””. I was to discover she was referring not only to my [adopted] daughter but to yet another baby she was bringing up, again [fathered] by my husband”.

Mother 015 not only endured derogatory remarks from her mother-in-law during her marriage, but from her sisters-in-law and brothers-in-law’s wives as well. She said she ignored the remarks *“but soon stopped going to my husband’s [rural] home because of the disparaging treatment I received especially relative to my brothers-in-law’s wives. My mother-in-law would fuss over them as if they are queens.”*

MOTHER 09

Mother 09 who was married with one biological child when she decided to adopt, did so due to a medical problem.

“I have a medical problem. My first pregnancy [was problematic as] I had to be monitored by 4 specialists. The specialists were

not based in Lesotho and this was a serious strain [financially]. Also it meant [my husband and I] had to take a lot of time off work [to visits doctors and I off sick]. I know that I can have a baby, a baby is a baby...”

PRE-ADOPTION CHALLENGE TWO: Pre-adoption maltreatment

Prior to adoption, majority of adoptees may have been neglected or otherwise grossly maltreated by their biological mothers or at care facilities. Some were either abandoned in life threatening ways or at hospitals by biological mothers soon after delivery. One of those abandoned at various hospitals around the country was also neglected during his stay at the hospital. Even for those children not known to have been neglected at hospitals, the researcher knows from experience that hospitals in Lesotho do not have capacity to care for unaccompanied babies. Five adoptees were serially cared for prior to adoption (08, 010, and 015 at home; 06 and 011 at two different care facilities each).

As adoptive mothers did, it may be reasonable to conclude that there was an attempt to murder some adoptees. For instance adoptee 03A was found abandoned in the wild, sick and emaciated adoptee 03B, was left on a window seal naked overnight presumably by staff at a notorious government hospital, adoptees 05, 08, and 09 were found apparently hours after birth at a dumping site, by a pit latrine, and in bushes close to a school respectively. These prompted adoptive mothers to believe that adoptees were left by biological mothers with the hope that the babies would die. Adoptive mother 08 believed that biological mother intended to dispose of the baby into the pit latrine, but did not go through with the plan.

ADOPTEE 01

Adoptee 01 lived with her 16 years old biological mother for the first year of her life and was adopted when she was one year old. Although adoptee 01's biological mother's family was not struggling economically, it appears the baby

received little in terms of financial or other support from this family while she resided with them. In fact, upon joining her adoptive family she had signs of gross neglect. At the age of one year, she did not crawl, make sounds, or respond to play. Her adoptive mother was surprised by her appetite. As *quoted in Thabane and Kasiram (2015: 51) mother 01 narrated:*

“I think she could crawl but she did not like to do it much... up to this day she is a lazy person. [After her arrival] she preferred to lie in one place without looking at me. When I tried to play with her she would breathe in heavily and make an unhappy face as if about to cry... But this did not last a week. But food, she would eat. She never seemed to be satisfied. The clothes that they brought her with were pitiable. I had to buy her everything from scratch.”

ADOPTEE 03A

“She was found by herd boys in the veldt at about 1 month of age. She was wrapped in a blanket and by the look of it she was left there to die and/or to be eaten by wild animals.”

ADOPTEE 03B

“I was visiting a children’s ward at [the country’s most notorious hospital] when I saw this child. He was stick thin. His ribs were sticking out. He was just staring into space...dirty. I fed him and bathed him. He could be about a week old. I did this for a few days until he was beginning to show signs of life. One day I got to the hospital and he was not in his bed. My heart stopped. I was sure he had died. I continued to open the curtains as usual to let light in for the other children...to find the boy naked on the window seal. They had put him there in the night to die.”

ADOPTEE 03C

Her mother did not make it after delivery. When she presented herself at [name of hospital] during labour, she was HIV positive, very sick and frail. She had skin ulcers all over. Perhaps she did not even have a decent place to stay, food, things like those... They saved the baby but she did not make it. It is suspected that [the mother] was a sex worker. [The baby] is mixed race. Very very light-skinned [The baby] too was very sick. The doctor did not expect her to live for six months...but at one year [old] when we tested her [for HIV] results came out negative... At that time, around early 2000s HIV was highly stigmatised. No one wanted to be associated with a person ““who catches Whites¹⁸”” let alone a HIV positive one. So as I understand, when the hospital informed the mother’s supposed extended family of the baby and her mother’s death, they all claimed not to be related or even know them.... So the doctor, who was my friend, asked me to take care of the baby so that she could die in dignity.”

ADOPTEE 05

“While visiting a sick relative at a government hospital I bumped into a man carrying a baby who looked a few hours old. [By this point] the baby was not crying, not even breathing I think. The baby had been found at a dumping site. I took [the baby] from the man to the relevant ward where it was resuscitated... From that point on I took responsibility for the baby...bought clothes,

¹⁸ One who “catches Whites” was commonly used to refer to sex workers in Lesotho in the past and has become less common of late.

nappies... and...later instigated adoption proceedings [in its respect].”

ADOPTEE 06

Adoptee 06 was also left at a hospital presumably by her biological mother at a big town in relative terms for Lesotho. The hospital's attempts to trace biological mother via radio announcements were fruitless, prompting the hospital to refer the baby to social services. However, the baby was almost three and half years old when she finally joined a permanent family, having changed care facilities once.

“[From what I understand], the baby was left in a hospital when she was a baby around 1999 although I am not entirely sure as to the month or date. Her biological mother had delivered her normally and they were both healthy. From the information captured upon her arrival, which could have been false if she intended to disappear in the first place, she was 17 years old from a district outside Maseru and her occupation was ““n/a”” on the medical booklet. Per her admission, she had not been attending pre natal clinic and did not know how advanced in her pregnancy she was. [Nonetheless] she delivered a healthy baby and she too was healthy before and after delivery. As she was healthy, she had been told that she would be released from hospital on the same day she delivered. Before this could happen [however] she took off without informing anyone. After some time airing a radio announcement appealing to her or anyone who may know or be related to her to come forward and claim the baby with no avail, the baby was sent to [name of care facility one].

Adoptive mother continued to explain that adoptee stayed at her first care facility for about three years until June 2002, when she was moved to one that had recently opened.

“Around June 2002, she was moved to [care facility two] as [care facility one] was over-crowded and this new one had recently been opened. So an arrangement was brokered by social services for the two to share the responsibility. At this time I had been waiting for a baby for about three years, almost as long as the baby had been shuttled from one care facility to another, in need of a home. I was here all along, but the baby still had to be under social services when a mother was crying and praying for an opportunity to raise a baby. At one point I went to social welfare almost daily, until I gave up. By the time they called me, I was beginning to come to terms with the fact that I may never get a baby.”

ADOPTEE 07

Adoptee 07 was left at a hospital at around a year old, by a woman claiming to be a neighbour who had found adoptee alone and weak in a house close to hers. She had infected skin ulcers from her head to the back of her neck.

“Throughout all this [trying times of wishing to conceive and finally getting divorced], my sister was on my side. She is a nurse. She is the one who advised me to go to the [gynaecologist/obstetrician]. When I lost the baby in the States, she said to me, ““Come home, you can’t be alone in a foreign country at a time like this.”” I said, “Life has to go on.””... So after the divorce, I told her, ““Maybe I should just adopt a baby””. She just told me where to go without explaining what a trying process it would be....So after I told them (social workers)

off and left, I told my sister, ““I don’t think I will ever have a baby, those girls (presumably social workers) want things I have no idea where to find.”” About three months, maybe four [maybe] five, she called me, I was at work: ““There is a baby here who has been here for about a month, the woman who left her [here] said she is a neighbour, but never came to visit the baby, now we can’t locate her. No one has ever heard of such a woman in her village. I talked to the social worker (at the district hospital other than Maseru) and [the social worker] says you may have the baby, but you have to go to Maseru (social services) to get [adoption] documentation.”” I said ““What? Go back to them (social workers in Maseru)? No way.”” I did nothing about it for about three weeks and probably even forgot about the conversation. Close to a month later, she called again: ““Are you coming to get the baby or not? Now we have to take her to a children’s home, [which is sad because] she is ill and we don’t know whether she will get proper care at these facilities.”” That really tugged at my heart. I mean, here I am yearning for a baby but one might just die at a care facility. So (sighing and dragging the “so” to sound like soooooo) I reluctantly went to [name of district where baby 07 was]. I didn’t know what to expect. Even now I’m not sure why I went. I was undecided. But I knew I wanted a baby and here was an unclaimed and apparently unwanted one. Okay.””

The baby’s condition did nothing to remove mother 07’s doubts.

“[Upon arrival] the sight was harrowing. Her head was wrapped in plaster. She had sores on the going doing the neck (using her hands to demonstrate the areas covered by the sores). They said she was one year old but she was this big (demonstrating with both her hands what could be the size of

2.5 kilograms packet of sugar). Her eyes sunken, thin as a rake, her skin dark. I said, “ache¹⁹” and asked my sister, “Are you saying I should take this sick child?” She said “Yes. You can decide what to do with her later. If you still don’t like her after she gets better, you can take her to them (presumably social workers).” “You think she will ever get better? What is wrong with her?” I asked. “It looks as though she was not eating well. She was not given proper care either. So she developed sores on her head, it is a sign of malnutrition [which] under unhygienic conditions become septic and refuse to heal.” I was not convinced but I said, “God maybe you have brought me here to rescue this child. I have prayed. Perhaps this is your reply.” I went back to work leaving my sister with the words: “Okay let me go and prepare. I will come back for her.” That night I could not sleep. I kept seeing her sunken eyes staring into space, as if about to die... or dead. The next day I went to work and told them I have an urgent personal matter and I need to take a week off from work. Suddenly I felt exited and scared at the same time. It was surreal. Am I making the right decision? My biggest fear was: “What if she has AIDS?” “What will I do with her then?”.

ADOPTEE 08

“[I was told] that the baby was found by a man from the community in the early hours of the morning by a pit latrine. She was naked and still covered in blood, suggesting that it had just been born. From its weight, I estimate the pregnancy must have been about 6 months. My opinion is that her mother must

¹⁹ Sound Basotho make to indicate discomfort, irritation or doubt.

have been on the way to drop her into the pit latrine, but her conscience got the better of her.”

ADOPTEE 09

“[My child] was found in bushes nearby a school by students on their way to school... She was like just after birth. [The teachers] took her to the police who probably took her to the children’s facility... [When she joined our family at five months] she was overweight. She did not cry or respond when you play with her. She would just lie there silently. She slept through the night.”

ADOPTEE 010

“Her mother died soon after delivery. She was taken care of by her grandmother after that. But she (grandmother) also died soon after her daughter. Apparently she had been sickly before her daughter gave birth. When the grandmother died the family reported the child to welfare but continued to take care of her. They were poor from what I understand and when the grandmother died they tried to provide for baby for a few months but soon realised that they could not manage. I don’t know whether they ever received assistance from welfare, you know how it is. When she joined our family [at 10 months] she still had no motor control. Her body was still limp. She had no teeth and could not even crawl. She was still a baby – baby. But she could make a few words. It took a while for her to grow. She was very slow. She started walking at about two and a half years [old] almost three [years old]. Her teeth all sprouted at once and she started walking. She did not crawl.”

ADOPTEE 011

“[From what I was told], the child was left at an under-resourced and poorly run care facility by two men, one of who was reportedly her father. They said that the baby’s mother left her with her father and never returned. [According to the care facility] there were reports in the community that the baby’s father was abusive to her mother although it is not known whether he was violent to the child as well. She has a scar on her face, whose cause is unknown. It looks like a burn wound but we all don’t know.... Before [the care facility] was closed down, the child suffered from pneumonia and nearly died, probably due to poor conditions there. From reports, they did not even take the child for treatment until they were investigated and children taken.”

ADOPTEE 014A and 014B

Adoptee 014A and 014B come from mother 014’s previous neighbourhood. Mother 014 initially adopted 014A but was convinced by the adoptee to take 014B as well as he was being mistreated by the family of origin. Mother 0014 was concerned with the adoptees’ home circumstances which she described as chaotic²⁰: The 2 roomed house was inadequate for all 8 or so people residing in it. The adults in the house were all unemployed. She said this of adoptee 014A:

“Her [biological] mother left her at their home when she was three months [old]. [When I met her] she was in the care of her widowed grandfather and three aunts [who had three children between them]. They habitually beat them up, insulted them. They hated them because their father favoured adoptee 014A [since] she was decent and liked school [unlike them]... [At one point] adoptee 014A went to live with another relative whom

²⁰ The participant’s word was “moferefere”.

she describes as wicked. She would beat her up. She had to return to her grandfather's [house]."

ADOPTEE 011

"[When she joined our family] she would not sleep for two hours at a stretch day or night. She would wake up crying loudly and uncontrollably... She seemed scared. She had night mares."

ADOPTEE 015

According to mother 015, adoptee, a product of her ex-husband's extramarital affair, was initially cared for by her biological mother.

"Her [biological] mother came here once, telling me my husband took the child without her consent. I said [to myself], ""Well, she is mine now."" She added that she was my husband's live-in lover but as soon as my husband learned of the pregnancy he started abusing her physically, prompting her to flee to her mothers' home but still seeing my husband. After the baby was born, my husband refused to provide financially for the baby so she decided to take [the baby] to him temporarily to force him to give her money. After a few days at the father's rented place, the woman heard from neighbours that not only did the man have a new live-in partner, but the baby was no longer there.... I haven't heard from her in eight years, I think. She was just fooling around. If you really want your child you fight for [it]. She is a good-for-nothing...."

ADOPTEE 019

Adoptee 019 was one year one month when he joined his adoptive family. According to his adoptive mother, he arrived at a care facility at the age of around six months. Neighbors reported to the department of social welfare that

his biological mother, a girl of around 16 or 17 years, neglected him leaving him unattended overnight some nights while she supposedly went out to have fun.

“[My son] arrived at [name of care facility] aged around six months. His biological mother, an orphan living with her older brother, was these girls, you know²¹. She was a small girl: around 16 or 17 from what I hear, but had turned to that life due to circumstances at home. [Before she fell pregnant] her brother supported her on the income he received from temporary jobs... [but] when she fell pregnant, he withdrew his [material] support saying the girl did not deserve it anymore. Apparently welfare [workers] knew this all along as she turned to them for support at some point. Nonetheless, the baby continued living with his young, inadequate mother who knew nothing about parenting and lived a rough life without material or social support. She would leave the baby alone at night returning in the morning, obviously exhausted from being out all night. So she probably had no time for the baby even when she was around. The neighbors who eventually reported the baby said they would hear [the baby] crying all night and day which probably prompted them to report the baby leading him to finally be removed. As you can imagine,... there would be no food in the house. The only way for the [biological] mother to escape that would be to drink herself unconscious with the money she made from her [reprobate] behaviour, without considering the baby’s needs. He was at the care facility for seven months before I finally brought him home, [as such] I cannot say whether he got the bad nappy rash at the facility or before, but when he arrived [home] he had black marks on the buttocks indicating that he had had severe nappy rash at some

²¹ Referring to sex workers.

point but it had since healed. The scars are fading, but still noticeable.”

Parent 019 continued to explain that, upon joining his adoptive family, adoptee seemed particularly worried about being left alone in a room, although he specifically seemed to despise being held or interacted with.

“When he joined the family, he was one year one month [old] according to his medical booklet. He was peaceful most of the time. But I tell you if you so much as tried to go anywhere near him, he would wail as if you are strangling him...bathing him, changing him, even feeding him, he would cry and fight you off with all his might, [but] when you leave him alone he would still seem sad and even frightened, looking around and back at you with fear in his eyes as if to say ““please don’t leave me like my [biological] mother [used to do] ””.”

ADOPTEE 020

Adoptee 020’s biological mother presented herself to a hospital, in advanced stages of labour, and was assisted to maternity ward by the hospital’s security personnel, whereupon she was immediately transferred to the delivery section before her details could be taken down. Subsequent to delivery, biological mother was advised to prepare baby clothing while baby was taken away for a bath. Upon midwife’s return with baby, biological mother could not be found. A search for biological mother 020 began with security personnel, who implied that the biological mother was one of sex workers operating just outside the hospital.

“Several months after I had placed an application [for adoption] with the department of social welfare I received a call from them, saying they had a baby for me. The baby’s [biological] mother left her at hospital after delivering her. [The department told me that] by the time [her biological mother] got to the hospital it was too late [in her labour] to take down her details.

She was taken to the maternity ward by security personnel because she was already in a bad state [due to labour]. Nurses took her to the delivery section where she delivered almost immediately. After delivery [nurses] asked her to bring clothes for the baby while they bathed her. Upon the nurse's return with baby, [biological mother] was gone. When asked about where they found her, the security guards who took her to the maternity ward said ""She is one of the girls who roam these streets at night."" The search was extended until about three weeks later, [department of social welfare] called me. The baby has been with me since."

In addition to the challenges which prompted mothers to adopt, some mothers adopted out of consideration of children's adverse circumstances. Mothers 04, 014, 019, and 020, all married with children of their own, adopted as acts of goodwill with mother 020 adopting both to mix sex and as an act of good will.

MOTHER 04

"I was employed by a children's home when I adopted [name of adoptee]. As a woman of God, I pity children like [name of adoptee]. I did not adopt because of a problem [to bear children]. I adopted because the child affected me, emotionally. I can say I fell in love with the child. We fell in love with each other. That is when I decided to take him home with me."

MOTHER 014

Mother 014 initially had no intention to adopt either of her two adoptees, now adults with families of their own.

"[In conversation with adoptee 014A one day she told me her life story]. [After that] she would come to our house to visit for

one night, then two, until she did not go back to her aunts at all. Our relationship grew stronger. So when I left the country I decided to take her with me. This is when I found that I needed some form of documentation...I adopted her."

MOTHER 019

"At church one day, a fellow church goer told me about her work with a certain children's care facility. She said the work was particularly heartbreaking as most of the children stayed there for a long time without relatives or anyone to give them proper care or love. While she contended that the staff and volunteers like herself did everything they could with food and other donations, she described the care facility as understaffed and unable to provide emotionally for the needs of the babies and children [at the facility]. This conversation did not sit well with me as I have two children who were really becoming a problem I tell you. They had everything they wanted and more.... They were spoilt.... The older one was in her teens at the time and almost every month she would ask for something new. If it was not so and so's party so and so's brother or sister was getting married so she needed new clothes. If I told her to wear her old clothes she would not go. She was becoming a problem, demanding extravagant things which she would get most of the time while others have nothing. It made sense to take one [needy] child and give her a comfortable life as well."

MOTHER 020

"We had four boys and no girls. I had made a habit of visiting children's homes, buying the children clothes and similar things. So I decided to take one girl to give her a better life."

PRE-ADOPTION CHALLENGE THREE: Societal attitude against having children out of wedlock

Single Mothers 06, 016 and 017 expressed societal attitude against having children without being married as a reason to putting them in a position where they had to adopt.

MOTHER 06

Forty-eight years old mother 06, who holds two academic degrees and a high ranking job, was elaborate about her concerns pertaining to having a child out of wedlock. She said her [rural] community frowns upon unmarried women having children, describing how her mother pleaded with her not to embarrass her family in the way that other girls tend to do once they become independent. In relating her concerns she said:

“She (referring to her mother) will say to me, “look at as so-and-so, this weekend she was parading her illegitimate child in the community as if it is an achievement²². She is shameless!” [My mother] is a devout Christian and a member of St. Anne’s Women Group at church. When I first went to university she said, “My child, go and make your [late] father and I proud. Please do not disappoint us by bringing an illegitimate child into our midst. You can see it is now fashionable. [It almost goes without saying] that when girls leave for Maseru they bring [illegitimate] children.” Recently, I was already a [accomplished professional] at the time, she said, “My child you have done very well (in life), when you get married, I will be happy to see your children before I pass on.” So while she expressed the wish to “see my children”, it had to be “after I am married (giggling)””.

²² In Sotho, “joalo ka ha eka ke tlotla.”

MOTHER 016

“I decided to adopt because I felt I could not have a child biologically without a partner. All my sisters got married before [they could have] children. I feared that the child would ask me a lot of questions [about its parentage relative to that of his or her cousins].”

MOTHER 017

At the time of the study, mother 017 occupied probably one of the highest ranking jobs in the country which she said she held for more than 35 years elaborating that the job made it difficult for her to pursue other interests such as dating or having children but also that it would have been unacceptable to have a child out of wedlock.

“I was so busy [professionally]. I was so busy that I forgot to get married. Men were the last thing on my mind. Also I could not make a baby without being married. In Sesotho [culture] it would have been socially unacceptable.”

PRE-ADOPTION CHALLENGE FOUR: Lack of family support

Due to its pertinence in an African setting in the researcher's perception and according to literature (Dyer, 2007; Goldberg and Goldberg, 1996; Mariano, 2004; Newman and Newman, 1997; Samantrai, 2004), data which illustrates withholding of family support is included despite its scarcity. Furthermore, as will be demonstrated under services below, extended families are requested to confirm their support for adoption in writing, as the following quote indicates, failure to secure families' written support can disqualify families from adopting.

MOTHER 016

“I have not one but two friends who could not go through with [adoption] because they could not get written support from their families. Often the main consideration is that an adoptee will block their inheritance. As I speak to you now, they are bringing up babies without any legal documentation that binds the children to them [because they could not get written consent from families to adopt].”

THEME TWO: POST- ADOPTION CHALLENGES

Themes which emerged under post-adoption challenges are unsupportive work environment; poor societal attitude, discomfort around the subject of adoption status disclosure, and behavioural problems among teenage adoptees. Additionally, three single mothers mentioned financial concerns as challenges. While financial concerns may seem not to be specific to adoption, as shown below, costs associated with the process of adoption such as legal and medical fees relate specifically to adoption.

POST-ADOPTION CHALLENGE ONE: Unsupportive work environment

According to respondents the work environment exacerbates an already socially and psychologically taxing adoption process and is specifically unsupportive to adoptive mothers. Some adoptive mothers were, however, able to deal with the workplace hurdles although this appeared to be dependent on their level of seniority or influence at work.

MOTHER 02

Mother 02, for instance, was very senior at her work when she adopted.

“There was resistance [from my bosses around the subject of my taking maternity leave], but I insisted. I said ““I need the opportunity to bond with my baby”” and went.”

MOTHER 06

“I work for a human rights organisation [but] when I told them I had new baby they just said ““OK””. One of my bosses just said, ““Congratulations.”” There was no concern as to who was taking care of my baby and how I was going about bonding with her when I am at work. The worst part is my job entails extensive travel with up to a week away from home. I continued with my work, the work load as I know it, as if nothing had happened. I was disappointed considering the way we scream about children’s rights this and women’s rights that.”

MOTHER 07

“[When baby arrived] I had no legal claim over her. I could not even say to my bosses I need time off to do this or that for my baby. They would ask, ““Which baby?”” It was my business. She was very sick. I needed to constantly take her for medical check-ups. I worried constantly when at work. I was constantly making up stories for being late or knocking off early. [When at work] I would call home every hour...if I hear her crying in the background my entire day would be spoilt.”

MOTHER 08

Mother 08 did not seem to mind the discrepant treatment of biological relative to adoptive mothers, merely pointing out that she decided to take time off work to bond with adoptee meaning she was not granted maternity leave.

"I took one month from my [annual] leave to be with my child [immediately after adoption]."

MOTHER 016

In contrast, mother 016 was emphatic about her dissatisfaction regarding the contradictory manner in which adoptive versus biological mothering is handled at the workplace.

"An adoptive mother does not have the same rights as [those who mother children biologically]. For instance, it becomes a pandemonium²³ when she has to go on maternity leave. [Employers] don't understand that she requires the time to bond with her child...to an extent that you will be told that "you are different". And that other mothers need to nurse their wounds. They overlook the reality that an adoptive mother's wounds could be deeper than those of a biological mother. They don't even want to appreciate the motivation to adopt."

MOTHER 017

"They first told me about the baby in August, a very busy month at my workplace, so I said, "Please hold on to the baby until December when I am on break." In December we have a short break so I went to collect him.... I had an agreement with my boss that I would spend the rest of January or something like that at home caring for the baby. This, however, did not stop the boss from calling me to work on several occasions. I did not take leave of absence. My boss just said, "Go and make sure that the baby is settled." So when [the boss] called me in what I could say? He would say, "We have visitors from Germany. We have visitors from Canada. We need you for just one

²³The exact word used by participant is "moferefe".

hour.”” I knew they were important donors so I could not say no. [Sometimes] I would carry my baby to work with the understanding that I would be in and out quickly [which] did not always happen [as] I would end up spending the entire day there...one thing or other would require my attention. I would leave him with the cleaners while I attended to business. I love my work so I did not mind plus the cleaners were always happy to play with him, [as] he was not a troublesome baby.”

POST-ADOPTION CHALLENGE TWO: Societal attitude towards adoption

Social services can be charged with failing to consider adoption as a mothering option. For instance mother 03, a devout Christian, found her fellow worshipers' attitude on the matter baffling while mother 016 was infuriated to find that this group of children are not factored into wording of citizenship documentation, again she was emphatic about her displeasure in this instance.

MOTHER 03

“It is a lonely, long road. I went back to my church and told them, ““Please pray for me””. [While they were supportive at first], after five months they said, ““Are you still doing that thing? Just leave it.”” Even church elders agreed. ““Leave it, [name of respondent] it won’t work.”” They repeatedly told me. Some even said, ““In Sesotho [culture] we do not adopt children. That is buying a child””. The same people that call themselves Christians. My God (making a surprised face).”

MOTHER 016

“The birth certificate has a slot for [name of] mother and [of] father. They have written “n/a” next to father [on my adoptee’s birth certificate]. How do I explain to my child that her father is

“not applicable?” How does she in turn explain to anyone looking at the certificate be it school authorities or even her friends? It is disparaging and it puts my child – and me - in a position where she constantly has to explain herself. It confirms that she is different.”

Additionally, respondents referred to potentially damaging comments made by friends and the general public pertaining to adoption as a source of constant frustration. Such comments were often made in the presence of adoptees and could be linked to one of the adoptees having developed doubts about her relationship with her adoptive parents. There appears to be a widespread notion that adopted children are “bought” among Basotho. Lastly, a respondent recounted her exasperation in learning that her adoptee’s friend had made unfounded remarks about the adoption. Some of these concerns are highlighted hereunder:

MOTHER 01

“She must have been 9/10 [years old] at that time. She said to me ““Mum, they say I am adopted and I was a twin.”” She is not even a twin. All I said was ““Who is that?”” and I evaded the question.”

MOTHER 03

“I remember discussing cost of living with a friend once and she said ““What were you thinking [when you adopted children]?””

She related how each time she discussed family problems with so-called friends, comments such as *““But why did you adopt them?””* were made.

MOTHER 09

“A friend once said to me “Don’t you regret that you adopted this sickly child who costs you so much?”” This is an educated person (shaking her head contemptuously).”

MOTHER 05

Mother 05 was outraged when she learnt from her 11 years old adoptee that an adult relative had described adoptee 05 as *“a bought thing”* to the child’s face.

“She said to me, “Mommy, [name of close family relative] says you bought me. Did you?”” I said to her, “No [the person] does not know what [they are] talking about. “You were not bought, you were adopted.”” She said, her face lighting up, “I told [them] that I am adopted””.”

MOTHER 011

“I will be walking with my adopted child on the streets and people will ask, “Where did you get this child? We never saw you pregnant.”” I mean, where do children come from (making an irritated face)? The only positive thing is that [our adoptee] looks like us.”

Mother 011 went on to recount how a prominent, supposedly sophisticated person once referred to her adoptee as *“a bought child”*.

“Now [aged five years] she repeatedly asks me, “Mommy, am I your child? Mommy I am your child, right?””

MOTHER 013

“I still have no explanation, but about a few weeks after she joined our family [aged 3 years] she asked me, “Was I bought or was I picked up?””

MOTHER 015

Other than the above mentioned remark from her ex-mother-in-law regarding her husband *“making babies all over the place,”* mother 015 has not been the victim of nasty remarks directed at her adoptee. In fact, mother 015 sounded pleased that the baby’s looks like her father, which leads people to assume she is adoptee’s biological mother. Pertaining to societal attitude, she mentioned “those who were talking about her”, presumably on account of her infertility. She said:

“The good thing is that she looks so much like my husband, people don’t ask me questions. They just assume she is ours. Now my problem is, [her father] is no longer [staying] with us. What is going to happen? What are my rights? She has given me a reason to love myself again. I love her. She loves me. I don’t want to lose her. She is like my own child. Even those who were talking about me don’t know what to say now [because I have a baby].”

MOTHER 016

Mother 016 described being appalled at some of the statements made by people in front of her six years old adoptee, causing her to worry that the young child will have doubts about her origins.

“People will make the nastiest remarks in the presence of my daughter. [Meanwhile] I have not even disclosed the matter to her. [They will make utterances such as], ““Is it a grandchild?”” This, of course, causes my child to have questions. ““Why are people always asking whether or not I am your child?”” She will wonder. I feel that people have no respect for my privacy.”

MOTHER 019

"I don't think it is anyone's business, but people have the audacity to ask me: "“Why did you adopt a baby when you already had three children?”” Whose business is it? You would say they are expecting me to disclose a dark family secret. Maybe it is one of my children's child or something?”"

POST-ADOPTION CHALLENGE THREE: Adoption status disclosure

Disclosure emerged as a nodal area for almost all participants with some admitting that they would rather avoid the topic altogether. Nonetheless, some mothers were able to overcome their fear of disclosure and misgivings. Where adoptees had non-adopted siblings, non-adopted siblings were not always given information to help them understand the circumstances. Regardless, those who disclosed recognised its importance although mothers were all in agreement that it was an anxiety provoking issue. Those who disclosed did so between the ages of 7 and 14 years and say they were guided by adoptees' apparent level of maturity in deciding when best to disclose to their adoptive children.

MOTHER 01

"I think she was 14, she said "“Mum, may I ask you a question?”” I think a second person had mentioned this to her. So this time she said "“When is the right time to tell a child that [it] is adopted?”” I got the message quickly and said in response: "“What's your opinion?”” She said "“When the person is 14””. This time I could not run away from the subject. I said "“Who told you that?”” She told me. I said, "“What did she say?”” [So I took the opportunity and continued to explain everything]."

Mother 01 continued to recount her continued angst prior to disclosing adoption status to adoptee:

"I adopted within our [extended] family. So you can imagine how I felt when we went to visit her [biological] family or they came to visit. I was constantly worried that she might see photos of herself [with her biological family before we adopted her] as a baby... we were constantly worried about how she would react when she discovered that we are not her biological mothers. Two things bothered us: (1) Her possible reaction to the information. (2) When is she ready to be told? We had made a decision to tell her very early on in the adoption. But the question was how and when? As she grew, so did our anxiety."

MOTHER 02

"My plan was to tell her but she still seemed confused. I feared that disclosure would cause more harm than good. I suppose it was a matter of waiting for an opportune moment. When she was nine [years old] a situation presented itself and I grabbed it. [Around this time] she was doing extra-curricular learning at a children's care facility. She seemed to enjoy it and understood the concept of "adoption" perhaps because it had come up in her extra-curricular learning. Nonetheless, I was still worried about how she would react to the knowledge that "she was adopted". [Nonetheless] one day she said to me "'I wish we could adopt a child from [name of care facility].'" I replied, "'they will find families that love them just like you did. Mommy loves you. You are a special baby just like those children. You are also adopted.'" She sounded surprised and excited at the same time and said, "'Really, mommy? Where was my mommy?'" To which I replied, "'She wanted someone who could take good care of you.'" To which she responded, "'I'm glad it was you...'"

MOTHER 03

"All my children know their stories. I told them everything".

"I told [adoptee 03A] when she was seven years old. I said "You are my baby and I chose you. We are a family. When people ask you, tell them: ""Yes. I'm adopted."""

"[Adoptee 03B] looked brighter than his sister so at six [years old] I thought he could be ready. So on his birthday, I said, I am going to tell you something very important. You are my child but unlike other children, this is how you got to be [my child]. I told him his story. Then he went to his sister and said, ""I am adopted."" He was excited."

MOTHER 05

"It was difficult to say to my child ""you have been adopted"". My biggest fear was how she would take it. She was eight [year old]. I thought that was an appropriate age. She was just at the fantasy age. I introduced [the subject] gradually. I kept repeating and repeating that she is the most special girl in the world. Until, she seemed to understand. Then I told her that she is special because [unlike other girls] she is adopted."

MOTHER 08

"If it were up to me I would not even tell her that she is adopted. If I do tell her it will be when she is an adult."

MOTHER 013

Adoptee 013 is 39 years old and married with two children.

"I have never told her. It's a thorny issue because so much time has passed. We don't even discuss it as a family. There was a bad incidence once when her [biological] mother bought her a gift with a note written, "From your mother." She didn't ask any questions... she just put away the card. To this day, I still don't know what she was thinking... I have not even discussed the issue with her [adoptive] brothers. They are much older than her and [when they were all younger] they would rough handle her. When I intervene they would say "When is she going back to her home?" To which I would just respond, "She is not going anywhere." [When she was younger] When her [biological] mother called, the boys would say "It is your mother." To which she would respond "It is not my mother. My mother is here." But, she probably suspects because [even though I have never mentioned it to her] when she was 10, we once went to [her place of origin]. We were given separate bedrooms. When we got up in the morning, she was [also sleeping] in our bed. When we asked what she was doing in our bed she said: "They are going to take me away". We spent the remainder of the holiday sharing a bed with a 10 year old..."

MOTHER 016

"(Laughs uncomfortably). That is the most difficult one. I don't know how I am going to go about it. Now she is still young, but when the time comes..."

Mothers 017 and 019 were adamant that they would not tell their adoptees.

MOTHER 017

“I don’t even want him to know. When he asked me about his father, I told him that men are troublesome and that [a man] would disrupt our harmony [as a family]. I emphasised this point, when, a few months later he told me that one of his friend’s father had moved out of the family home. I said ““you see that is why I don’t even want (men) here. They are nothing but trouble.”

MOTHER 019

Mother 019 who has three older (non-adopted) children, has not told 10 years old adoptee 019 of his adoptive status and has no intention of doing so.

“It is difficult for me because I can’t say to him, ““You are different from my other children.”” I can’t tell him.”

MOTHER 020

“She is my daughter. My sons and my husband have accepted her [as part of the family]. How can I tell her?”

POST-ADOPTION CHALLENGE FOUR: Adoptees’ behaviour and academic performance

All older children had academic and behavioural problems with the exception of three: Eleven years old adoptee 05, adoptee 013 who was almost 40 years old at the time of study, as well as 12 years old adoptee 020. Teen years were described as especially problematic by mothers whose adoptees had reached the stage. Readers are reminded that as per ethical requirement, all accounts were made by adoptive mothers and the researcher had no contact with adoptees at all.

ADOPTEE 01

Adoptee 01 is code named Beauty in published preliminary findings of the study wherein her behaviour is discussed in detail (Thabane and Kasiram, 2015).

According to her adoptive mother, 21 years old adoptee 01 or Beauty, kept shady company during her teenage years; attempting suicide twice in this time; and failing and repeating grades more than twice. As a result, academically and behaviourally she lags considerably behind her peers. Additionally, adoptee 01 also makes age-inappropriate demands on her adoptive parents.

“After the initial problems of adjusting to a nurturing environment, Beauty seemed to grow up well until she reached her teens. Beauty’s teen years were replete with self-destructive behaviour and signs of poor self-esteem reflected in her choice of intimate partner and friends. At 15 years old she fell pregnant. The relationship with her partner was reportedly tenuous however, and ended before her son reached the age of one year. Beauty’s adoptive mother suspects that the relationship may have been abusive. The adoptive mother is of the opinion that this could be the reason for Beauty’s first attempted suicide. She attempted suicide twice during her teens. Academically, she struggled and repeated classes three times.” (Thabane and Kasiram, 2015:51-52).

Concerning her behaviour during her teens, mother 01 had this say about adoptee.

“[Around the time] she generally had trouble accounting for her whereabouts. I was constantly asking around for her, and she habitually came home after dark. My helper said she walked around with shady characters, but you can’t take everything these people tell you. One day, while looking for her, I found her in a room full of drunken girls and boys filled with cigarette smoke.”

Mother 01 continued to describe adoptee's behaviourally age-inappropriate behaviour which adoptive parents may inadvertently be responsible for.

"She is spoilt! She is demanding ... and I will always bend to her requests". I guess we are partly to blame. Beauty carries the most expensive phone, which gets stolen every year [and replaced by ourselves]." (Quoted in Thabane and Kasiram, 2015:52).

Mother 01 added that adoptee is a different person of late, partly due to psychotherapy and partly because she is under pressure to catch up with her friends, socially.

"[Of late] she realises that she lags behind her peers academically. Her friends are now working. She began to exert herself in school work and I can see her results improve."

ADOPTEE 02

Part of mother 02's interview was also quoted in the fore mentioned article by Thabane and Kasiram (2015). In the article, mother 02 described how her adoptee is a poor student whose conduct is reproachable both at home and at school. The adoptee was diagnosed with HAD when she was aged two years old and ADHD at about eight years of age (Thabane and Kasiram, 2015). Describing her teen years her adoptive mother continued to say:

"She is, I don't know how to describe her. She is very arrogant. I love her to bits but she is very arrogant. She has attitude. She is full of it. When I try to talk to her she gives me attitude, she will be like "ooh?" (acting like a teenager). It was a whole new struggle. I could live with the childhood problems. This was different. [For instance] I expected her to come home at 6 [pm]. She would never ever keep it. She always had a reason for not

being home on time. She once said to me ““don’t bother keeping time for me.”” I think also she was discovering boys”.

Mother 02 suspects that adoptee 02 could have used illicit drugs but has no direct evidence of this.

“Between 13 and 15 [years of age] forms 1 and 2, we suspected she was on something. She was uncharacteristically wild. She even [physically] threatened me. I once found a cigarette in her room. This caused me to flip. I [shouted] at her. I don’t even know what I meant by out of character, because she was getting into so much trouble. Once she went away and did not return for the night. The following evening, she was brought home by the police saying they picked her up on the streets. She will never humble herself. Even her apology is full of attitude.”

ADOPTTEE 03A

Adoptee 03A’s description by her mother echoes adoptee 02’s description according their adoptive mothers.

“From about 14 [years old], she had attitude, she was lazy, she would arrive home at 9pm. She always had an excuse for not doing school work. She did not like housework. One night she lied about sleeping over at a friend’s”. On asking about her, obviously at this time my angst regarding her conduct was mounting, I learnt that she was not at the said friends’ place. That’s when I took her to boarding school and to live with her uncle [in a different country]. The poor conduct continued even in the new school. At the school, she constantly got into trouble. She took books from the library which she said were all lost. She offered no explanation. She did not do a school project... I was called to school eight times in three years.”

As mother 03 continued, adoptee 03A dropped out of school to get married.

“When still attending school at [name of tertiary school], she eloped (eyes filling with tears). At first she refused to see us (adoptive mother and siblings). I get so hurt each time I meet her age-mates, one of them is a lawyer now. Sometimes when I call her she does not answer the phone. It is difficult for us to meet. I met her at [name of workplace]. She (adoptee 03A) is married to an uneducated man, who, from what I understand, abuses her. He is much older than her and I don’t even know what he does for a living now. He used to work as a [occupation] but was dismissed from work on account of poor conduct. My daughter works at a [name of workplace], so she sometimes works late. But he does not understand this. When she gets home, he beats her up. I heard this from my son, [who heard from their common friends]. She will never admit this to me. She looks thin now. When we meet, I try to encourage her to go back to school. She says, ““Not everyone needs to be educated like you, Mommy.””, yet I can see that she is not living well. Maybe she will realise her folly but by then, will I still be prepared to use my money to educate her?”

ADOPTEE 03B

“About two years ago [aged 16]... He plays [name of sport].... So, you know how they will use all sorts of things to [purportedly] make them physically fit and better [at their game]? When he came home at night he would have a funny smell. I asked him, ““what is that smell?”” to which he would simply say, ““Nothing, mummy.”” One day I was in his room when I found something that looked like a marijuana seed. I suspected it all along. When I confronted him he couldn’t deny

any longer. He told me that his peers told him that it would make him play better.”

ADOPTEE 03C

“She is a weak student. She was attending school at [name of private school]. She has failed for the second time this year...so I’m taking her to [name of public school]. I understand it’s still a good school.”

ADOPTEE 04

“When he was aged eight [or] nine coins started disappearing in the house. Food would disappear from the cupboard. I would react by corporal punishment. Later I sat down with him for a talk and prayed with him. In the discussion, he admitted that he resorted to stealing because his friends bought things at schools. Now that has stopped.”

ADOPTEE 014A

Mother 014 expelled from adoptee 014A from home following a protracted period of tension between them but they are still in contact. Adoptive mother is not happy with how adoptee treats her son, among other things.

“She is irresponsible, she neglects her baby. She does not want to take care of him. She takes the child from relative to relative [without my knowing]. She will not bath, feed or wash the child’s clothes. [When I get to their house] I always find the child dirty. I have say “[name of adoptee 014A] why have you not bathed the baby?” “I was just about to do it.” She will always say. She is violent even when she speaks. I understand. It is because she grew up in a violent environment before she came to me.”

Mother 014 continued to describe how adoptee 014A constantly gets into verbal and physical altercations with adoptee 014B, whom mother 014 regards as reasonable and level headed. On the contrary, adoptee 014A is described as a person who habitually uses physical violence and profane language. She can also be described as promiscuous and is known to have multiple concurrent sexual partners of both sexes. It should be stressed that homosexuality is not considered “promiscuous” by the researcher but sexual concurrency is concerning as it is risky and could indicate more profound psychological problems.

“(Lowering her voice a notch) When she was a teenager [adoptee 014B] once said to me, “‘Mommy, [adoptee 014A] sleeps with girls.’” At this time I knew adoptee 014A’s boyfriend so I thought [adoptee 014B name] was insane When we were in [name of country] her boyfriend once beat her up. I had to intervene. It turned out adoptee 014A was cheating on her boyfriend. (Lowering voice further to a whisper) Now she says she is a lesbian. She even introduced me to her girlfriend. On her birthday last year her girlfriend took us both out to have dinner at a fancy restaurant... [and] one day she invited me to a LGBTI family meeting where parents of LGBTI were gathered. I really don’t understand this gay/lesbian thing, so I decided to go. Its all new and confusing to me.”

As mother 014 explained, academically, adoptee 014A’s background could have had a limiting effect on her overall performance:

“Because of her background she did not do that well at school. [But] I took her to a college in [name of country] and she passed exceptionally well. She is bright and enjoyed every moment of it.”

“He has had it rough generally, so I understood. When he joined our family he was still in a nappy, by that age I remove my children from nappies. But with him it was not an option. I was not even sure whether or not he is normal. [But] when he started to talk and even walk I tried to remove the nappy. It was a disaster. He would wet and even soil himself. So I put the nappy back on for about six more months then removed it during the day for starters. [But] later around the time he started school, he started wetting himself again and soiling his bed even though he had been off the nappy for years.”

Not all adoptee behavior was described as challenging. As highlighted, adoptees 05, 013 and 020's behavior according to their adoptive mothers are in direct contrast with that of adoptees 01, 02, 03A and B, as well as 014A. They all have refined social skills and conscience and are above average in terms of academic performance. Notably all three adoptees went to possibly the best private schools in both Lesotho and RSA according to adoptive mothers.

ADOPTEE 05

“She is a very social person, she makes and maintains friends easily. She went to the best schools money could buy...so I can't say she is a bright child... [but] she exerts herself academically. She enjoys school and always looks forward to going to school. When she is lazy to get up on weekends I like to tease her saying, ““Get up. It's time to go to school.”” She will jump out of bed before realising that I'm pulling her leg. She is neat, responsible, and she will do all in her power not get onto trouble either at home or at school. She seems to constantly seek approval. She protects me from bad language she hears about me.... She understands that she is adopted and understands what that means. Recently she told me that she

told her best friend that she is adopted and her friend told her that she is also adopted so now they have a special friendship.”

ADOPTEE 013

Mother 013 recounted several stories to illustrate adoptee’s near impeccable personality in her view. In short, mother 013 appeared to have very high regard for adoptee, describing her as an exemplary student and as very responsible with money. Adoptee 013 went to a good school in RSA where she was selected as one of the head girls. She is opinionated; has a well refined social conscience; and now holds a bachelor’s degree from a reputable university in RSA.

“When she started high school, we took her to [name of former Whites only high school in RSA]. She was very critical of the racist attitude prevalent at that school. [Despite her young age] she would note on numerous occasions discrepant treatment given to White compared to Black students. [For instance], she told me of an occasion when her school mates, two of them White and one Black, were found using or in possession of illegal drugs and only the Black one got expelled with the explanation that ““the White ones learnt the behavior from the Black one.”” She was adamant that that was a just a smoke screen for the school’s inherently racist attitude, adding that the school was promoting rather than dealing with bad behavior. [Around the same time] when watching T.V she would make insightful and sensible comments. For instance, we were watching a film where a woman was conflicted between two lovers, she said, ““She should just tell the other lover how she feels, not sneak around like that.””....Later, when she was at university, would save her pocket money even giving some to her much older adoptive brother, who misused his [pocket money].””

ADOPTEE 020

Like adoptees 05 and 013 adoptee 020's behaviour is not concerning and she is responsible when it comes to spending money. According to her adoptive mother, the 12 years old girl has not started dating and does not have expensive taste in clothes like her cousins:

"She loves wearing my lipstick... [and]... has not started dating boys yet. She just laughs at the clothes I buy for her but her taste in clothes is not expensive compared to her cousins'. Her cousin of the same age will buy a jacket for M300 while she, on the same trip, buys a simple girls' denim jacket for M99."

Academically, adoptee 020's performance is equally commendable according to her adoptive mother despite changing schools several times within a short space of time in the first phases of her education.

"She first went to [first private preschool] but kept getting allergic reactions. After three months we moved her to [second private preschool] which was perfect for her. For reception class, we moved her to [first private primary school] where she stayed for four years. However, I discovered, when watching her play with my niece's children that, although she spoke very good English, she lagged behind in other things. At the end of that year, I moved her to [second primary school], where she took a pre-entry test. She was only able to pass English in which she obtained 90% [while] failing all other subjects. The school requested that she repeat the grade. [At the final year of primary school] she obtained all distinctions in the school's exam and a good first class pass in the national examinations. She did equally well in an entrance exam of the high school she attends at the moment."

POST-ADOPTION CHALLENGE FIVE: Inadequate parenting skills

Inadequate parenting skills could account for some of the behavioural challenges mentioned by mothers. For instance, mother 01 admitted that she may be pushing adoptee too hard to perform academically and that she expected her to behave in a certain manner in relationships with her boyfriends.

MOTHER 01

“The psychologist told us that I have unrealistic expectation of her. For instance, I don’t accept mediocre results from school. Secondly, I would take her boyfriend’s side of events when then they quarreled. So I would tell her my child, you can’t talk like that to [boyfriend’s name]... you need to do as he says.”

MOTHER 02

While mother 02 tells stories of having productive conversations with adoptee 02 on some occasions, it would seem these are rare. She seemed to resort to punishment more often than validation. In reference to the adoptee’s untoward behaviour during her teens, mother 02 said:

“I tried everything, silent treatment, shouting, nothing worked.”

MOTHER 017

Mother 017’s expectations could be as unrealistic as those of mother 01. For instance, she does not allow her son to attend music festivals with friends and neither does she allow him to bring friends home to visit. She, however, does not seem to mind that her adoptee has several girlfriends, information she learnt from adoptee’s teachers.

MOTHER 013

Again, adoptee 013’s adoptive parents differed fundamentally with other adoptive parents. The mother narrated, again in a protracted fashion which would not add

value by being regurgitated verbatim, an incident whereby adoptee 013, as one of the head girls at school, was reportedly tasked with serving alcoholic drinks to parents during a school function and imbibed some of the alcohol with the other heard girls. Upon receiving a written report from the school about this incident, father 013 confronted the school to show them that they had acted irresponsibly by assigning minors to serve alcohol without the necessary supervision. The school did not take the matter further and neither did parents 013.

POST-ADOPTION CHALLENGE SIX: Financial concerns

Financial concerns emerged as serious concern for some mothers. Nonetheless, as indicated in the description of adoptive mothers' social status above, this concern, like absence of family support, could not have been a unmanageable as adoptive mothers all seemed to be economically comfortable. Some come from the legal and medical professions, so they might not have had to pay for medical or legal fees. Those who complained about costs said they had not budgeted for the expenses, particularly medical fees as outlined hereunder:

MOTHER 03

“Adopting as a single mother was a real challenge. I postponed building my house. To this day I still don’t have a house”.

MOTHER 08

“I was made to pay M1500.00 for [medical] tests and I had not budgeted for these.”

MOTHER 011

“The paper work is onerous. [On top of that] you still need to pay lawyers. My adoptee was sick when she joined our family. I

took her to specialists here in [Lesotho] and in [name of South African town]. I wonder what another mother would have done.”

THEME THREE: ADOPTIVE FAMILIES’ COPING STRATEGIES

Documentation of coping strategies was deemed necessary to establish what has worked for some families in dealing with some of the challenges associated with adoption. The thinking behind this being that an understanding of what works can inform service provision. Receiving support from spouses was cited as essential by mothers. Married mothers reported that their husbands were initially reluctant to adopt with one husband even trying to dissuade his wife. Nonetheless, husbands became supportive after the initial hesitation. Hereunder mothers’ statements on what supported them are presented:

COPING STRATEGY ONE: Attachment building and organisation

Whilst data from mothers 02 and 08 illustrating efforts to build attachment on their part appears under “*unsupportive work environment*” above, the sub-theme is given specific focus here. Some adoptive mothers in the study (01, 02, 03, 05, 09) appreciated the need to make a conscious effort to build relationships with their children early, taking special steps to facilitate attachment or bonding as it is commonly referred to. These efforts generally seemed to work although they may have failed to completely reverse the damage of pre-adoption maltreatment as was evident in some cases. This is to say, while some adoptees seemed to have securely attached to their adoptive mothers, those with maltreating pasts still portrayed signs of maladjustment later in life. Also as demonstrated under “*unsupportive work environment*” work commitment may have worked against mothers’ wishes to build attachment with adoptees.

In addition to the mothers cited above, mother 011 continues to enforce a rule of quality time with adoptee on Sundays to make-up for weekdays when work commitments keeps her from home from as early as 6:30 in the morning some

days until after midnight. According to mother 011 she often takes work home and continues working well into the next morning on most weekdays. Unlike mothers 02 and 08 quoted under “*unsupportive work environment*”, mother 01 did not take time off work even though she still recognised the need to make changes in her life subsequent to adoption. Nonetheless, her account suggests a reasonably strong relationship with adoptee, who she suspects may have been grossly neglected prior to adoption. However, her description of the adoptee under “*adoptees behavior*” below suggests complex psychological problems on the part of the adoptee, possibly resulting from adoptee’s pathological founding relationship and which apparently a secure relationship with adoptive mother could not undo.

MOTHER 01

“[When she joined our family] she shared our bed. I was like a nursing mother...buying and changing nappies. I now had to hire a nanny. But during [vacation], I spent every waking moment with her...I found no stronger pleasure from the one I got from her smile or just watching her play. Our (respondent and husband) love now turned from each other to her. As she grew up, all we could talk about was her, her first words, her attempts to say things... [Now] we have a strong relationship...without her I’m lost and I know she feels the same way. When her father was ill, I told her not to come home. (Adoptee 01 was studying in another country at the time). But I arrived home to find her waiting. She had come home to comfort me...and to get comfort from my bosom. I thank God [for her]. Her company is like no other. When she left, I felt isolated. There were other people around but her company was different from anybody else. She is like our child.”

ADOPTEE 01 seems to share her mother's views (according to the mother).

"With the grace of God, knowing as she does that she is not our biological child, she will say things like "“Why don't I have nice hair/teeth like yours? Why is your skin so smooth, unlike mine? My teeth are like daddy's.”" And I say, "“God I thank you.”" This child is so much ours that I get touched [by our relationship] sometimes."

MOTHER 02

"I shared a bed with her and even tried to suckle her...but she would resist. Initially she was confused. I could see that. I attributed it to hitherto being with many faces. When the social worker left, she cried a little. By the time they drove out of the gate, she had shifted her focus on me. After that [because I was with her constantly having taken leave] she saw my face constantly. By the end of the first week, I could see that she was used to my face. By the second week I was sure, that she could recognise me. I did everything myself [bathing, feeding, changing nappies]. I did not rely on the helper. By the time I went to work, she would cry when I leave. This made me so unhappy. Upon my return from work her face would light up. [I am told] she would even react to the sound of my voice when I was in a different room and show eagerness to come to me although she could not even crawl by then."

Attachment between the mother and adoptee was apparently strengthened by mother's efforts. However, at the age of two years, adoptee 02 was separated from her adoptive mother to attend day care in a town other than where her adoptive mother worked. Mother 02 recalled that around the same time, she noticed changes in adoptee's behaviour: The child's sleeping and eating patterns

changed and she became violent and destructive, often throwing fierce tantrums in adoptive mother's presence (Thabane and Kasiram, 2015).

"From as early as two or three, she would slap people...and she was destructive...she [broke all] my ornaments by age five [years old]... [In my presence], she would hit her head very very hard against a wall... if I walked out...she would resume playing. It was not easy to get her to sleep. Her tantrums were [fierce]. It was a struggle". (Quoted in Thabane and Kasiram, 2015:53).

MOTHER 03

"On the night of her arrival [aged about five years old, adoptee 03A] groped my breast. When I asked, "What do you want?", she said "I want to breast feed". So I suckled her. She would suckle until she fell asleep for about six months, after which she would just play with my breast until she fell asleep. The suckling brought us closer... it signalled that we have a special relationship. She left my bedroom two years later when I was about to leave to pursue further education.... When I visited Lesotho from [name of country] having been absent for four months she just shouted from the play-ground where she was with her friends, "Hi mommy!" and continued playing."

MOTHER 04

"[I worked at a children's care facility] he would crawl to me and even fight to sit on my lap whether or not I was busy with another child... They told me that he seemed sullen when I was off-duty. They told me, if I left while he was asleep he would look around anxiously as if looking for me [upon waking]."

MOTHER 05

“[After she joined our family] we stayed a month literally in bed [because I had just undergone minor surgery]. After that we were always together and I even took her to work with me and travelled with her until she started school...This caused her to be stressed when she had to go to school. But soon she adapted and enjoyed school. [Although] she feels safe when I’m around, she adapts easily to change.”

MOTHER 09

While awaiting the adoption order, mother 09 took the liberty to visit prospective adoptee at the care facility every day during her lunch hour immediately after the baby was earmarked for her to adopt.

“By the time she came home she would smile when she sees me ... She knew me and enjoyed playing with me. [Now] I travel a lot on business [and as a result] she is clingy. She becomes weepy when I leave or am about to leave. Previously, upon my return she would not seem happy to see me. But now she screams with joy when I return...”

MOTHER 010

As alluded to earlier, mother 010, married without biological children for nine years, had her husband’s support to adopt, with the husband doing much of the legal work to secure adoption and even taking time off work to be with the baby upon her arrival while adoptive parents shared a bed with adoptee for about six months from the time of her arrival. As adoptee spent more time with adoptive father after she joined the family, she is said to have developed a stronger relationship with adoptive father than with mother:

“As you can imagine we were beyond ourselves with joy... after going from pillar to post [to secure an adoption order] with my husband even starting to lose hope.... So when she arrived, we had everything ready for her. I remember her clothes were packed neatly in a new chest of drawers, a lot of clothes... she shared our bed.... My husband works in [name of country] so when I told him that the adoption papers were due any time, he took leave of absence from work to be home when the baby arrived. They were together the whole day while I was at work, and when I arrived, the only thing he talked about was his little girl: ““She did this. She was sleeping. I went to buy this for her. So and so came to visit...”” My husband was so excited. He had never seen a baby before [and] I guess he had nothing to complain about [as] she did not cry much. She would just lie there the whole day and night.”

Perhaps as a result of time adoptive father spent with adoptee and his enthusiasm generally, the baby developed a strong bond with adoptive father even though father did not stay with adoptee all the time. Mother continued:

“[My husband] is not always at home and I can see that this affects [adoptee]. About eight or so months after she joined our family, my husband took a long leave of absence from work, he was with us for about two months, something which had not happened since [the baby’s] arrival. He would carry her in a baby pouch (kangaroo-style) and [together] they would go everywhere. She even started to enjoy T.V. because that is what they did with her father [otherwise]. Immediately after her father returned to work, she became very sick. I have never seen such a thing. She just refused to eat. She is not a person who eats much, but this time she refused to eat altogether. I was astounded. For a while we didn’t know what to do. [The

situation] came to a point where she would have diarrhoea if she ate. I was like “oh”. I took her to a doctor and explained. The doctor said, “She is stressed.” I understood although this did not help me much. She really loves my husband.... [Before she could learn to walk], she would sit there following my husband around with her eyes as if wondering, “Who is this person? Sometimes he is around, but sometimes he is not.” [But] now she is used to it (her father being away from home most of the time). Previously, we would all become tense when her father was about to leave [because] there was going to be a crisis....She would cry and hold-on to his clothes, refusing to let go. One day she said, “Daddy, please don’t leave me, I want to go to work with you. Please daddy. I don’t want you to go.” I saw tears welling-up in my husband’s eyes. I too was sad.”

MOTHER 015

Mother 015 and adoptee are very close according to adoptive mother.

“You should see us together. She is like my own. We really love each other, we discuss everything. She tells me about her boyfriend. I even tell her about well, you know, my own friends.”

MOTHER 019

“My children were much older [when she joined us]. So he was the baby of the house. After work we would play with him until he fell asleep and on weekdays I would everywhere with him.”

Additionally, mothers relied on their faith, armed themselves with information, and garnered support from spouses and extended family members to deal with challenges outlined above.

COPING STRATEGY TWO: Religion

MOTHER 01

"I'm a Christian. God helped me overcome those moments of tension."

COPING STRATEGY THREE: Education

MOTHER 02

"I read extensively about mothering prior to adoption."

MOTHER 05

"I read obsessively."

COPING STRATEGY FOUR: Family support

MOTHER 03

"During my daughter's [theatrical stage], my mother and brother were very supportive. My mother covered-up for her even. When it came to a point where I could not handle it, I sent her to stay with my brother (who in my opinion had done a sterling job raising his three children). She stayed there for three years. I'm not sure it even made a difference."

MOTHER 09

"My husband's family is not difficult. They are flexible. It is a great source of comfort to know that I can call my mother in law anytime to assist with child minding."

COPING STRATEGY/MECHANISM FIVE: Husband support

Additionally, a recurrent theme in mothers 04, 010, 013, 09, 010, 011, and 020's accounts was husband support. They all reported that their husbands played their roles as [adoptive] fathers satisfactorily before and after adoption.

THEME FOUR: GAPS IN SERVICE PROVISION FOR ADOPTIVE FAMILIES

Data from adoptive mothers and professionals is presented here. There appears to be an enormous gap as far as adoption services in Lesotho are concerned. Social workers corroborated adoptive mothers' accounts contending that not enough is done to prepare prospective families for adoption and to give them post-adoption support. Furthermore, many adoptees were either abandoned or grossly maltreated prior to adoption, suggesting a service gap between relinquishment of parenting and adoption as well as need for sound post-adoption support to address the damage caused by pre-adoption adversity.

DATA FROM ADOPTIVE MOTHERS

SERVICE PROVISION GAP ONE: Adoption preparation

The data below suggests that pre-adoption preparation and post-adoption support are lacking to a large extent although efforts were being made by the responsible government department as elucidated under "data from professionals".

MOTHER 02

"I was scared...really scared. This life depending on me.... Don't even think that I could change a nappy. I could change a wet nappy...soiled nappies...oh! I wanted to die. But I adapted fast."

In relation to adoption disclosure, mother 02 added:

"This is one point where I would have welcomed professional guidance. I needed someone to prepare me and her."

As quoted in Thabane and Kasiram (2015:54), adoptive mother 02 continued:

“No one ever told me what to expect. I asked for a baby...and she was delivered to my door step. I know I asked for a baby, but I could never have been prepared for this. It was too much. I was constantly in tears [during my child’s teen years].”

MOTHER 09, who is also quoted in Thabane and Kasiram (2015:54), confirmed that the adoption social worker did not dedicate any time to prepare her family for the prospective new addition to her family in the form of an adoptee regardless of the fact that she had young biological son at the time.

[Name of social worker] talked to us once, but he did not say anything about parenting per se.... I’m learning as I go...”

MOTHER 07

After abandoning an initial adoption process before it could be finalised, mother 07 met with and took frail, one year old adoptee 07 who had sign of severe neglect, home, staying with her for almost two years before initiating adoption proceedings relating to the child. Still, the mother made no mention of social work intervention other than gathering information to support an adoption application to court. She said:

“I already knew what they wanted, more or less, but a long time had passed [since my last encounter with them] so I went to them again. I must be honest. I waited for a long time [between getting the baby and going to social service] because I was worried that they would ask me to return the baby. I mean, they had asked for a police [criminal record] clearance. If I told them the baby is already with me, they could very well call the police on me. But I took my chances. They didn’t seem to mind. [They] just asked for the same frustrating documentation, which I gave to them and later got an adoption order.”

MOTHER 014

Adoptees 014A and 014B had troubled histories as illustrated above. Nonetheless, there is no evidence from their adoptive mother's account of any preparation or post-adoption support from social workers.

"By the time I adopted [adoptee 014A] we had been together for almost two years. I just went to the department, they told me to get a lawyer, and he did everything".

MOTHER 011's experience is identical to that of mother 09. She was not prepared despite having two older biological children, both teenagers at the time. On being asked about her views regarding adoption preparation and post-adoption support, however, this is what she said:

"She is my child. I would not welcome anyone, a stranger, to my house to check on us. It would confuse her".

MOTHER 015

Despite adoptee 015's background, according to her social workers appeared to be more concerned with her financial status than state of mind.

MOTHER 017

As stated above, mother 017 has not told adoptee of adoptive status and would like adoptee to remain oblivious. Her account above also mentions being "told" of adoptee and "collecting" adoptee without any mention of focused preparation for parenting. On pre and post-adoption support she said. Like mother 011 she was not amenable to the idea of post-adoption support.

"I don't really want social workers here. To do what? We are fine. I will manage like any other mother."

MOTHER 020

Mother 020, a biological mother of four prior to adoption, contradicted herself on this aspect. While she described social workers as “helpful” and having given her advice, she still found it difficult to relate to adoptee immediately subsequent to adoption. According to her she did not know, “what to do with the baby”. She said this about service provision.

“Those who assisted me were very helpful. They provided me with advice and made two or three visits to my home to see how the child and I were progressing. These visits stopped when the child started going to school. The problem I encountered related to the slow pace of the process between application and actual encounter with the child. The adoption service should be tailored to ensure readiness of adoptive mothers before the mother and child meet.”

However, pertaining to initial stages of building relationship with adoptee she said:

“The first two weeks were difficult. While I did not regret the decision to adopt, I did not know what to do with the baby...whether to take her into my bedroom, or make her sleep with the helper. For the first four days I couldn’t even kiss her. My husband was not as hesitant and seemed to take to the child faster. [The baby] even seemed to prefer my husband over me. The other reason of course, being that I worked mad hours and [unlike my husband] was hardly ever home. They are very close up to now.”

SERVICE PROVISION GAP TWO: Services in general

MOTHER 03

Mother passionately berated social workers' services.

“(Looking researcher in the eye, emphatically) Excuse me, Ms. Social worker! Social welfare officers came to my house, with an appointment! They came without an appointment! Asked whether I had a boyfriend, wanted to see my bedroom, my double bed. They wanted to know why I had a double bed when I’m single....” [After all this] they gave me the report, which I took it to the lawyer... The court wanted more information, and the social welfare officer came back. The social workers had to come back (breathing in heavily). I said, “‘I’ve had enough of you!’” And they said, “‘Are you sure you want a child?’” I had to submit. Next thing, my application was rejected [by the court] on the grounds that I am single!”

MOTHER 05

Mother 05 conceded that while she received good treatment, she is aware that this is not universal.

“I got excellent service because of [my social status]. But I’ve seen other ordinary people whose experiences were harrowing. I think, the service was zero: [1] Unless you know someone at the agency, you don’t get expeditious service. [2] One day you are told to bring this document, the next day another document – one goes from pillar to post until they give up, but the determination to get a child usually prevails over all that. The delay is problematic on two counts: [a] It impedes mother child bonding. [b] It burdens care facilities with children who have already found families. The blame lies squarely on the adoption

agency because experience has shown me that care facilities do that part of compiling medical and other records.”

MOTHER 07

Mother 07 was not happy with the adoption process. After many years of unsuccessful attempts at conception eventually resolving to adopt, she discussed her wish to adopt with her sister, a high ranking nurse at one of ten district hospitals in the country, who gave her some direction about the process. Perhaps due to her protracted efforts to have a baby, adoptive mother was impatient with what she described as an arduous application process, abandoning it before it could be finalised. She, again, discussed her frustrations with the adoption process with her sister the nurse who later told her about an abandoned baby at her workplace. On recounting her experiences with services, mother 07s demeanour changed from subdued to animated, saying:

“There are so many babies who need mothers! But I tell you the way you people work (referring to researcher’s profession as social worker) discourages many to go through with adoption.... They (presumably social workers) wanted this document, that document, one day it was this social worker, that social worker.... It was really trying. They even wanted a letter from my employer [confirming] I am indeed employed. Those indigent women who have nothing to eat but give birth on a daily basis, who asks them for documents from employers? Do they produce police certificates before delivering babies? It is madness! (Raising her voice and shaking her head looking annoyed). What am I supposed to say to my boss? It brings [the boss] into my personal space that I may not necessarily want to discuss with the boss. I told them (social workers), “I am divorced.”” They wanted my divorce papers. I said, “What for?”” All [the social worker] said was “It is a requirement”. I left the office and went back two years later when my baby was

supposed to start school and they (the school) wanted a birth certificate. I did not even have a passport for her. It was a hassle (not having documents), but a minor one compared to securing them.”

MOTHER 08

“I didn’t like the idea of adopting a child I have not met. I met the child after the adoption order was finalised... I was just lucky that I fell in love with the child... The procedure was simply too long. It took almost two years.”

MOTHER 016

Like mothers 07 and 08, mother 016 was unhappy about the entire adoption process, from assessment to not having the opportunity to select a child.

“I didn’t like the fact that the office chose a child for me. They could give me a choice of two or three.” I saw the child for the first time when I went to collect her. What if I didn’t like her?...The process is terrible. [As if dealing with work and family were not enough], you still need to run from pillar to post: getting finger prints [for police clearance], I tell you it is terrible. You are treated like a criminal. Whereas a [prospective] biological mother is not required to go through half of what I’m subjected to. These things are really really painful. You are required to do medical reports...for which you can’t get time off work... while the pregnant mother attends pre-natal clinic without a hassle [from employers]. Then the next thing when you ask for time off work you are told the law does not provide for you. They don’t say, the law does not...so this is what we will do. They don’t even consider your case.”

Contrary, to mothers 08 and 016, mother 03 described choosing a child as “heartbreaking”.

MOTHER 03

“It was heartbreaking. The idea of choosing, I had not prepared myself for that. It was like an auction and I had to choose one. I had an eye for one but I couldn’t do it. In my heart I felt that it was not fair to give one a chance and not others. I left and returned after two weeks.”

Only one mother spoke positively of adoption services. Unlike other mothers, she had the opportunity to visit her adoptee before adoption was finalised. She acknowledged that she was treated differently.

MOTHER 09

“At first my husband and I would go [to the care facility] to play with the child and we were later allowed to bring our [biological] child with us daily for a week or two.” “The period between start of process and granting of adoption was very short. Everybody was shocked, perhaps it was because I work for the Ministry [of name of government Ministry which handled adoption at the time] or because I have acquaintances in many [strategic] places. I didn’t feel like the process [of assessment] was intrusive. Actually, I thought it was absolutely necessary.”

Another gap in services seemed to be information pertaining to adoption services in the country.

"[Sometimes] when I tell people that I have adopted a child they become very excited and say, "“You know, I or so and so, wants to adopt. What should they do?”” One acquaintance at work told me that her aunt had initiated adoption proceedings two weeks after my conversation with about my adoption”.

DATA FROM PROFESSIONALS

Firstly, an adoption social worker was asked to explain the adoption procedure to the researcher. While the researcher has considerable experience working within child welfare in Lesotho, it was still deemed necessary to investigate developments in this regard as she (the researcher) had been on full time study for seven years at the time of fieldwork, during which time the adoption law was updated as indicated in chapter one; the department's organisation changed from department to ministry; and was overhauled to acquire more than five times the number of staff during researcher's time, all commendable advancements which could enhance service provision specifically for vulnerable children. The fore mentioned department/ministry changed its name from "department of social welfare" to "ministry of social development". While the researcher is not aware of implications of such a change in detail, she is aware that the "ministry" retains child protection function which includes facilitating adoptions.

ADOPTION PROCESS

As mentioned in chapter four, the reader is once again reminded that data from professionals was collected using semi-structured questionnaires. Professional informants as listed at the beginning of this chapter were: one medical doctor (general practitioner); two psychiatrists; four psychologists; three adoption social workers based at ministry of social development; as well as two social workers based at two different children's institutions. To update the researcher, three social workers at the ministry of social development were asked to explain the

adoption process stage-by-stage in addition to filing-in questionnaires as attached at the end of this report like other professionals.

SOCIAL WORKER 01

Explaining the adoption process, this is what one social said in part:

“Lesotho has a memorandum of understanding with four countries Unites States, [The] Netherlands, Sweden, and Canada.” We have identified specific adoption agencies in these countries which compiles [family] assessment reports for us [for the purpose of adoption application to [Lesotho] courts. We [then] match applicants with available children.”

SOCIAL WORKER 02

The social workers added:

“We have monthly meetings with [social workers from] care facilities to facilitate effective collaboration and speedy adoptions. They tell us [among other things] which children are available for adoption. [For prospective adoptive mothers from Lesotho] we conduct family study reports for the court.”

CHALLENGES

The general medical doctor addressed the issue of infertility, while psychiatrists and psychologists spoke to the issue of assisting prospective adoptive families to deal with infertility and to consider alternative parenting options such as adoption. Social workers on the other hand spoke about challenges pertaining to adoption facilitation.

The following frequency tables summarises some of the physiological and psychosomatic conditions found in infertile people according to five professionals (one general doctor, two psychiatrists; and two psychologists) in the study.

Readers are reminded that infertile people are often encouraged to adopt and they make up the majority of adoptive parents worldwide according to literature. This trend, however, did not emerge in this study, which is small in relative terms.

TABLE X

Frequency of conditions that afflict infertile couples

CONDITION	FREQUENCY OF BEING MENTIONED OVER TWELVE PROFESSIONALS	PERCENTAGE TO TWELVE PARTICIPANTS
Loss of self esteem	10	83.33
Spousal disharmony	6	50
Marital breakdown	4	33.33
Chronic body aches	12	100
Loss of interest in sexual activity	10	3.33
Promiscuity	4	33.33
Clinical depression	12	100
Anxiety	5	50
Other forms of mental illness	10	83.33
Abuse of habit forming drugs	12	100

TABLE XI**Frequency of conditions which afflict adoptive families**

CONDITION	FREQUENCY OF MENTION OVER TWELVE PROFESSIONALS	PERCENTAGE TO TWELVE RESPONDENTS
Failure to bond/attach to adoptive child.	12	100
Anxiety over mothering	7	58.33
Neglect of adoptee	7	58.33
Abuse of adoptee	12	100

Under “other challenges”, experienced by infertile couples, this is what professionals said:

MEDICAL DOCTOR 01

The doctor pointed out that society regards infertility as a female problem and that men rarely seek medical services for this condition.

“When people come for treatment, it is often women because according to them, if there is no baby, it must be the woman who has a [medical] problem.”

PSYCHIATRIST 01

“Sometimes infertility is said to be punishment to either the man or the woman by ancestors... while depression [associated with infertility], prevents bonding [between adoptive parents and child].”

PSYCHOLOGIST 01

“Africans prefer biological to adoptive children...so it can be difficult to convince them to consider adoption. [Infertile couples] can even choose to forfeit [parenting] altogether [rather than adopt]”.

SOCIAL WORKER 02

Again, some of the data from this social worker was presented in Thabane and Kasiram (2015). For this reason some of it is paraphrased here and not reproduced.

“[Practise of] adoption has increased in Lesotho. [However], it is still difficult to place special needs children. [Further] it is impossible to trace some adopted children whose files we no longer have. Some adopted children come from overseas to locate their biological parents, we can’t help them.”

Social worker 02 continued to explain that their office does not provide adequate pre-adoption counselling and/or parenting preparation adding that the office had hitherto not been doing follow ups of adoptive families but recently embarked on this exercise (Thabane and Kasiram, 2015). In her words:

“We talk to them and tell them about the required documentation and that it takes some time [for the adoption process to be concluded]. We don’t really talk to them in depth about [adoptive] parenting.” (Quoted in Thabane and Kasiram, 2015:54).

As far as post-adoption support is concerned, the social worker had this to say:

We recently commenced with follow-ups for [adopted] children based [in the country]. [The problem, however,] is there are

many children and we can't reach them all. We are still [conducting follow-ups] on those [children] adopted during [name of social worker who has since left the department]. We can't cope [with the work load]... and there are no adoption agencies [in the country]. I understand, while I was away a meeting which deliberated, among other things, bringing private agencies to do some of the work, was held but I don't have all the details. Another problem we face is that young girls leave children with families and disappear. [We are however often unable to declare such children open for adoption as] the families left behind refuse to grant their consent for the children to be adopted. To them, the children are in temporary care and will return to their families."

SOCIAL WORKER 03

"We advise [prospective adoptive] parents from overseas to make arrangements to stay in Lesotho for at least two weeks, but it can take longer than that [to get an adoption order]". [Also, the law is problematic in that] it does not stipulate the maximum age for adoption eligibility [for prospective adoptive parents]."

TRAINING

Currently senior social workers in Lesotho typically hold Master qualifications while social workers hold a four-year bachelor's degree although a few hold pre degree qualifications. Many of the senior social worker have more than 10 years' experience. In particular, it is a requirement, to the researcher's knowledge, for those who work in child welfare and protection to have a minimum of three years' experience. The reader is reminded that social workers included in the study were all child protection workers.

SOCIAL WORKER 01

“All child protection social workers attended two-day training on the new law and how to go about adoptions... and... one of them went on a two weeks exchange program in The Netherlands to meet adoption workers there.”

SOCIAL WORKER 02

Social worker 02 confirmed that she had been on a two-week professional exchange program in The Netherlands and a two-day training workshop.

“I can’t say I was trained to be a child protection worker per se. I’m learning as I go. I went to The Netherlands on a study tour and we [child protection workers] were all given a training workshop.”

SUGGESTIONS ON IMPROVEMENT OF SERVICES

Professionals’ questionnaire required them to provide suggestions on improvement of services for both prospective and adoptive families in the country. Comparatively more data emerged in this section than other sections of the questionnaire. There are two possible explanations for this: Firstly, the questionnaire was largely structured but unstructured at this section. Secondly practitioners are professionally routinely required to solve problems, so they might have done this per habit.

MEDICAL DOCTOR 01

Infertile Families

1. *“OCD can cause permanent infertility, women need to be sensitised to this and educated to other effective contraceptive technologies;*
2. *As in many other cultures, women are blamed for infertility in families. This belief has to be changed before harmony can be restored in families.”*

Adoptive families

“The most important thing is that parents should be made aware of the genetic background of adoptees so that when [children] become ill there is enough information for reference.”
“If the situation is hopeless then adoption should be combined with couple counselling.”

PSYCHIATRIST 01

In relation to infertile families, psychiatrist 01 wrote:

“Pre-adoption counselling;

Help in finding suitable child for adoption. Racial matching should be a priority if couples choose to adopt;

Post-adoption services”.

While concerning adoptive families, psychiatrist 01 wrote:

“Parenting skills;

Counselling for adoptive child and other children in the family.”

PSYCHOLOGIST 01

Similarly psychologist 01 wrote:

Infertile families

“Therapy to assist families to adjust to their situation [of being infertile];

Psycho-education on communication between families;

Psycho-education on exploring other options of mothering.”

And continued:

Adoptive families

“Family therapy on adjusting to the adoption and new family member;

Exploring support systems;

Exploring impact of adoption on all family members including children who are already part of the family.”

PSYCHIATRIST 02

The psychiatrist propounded a list of measures to support infertile families:

“Advanced conception and/or fertility services;

Exhaustive medical, mental, or gynaecological services, to correct treatable infertility causes;

Counselling to prepare prospective adoptive prospective mothers”.

Regarding improvement of services for adoptive families psychiatrist 02 wrote:

“Parenting training;

Adoption grants;

Oversight by social services professionals to prevent abuse.”

SOCIAL WORKER 01

The social worker echoed the views of psychiatrists and psychologists above writing and explaining:

Adoptive families:

“Parenting training;

Mothers do not realise the damaging effect of [using] derogatory words [in reference to or around children]. Adoptive mothers should be sensitised to mind their language around children at all times;

Society as a whole needs to be careful [regarding] what they say [to adoptees].”

CHAPTER SUMMARY

Infertility and sex-exclusive fertility are not the only reasons for adoption. Families with biological children of both sexes were also found to adopt to give disadvantaged children better life opportunities. Infertility, however, could act in conjunction with pre-adoption maltreatment, which the study found to be rife, to undermine adoption adjustment as will be elaborated in the next chapter. Neither infertility nor pre-adoption maltreatment were raised as concerns for adoptive mothers, however. Instead, some adoptive mothers in the study were of the view that work places discriminate against new adoptive mothers expressing their displeasure with the position. In addition to the serious concerns raised by

adoptive mothers, the researcher notes that parent-child communication between some adoptive mothers whose adoptees had reached adolescence and adoptees was characterised by reprimand without showing much affection. This trend is largely attributable to inadequate parenting preparation and/or training as expressed by the mothers and corroborated by two social workers from the government department of social development. The next chapter expands on possible implications of these findings with reference to previously conducted research.

CHAPTER VI

DISCUSSION OF FINDINGS

INTRODUCTORY BACKGROUND

This chapter contextualises data presented in the preceding one, interpreting it within the theoretical and literature framework discussed in chapters one and two respectively, while demonstrating its value to the discourse on adoption and service provision in Lesotho. It is organised into themes consistent with chapter five as follows:

- pre-adoption challenges;
- post-adoption challenges;
- coping strategies; and
- gaps in service provision for prospective and adoptive families.

It was deemed necessary to separate results from discussion thereof to maintain data integrity and to establish clear distinction between the former and the researcher's interpretation. To do this, however, and for the purpose of coherence, it was still necessary to refer to the results, leading to repetition to a small extent. As readers will realise however, in this chapter results are largely alluded to and/or summarised rather than reproduced.

Readers are reminded that IFST and PDT stand for Intergenerational Family Systems Theory and Psychosocial Development Theory respectively. IWM, a principle of attachment theory, stands for Internal Working Model. All theories are outlined in chapter one where their application to the study is also justified.

The table below presents the themes and sub-themes which emerged in the study and discussed herein.

TABLE XII**Themes and sub-themes in the study**

Main Themes	Themes	Sub-themes
PRE-ADOPTION CHALLENGES	infertility	-
	pre-adoption maltreatment	Neglect Abandonment at hospital soon after birth Abandonment in the open soon after birth Compound abuse Serial care
	societal attitude against having children out of wedlock	-
	lack of family support	-
POST-ADOPTION CHALLENGES	Unsupportive work environment	-
	Societal attitude towards adoption	-
	Adoptive status disclosure	-
	Adoptee behaviour	Social conduct Academic performance Psychological and psychiatric disorders (ADHD/depression)
	Parenting skills	-

COPING STRATEGIES/MECHANISMS	Attachment building and organisation	-
	Religion	-
	Reading	-
	Husband support	-
	Other family support	-
SERVICES	Adoption preparation	-
	Post-adoption support	-
	Adoption records keeping	-

PRE-ADOPTION CHALLENGES

As demonstrated in chapter five and captured on the table above, challenges which emerged under this category are infertility; pre-adoption maltreatment; societal attitude against having children out of wedlock; and lack of family support.

THEME ONE: PRE-ADOPTION CHALLENGES

PRE-ADOPTION CHALLENGE ONE: Infertility

Responses from mothers and professionals were consistent with previous literature indicating that infertility can negatively affect adoptive parents' state of mind and parent-child attachment (Bevc et al, 2003; Dyer et al, 2004; Dyer, 2007; Mariano, 2004). In this study, adoptive mothers 03; 05; and 015 reported being subjected to disparaging treatment from society and husbands as a result of not having biological children as expected by those around them. Women ostracised on account of not having biological children, however, made no reference of society's condescending remarks and/or attitude being targeted at their husbands. To compound demeaning treatment associated with infertility, mothers 03 and 05 were directly blamed for absence of biological children in their families by husbands (mother 03) and larger society (mother 05). Similarly, mother 05 made no mention of such blame directed at her husband. Still consistent with the

literature as well as mothers' reports one of the psychiatrists in the study wrote that infertility is "*said to be punishment to either the man or the woman by ancestors*" while at the same time it can cause depression, thereby preventing parent-child bonding.

A medical doctor raised a point which corresponds with Mariano's (2004) finding that couple infertility is considered a women's rather than couple problem. Accordingly mother 05's mother, who advised the former to consult traditional healers, did not make a similar recommendation to her son-in-law. Moreover, to support the possibility that husband 05 did not suffer societal criticism akin to that directed at his wife, he refused to corporate in the process of artificial insemination. It is significant that unlike men in Dyer et al.'s (2004) study, husband 05 has children from a previous marriage and may not have felt the same pressure to have children of his own, perhaps because to him there was no need to validate his masculine identity.

The literature further holds that infertile women and men engage in socially questionable behaviour such as spousal abuse and infidelity (Dyer et al., 2004; Mariano, 2004). This implies that infertility can create an unstable nuclear family emotional system, potentially restricting children's emotional growth and calling for psychosocial intervention to address emotions associated with infertility before adoption as children's IWM are reportedly influenced by their parental figures' as Berlin et al. (2008) and Steele et al. (2003) illustrate.

Husbands generally could have posed a barrier to adoption in some cases as many women adopted subsequent to divorce while others were never married (5/20 and 5/20). None of the divorced mothers however, specifically mentioned ex-husbands' direct refusal to adopt suggesting that this could be mothers' belief and/or attitude, possibly resulting from mothers' socialisation as well as Basotho values and norms according to literature which suggests that Basotho value matrimonial childbearing to the extent of directly shunning and shaming women

without biological children while inadvertently embarrassing men in similar contexts. The literature, cited in chapter two, indicates that, married people in the country are not considered complete “women” or “men” before they bear children, preferably sons, from which point they may be addressed as mother or father of so-and-so (Women and the Law in Southern Africa Research Trust, 1998; Guma 2001). Clearly therefore, it can be embarrassing to remain being called by one’s maiden first name years after marriage as mothers 05 and 010 alluded to. An example of a situation where women from infertile couples are shunned is a “weaning party” or “*pitiki*” in vernacular, which celebrates the end of nursing period (Women and the Law in Southern Africa Research Trust, 1998). Weaning parties are highly celebratory events attended by married women from fertile couples only.

Perhaps as a result of the above described preoccupation with matrimonial fertility, numerous practises appear to promote childbearing within marriage. For instance, Basotho women are married to an extended family (not a man) and paternity of children born to married women not contestableⁱ (Poulter, 1983). This is to say, traditionally in Lesotho, married women are allowed to have biological babies with people other than their husbands and the children become the husbands’. Secondly, Basotho marry rather early as shown by results of the last census which found that almost half or 47.6% of all Basotho above the age of 15 years were married (Bureau of Statistics, 2009). Specifically, 13.7% women aged 15-19 were married in the last census (Bureau of Statistics, 2009:37). Again this could be designed to maximise fertility within marriage. Dangers which this myopic stance on childbearing could have on adults and consequently children are discussed citing relevant theories below.

As highlighted however, ex-husbands’ attitudes to adoption could not be ascertained during the conduct of this study as this was not within its scope. This notwithstanding, a study by Dyer et al. (2004) which found that men expressly required biological children to validate their masculinity is useful in explaining

husband's attitude. For Basotho men, this is potentially exacerbated by the people's traditional practise of addressing men by their children's names attached to a prefix (Women and the Law Southern African Research Trust 1998; Guma, 2001). Suggested therefore is need for promoting a higher incidence of adoption in Lesotho as childhood vulnerability is rife and services unable to cope with the magnitude of the problem (Government of Lesotho, 2011; SADC Secretariat, 2008; Tamasane, 2011; Thabane and Kasiram, 2015). In addition, men should to be targeted in efforts to encourage infertile couples to adopt.

While IFST can offer some explanation to the above described behaviour pattern, PDT and attachment theory raise some unsettling points pertaining to it. Based on the IFST principle of societal emotional process or societal regression, it can be said that African men believe they will be the subject of ridicule and stigmatisation if they adopt instead of having biological children. They will no longer be part of the main system but rather labelled as the group which threatens societal equilibrium otherwise maintained through biological parenting and extending family lineages. They therefore choose to be "regressionist" meaning they do not challenge social ideals. In the case of Lesotho and this study in particular, a psychologist participating in the study, reported that in her experience, some infertile couples do in fact chose not to be parents altogether rather than adopt, a decision that could be informed by societal "regressionism". This is as much a paradox as it is an opportunity for intervention in Lesotho. All adoptive mothers who took part in this study were sophisticated, educated, and urbanised implying that their partners should have been equally urbanised. Perhaps lacking for the urbanised men who resisted adoption are role models to demonstrate that adoption can be a manly strategy for protecting not only one's family but the larger society as well. Ability to protect is a trait known to resonate well with African men while role models will dispel the notion that adoption opposes social norms. Further, confirmation of absence (and therefore requirement) of role models comes in the form of husband 010's story. Husband 010, who was otherwise willing to adopt, was reportedly of the opinion that

“adoption is a White person’s thing”. It is possible also that other husbands in the study hold similar notions about adoption although they did not necessarily articulate them.

Additionally from this perspective (IFST), challenges in dealing with infertility can result in parents or spousal dyads inhibiting adoptees’ differentiation process or assumption of a mature personality through either triangulation or family projection process. A possibility of triangulation, a process described as a temporary measure of drawing-in a person to diffuse marital tensions for example, begs the question of adoptees’ fate once the system has restored equilibrium. As argued in chapter one, triangulation potentially leads to a pendulous relationship with adoptee which of course has damaging implications to the child’s IWM. This analysis is particularly pertinent as many of the adoptees in the study have troubled histories ranging from serial care to abandonment and/or neglect to compound abuse. In family projection, parents can over-focus on adoptees through extra or inadequate disciplining strategies potentially resulting in socially maladaptive behaviour in adoptees, further giving rise to efforts on the part of spouses to rehabilitate the child in yet another form of family projection, potentially causing more damage (Kerr, 1981). Paradoxically, due to the volatile nuclear family emotional system parents may fail to pay attention to adoptees’ unique needs, focusing instead on marital tension and/or their perceived losses in the form of failure to have biological children unless this issue is addressed through psychotherapy as suggested by Howe (1995). IFST further holds that negative feedback or stigmatisation on account of infertility emanating from “societal *regressionism*” can cost people their self-regard, possibly negating their established differentiation and causing them to question their identity (Goldberg and Goldberg, 1996; Karkouti, 2014; Low and Edwards, 1993; Samantrai, 2004). Thus both adoptees and adoptive parents potentially have serious losses and psychosocial complexities which they bring to adoptive families.

Such unrealistic stance on infertility by society is equally fruitless from a PDT perspective. According to this theory, not only are society's retrogressive demands internalised by parents as shown above, but they are subsequently projected to children, in the case of children in this study, those with already damaged IWM and/or self-regard (Samantrai, 2004). It is therefore reasonable to predict that the above described "regressionism" which potentially causes infertile people to believe they are inadequate if they do not follow the norm of biological parenting (or no parenting at all), and consider adoption a compromise, will be projected to children as "second-best", an interpretation children are likely to internalise and carry throughout life. Risks of such diminished self-regard to children are of course dire according to PDT. To cite a single example, in order to learn and take risks in later life stages, a strong and positive self-regard is vital, lack of which can be limiting to academic and career performance. Thus children with already damaged IWM due to a troubled past who go on to enter families with equally troubled emotional systems are denied the opportunity to develop optimally, calling for focused social work attention before and after adoption to re-structure both family emotional systems but self-regard as well.

Similarly, the above analysis is consistent with the PDT perspective which promulgates that human and family functioning is largely determined by societal norms and values. Generally, there is an unhealthy predilection of fertility within marriage in Lesotho, which can act as a barrier for families to consider other parenting options as witnessed in this study (e.g. mothers 01, 02, 07) and mentioned by a psychologist from her experience. Mothers 01, 02, and 07 did eventually embrace the option but apparently subsequent to much circumspection. This finding is consistent with literature from elsewhere on the African continent which shows that adoption is rarely the preferred parenting strategy in Africa generally even for infertile people (Mokomane, et al 2011; Gerrand and Nathane-Taulela, 2015; UNICEF Innocenti Research Center, 2006). In South Africa for instance, Gerrand and Nathane-Taulela (2015) found that Black mothers adopt children less often than Indian and White mothers.

Mokomane et al. (2011) concur, citing superstition as the main barrier for Africans to adopt. Further, many married and erstwhile married participants in this study adopted after unsuccessful attempts to conceive. This is no surprise as considerable social and psychological value is attached to biological parenting in Africa (Dyer et al., 2004; Dyer, 2007; Gilbert and Sewpaul, 2015).

Furthermore, concern arises for those families who adopted due to infertility as their situation of being infertile potentially impedes attachment formation particularly where there are unresolved associated emotions (Bevc et al., 2003). Some mothers in this study seemed to have gone to great lengths to bear biological children, with adoption being a distant second option, casting doubt on their ability to fully embrace adopted children, most of whose histories are characterised by adversity. Additionally, some marriages ended due to infertility although this was confirmed in 3/20 interviews (mothers 03; 07; and 08). Mother 02, who miscarried five times before settling on adoption, is a classic example of a case where adoption was a poor alternative to biological parenting while mother 07 went to the extent of seeking medical assistance to conceive in RSA and America. Both mothers were divorced at the time of the study although they did not specifically associate divorce with infertility in their families. The researcher is equally concerned over the manner in which mother 07 eventually met with adoptee. Following concerted effort to conceive, and some initiative to adopt without follow-through, mother 07 met with her one year old adoptee, who was ill at the time evidently from inadequate care, almost by accident. This background suggests that the mother could not have been adequately prepared for the difficult task of assisting adoptee to deal with her rough past while it remains questionable whether the mother herself had effectively overcome her past losses. Also, even though mother 05 is still married, it cannot be said conclusively that she healed from the disparaging treatment received due to being infertile or that the insults will stop after adoption.

Indeed it is noteworthy that married women in the study who had biological children, received support from their spouses to adopt (09, 011, 013, 020) lending credibility to the conclusion that men in infertile couples are less amenable to adoption than those who have satisfied societal expectation and/or proved their masculinity through childbearing. Except for one married woman (mother 011), whose husband was hesitant, but later open to the possibility, none of the spouses in fertile couples objected to adoption. Specific mention is due again to husband 01 who was not only open to adoption but initiated and persuaded his otherwise unprepared wife to adopt as well as husband 020 who according to his wife *“seemed to take to the child faster [and is] very close [to adoptee] up to now.”*

A lone example, husband 010, part of an infertile couple, wondered whether adoption would be suitable but supported his wife's idea to adopt and continued to involve himself in the document collection required for the process, even taking time off work to be with the baby when she arrived. Adoptee 010 soon displayed attachment response and even separation anxiety when adoptive father, who worked out of the country at the time, was about to leave for work. At one point she even bargained with adoptive father to take her to work with him, expressing her frustration with adoptive father's imminent departure, perhaps owing to the knowledge that father tended to be away for long periods, a trend which did not augur well for her attachment needs, specifically being close to adoptive father, her preferred attachment figure.

The above sum of theoretical frameworks substantiates the conclusion that professional assistance such as psychotherapy is necessary prior to and subsequent to adoption. In this study, while it is contended that it is required for all parents, it is specifically indicated for mothers 02, 03, 05, and 07 to deal with multiple miscarriages, partner abuse, and/or failure to conceive despite focused attempts as well as 03, 08 and 015 to deal with potentially emotionally damaging marriages (Howe, 1995). Even if the mothers do not consider themselves in need

of therapy, seeking social services for adoption presented an opportunity to explore and/or eliminate the possibility. Adoptees 02, 014A and 014B would also benefit from psychotherapy although it is recognised that this could be ethically problematic unless the adoptees sought treatment themselves. Adoptee 01 reportedly benefited from therapy received after a second attempt at suicide. Generally literature (Howe, 2005; Mennen and O'Keefe, 2005; Roberson, 2006) implies that all adoptees require psychotherapy due to their pasts as elaborated in the subsequent sub-section

The nuclear family emotional system, then, may become a focal point for intervention. Emotional functioning of a prospective adoptive family should ideally be taken into account when preparing a family for adoptive parenting. Specifically, perceived inadequacy resulting from infertility needs to be identified and addressed using lasting impact interventions such as cognitive behaviour techniques while fused family systems may be assisted to establish healthy inter family boundaries. Additionally, significance of societal emotional processes should be taken into account when preparing families for adoption. Prevailing attitudes, beliefs, and practices should be interrogated and extent to which they may impede adoptive family functioning established. Clear strategies for dealing with stigma, labelling and marginalisation of adoptive family members should be established proactively. This implies making decisions for openness or closedness of adoption and adoption status disclosure in advance. While the researcher is of the view that successful intervention at this level would impact individual functioning, based on the theories, she should add that that family level intervention should not preclude individual level intervention.

PRE-ADOPTION CHALLENGE TWO: Pre-adoption maltreatment

Adoptee maltreatment prior to adoption was the most common theme in the study with 16/21 adoptees either suspected or known to have been maltreated prior to adoption; 3/21 adoptees (05, 013, and 020) had nurturing consistent

backgrounds; while the background of 2/21 was not known. While some adoptees' backgrounds were sketchy, generally adoptive mother's accounts were suggestive of protracted and complex maltreatment, potentially hindering attachment and positive self-image formation according to attachment theory and PDT theory respectively. They included possible gross neglect (01, 010, 019); abandonment in the open soon after birth (02, 03A, 05, 09, 08, 012); abandonment at a hospital soon after birth (03B, 04, 06, 017, 020), combined neglect, physical, and emotional abuse (014A, 014B); multiple severed attachments or serial care (010, 015); as well as possible physical abuse (011).

Possible Gross Neglect

According to her adoptive mother, at approximately one year old, adoptee 01 not only ate more than could be expected of a baby but did not move or respond to interaction when she joined adoptive family and was dressed in tattered clothing. Secondly, adoptee 010 who was cared for by grandmother then extended family members, was physically underdeveloped when she joined her adoptive family. At the age of 10 months, she had no teeth, could not crawl, and as her adoptive mother puts it, "*her body was still limp*". Upon joining a nurturing family, adoptee 010's teeth are said to have sprouted at the same time within three months, while she immediately learnt to walk, without first crawling. Lastly, there is high likelihood that adoptee 06 was neglected while at the initial care facility although this could not be confirmed. Adoptee 010's history is consistent with Bowlby's (1966) conclusions that institutionalised and/or neglected babies who were separated from their parental figures fail to thrive and are generally slower to develop mentally and physically compared to their peers and that "extra mothering" could correct the damage resulting in affected children catching up on development. Indeed adoptee 010 can be said to have received extra care from adoptive parents who shared their bed with her, with adoptive father taking time off work to be with her the whole day on the first days of her becoming part of the family and continuing to dedicate time to her during his annual leave. Perhaps as a result of the close relationship fostered by her adoptive father, adoptee 010

who joined her adoptive family at about 10 months of age with signs of gross neglect, antecedent to secure attachment according to Howe (2005) and Lawler et al (2011), did not take kindly to being separated from adoptive father, not only through signs of separation anxiety but by presenting psychosomatic conditions upon being separated from him, suggesting attachment to him. Again, this is some proof that even with a history of unfavourable conditions, children can form secure attachments. However, it is important that such attachments are handled with sensitivity and preserved by all means as it can be predicted that damage to them is potentially more detrimental than damage to initial attachment. Adoptee 03A, who was serially cared for prior to adoption, and whose attachment to adoptive mother was severed when mother went to study abroad leaving adoptee behind, supports the view that subsequent attachment are fragile and should be carefully maintained.

Previous neglect is understood to result in fear of close relationships for affected children (Chapman, 2002; Howe, 2005; Mennen and O'Keefe, 2005; Roberson, 2006; Steele et al., 2003). This prognosis was evident in adoptee 01's story, who according to her adoptive mother, may have been involved in an abusive intimate relationship but did not immediately terminate it, instead attempting suicide possibly due to the turbulent relationship among other factors. Seventeen years old adoptee 017 is not known to have had an intimate relationship by her adoptive mother and does not have friends. While both adoptees are still too young for marriage, and without implying that everyone should necessarily be married, should the mentioned adoptees get married and most importantly should they have children, it would appear their histories have a potential of working against such important relationships. Important therefore is that adoptees with a history of neglect and other forms of maltreatment such as those in this study should receive dedicated therapy whether or not they are going to be adopted. Equally important is that prospective adoptive parents should be made aware of the children's potentially damaged and/or fragile IWM's and how to act in manner which benefits them.

Abandonment at a hospital soon after birth

Five adoptees were abandoned at different hospitals after delivery (03B, 04, 06, 017, 020). Adoptee 03B was delivered and left in a hospital ward after birth, adoptee 03C's biological mother, who presented herself at a different hospital looking frail, died during delivery and attempts to place the baby with extended family were unsuccessful. Adoptee 03C might have received better care compared to her brother adoptee 03B, whose adoptive mother found naked on a window seal one morning upon her visit to the hospital where he was abandoned. Abandonment at a hospital has deleterious implications because hospitals in Lesotho do not have capacity to care for babies adequately. Also for those babies abandoned at hospital, this predicted serial care as often they had to be moved to care facilities before joining adoptive families. Again, a history of serial care potentially acts as a barrier to attachment formation, risks of which have been elaborated on above.

Abandonment in the open soon after birth

According to the social worker responsible for her care and eventual adoption, adoptee 02 was found on the side of a busy road in a big town in relative terms, adoptee 03A in the wild, adoptee 05 at a dumping site, adoptee 08 by a pit latrine, and adoptee 09 under bushes by a school.

The study thus discovered a disquieting rate at which children seem to be abandoned in life threatening ways in Lesotho. Out of 21 adoptees, five were seemingly abandoned or dumped (02, 03A, 05, 09, 08, 012). This state of affairs takes the researcher back to the argument that laws in Lesotho have an aggravating effect on childhood vulnerability raised in chapter one. Specifically, prohibition of abortion on social grounds could partly account for the apparently widespread practise of abandonment in the country. Abortion on social grounds is prohibited by the Penal Code Act (Parliament of Lesotho, 2012). Moreover, FIDA and LCN (2012); Motalingoane-Khau (2010); and Khau (2011) assert that

bearing children out of wedlock brings about embarrassment and shame for girls, fear of which may lead unmarried girls to choose to get rid of babies without being noticed by their community members without exploring options of giving up babies safely. Disposing of babies soon after birth raises the question of who might have assisted biological mothers to give birth, leading to the suspicion that the mothers may have done this on their own or with assistance from unskilled people risking both biological mothers' and babies' lives while increasing changes of birth defects to babies.

At the time of the study, adoptee 03A, who was abandoned and adopted around four years later, had reportedly chosen to leave her baby in the care of her husband's family while she and her husband resided somewhere else. On inquiring about adoptee 03A's baby, adoptive mother described adoptee as evasive, suggesting lack of knowledge and/or interest in her baby's wellbeing. Based on the literature, adoptee 03A behaviour is understandable as she was not only abandoned at around one year old but was also adopted late in life. Being abandoned at the age of about one year old indicates some social problems with adoptee 03A initial family which could have hindered secure attachment, making it difficult for adoptee 03A to relate constructively with her offspring when the time comes.

Possible compound abuse

Adoptee 011 was not only possibly abused and/or neglected prior to adoption, but she continued to be neglected upon entering a "*poorly run*" care facility, which was later closed down. She was also serially cared for having been taken to the decrepit care facility by some men within in vicinity. It was only upon closure of the facility that the baby was discovered and treated for a life threatening condition, pneumonia. According to her adoptive mother, adoptee 011 has a scar on her face whose cause is unknown. Perhaps as a result for the gruesome circumstances which characterised her past, upon joining her adoptive

family, adoptee 011 had nightmares and would wake up crying uncontrollably after short periods of sleep in the period immediately after adoption.

Adoptee 014A, who was probably abused verbally and physically, is not only a neglectful mother, but she is violent and has been found to have more than one intimate relationship concurrently in addition to being suspected of stealing money from her brother, adoptee 014B. Adoptee 014B is also known to have violent outbursts although he takes good care of his intimate partner and child according to his adoptive mother. Both adoptee 014A and 014B were nonetheless holding proper jobs at the time of the study with younger adoptee 014B having been in a job for longer, possibly due to prevalence of more jobs for males compared to jobs for females in the country in relative terms. In recent times there has been an upsurge in mining activity and road construction in Lesotho. Adoptee 014B was employed by a road construction company at the time of the study.

Dangers of childhood maltreatment cannot be overstated. As predicted by attachment theory, in addition to being an antecedent to attachment formation whereby children become suspicious of close relationships, instead acquiring alternative strategies of interacting with significant others, they have higher probability for self-destructive behaviour; being generally manipulative people; taking advantage of others materially and otherwise and/or becoming abusive parents (Chapman, 2002; Howe, 2005; Mennen and O'Keefe, 2005; Steele et al., 2003; Roberson, 2006; Wilson, 2009). Other than known neglect (adoptee 014A) and suspected cut-off (adoptee 03A) of their offspring, this study did not discover other dimensions of offspring maltreatment. Readers are reminded, however, that most adoptees in the study were still relatively young specifically those theoretically at high risk of offspring maltreatment such as adoptees 010, 011, and 019. For these adoptees, a possibility of externalising behaviour later in their lives cannot be out ruled.

Serial care

Five adoptees were known to have been serially cared for prior to adoption (06, 010, 011, 015, and 017). In addition to being abandoned at a hospital soon after birth by her biological mother, adoptee 06 stayed in two different care facilities, one of them known to have been overcrowded according to her adoptive mother. Adoptee 010 had three carers before adoption: her biological mother, biological grandmother, an extended family member or members while adoptee 015 was cared for by her biological mother, who dropped her off at biological father's residence, before being placed with her adoptive mother. Since adoptee 015's father was a labourer in RSA at the time, it is unlikely that he cared for her himself as he had to go to work. Instead he probably hired a carer or left the baby with neighbours. Similarly, after remaining in hospital from August to December waiting for his adoptive mother to make time, adoptive mother could not make time to be home to be with adoptee 017, as mother was called to work even during the time set otherwise allocated for being with the baby. While mother was 017 was called to work, office cleaners took care of the baby.

Serial care has serious implications for adoptees according to PDT which holds that establishment of routine is essential in the first year of life, something serially cared for adoptees did not experience. The theory continues to imply that inadequate care in early stages compromises progression to subsequent ones, noticeable in externalising behaviour later in life. While it may be too early to say how five years old adoptee 010 may have been affected by this occurrence, poor academic performance on the part of 16 and 15 years old adoptees 06, 015 and 017 respectively, is attributable to instability in the first year of their lives.

Other risks of failure to develop secure attachment as discussed in chapter two include social and mental pathology in addition to generally being at a developmental milestone disadvantage when compared to peers. Social problems likely to be suffered by the children include retardation, lack of impulse control (Chapman, 2002; Wilson, 2009), poor self-esteem, addictive

personalities, delinquency, criminality, incapacity to form affective bonds, and risky sexual behaviour. Such social pathology is potentially transmissible to subsequent generations although it is treatable before age of 7 years (Bowlby, 1966; 1979). Poor self-esteem is thought to lead to risky sexual behaviour, detrimental effects of which are vast particularly for a country such as Lesotho which has the third highest HIV infection rate in the world (NAC and MHSW, 2012). In short, as adults people with difficulty in establishing fulfilling social relationships may never realise their full potential or lead fulfilling or productive lives. Secondly, the theory predicts inability of the children in question to reach psychological and social maturity as adults and to lack positive self-regard as mentioned. Based on the analysis, they are likely to lack coherent sense of self, a situation whereby individuals do not trust their judgement and are unable to independently project their thoughts and actions into the future according to Erik Erikson (Newman and Newman, 1997; Samantrai, 2004). This implies dependence on significant others for decision making likely to bring disappointment and frustration.

PRE-ADOPTION CHALLENGE THREE: Societal attitude against having children out of wedlock

Never married mothers found themselves in a social dilemma regarding childbearing. As alluded to, women in this study were all highly educated and professionally acclaimed. Nonetheless never married women still defined themselves according to traditional societal expectations. All of them found themselves in a predicament relating to childbearing as they espoused the notion that they could not have children “before” marriage although none of the women was below the age of 45 years. One 46 years old single woman even received repeated warnings from her mother not to “embarrass” the family by having a child out of wedlock, her age and professional success notwithstanding. While this tradition-informed rigidity clearly disadvantages women, it is of course a propitious factor for abandoned children who may find a home due to the

combined effect of generativity versus stagnation whereby adults have the need to give and social pressure not to have children out of wedlock. To strike a balance between the traditional value of matrimonial childbearing and her desire to be a mother, the 46 year old chose to adopt a baby.

Again, IFST and PDT come into play in that society seems to take the upper hand in determining family dynamics with mother 013 adopting because of a superstition which predicts that her sons would become gay if they grew up without a sister while almost all single mothers adopted for fear of societal reproach if they were to have biological children without husbands (mothers 06, 016 and 017). A question thus arises as to these highly educated and accomplished women's differentiation levels (IFST) as they admitted to bending to society's demands on such important life decisions. Differentiation of self suggests that adoptees brought up in an undifferentiated family system will also likely have poor capacity to distinguish intellectual from non-intellectual reason as a consequence of family projection process (Goldberg and Goldberg, 1996; Green, 2003; Kerr, 1981). The researcher wonders whether this admission may not signify some limitation on such mothers' capacity to nurture children with fragile IWMs as implied by findings in the previous chapter, a concern potentially compounded by what she (the researcher) considers overlooking of psychological functioning or, for that matter, family emotional system during adoption assessment in Lesotho.

PRE-ADOPTION CHALLENGE FOUR: Lack of family support

It should be pointed out that data in this sub-theme could be scanty due to the size the study's sample. Part of adoption eligibility in Lesotho is proof of extended family support. Hence all people interviewed would have had family support, explaining why withholding of "family support" for prospective and adoptive parents in principle not be widespread in the respondents' narratives. Nonetheless the researcher noted that, even though mothers did not mention

lack of family support *per se*, only mothers 02; 03; and 09 specifically made reference to family support. However, it cannot be overlooked that absence of family is a possible barrier to adoption as mentioned by mother 016 with relation to people known to her who could not adopt due to failure to secure written family support. In this study, after some hurdles, family 010 was turned away from social services because their letter of family support was “*incorrect*”. As mother 010 related, her brother-in-law, who had penned the letter, was resident in RSA meaning the family had to travel back to RSA for a “correct” letter. A look at the Children’s Act (Parliament of Lesotho, 2011), however, reveals no mention of “family support” as a prerequisite for adoption. Thus while this aspect runs somewhat parallel to the law, it is still deemed necessary and should be incorporated into the law to avoid problems.

THEME TWO: POST-ADOPTION CHALLENGES

Sub-themes which emerged here are: unsupportive work environment; societal attitude; adoptive status disclosure; adoptee’s behaviour and academic performance; as well as inadequate parenting skills. These are discussed in turn below.

POST-ADOPTION CHALLENGE ONE: Unsupportive work environment

As expounded in chapter one, instability in the first year of life predisposes humans to both latent and symptomatic psychopathology throughout life but this can be prevented through extra-parenting, information which parents of children with maltreating pasts should be cognisant of (Bowlby, 1966; 1979; Howe, 2005). On the strength of the foregoing it can therefore be argued that, adoptee 03A’s chances for secure attachment were slim from the onset of adoption. Even though her adoptive mother tried to build their relationship by, “suckling” her, adoptive mother 03 was not afforded time off work, but was instead required to leave the country two years after adoption leaving the baby behind. Before that, adoptee 03A was abandoned at the age of one year, stayed at a care facility for the next four or so years before being adopted whereupon she asked to be

breast-fed, suggesting abrupt removal from a nursing relationship. The reliable, stable, and nurturing relationship with her adoptive mother, however, lasted only two years, at which point adoptive mother left the country for another two years to study abroad, leaving her in the care of yet another set of adults. Four months later, during her study vacation adoptive mother returned home to find that the “special bond” she had with adoptee 03A might have been damaged. Thus in addition, to her difficult past, adoptee 03A did not get the stability she required even after adoption due to her adoptive mother’s work requirements. Without disclosing more details to protect the family’s identity, it should be mentioned that adoptive mother 03 is an academic, which is why her job required her to further her studies.

Generally, only mothers holding decision making positions in their organisations could be afforded maternity leave or some time off work without subtracting the time from their annual leave. Mother 017 is one such. Nonetheless while (and possibly due to this) she was senior at work and her supervisor was reasonable in comparative terms, she was still called to work on several occasions despite permission to take the time off to be with her new baby. Mother 06 on the other hand, was taken aback by the insensitivity of her supposedly informed superiors regarding the need for her to take time off to be with her new baby. Due to work requirements, she could not take time off, continuing to work as if nothing had happened. In short, unlike new biological mothers, mothers in the study confirmed that there is no provision, legal or otherwise, at the workplace for new adoptive mothers to take time off to be with babies. Considering many of the adoptees’ troubled pasts as revealed by this study which make it difficult for them to trust and to establish fulfilling bonds, this workplace oversight exacerbates an already compromised position for adoptees in terms of attachment and/or IWM.

Considering the magnitude of childhood vulnerability in Lesotho as described in chapter one, it is not clear why the country has up to this point, made no legal provision for re-building attachment/IWM in respect of children with histories

which otherwise impede their optimal development such as new adoptees based on available literature (Berlin et al., 2008; Cassidy, 2008; Dozier and Rutter, 2008; Fraiberg et al., 1980; Howe, 1995; 2005; Kobak and Madsen, 2008; Prior and Glaser, 2006)

A look at Lesotho's employment law for instance, which the researcher knows from experience working with child protection lawyers, that it is often described as "perfect", revealed no provision for absence from work to take care of newly adopted babies. Section 133 of the Labour Code Order (Parliament of Lesotho, 1992), an explicitly sex-discriminate legislation governing labour practices in the country refers to "confinement" of mothers after giving birth as reason for absence from work or maternity leave. To quote the law:

"(1) A pregnant female employee shall give notice of her anticipated confinement...signed by a medical officer or a registered nurse..."

[And]

"(2) On receipt of notice under subsection (1), the employer shall immediately permit the female employee in question to absent herself from work until her confinement, and thereafter the employer shall not permit or require her to return to work until expiry of six weeks immediately after confinement. This period of absence shall be known as statutory maternity."

Thus employers were well within the confines of the law by making no provision for adoptive mothers to absent themselves from work. Although the Act was amended in 2006, still there was no effort to incorporate new adoptive parents' absence from work, to the researcher, demonstrating disregard of the unique situation of adoptive families. Even more disquieting, the more recent Children's Protection and Welfare Act (Parliament of Lesotho, 2011) also does not provide for new adoptive parents' absence from work subsequent to adoption or for that

matter to facilitate the onerous process of adoption. This scenario not only acts as a possible barrier to adoption as shown by mother 010 but creates a further barrier to attachment formation, adverse implications of which have been explicated. Despite the unsupportive work environment, or in fact to mitigate its impact, some mothers chose to take time from their annual leave as highlighted. However, some data suggests that more was necessary to foster secure attachment with lasting impact on children's IWM.

POST-ADOPTION CHALLENGE TWO: Societal attitude towards adoption

Results under this sub-heading not only seem to confirm the researcher's view that Basotho are still largely ignorant and suspicious of adoption but more importantly that they are insensitive to the unique situation of adoptees and children's fragile psychology in general. For instance, mothers in the study were disheartened by people referring to adoptees as "bought" while others made unsettling remarks about adoptees in adoptees' presence. Possibly as a result of insensitive remarks, adoptees 011, who is perhaps too young to be told of her adoptive status is said to repeatedly seek confirmation from adoptive mother that she is indeed the mother's child while adoptee 013 asked whether she had been "bought or picked up", which brings the discussion to the subject of adoption preparation focusing on adoptive status disclosure.

With a population of just under 2 million covering a total land area of 30, 355 square kilometres in the last census, Lesotho is a small country by all standards (Bureau of Statistics [Lesotho], 2006:xiii). To emphasise, its population is smaller than populations of all provinces of RSA while its land area is smaller than all provinces but Gauteng. It would therefore be difficult to maintain a facade that an adoptee is a biological child for almost all Basotho unless they were to migrate to a different country. In fact as it emerged in the study, people appeared unduly inquisitive about adoptees' origins. Properly handled adoptive status disclosure would therefore prevent harmful discovery by adoptees from petty and/or malicious people.

Secondly, mother 016 made a critical observation regarding information about “mother” and “father” on adoptees’ birth certificate. It is a fact that birth certificates inform many important aspects of life including identity and citizenship documentation. Adoptive mother 016’s concern, however, was limited to “n/a” inked next to “father”, raising no similar concern about information on “mother” thereby suggesting that adoptive mother 016 and possibly other adoptive parents appear as adoptees’ “mother” and/or “father” on adoptees’ birth certificates, a practise whose usefulness is debatable. In particular, the researcher worries about how it could undermine adoptees’ identity formation later in life more so in view of some mothers in the study conceding to reluctance to disclose adoptive status to adoptees. In fact, if the wording on adoptees’ birth certificates names adoptive parents, it further propagates inaccurate information about adoptees’ status, potentially frustrating their efforts to determine their identity, should they wish to do so using documents later-on in their lives. This concern is even more pertinent considering statements some adults reportedly make to or in the presence of adoptees, further substantiating the researcher’s view that it would be close to impossible to permanently keep adoptive status a secret from adoptees.

This worrying trend of adults speaking of adoptees as if adoptees are objects has another serious implication. Noting that adults seem to be in the habit of making compound statements regarding children in their presence, chances of making similar derogatory statements in the presence of other children are high. Knowledge of how cruel children can be to other children leaves an uncomfortable premonition of how the information can be used cruelly by other children to adoptees and how damaging this could be.

POST-ADOPTION CHALLENGE THREE: Adoptive status disclosure

Five out of twenty mothers seemed to appreciate the necessity of disclosing adoption status to adoptees. Mothers 01, 02, 03; and 05 had already disclosed

while mother 011 was still contemplating the process with the intention of doing so at some point. However, all mothers interviewed admittedly found disclosing anxiety provoking, acknowledging lack of the necessary competence, preparation, and professional support to do this effectively without potentially causing harm. Mother 016 whose adoptee was about six years old at the time of the study merely commented that she felt unsure about how to go about disclosing without stating whether or not she intended to do it, suggesting she had thought about it.

On the contrary, mothers 08, 013, 017, 019, and 020 would prefer not to disclose at all. If it were up to mothers 08 and 017, adoptees would never find out they were adopted. Adoptee 013, married with children of her own, has never had a frank discussion pertaining to her adoptive status or circumstances surrounding the move despite evidence that she suspects as she is an intellectually strong person adopted at the age of three years. After what appears to have been some consideration, mothers 019 and 020, both of whom have biological children, decided to move on from the issue without discussing it, a strategy possibly brought about by having both biological and adopted children and attempting create an illusion of adoptees and non-adoptees in the family as the same in all respects.

In some cases, where disclosure was done, the researcher is of the view that the process could have been handled differently as according to one adoptive mother the children know “everything” about their origin (mother 03). One of the concerned children (adoptee 03A) was found abandoned in the wilderness while the other (adoptee 03B) was abandoned by his biological mother at a hospital then neglected by hospital staff. The latter was seriously emaciated and unresponsive to people interaction when found by adoptive mother. When told of details which culminated in his adoption, adoptee 03B reportedly shouted to his adoptive sister, *“I am adopted!”*. This reported reaction is rather unsettling to the researcher, who wonders whether the six years old understood the complex

information transmitted to him in one sitting. Borrowing from mother 05's strategy elaborated below, as well as how it seemed to work well with adoptee, researcher is of the view that gradually setting the scene for disclosure and later doing it gradually may be more fruitful than a once-off discussion. Mother 03's strategy, on the contrary suggests eagerness to rid herself of a heavy burden rather than to build a child's IWM and/or facilitate identity formation.

Additionally, to the researcher, some details are not beneficial to construction of positive interpretation of self or identity, and are best left unsaid in disclosure. Poorly handled disclosure as in the case of adoptees 01, 03A, 03B, and 03C is therefore unsettling. Despite having adopted from within the extended family, mother 01 neglected to disclose to adoptee until after adoptee raised the subject on two separate occasions. While it is an indication of strength of adoptive dyad's relationship that adoptee persisted to seek answers from adoptive mother, the manner in which adoptee found out combined with not finding out from mother, could have damaged the established relationship. As highlighted, a service need to assist mothers to disclose is thus evident.

According to literature, and quite understandably, adoptees are thought to be more sensitive about their origin, perhaps because it relates to the quest to formulate a coherent self-regard or identity (Grotevant et al., 2000; Mabona, 2010; Stryker, 1968; Stryker and Serpe, 1994). Based on PDT and identity theories, identity formulation commences in the first few months of life and is understood to be a concern for all individuals specifically just before and during adolescence but continues throughout life as pointed out in chapter one (Craig and Dunn, 2010; Karkouti, 2014; Low and Edwards, 1993; Markus, 1977; Samantrai, 2004; Stryker and Serpe, 1994; Schwartz et al., 2009). Adoption disclosure is therefore crucial as it is said to impact how adoptees subsequently assimilate adoptive status into their identity, making secrecy potentially disastrous in that discovery could be accidental or cruel (Grotevant et al., 2000). Interestingly, Smit et al. (2002 in Wilson, 2004) found identity to be more of a

concern for people adopted before the age of 12 months compared to those adopted later, substantiating the logic that information pertaining to one's origin is important in identity formation.

Thus, it seems adoptee identity is associated with the complex interface between their origins and current statuses. Extrapolation of identity theory (Hjelle and Ziegler; Hoelter, 1985; Stryker, 1968; Stryker and Serpe, 1994) would lead to the conclusion that adoptees separated from birth mothers at infancy are more likely to experience difficulty forming coherent self-regard as they lack information pertaining to their past. According to Stryker (1968) as well as Stryker and Serpe (1994) identity requires integration of one's past and present as well as reasonable ability for projection of psyche into the future, a principle adopted by psychosocial development theory (Newman and Newman, 1997; Samantrai, 2004). Absence of information to facilitate adoptee's self-regard therefore could account for their relatively higher preoccupation with identity as noted by Smit et al. (2002 in Wilson, 2004). Reluctance of adoptive mothers in this study to disclose adoptive status to adoptees is therefore concerning as it could potentially erase trust between adoptees and adoptive mothers as postulated by PDT, undermining further adoptee psychosocial development specifically identity formation (Craig and Dunn, 2010; Karkouti, 2014; Newman and Newman, 1997; Samantrai, 2004).

Mothers 02 and 05, perhaps as a benefit of having taken the trouble to read about adoption, handled disclosure with better finesse than all other mothers in the study. While mother 02 like mother 01 did not initiate the topic, instead waiting for adoptee to do this, she made good use of the opportunity when it presented itself. The waiting, of course, presented an opportunity for undesirable discovery and should ideally be avoided. In contrast, by constantly telling her adoptee that *"you are the most special child in the world"*, mother 05 indirectly and unthreateningly prepared adoptee for the uncertainty of disclosure. Additionally, her relationship with adoptee was possibly strengthened by her

open communication with adoptee combined with spending a lot of quality time with her immediately after adoption. As a business woman, mother 05 did not encounter any problem finding time off work. In her words, she “*spent the whole day in bed*” with the baby immediately after adoption for a month.

POST-ADOPTION CHALLENGE FOUR: Adoptee’s behaviour and academic performance

Readers are reminded that, 12 out of 21 adoptees in the study were above the ages of 13, which marks the onset of teenage hood, a stage widely considered challenging even though, according to Craig and Dunn (2010), concerning behaviour among adolescents is statistically insignificant globally and could in fact signify independence of thought rather than externalisation. Similarly, researchers have found adoptee behaviour to differ nominally from that of non-adoptees, which was the case even when special needs adoptees were compared to non-special needs adoptees as discussed in chapter two (Miller et al., 2000; Reuter et al., 2009; Tan et al., 2007). With this background in mind, behaviour of adoptees who had attained this stage is analysed in this subsection.

Ages of adoptees at the time of the study varied greatly (1.4 to 39 years). However, it is significant that only two were adopted after the age five years, making early adoption a more or less common characteristic in the study. As discussed in chapter two, late adoption was the only factor found to predict behavioural problems by Tan et al. (2007). Again, in line with Miller et al.’s (2000) as well as Wilson’s (2004) arguments, this finding discounts adoption *per se* as a factor which predicts externalising behaviour as late adoption is often associated with a range of pre-adoption maltreatment, which as discussed in the same chapter, increases propensity for externalising behaviour for all humans (Howe, 2005; Miller et al., 2000). Three examples in the study were indeed consistent with Tan et al.’s (2007) findings. Those adopted after the age of 10 years old as well as two whose attachment was disrupted even after adoption (02 and 03A),

were all found to have serious externalising behaviour such as multiple concurrent sexual relationships (014A); and aggressive behaviour (02; 014A and 014B). As parents, they were found to be disengaged (03A and 014A). Partly as a result of aggressive behaviour, adoptee 02 went on to be diagnosed with HAD and ADHD later in life.

Two possibilities emerge regarding adoptee 03B's admission that he had used marijuana, a common drug in Lesotho, as a result of advice from his peers. Firstly, by blaming his peers for introducing him to marijuana, adoptee could merely be deflecting responsibility for his actions, which in itself is worrying as failure to shoulder responsibility for one's actions suggests immaturity or lack of differentiation according to IFST. Secondly, while the researcher is aware that use of marijuana is widespread among adolescents in Lesotho, adoptee's admission suggests susceptibility to peer pressure, which again is cause for concern. Nonetheless, adoptee 03B's behaviour can be interpreted within the framework of PDT as merely trying all means, unsound and otherwise, to improve his performance, a commendable rather than reproachable trait in today's competitive world. Thus instead of externalising, he could be said to be attempting to define his identity as an accomplished sports person. Again consistent with findings of Miller et al. (2000), this behaviour, while dangerous from an adult's and professional's viewpoint of the researcher and probably all adults, cannot necessarily be linked to adoptive status exclusively as it is rife among Basotho youth.

In relation to other adoptees the researcher refers to Priel et al. (2000), who asserted that lack of self-reflection on the part of adoptive mothers could lead to communication breakdown between themselves and adoptees, to interpret use of the phrases "lazy" and "arrogant" by adoptive mothers. Since this study presents one-sided accounts of adoptee behaviour, the extent to which said mothers' behaviour accounts for adoptees' purported behaviour to challenge authority cannot be ascertained. It should be added also that no effort was made to

establish mother's self-reflection as this did not necessarily form part of the study's objectives. However evidence under lack of parenting skills suggests that mothers' interaction with adoptees could be improved, taking the researcher back to conclusions by several authorities that reported behavioural problems on the part of adoptees indicating independence of thought combined with maternal anxiety rather than real issues in adoptees (Atkinson and Gonet, 2007; Bird et al., 2002; Craig and Dunn, 2010; McDonald et al., 2001; Priel et al., 2000; Wilson, 2004). Thus, the labels of "lazy" and "arrogant" could merely connote disagreement with mothers' potentially authoritarian ways. Generally, the researcher posits that it would be difficult to find an adolescent who has not lied to parents a few times to get away with mischievous behaviour like adolescent 03A or one who likes house work, agreeing with Atkinson and Gonet, (2007) as well as McDonald et al. (2001) that adoptive mother 03 could have been unnecessarily alarmed. Thus, adoptee 03A's irresponsible and attention seeking behaviour while at boarding school could be the result of feeling rejected and isolated from adoptive mother rather than an indication of externalisation as adoptive mother implied.

This brings the researcher yet again to the point that attachments with children with difficult pre-adoption histories should ideally be handled with care. Abandoned at around one year old, adopted around five years old, and left in the care of adults other than adoptive mother for two years from the age of about seven years old, adoptee 03A, was later taken to boarding school in a country out of Lesotho for a further three years at around 14 years old. With reference to the literature on IFST, it is not a surprise therefore that adoptee 03A may have decided to "cut-off" from her adoptive family (Kerr, 1981). The adoptee "eloped", suggesting that she got married without informing adoptive family, and continues to appear reluctant to continue relations with them. In fact, much of the information pertaining to adoptee 03A's life, adoptive mother gathers from adoptee's mutual friends with adoptive siblings. This apparent emotional cut-off, as explained by Kerr (1981) is problematic for adoptee 03A in that adoptive

mother suspects that adoptee is in an abusive relationship, meaning she does need family support which adoptee 03A is pushing away, perhaps as a result of a history of being literally and metaphorically pushed away herself for much of her life. Continuation of this trend in adoptee 03A life – a history of multiple severed attachments; emotional cut-off from adoptive family; and abusive intimate relationship is a formula for eventual total mental breakdown for adoptee according to attachment theory (Bowlby, 1966; 1973; 1979).

As mentioned in the previous chapter, many adoptees' academic performance was dissatisfactory according to adoptive mothers. For instance, both adoptee 014A and 014B did not complete high school while adoptee 03A, had dropped out of tertiary school to get married. Adoptees 01; 02; 03B; 03C; 04; and 017 had all failed and repeated years at least once thus making a total of 9/16 adoptees in this study who were in primary school or above to have failed and repeated grades. As hypothesised by PDT, families do not act in isolation but their efforts should ideally be reinforced by schools in moulding children with and those without challenging histories. Thus the high number of adoptees with weak academic records in this study could speak to the quality of educators in Lesotho, raising the question whether they are adequately qualified to handle children with adverse backgrounds. From the children's performance, however, it would appear something needs to be done in this regard as well.

For adoptees with nurturing pasts, families and education institutions seem to have worked collaboratively to shape behaviour and academic performance which adoptive mothers spoke favourably of. As indicated, three adoptees 05, 013, and 020 were consistently in secure, nurturing, care, negating possibility of pre-adoption maltreatment even though the brief periods of maltreatment encountered by adoptees 05 and 020 should still be taken into account. The three adoptees were considered well-adjusted by adoptive mothers, which was perhaps reinforced by good private schools attended by all adoptees according to adoptive mothers.

As her adoptive mother continued to explain, adoptee 05 did and continues to attend one of the “best” schools perhaps in all of Southern Africa. Her behaviour thus confirms that home and school environments act in conjunction to facilitate successful psychosocial development with school more instrumental in the stage preceding puberty or “industry versus inferiority” (Samantrai, 2004). Again as stated by authorities, the stages are progressive without necessarily being mutually exclusive (Samantrai, 2004). At the age of 11 years, adoptee 05 can be said to have matured to the PDT stage of “identity versus identity diffusion”, perhaps even comfortably resolving the crisis thought to feature around the age of adolescence (Karkouti, 2014; Low and Edwards, 1993; Samantrai, 2004). This point is made based on her adoptive mother’s insinuation that adoptee 05 fully understands that she is adopted, a status she confided to a close friend, even correcting a malicious adult who described her as a “bought thing” that she is in fact “adopted”. Even though she later sought clarification from adoptive mother, adoptee 05 stood up for herself when her identity was being denigrated by an adult, young as she was.

Adoptees 05, 013, and 020 are thus exceptions in that their academic and social conduct was not faulted by adoptive mothers, attesting to the value of security and strong educational facilities in the first stages of life (Bowlby, 1966; 1973; Howe, 1995; 2005; Lawler et al., 2011; Mennen and O’Keefe, 2005; Roberson, 2005; van den Dries et al., 2009; Wilson, 2009; Prior and Glaser, 2006). Indeed adoptees 05 and 020 were abandoned after birth but placed in nurturing environments soon thereafter with their adoptive mothers being constant in their lives early. In fact, adoptee 05 who met her adoptive mother on the first day of life, could be more mature than expected for her age from her adoptive mother’s account as illustrated above. Adoptee 013, who is married with children of her own whom she raises in a satisfactory manner according to her adoptive mother, confirms the prognosis of intergenerational transmission of attachment as expounded by Berlin et al. (2008); Morton and Browne (1998 in Mennen and

O'Keefe, 2005) as well as Steele et al. (2003). Adoptee 05's story further underscores the benefit of early adoption and importance of sensitive adoption disclosure while those of adoptees 013 and 020 also support the value of early adoption while calling for adoption preparation and/or post-adoption support which capacitates adoptive parents to disclose adoptive status to adoptees. To explain, parents' 013 and 020's standpoint regarding disclosure could counteract the advantages posed by early adoption and good schools as far as their adoptees are concerned as discussed under disclosure.

POST-ADOPTION CHALLENGE FIVE: Inadequate parenting skills

Some mothers' parenting approach could be faulted perhaps mainly as a result of ignorance as pointed out earlier and/or inadequate pre-adoption intervention as discussed under theme four below. For instance, regardless of adoptee 01's past, mother 01, as per her admission, pushed adoptee hard to perform academically. This, adoptee 01 was to reveal to a therapist following two suicide attempts, as one of the factors behind her externalisation. According to her, mother 02, was outraged when she found a cigarette in adoptee's bedroom, causing her to shout at adoptee, a parenting or communication strategy known to be largely fruitless. As spelled out by PDT, adolescence is the time for making decisions on one's behalf and learning from them. While it is a fact that smoking is hazardous to health, the researcher is of the opinion that rather than reproach adoptee, mother 02 could have used the opportunity to inform and educate adoptee about the dangers of smoking. From a theoretical perspective, the poor decision of smoking may be a manifestation of poor self-esteem or trying to fit-in as predicted by both attachment theory and PDT in relation to children who had dysfunctional mother-child relationships in the first year of life. In addition, lack of knowledge pertaining to attachment, could have resulted in adoptive mother 02, removing adoptee from her constant care at the age two years, possibly leading to adoptee's externalising behaviour from that point on.

Similarly, mother 017 denies adoptee permission to attend music festivals, one of few recreational activities in Lesotho with potential to contribute to children's growth and maturation. To explain the last point, young people who are talented in the creative arts can benefit from such exposure. Instead mother 017 appears to focus on the negativities associated with such functions by denying adoptee the opportunity to attend. Thus adoptee 017 is not only denied exposure to potentially constructive environments which could influence his career and build his character, but also opportunity to operate independently from the home environment which, according to PDT, capacitates individuals not only to progress to but also to deal with later challenges in life. In addition to being largely inflexible and unreasonable, mothers' communication with adoptees was wanting in that it was characterised mainly by reproach rather than affection with only mother 05 mentioning repeatedly assuring adoptee that she is special/wanted/appreciated. Again, this manner of communication could have influenced adoptee 05's positive self-regard and general conduct.

Credit is due to parent 014 who, despite conceding to confusion regarding adoptee 014A's sexual orientation, supported her by attending meetings of other parents of people in same sex relationships possibly in her position or who had been through it. Only mother 020 reportedly gives 12 years old adoptee 020 age appropriate responsibility such as buying her own clothes, building adoptee's competencies to deal with life's major decisions such as budgeting later in life.

Thus, the above discussion is generally in keeping with findings of Reuter et al. (2009) described in chapter two, who found communication between adolescent adoptees and adoptive mothers to be strained compared to communication between adoptees and adoptive fathers as well as between adolescent non adoptees and their mothers. Even though this study did not observe adoptees and adoptive mothers' interaction, it is reasonable to hypothesise that uncompromising behaviour in some adoptive mothers (e.g. mothers 01 and 02) could have led adolescents to challenge parental authority as adolescents are

known to do when they feel undermined. Furthermore, the findings support Grotevant et al.'s (2000) hypothesis cited in chapter two that adoptive parents are generally uneasy about parenting, and may overreact to otherwise harmless immature behaviour on the part of adoptees.

THEME THREE: ADOPTIVE FAMILIES' COPING STRATEGIES

COPING STRATEGY ONE: Attachment building and organisation

Mothers generally made attempt to build attachment through maintaining physical contact with adoptees by feeding (mother 02) and sharing a bed (mothers 01; 02; 03; 05; 010), among other strategies. Others even tried to suckle adoptees (mothers 02 and 03) although adoptee 02 did not embrace the idea. Lastly, according to adoptive mothers, adoptive parents generally spend quality time with adoptees (010; 011; and 019). Regardless these efforts may not have fully helped adoptees overcome their troubled pasts as indicated by some adoptees in and above adolescence. For instance, while adoptee 01 is said to have developed a strong bond with adoptive mother, possibly as a consequence of mother's efforts in that regard, she still has acute externalising behaviour. Similarly, after a brief period of serial care, adoptee 02 seemed to organise her attachment behaviour around adoptive mother, who had ensured that she became a constant to adoptee. Nonetheless as argued above, possible lack of awareness of the potential risk of breaking the established bond, adoptive mother relocated adoptee to be under the care of another set of adults (mother's family) when adoptee started preschool. This, as demonstrated under adoptee behaviour could account for adoptee's externalising behaviour from that point on. To the researcher, the above trend combined with some of the frustrations some admittedly endured before eventually adopting, illustrates determination to parent the children and to do so well. Their aspirations, however, may have somewhat been undermined by lack of information to fully capacitate them in this regard. Suggested therefore is that should the service of (adoptive) parenting training be provided as motivated below, many of them would happily access it. It is worth

repeating that all mothers in the study were highly educated and sophisticated people, who by implication would appreciate the value of acquiring knowledge.

OTHER COPING STRATEGIES: Religion; reading; and husband support

Other mothers cited their religion (01) as well as reading (02 and 05) as having helped them cope with the challenges while a majority of married mothers referred to their husbands repeatedly suggesting husbands' support. Here again, the issue of parenting training is substantiated in that not only adoptive mothers but fathers as well see the need for information, thus, in addition to parenting training, written material relevant to the context of Lesotho would be appreciated by adoptive parents.

THEME FOUR: GAPS IN SERVICE PROVISION FOR ADOPTIVE FAMILIES

SERVICE PROVISION GAP ONE: Adoption preparation

Firstly, mother 03 who adopted in 1992, long before the Parliament of Lesotho (Parliament of Lesotho, 2011) as well the designated adoptions sections of the government ministry of social development came into effect, had a particularly poor experience with the service of social workers when seeking to adopt. However, it should be pointed out that the social workers could have been acting in accordance with the 1952 law, the prevailing Statute at the time. This law, alluded to in passing in chapter one, required that adoptive parents should be "married". However, her complaint that the report was returned by the court further suggests that the report was poor. Nonetheless, this pattern might have changed as skills of social workers operational in the relevant department have improved significantly since then in the researchers view. Mother 03, whose first adoptee was 21 years old at the time of the study, is the only mother who complained of a social worker's report being returned by court.

Unpreparedness was a major theme raised by mothers in the study with one mentioning what others could consider a trivial thing such as changing a nappy

(mother 02) while another conceded that, despite initiating the adoption process and being a mother of four, she did *“not know what to do with the baby”* immediately after adoption (mother 020). As contended repeatedly throughout this report, adoptees are potentially fragile people who should ideally be handled by informed and competent parents. Failure to capacitate prospective adoptive parents to nurture adoptees is therefore deleterious to them in many ways as demonstrated under adoptive status disclosure; attachment building; and parenting capacity above.

A mother who assumed responsibility for a baby before securing an adoption order (mother 07), also raised an important issue pertaining to preparedness which is perhaps applicable to all adoptive families: the child's HIV status. With the high rate of HIV infection in Lesotho as indicated coupled with HIV stigma in the country as discussed by Cornor and de Walque (2013), HIV infection would be an understandable barrier/concern for Basotho who are otherwise prepared to adopt. In 2012 23.4% of all children born in the country's health facilities were HIV positive according to Government of Lesotho (2014:63). Thus HIV is a real concern for most Basotho especially those contemplating motherhood and it should be factored into adoptive parenting preparation. Absence of preparation and/or information relating to HIV prior to adoption poses a threat not only to adoption adjustment but to adoptive family coherence as well. Unrealistic fear of infection by adoptive parents would clearly act against contact with adoptees while there is also a risk that some parents could adopt HIV positive babies and not take them through the required treatment due to both ignorance and stigma, making information particularly crucial.

A social worker from the government ministry of social development corroborated mothers' views about lack of parenting preparation. In fact, in addition to lamenting that the government ministry is unable to cope with the workload, the social worker conceded that they focus more on compiling reports to court, perhaps omitting to prepare prospective parents for the tasks ahead. Bearing in

mind pre-adoption challenges discussed throughout this report such as infertility; pre-adoption maltreatment; and societal attitude towards bearing children out of wedlock; it is considered imperative that some time be dedicated to determining prospective adoptive parents' psychosocial readiness to parent as well as to appropriately up-skilling them. A gap in providing the foregoing service as discovered, possibly accounts for some of the identified challenges in adoptee's behaviour, many of which could be rooted in parenting incapacity as argued. Thus, while court papers are important, parenting preparation is considered equally important.

In addition to berating social services for failing to equip prospective adoptive parents with necessary skills and/or information to nurture adoptees, some mothers heavily castigated ministry social workers saying they were not only inefficient but also that they did not seem properly informed about the adoption procedure, as demonstrated in not always informing prospective adoptive parents properly about required documentation for adoption as stipulated in draft guidelines. This point brings to light need for both training and supervision of adoption social workers.

As far as parenting preparation is concerned, the service inadequacy as cited by adoptive mothers could be a result of a perceived shortcoming in the law in the researcher's view. To quote the law:

“Person who can foster or adopt [is one who]

51. (1) ...

- (a) is above the age of twenty-five years;
- (b) is of good behaviour;
- (c) is of proven integrity;
- (d) is of sufficient means of livelihood; and
- (e) has no criminal record,

may be a foster or adoptive parent to a child.” (Parliament of Lesotho, 2011)

It is perhaps significant that, in addition to “advice on required procedure and documentation” section 12.3 of draft adoption procedures and practice guidelines for Lesotho makes reference to provision of “relevant information and support” as well as “evaluation of [prospective adoptive parent’s] ability and potential to satisfy the needs of [adoptees]” (Ministry of Social Development no year: page 21).

The above two paragraphs could, however, add to rather than abate the limitation in adoption practice in the country as the guidelines appear to be inconsistent with relevant sections of the law as demonstrated. To explain, section 51(1) a-e of the law makes no mention of information; support; or prospective adoptive parents’ ability to satisfy adoptees’ needs as outlined in the guidelines only stipulating age; behaviour; integrity; livelihood and criminal record as issues for adoption consideration. Nonetheless, it is recognised that by incorporating “information” and “support”, the guidelines could facilitate improvement in the law. To regularise service provision, therefore, there is need to align the law with the guidelines. That said, based on literature discussed in chapter three, again the researcher will emphasise, “psychological assessment”; “parenting preparation”; and “parenting training” are still lacking in both the law and draft guidelines and should be factored into both documents.

South Africa’s Children’s Act (Parliament of the Republic of South Africa, 2005) and its implementation can be cited as an example worth emulating for law reform and/or preparing parents for adoption in Lesotho. The Act makes it compulsory for prospective adoptive parents to undergo thorough psychological assessment and parenting skills training in groups or as individuals (for the latter), successful completion of which qualifies them to adopt. RSA courts are further charged with the responsibility to order all parents, adoptive or otherwise, to attend the fore mentioned courses in the event that they are found to lack

parenting competence at any point in their children's lives whether or not the children are adopted. This aspect is a major contribution as psychological assessment and parenting training are worth incorporating in Lesotho's child protection practices and laws as previously argued and reiterated herein (Thabane and Kasiram, 2015).

The Children's Act (Parliament of the Republic of South Africa, 2005) further lays the foundation for partnership between government and other stakeholders. The RSA government works in collaboration with nongovernmental agencies to provide family services as stipulated by the law (Proudlock and Jamieson, 2010). The two sectors are reported to have an established referral system with government establishing and monitoring adherence to standards as prescribed in the Act (September, 2008). An example of collaborative effort between the different stakeholders is whereby nongovernmental organisations conduct assessments and offer support to prospective adoptive parents.

Adoption social workers' training could perhaps also be improved as pointed out by those based at the department of social development who participated in the study. The social workers mentioned training on the law even though it is considered lacking by the researcher as demonstrated. Two social workers from the government ministry alluded to a two-day training, adequacy of which is debatable. In fact, it is reasonable to posit that the training may not have been adequate as the social workers and indeed the ministry itself (per social workers' admission) continue to overlook the potential difficulty of parenting children with histories of adversity as demonstrated in the way they handle adoption process.

SERVICE PROVISION GAP TWO: Post-adoption support

In addition to failing to equip prospective parents with adequate knowledge and some mothers being unable to get time of work to be with new adoptees, social worker 02 confirmed that the government ministry is unable to provide support or

oversight to adoptive families. While the relevant adoption law does not provide for this, it is once again stressed that this aspect is necessary in light of some of the challenges experienced by adoptive parents as detailed above. In fact other than husbands, many of who were supportive, only one adoptive mother (09) in the study made reference to extended family support as being available after adoption. It is known that in African societies families usually support new mothers practically. This theme was, however, noticeably lacking in the narratives gathered in this study. While it is true that families are becoming modernised, support for new mothers is still as prevalent as it is necessary in Lesotho.

The cases of single mother 06 in conjunction with information from mother 016 who mentioned that some people could not secure adoption at all due to withholding of family support, however, makes one wonder whether apparent lack of a narrative of practical (extended) family support to adoptive mothers after adoption could be the result of some reservation regarding adoption. For instance, could mother 06's mother's expressed wish for the former to "*have children after she gets married*" have led to disappointment when this did not happen? Absence of this kind of support in adoptive mothers' narratives generally calls for social workers to step-in and support new adoptive mothers. In line with IFST, social workers should hence, subsequent to determining emotional family system in adoptive parents' extended families and forming an opinion on longstanding and/or potential tensions in the family including those as a result of adoption among other things, intervene appropriately with the primary focus being adoptees' best interest. Thus, while the researcher is not convinced of necessity of letters from adoptive (extended) family as indicated in the list of requirements for adoption, understanding of the (extended) family emotional system is still necessary to inform the pre- and post-adoption intervention.

SERVICE PROVISION GAP THREE: SERVICES IN GENERAL

Record keeping; professionalism; information on adoption services; and efficiency generally also emerged as concerns relating to adoption and are discussed in this sub-section.

RECORD KEEPING

One of the social workers in the ministry of social development made a concerning remark pertaining to absence of adoption records in the Ministry. The researcher worked in the government ministry of social development, the sole adoption agency at the time from 2001 to 2007 and knows from experience that the department operated with only one computer, located in the director's office, until 2004. Since then, the department has changed offices twice, possibly explaining adoption social worker's difficulty in locating files from past years as records were kept manually over the years. Clearly this is a troubling state of affairs as records could facilitate not only adoptees' identity formation as alluded to above but could also provide information regarding medical history and/or genetic make-up of biological parents as raised by one of the doctors called upon to so in the study. Furthermore, record keeping facilitates and strengthens monitoring and evaluation of services, which is essential for any service but more so for child protection. For instance, the records if available would provide rich evidence on which to study development of adoptees through life stages, noting trends.

PROFESSIONALISM

In addition to adoption service being rather lacking, one other point emerged pertaining to pre-adoption services. Firstly, there was generally no consistency in the manner in which the process was handled even between parents who adopted at more or less the same period such as parents 09; 010; and 011. In fact mothers 05 and 09 were aware of the discrepancy with mother 09 attributing it to being colleagues somewhat with adoption social workers as well as to being

well-connected. Mother 05 also mentioned that her social status could have had a lot to do with the quality of service she received. Discrepant treatment of service users, specifically on the grounds of social status as insinuated by mother 05, is highly reproachable according to social work professional ethics. Moreover, it tarnishes any profession's image and therefore should be addressed.

INFORMATION ON ADOPTION SERVICES

Even though only one mother specifically mentioned this point, it is considered important in view of the high rate of childhood vulnerability discovered by this study and reported by earlier studies with reference to Lesotho (Ministry of social development [Lesotho], 2011; SADC Secretariat, 2008; Tamasane, 2011). Secondly, in addition to one mother specifically citing information as a possible barrier to adoption, it is worth highlighting that mothers generally did not appear to know what to do in the event that they chose to adopt (e.g. mother 07) while none of the mothers mentioned any reference material to this effect. In fact, the researcher knows from her professional experience as well as from conducting this study that there is no compact reference material on adoption available in Lesotho even though the responsible government ministry does have a website. This potentially adds to the length of time between starting the lengthy adoption process as described below as people who wish to adopt need to first of all visit the department to get direction on how to go about the process. If information were to be made readily available on the website, by the time prospective adoptive parents visited the government ministry for the first time, they would have already begun collecting the required documentation for instance and have some information on which they could require clarification.

LENGTH OF TIME BETWEEN APPLICATION AND FINALISATION THEREOF

As has been said from chapter one, the length of time between vulnerability to security is a key factor to adoption adjustment. Hence, some mothers complained of the time it took between application and adoption with mother 08

specifically recalling that it took about two years. Clearly this further disadvantages children who have already found families in several ways as postulated under pre-adoption maltreatment above. In addition to allowing children to continue the potentially trying task of forming (subsequent) attachments with care facility personnel, children are potentially denied the opportunity of good schools which have been found to be instrumental in building children's social competencies in conjunction with families as illustrated by PDT and largely supported by this study (Samantrai, 2004).

CHAPTER SUMMARY

Thus, risks of failing to deal adequately with pre-adoption adversity can be as enormous as those emanating from lack of awareness of the potentially fragile nature of adoptees' IWMs. Adoptee 010's heart rending turning to heart-warming story, however, illustrates that with effort, pre-adoption adversity can be overcome while adoptee 03A's story suggests that even with such effort, lack of knowledge can overturn results of focussed attachment building with potentially disastrous effects, a point parents 010 would benefit from being aware of. Also notable in family 010's story is a generally functioning family emotional system. With this background in mind, the researcher contends that, with appropriate intervention, prospective and adoptive families inclusive of adoptees can and should proactively be assisted to fully adjust socially and psychologically. Some strategies for facilitating adoption adjustment are discussed in the next and final chapter of the report.

CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTORY BACKGROUND

This chapter builds on the two preceding it by making recommendations for improvement of adoption services in Lesotho based on challenges raised by respondents while borrowing on applicable ideas developed and used elsewhere as presented in chapter three of the report. Before that, the reader is reminded of the study's location and background; its aims; the methodology used to achieve them as well as findings which emerged, in brief.

SUMMARY OF BACKGROUND OF THE STUDY AND AIMS

In the last demographic and health survey, 23.6% surveyed Basotho were found to be HIV positive, making Lesotho the country with the third highest HIV infection rate in the world (NAC and MHSW, 2012). At the same time, poverty and childhood vulnerability are increasing both in incidence and intensity while laws generally could aggravate the situation through provisions such as prohibition of abortion on social grounds (FIDA and LCN, 2012; Ministry of Social Development, 2011; Parliament of Lesotho, 2010; SADC Secretariat, 2008; Tamasane, 2011). Paradoxically, social security for vulnerable children or their families is not a guarantee in Lesotho (Sefako, 2009), making adoption one of the stronger options for protection of vulnerable children. However, it is not clear whether social services in Lesotho are adequately equipped to handle the paradox of infertility and adoption, as infertile families are the ones more likely to choose to adopt (Bevc et al., 2003; Kerr, 1981; McMillen and Rideout, 1996; Ng²⁴ and Smith, 2006; Steele et al., 2003). Against this background, the researcher is of the view, as indicated in chapter one that, as an option for child protection,

²⁴ Note that this is a complete name translated from either Chinese, Japanese or Korean languages.

adoption is a newly embraced practice by Basotho which warrants some empirical consideration at the present time.

The study's three main aims as listed in chapters one and four for coherence therefore were:

1. To investigate pre and post-adoption challenges faced by adoptive families.
2. To investigate coping strategies and mechanisms employed by adoptive families.
3. To identify gaps in service provision for adoptive families.

FINDINGS

Conceptualised within the qualitative research paradigm, data was collected from 32 participants (20 adoptive mothers and 12 child protection professionals) using in-depth interviews and self-administered questionnaires respectively. In brief, findings which emerged as per the above aims were as follows:

FINDINGS THEME ONE: Pre-adoption challenges

Married women who adopted due to infertility in their families were sometimes ridiculed and blamed for absence of biological children while no such disparage was reported in relation to husbands in the same families. Even support for infertile couples which came in the form of advice was directed exclusively at women. Divorced mothers adopted subsequent to divorce and after numerous attempts at conception, suggesting that they believed that husbands preferred biological children and/or that they themselves are of that view. Meanwhile, out of 22 adoptees in the study whose backgrounds are known, 20 were maltreated in one way or another prior to adoption. One adoptive mother did not know of adoptee's background as this was not disclosed to her while only one adoptee had been cared for optimally and consistently prior to adoption. Two out of 22 adoptees joined their families within a month of birth and these two together with the former who was in consistent care from birth, fared better than all adoptees in terms of general conduct and academic performance post-adoption according to adoptive mothers.

FINDINGS THEME TWO: Post-adoption challenges

Post-adoption, while adoptive mothers generally saw the need for focused time and effort to bond with adoptees, they (together with adoptive fathers) could not get uninterrupted time off work other than through annual leave. Nonetheless, adoptive mothers made the time and effort to bond with adoptees immediately after adoption, effort which they could have later acted against due to incognisance of adoptees' fragile psychology and/or career demands. Regarding time off work, only one very senior mother who insisted despite work place resistance as well as a self-employed mother managed to get uninterrupted time off work immediately after adoption. Upon investigating this practise in-depth, the researcher found that no Lesotho law makes provision for time away from work to either prepare for adoption or take care of adoptees after adoption. It is noteworthy, however that the researcher knows from experience that pregnant women are usually allowed time to attend pre-natal clinic without either deducting the time from annual leave or providing written evidence from health personnel even though she (researcher) could not locate specific legislation in support for this practise. This suggests bias for biological over adoptive parents in Lesotho legitimised by the labour law and perpetuated by attitudes which generally accommodate the former marginalising the latter. Thirdly, a disquieting trend whereby adults either talk unfavourably about adoptees to adoptees themselves or in their presence was discovered.

Since the study did not come into contact with adoptees, their side of the story is not captured. However, adoptive mothers with older adoptees generally complained of adoptees' immaturity; irresponsibility; laziness; arrogance; and mischief during adolescence, a perception the researcher attributes largely to ignorance pertaining to child development combined with anxiety on the part of adoptive mothers. Furthermore, adoptees' academic performance was described as generally poor for most. Lastly, but perhaps more importantly, mothers were generally anxious over adoption status disclosure while others made the decision to neglect it altogether. Where it was done, mothers who had armed themselves

with knowledge through reading, appeared to handle it better than one who had not.

FINDINGS THEME THREE: Coping strategies

Mothers said they read and prayed to arm themselves with knowledge and strength to deal with challenges associated with adoption.

FINDINGS THEME FOUR: Gaps in service provision for prospective and adoptive families

Despite the harrowing details which emerged about adoptees' pasts, both groups of respondents were of the view that pre-adoption preparation is lacking. The researcher further noted a trend of absence of family support in adoptive mothers' narratives while records and information pertaining to adoption in the country were equally inadequate from social workers' and adoptive mothers' responses respectively. Even though some parents were against the idea of post-adoption support, based on their experiences as well as adoptees' backgrounds, the researcher is of the view that this service is also lacking and should be built into comprehensive adoption services as will be demonstrated below.

RECOMMENDATIONS

Thus five main areas for strengthening adoption services in Lesotho can be broadly categorised as:

1. Pre-adoption assessment;
2. Pre-adoption preparation and parenting training;
3. Pre-adoption social and practical capacity assessment;
4. Parenting journaling;
5. Personalised post-adoption capacity building and support.

The recommended five-stage pre and post-adoption intervention structure can be summarised as follows while a detailed discussion appears subsequently. It should be stressed that the same social worker who conducts pre-adoption

assessment would ideally provide individualised post-adoption capacity building while parenting training and development of manuals/brochures or information for website can be a multi-sectoral collaborative effort as different skills are required.

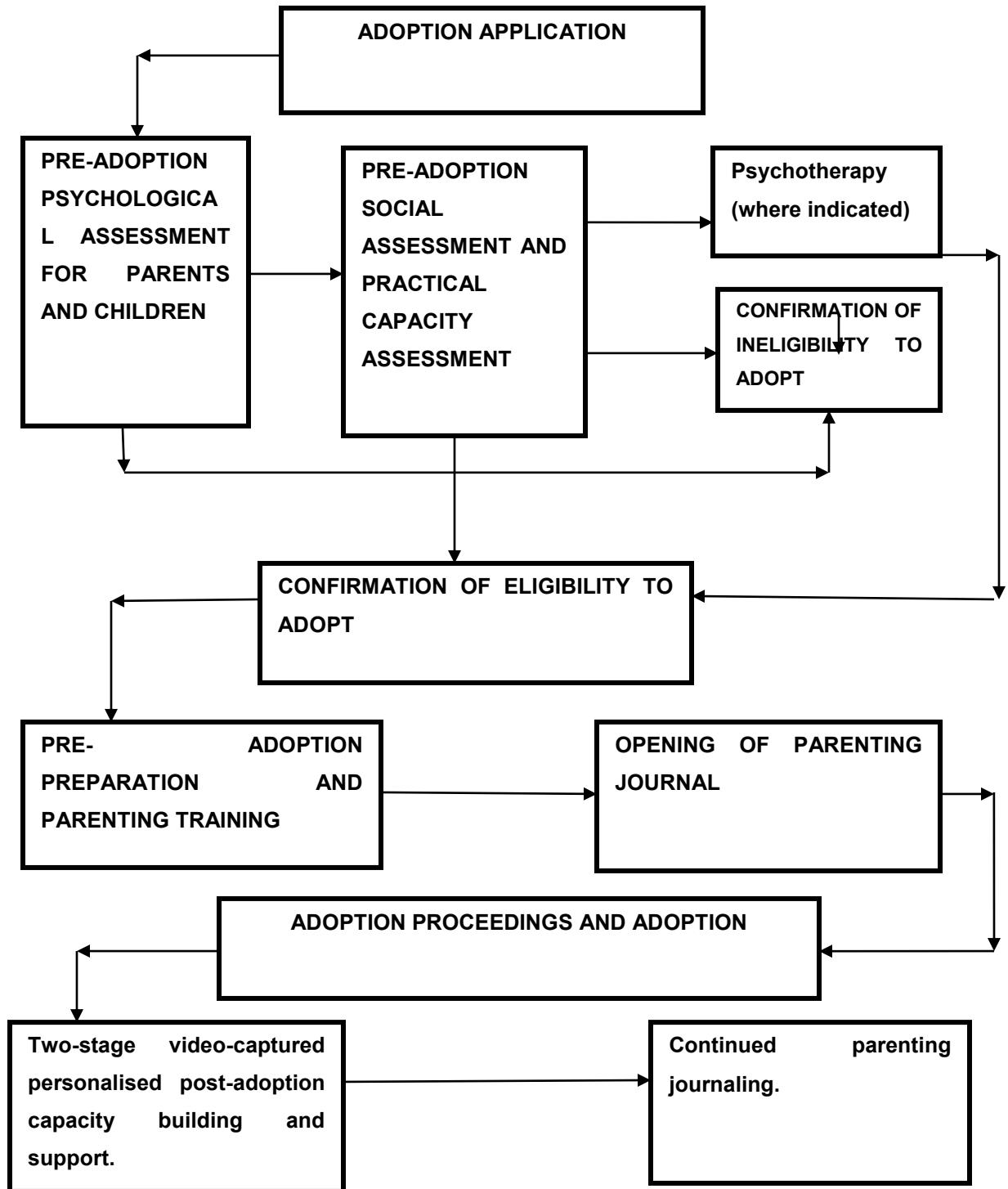
TABLE XIII

Recommended intervention structure

THEME	EXPLANATION
Pre-adoption psychological assessment for parents and children.	For parents this should seek to understand family system emotional systems as well as parents' attachment experiences while establishing and documenting children's pre-adoption experiences.
Pre-adoption social and practical capacity assessment.	It should be established beforehand whether parents have the practical capacity to care for adoptees.
Pre- adoption preparation and parenting training.	Based on the researcher's understanding gathered from literature and some of the evidence in this study that any parent can be a maltreating parent or that they can restrict children's development in one way or another, all prospective adoptive parents should go through parenting training whose contents are detailed below.
Continuing parenting journaling.	In addition to parenting training, a journal should be developed as explained below, entitled "self-as-parent journal", in which parents document their own attachment experiences with the view of identifying problematic events and preventing these from undermining their parenting, bearing in mind that these inform their parenting approach.

Personalised post-adoption capacity building and support.	Borrowing from successes of VIPP (Juffer et al., 2008 a; b; Velderman et al, 2008), at this stage it is recommended that parent-child interaction should be captured on video; edited and enhanced by social workers in parents' absence, then re-played in the presence of parents pointing out positive behaviours and modelled ones superimposed on the video .
-----------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Pictorially, recommended adoption services structure should therefore look like this over-all:



RECOMMENDATION ONE: Pre-adoption psychological assessment for prospective adoptive parents and children

PROSPECTIVE ADOPTIVE PARENTS

As argued throughout the report and corroborated by findings of this study, the researcher is of the view that both adoptive parents and children potentially take unresolved issues to adoptive families which should be understood and addressed beforehand to facilitate adoption adjustment. To this end, a questionnaire-approach to understand parents' childhood and adult experiences or losses resembling the one below is recommended. This pre-adoption assessment questionnaire is based on the thinking that parents' dysfunctional IWMs; poor differentiation and family emotional systems are projected to children and that parents who understand their attachment imperfections will less likely be maltreating (Berlin et al, 2008; Fraiberg et al, 1980; Heinicke et al, 1999; Howe, 2005). Equally, parents who understand their dysfunctional (past and present) family emotional systems as well as their differentiation levels will not only take steps to mend these but will also prevent them from being projected to children (Goldberg and Goldberg, 1996; Kerr, 1981). The benefit of focused adoption psychological assessment is that where problems are identified, parents should be referred for psychotherapy before parenting training.

Three aspects should therefore be determined here: family emotional systems; prospective adoptive parents' differentiation level and parents' IWM as detailed by Juffer et al. (2008a; b); Berlin et al. (2008); Heinicke et al. (1999); Howe (1995), to cite a few examples. To this end, a questionnaire approach to garner family emotional system and differentiation level is necessary outlining: reasons to adopt; how these may have negatively affected prospective adoptive parents as: (a) individuals and (b) parents' couples; how parents deal with uncomfortable situations generally should be developed based on Juffer et al.'s (2008a; b)

discussion on attachment representation outlined in chapter three of this report under VIPP, a specimen of which appears below entitled “Pre-adoption assessment questionnaire”.

Once prospective adoptive parents’ family emotional system; differentiation level and IWM have been established, psychotherapy should be conducted as necessary in collaboration with psychologists, evidence of which should form part of documentation to court demonstrating adoption readiness/capacity. As pointed out in the previous chapter, however, the aspect of parenting preparation is not currently part of the child protection law in Lesotho and it is recommended that it should be incorporated into the law to regularise it as well as to put oversight mechanisms in place to ensure that it is done by competent people using ethically and scientifically sound methods.

PROSPECTIVE ADOPTEES

As demonstrated, circumstances preceding adoption can be harmful to children in many respects. This should ideally be factored into pre-adoption preparation and assessment through psychological assessment and intervention as necessary before adoption. It is recommended that in collaboration psychologists the children should all receive play therapy to determine their IWM as well as assessment to determine their psycho-developmental stage. Thus assessment and indicated intervention such as play should form part of papers to courts in application for adoption.

RECOMMENDED PRE-ADOPTION ASSESSMENT QUESTIONNAIRE FOR PROSPECTIVE PARENTS (SPECIMEN)

Family emotional system and individual differentiation level

1. Marital status

MARITAL STATUS	TICK APPROPRIATE	NUMBER OF YEARS IN STATUS
Married		
Divorced		
Separated		
Divorced and cohabiting		
Never married and single		
Never married and cohabiting		

2. What are your reasons to adopt? Tick appropriate.

- a. Infertility
- b. To mix my children's sex
- c. To give a child a better future
- d. No husband with whom to bear children

NB: Questions 3 to 9 apply to married and cohabiting prospective adoptive parents only. If single, please skip to question 10.

3. We discuss/plan issues openly with my partner.

- a. Always
- b. Sometimes
- c. Never

4. We spend quality time with my partner.

- a. Always
- b. Sometimes
- c. Never

5. My partner becomes upset and sulky/moody when I spend time with my extended family or friends.
 - a. Always
 - b. Sometimes
 - c. Never
6. Of late my partner is sulky/moody.
 - a. Always
 - b. Sometimes
 - c. Never
7. When my partner and I disagree, we end up raising our voices at each other.
 - a. Always
 - b. Sometimes
 - c. Never
8. My partner and I have been in a physical altercation.
 - a. Always
 - b. Sometimes
 - c. Never
9. As a couple, my partner and I are happy.
 - a. Always
 - b. Sometimes
 - c. Never

N.B. All prospective adoptive parents fill this point on.

10. Of late I am sulky/moody.
 - a. Always
 - b. Sometimes
 - c. Never
11. When people disagree with me or my point of view, I become upset.
 - a. Always
 - b. Sometimes
 - c. Never
12. When upset, I tend to raise my voice at people.
 - a. Always
 - b. Sometimes
 - c. Never
13. Everything in my house should be perfectly neat.
 - a. Always
 - b. Sometimes
 - c. Never
14. What others think of me is important to me.

- a. Always
- b. Sometimes
- c. Never

15. I tend to do things to please others.

- a. Always
- b. Sometimes
- c. Never

16. I spend more money than I have to create a false impression of myself.

- a. Always
- b. Sometimes
- c. Never

Prospective adoptive parent's attachment experiences

1. I was brought up by my:

	Tick or explain absence of biological parents (where applicable).
Mother and father	
Mother because father was	
Father because mother was	
Relative(s) because mother was	
Relative(s) because father was	
Step parent(s) because mother was	
Step-parent(s) because father was	

2. From actual experience as a child, imagine you are the child in the scenario(s) below and complete the following story/s detailing what would happen next.

1. I am with my parent/s having dinner and I spill food, my parents would

.....

.....
.....

2. Each time I performed poorly at school, my parent/s would.....

.....
.....
.....
.....
.....

3. Generally, to discipline me, my parent/s would

.....
.....
.....

4. I performed very well at school and my teachers complimented me generously, when I tell my parent/s the good news, they would

.....
.....
.....

Prospective adoptive parents' IWM

1. I believe that I am beautiful and worthy of love.
 - (a) Always
 - (b) Sometimes
 - (c) Never
2. I believe I can achieve everything I put my mind to.

- (a) Always
 - (b) Sometimes
 - (c) Never
3. People like me.
- (a) Always
 - (b) Sometimes
 - (c) Never
4. When people do not show that they like me I become frustrated.
- (a) Always
 - (b) Sometimes
 - (c) Never

RECOMMENDATION TWO: Pre-adoption social and practical capacity assessment

Here care and other responsibilities of prospective adoptive parents should be taken into account taking into account the high cost of life. It would be unreasonable for instance to adopt children that parents may not be able to educate properly. Secondly, prospective adoptive parents' age should be considered looking at whether parents will be able to take care of children for at least twenty-five years.

RECOMMENDATION THREE: Pre-adoption preparation and parenting training

As demonstrated in chapter two, both attachment sensitivity and parents' psychological and social competence are crucial for adoption adjustment and should be fostered prior to adoption (Dozier and Rutter, 2008; Hornor, 2008; Howe, 1995; 2005; Roberson, 2006). An example of a context where this approach has been incorporated into law is RSA where, as demonstrated in chapter three, thorough pre-adoption psychosocial assessment and parenting training are provisions of the law (Parliament of the Republic of South Africa, 2005). This

approach is worth emulating in Lesotho where parenting training may be particularly necessary on account of imperfect circumstances preceding adoption as discovered by this study. Thus without unnecessarily alarming prospective adoptive parents, they should be alerted to the value of building and maintaining attachments with adoptees and equipped with information on how to go about it. Moreover, the recommended parenting training is based on the assumption that all parents are potentially maltreating parents, a risk which can be mitigated through self-awareness and parenting training.

To cite literature on content of such training, many attachment correction interventions focus on two aspects of parenting through the medium of intervener-parent relationships: parents' IWM and parents' attitude/behaviour towards children and have been found to be reasonably efficacious (e.g. Berlin et al., 2008; Cohen et al., 1999; Fraiberg, 1980; Howe, 1995; Juffer et al., 2005; 2008 a; b; Marvin et al., 2002). These, with the exception of Juffer et al. (2005), focused on children with presenting problems. However, as the main recommendation of this study, it is recommended that interventions should commence prior to adoption and continue beyond finalisation of adoption for at least three months totalling six sessions in keeping with Bakermans-Kranenburg et al.'s (2003) theory of less is more.

Training Content

Parents should therefore be made to understand how children develop with emphasis on attachment and psychosocial development theories. To this end, it is recommended that pre-designed videos documenting children's attachment behaviour be used for demonstration with social workers explaining different behaviours such as exploration versus attachment behaviour. Ideally, video-aided training should be augmented by parenting brochures and manuals containing information on both attachment and psychosocial development (Fraiberg, 1980; Dozier et al., 2005 in Berlin et al., 2008; Juffer et al, 2005). As mentioned in chapter three, manuals improve standardisation and

professionalism both of which were found lacking by this study based on the manner in which social workers approached adoption. Regarding psychosocial development specifically, it was hypothesised in the previous chapter that many of the parents may have overreacted to otherwise typical adolescent behaviour while discipline strategies for many could be strengthened to a large extent. It is therefore recommended further that the manual proposed above should include aspects of effective communication with children according to age group.

Thus, in addition to the recommended attachment-sensitivity demonstration video, a parenting training manual should contain *inter alia* the following broad topics:

1. The first step in parenting training should be self-awareness as promulgated by Berlin et al. (2008). Workbook on parents' experiences as children which could impact their parenting or parenting journal is therefore recommended. The recommended journal is expounded below.
2. Communication with children per age group: This topic should emphasise positive reinforcement throughout the age groups as well as highlight the value of training children to become independent thinkers.
3. Adoptive parents should be made aware that it is essential to build and maintain attachment throughout adoptees' childhood.
4. Adoptive status disclosure (elaborated on below).
5. Making prospective parents aware that family emotional systems characterised by volatility can negatively affect children's process of differentiation as well as other aspects of children's psychosocial development (Goldberg and Goldberg, 1996; Kerr, 1981; Samantrai, 2004).
6. Making prospective parents aware that their psychological state is transmissible to children (Steele et al., 2003).

7. Further, Bowlby's (1966) contention that "extra parenting" even within institutional settings could override effects of institutional care in children below the age of seven years should be emphasised to prospective adoptive parents with advice on "extra-parenting". This aspect is important based on a general trend of pre-adoption adversity found in this study.
8. Prospective adoptive parents should be given factual information on how to care for children with HIV. Noting the high rate of HIV infection as well as babies still being born with HIV in Lesotho, this aspect is important. Where social workers lack the factual knowledge, it is recommended that expertise in the field should be out-sourced to document the information for posting on the government ministry's website; its manuals; and brochures on parenting.
9. In fact, it is also important to include information on how HIV positive parents can be adoptive parents without putting adoptees at risk of infection.
10. Lastly practical aspects of parenting such as changing nappies; feeding; and bathing should be included.

Some of the above mentioned information may be placed on the government department's website discussed below.

RECOMMENDATION FOUR: Pre and post-adoption parenting journal

Based on the premise that all parents are potentially maltreating in the absence of self-awareness and education, it is recommended that during parenting training, all prospective adoptive parents should be advised to open and maintain a parenting journal entitled "self-as-parent journal" to improve their self-awareness. The purpose of the journal would be to document past parenting experiences linking them to the present to identify whether they may have encumbered parenting (for prospective adoptive parents who are already parents) and/or whether there is a risk that past experiences may encumber

intended adoptive parenting (Berlin et al., 2008; Fraiberg et al., 1980; Hornor, 2008; Howe, 1995; 2005; Mennen and O'Keefe, 2005; Roberson, 2006). This journal should be maintained throughout parenting and kept as a self-reflection/learning tool and specifically as reference/journal during both recommended pre-adoption parenting training as well as personalised post-adoption video-aided capacity building. The purposes for the recommended journal are:

1. Capture childhood-parenting (self-as-child) experiences thereby assisting prospective parents to reflect on them;
2. Predict how childhood-parenting might be applied in parenting thereby encumbering or enriching the self-as-parent encounter;
3. Capture good self-as-parent experiences to highlight competence;
4. Capture poor self-as-parent experiences for reflection and possible modification.

RECOMMENDED SELF-AS-PARENT JOURNAL (SPECIMEN)

Pre-adoption

1. When I was a child my parent(s)/guardian(s) used to discipline me
by.....
.....
.....
2. This used to make me
feel.....
.....
.....
3. As a result, my relationship with my parent(s)/guardian(s)
is.....
.....
.....
4. When I was a child my parent(s)/guardian(s) used to communicate their
affection to me
by.....
.....
.....
5. When I was a child my parent(s)/guardian(s) used to comfort me by
.....
.....
.....
6. This used to make me
feel.....
.....
.....
7. As a result, my relationship with my parent(s)/guardian(s)
is.....

-
-
8. As a result emotion expression makes me feel
-
-
-
9. When I was a child my parent(s)/guardian(s) used to motivate me to perform more by
-
-
-
10. This used to make me feel.....
-
-
11. This had the effect of making me a person who is (e./g shy/outgoing/secure in my capabilities/insecure about my capabilities).....
-
-
12. I am likely going to discipline my adopted child by
-
-
-
13. This will likely have the effect of.....
-
-
14. I am likely going to communicate affection to my adopted child by.....

.....
.....
15. I am likely going to motivate my children to perform more
by.....
.....
.....

16. To prevent harmful parenting approaches similar to those used to me to
my adopted child, I
will.....
.....
.....
.....
.....
.....

Post-adoption

Post-adoption, the journal should have many pages which look like:

DATE:

Today I made my adopted child sad by:

.....
.....
.....

Today I made my adopted child happy by:

.....
.....
.....

The things which make my adopted child happy are:

.....
.....
.....

Today my adopted child behaved unusually by:

.....

.....

.....

Today my child made me uncomfortable by:

.....

.....

.....

Today my adopted child made me happy by:

.....

.....

.....

Today my adopted child made me sad by:

.....

.....

.....

RECOMMENDATION FIVE: Post- adoption capacity building and practical support

Post-adoption-capacity building

In addition to thorough assessment; parenting training; and reflective/pre-emptive journaling detailed above, all of which are generic in nature as recommended, adoptive parents would still require some individualised post-adoption support. A three-part personalised approach using video feedback is recommended for this stage based on literature by Dozier et al. (2005 in Berlin et al., 2008); Heinicke et al. (1999); Juffer et al. (2005; 2008a; b); as well as Marvin et al. (2002).

To briefly remind readers of the above cited literature which is detailed in chapter three: Dozier et al. (2005 in Berlin et al., 2008) proposed attachment bio-behavioural catch-up, intervention which uses manuals to assist parents to overcome their attachment-related conflicts giving individualised lessons on attachment building and nurturing with video feedback. Heinicke et al. (1999) also focused on improving parents' communication with children and rebuilding parents' IWM through interveners modelling appropriate behaviour. Juffer et al. (2005; 2008) used attachment-based personal book/manual and video feedback to improve parent's IWM and their interaction with children. Marvin et al. (2002) proposed a twenty-week long COS which used video feedback on which music was later superimposed and interveners highlighted constructive attachment behaviour to parents.

Thus, with the benefit of personalised information gathered at pre-adoption assessment using the recommended pre-adoption assessment questionnaire as well as parents' reflection activity using the recommended parenting journal, social workers would monitor parent-child attachment building process and help to strengthen parents' efforts where necessary. As the process would be personalised, it is believed that it is suitable for children of all ages. For children below the age of ten years, interactional video would be taken at home while for

older children interaction outside the home such as when eating out; doing shopping; can be used. At home for older children stage one interaction would perhaps include parents teaching children new skills such as playing music instruments; cooking; cleaning; gardening or during school-related home work. Even meal-time which involves parent-child interaction can be captured for older children. The three-part post-adoption capacity building recommended would then be:

1. Video-captured usual interaction and journal review;
2. Video editing;
3. Discussion and modelling behaviour.

Part one: Video captured usual interaction and journal review

During the first part, parent-child interaction would be captured on video at home in the same manner as Juffer et al. (2005) and Juffer et al. (2008) meaning adoptive parents' usual interaction with children such as bathing; feeding; playing; shopping; and/or relaxing would be captured on video. As these recommended videos are intended for learning it is recommended that they should be reasonably long enough to capture varied behaviour and at least two types of interaction captured. Video recording per activity can be up to twenty minutes which social workers would then edit to come up to about ten to fifteen minutes per activity, deleting footage without educational value. However, if the entire one-hour or so video appears to be educative, it should be left as it is. For example the under ten years old baby dyad can be captured during bathing and/or dressing then later feeding or feeding then later playing depending on what the duo would be doing at the time of social workers' visit while the over ten years old dyad can be captured doing/learning house chores then having meals.

Also in part one social workers review parenting journals mentioned above, noting any problematic incidents with the view to incorporate corrective

information into the video in part two, then discuss noted problems and solutions these in part three.

Part two: video editing

These videos would be reviewed by social workers, who then superimpose educative narration highlighting, most importantly, constructive attachment building and age-appropriate communication by parents as relevant to age. For younger children, it is recommended that social workers use “speaking for the baby” in the narration (Carter et al., 1991 in Juffer et al., 2005). For instance a social worker can highlight need for attachment/validation by saying: “Mummy, I’m happy when we play together.” Or “Mummy, I like it when you hold me to your chest/smile at me.” Or “Mummy I become scared when you raise your voice at me.” Additionally, on the video, social workers can say, “Mummy, when you say, (name of child) “stop/no”, firmly without shouting, I will listen and obey.” Thus modelling of constructive behaviour is imprinted on the video, for reference.

To use, parent 020’s example of giving adoptee age-appropriate responsibilities together with parent 017’s rigid stance on social activities, social workers can use a voice over saying:

“Adoptee 020 is going shopping with her cousins to buy clothes. This will teach her to *manage her finances in future.*” And in the case of adoptee 017 who is denied the opportunity to attend music festivals: *“Adoptee 017 cannot go to music festivals because mummy is not comfortable with the idea. There are too many drunks and criminals at these occasions. But then again, adoptee 017 will soon be an adult and need to make wise decisions on his own. Perhaps mummy could give adoptee 017 information on the risks of alcohol use and set a no alcohol rule with consequences for breaking them, and give adoptee 017 the opportunity to go to a festival and learn about life?”*

To borrow from Marvin et al.'s (2002) COS strategy of using music, a song with lyrics which emphasise the value of the parent-child relationship would be used. The video with narration and music is kept by parents for reference after being discussed in the second stage of capacity building. While any song which reasonably celebrates unconditional relationships can be used, two songs, one by John Legend entitled "All of Me", from his 2013 album featuring Ludacris, and Whitney Houston's "Greatest Love of All" were found most suitable by the researcher. Indeed, on close consideration John Legend's song was intended for lovers, but its lyrics combined with soulful tempo can still work to emphasise the value and beauty of relationships. The song's chorus, taken online appears below:

"'cause all of me loves all of you

Love your curves and all your edges

All your perfect imperfections

Give your all to me

I'll give my all to you

You're my end and my beginning

Even when I lose I'm winning

'cause I give you all of me

And you give me all of you".

Secondly, a verse from another soulful song by Whitney Houston, "Greatest Love Of All" which propagates positive self-love, can be ideal for parents with damaged IWM:

"I believe the children are our future

Teach them well and let them lead the way

Show them all the beauty they possess inside

Give them a sense of pride

To make it easier

...

Let the children's laughter remind us how we used to be

Everybody is searching for a hero

People need someone to look up to

I never found anyone to fulfil the need

So I learned to depend on me

The greatest love of all

Its easy to achieve

Learning to love yourself

Its the greatest love of all..."

Thus the songs can be used in combination at different parts of the video or in isolation as social workers find relevant per dyads' unique interaction and needs, as background for the didactic personalised videos. Readers are reminded that not all carer-child interaction captured will be positive/constructive or even pleasant, hence background music could soften the less appealing and embarrassing parts, making them more bearable to watch and learn from.

Moreover, music has a deeper effect and a more lasting impression and thus capacity to add to the weight of the recommended didactic video.

Part three: Discussion and modelling behaviour

On the second stage of the recommended capacity building, social workers go through edited videos (with added social workers' narration and background music) with parents emphasising strengths as mentioned. Where behaviour requires modification, the pointers captured on the video as voice-overs, are discussed. Secondly, social workers provide information, either in writing or talking about difficult experiences or concerns which emerge on the parenting journal, with reference to attachment/family emotional system information captured on the pre-adoption assessment questionnaire. Lastly any other pressing parenting issue is raised and discussed. Information gained in this session is added on the parenting journal.

ADDITIONAL INFORMATION ON RECOMMENDATION ONE: Information on adoption

Equally pertinent was absence of information for parents who wish to adopt. As pointed out, the researcher is aware that the government ministry of social development maintains a website, which the researcher found to contain very scanty information. It is recommended that all relevant information, starting with criteria for adoption as stipulated by the law, be listed on the website together with work contact details of adoption social workers. Adoptive parents in the study generally did not know what to expect after applying for adoption. This information should be provided on the website to avoid frustration. In addition, frequently asked questions should be developed and placed on the website. Moreover, some general information on post-adoption issues should be included on the website. Furthermore, details of private adoption agencies as recommended below should appear on the website.

ADDITIONAL INFORMATION ON RECOMMENDATION TWO: Adoptive status-disclosure

Adoptive status disclosure is understandably difficult and anxiety provoking for parents but based on identity theory, it is one of the elements essential to adoption adjustment (Grotevant et al., 2000; Hjelle and Ziegler, 1994; Markus, 1977; Stryker and Serpe, 1994; Stryker, 1968). From the evidence which came out in this study, the following guidelines for adoptive status disclosure are therefore promulgated:

Guidelines for Adoptive Status Disclosure

1. Firstly, effort should be made to build trusting and open parent-child relationship early on in the adoptive parenting relationship;
2. The process should be gradual over time rather than a once-off presentation: It should start by stressing that children in question are valued/important/special highlighting that while children generally grow in their mothers' bodies, all children do not necessarily come from their mother's bodies. This, is age-appropriate language to describe biological versus adoptive parenting.
3. Age-appropriate language should be used with illustration and perhaps use of stories where available.
4. The process of actually mentioning that children in question did not grow in their mothers' bodies should commence around the age of six years old when children begin school and are therefore thought to be able to understand some complex information.
5. Parents should avoid disparaging the child's background or its parentage. For instance, comments such as, "Your [biological] parents were poor/sick/ irresponsible." are not helpful in any way. It would perhaps be more valuable to say, "Your [biological] parents were too young to take of you so because they loved you, the decided to find older parents who would be able to love and provide for you".
6. The process should be factual and never contain inaccuracies/ lies.

7. Adoptive parents should take the lead from adoptees. Typically, adoptive parents should be close enough to children to know their concerns and thoughts, should a child raise the issue of adoption before the issue of six years old, and if parents consider children ready, having adhered to points 1 and 2, point 3 can take place before the age of six years.

As pointed out at under point 2, the process should not be a once-off to give adoptees time to digest the information at their pace, and ask questions at a later stage, if needed.

ADDITIONAL INFORMATION ON RECOMMENDATION TWO: Adoptive status-disclosure using story telling

Story telling is a simple age-appropriate strategy for communication with children which could become helpful in addressing this problematic area of adoptive parenting. It is typically appropriate for younger children. Thus it is recommended that social workers research available stories on biological versus adoptive parenting; use metaphors and pictures of animals which they can get online to make adoptees understand their status and therefore build their identities around it. These stories can be added on both parenting manuals on recommendation three and brochures posted on government ministry of social development's website.

ADDITIONAL RECOMMENDATIONS

As highlighted, in addition to the above, there is no legal provision for attachment building for new adoptive parents; more people can be encouraged to adopt; society generally conducts themselves poorly around adoptees and adoption records are kept inadequately. Below, a discussion on how these should be addressed follows:

ATTACHMENT BUILDING FOR NEW ADOPTIVE DYADS

Against the backdrop of rising childhood vulnerability coupled with some observed interest to adopt in Lesotho, it is baffling that up to this point there is no effort to relieve new adoptive parents of professional responsibility to allow them to build attachment with children known to come from attachment restricting backgrounds. It is therefore recommended that the government ministry of social development should advocate for this to be made a provision of the law, such that prospective parents are afforded one week prior to adoption to make the necessary arrangements as well as one month post-adoption away from work to be with children, provision which should not affect their other terms of employment in any way. This can be part of a broader exercise entitled “child protection mainstreaming” discussed subsequently.

PROMOTING ADOPTION THROUGH CHILD PROTECTION MAINSTREAMING

In child protection mainstreaming, child protection, one of the rising concerns in Lesotho as indicated, should be integrated into programs of all sectors of government. With specific focus on adoption, the media should seek to highlight the plight of vulnerable children and the benefit of adopting such children with the view of promoting the practice in Lesotho as much as possible. As pointed out in the previous chapter, adoption promotion should specifically target men but include both sexes. Furthermore, child protection mainstreaming should seek to conscientise the population about the counter-productiveness of speaking ill of children’s backgrounds, their situations or their adoption statuses.

A second indicated dimension of child protection mainstreaming is law reform. In addition to advocating for inclusion of parenting leave for adoptive parents, social workers should motivate for reforms in the law which reform should seek to do away with unwanted pregnancies with the view of preventing eventual abandonment of such children.

Third, in child protection mainstreaming, there is need for parenting capacity vigilance. To this end, all young mothers should be reported to government department of social development for the department to ascertain their capacity; provide them with necessary support; and monitor their babies' development.

PROMOTING ADOPTION THROUGH ESTABLISHMENT OF PRIVATE ADOPTION AGENCIES

As indicated in chapter one, the government ministry of social development is currently the sole adoption agency in Lesotho. A ministry social worker confirmed this adding that the government ministry is not coping specifically with post-adoption oversight and alluding to poor pre-adoption preparation. Furthermore, draft guidelines for adoptions in the country which is largely parallel to the law makes mention of adoption agencies although these are not provided for in the law. It is recommended that the government ministry should first of all make the effort to align the guidelines with the relevant law in this regard and then establish requisite qualifications for and registration of adoption agencies in the country.

BIRTH REGISTRATION AND CITIZENSHIP DOCUMENTATION FOR ADOPTEES

Citizenship documentation can be described as an integral part of a person's social life and are as indelible as they can be useful to determining one's social background. It is thus a disquieting finding that an adoptee's birth certificate could name their adoptive parents as their "mother" or "father".

It would appear wise to provide for adoptive status and even approximate age at adoption on the "identity document". It is pleasing that Lesotho has recently introduced identity documents in addition to birth certificates. Therefore, in the

event that children's birth parents are unknown, it would be best to leave the spaces unmarked on children's birth certificates.

PRACTICAL SUPPORT

Practical support is essential for both pre- and post-adoption services. Howe (1995) calls for practical support for families in difficult situations. In fact, as reported in chapter five and discussed in the previous chapter, families that generally support each other seemed to handle issues with maturity which in turn seemed to reflect in the manner in which children in their care thrived despite troubled pasts (e.g. families 010 and 020). This substantiates Howe's (1995) reasoning that intra familial and/or external support benefit family members. Other respondents in this study alluded to need for external practical support for practicalities such as securing criminal records; medical fitness certificates; as well as prospective and/or adoptees' medical tests. Obstacles in securing these services delay adoption, making their removal one of the priorities. On account of necessity for early permanency in children's lives, it is recommended to ease pre-adoption practicalities, that social workers should use their existing professional relationships with service providers to expedite access to necessary documents by prospective adoptive parents. The researcher is aware, for instance that as in any other country, child protection workers in Lesotho work closely with the police and health personnel.

Post-adoption, any other form of practical support which falls within the realm of professional social work and as raised by adoptive parents during post-adoption capacity building can be provided. Here examples include giving information on day care centres and preschools and schools.

RECORD KEEPING/DOCUMENTATION

This aspect was found wanting in services as mentioned by a social worker from the government ministry responsible for adoptions. However, adoption implies disrupted attachment bonds with biological and possibly foster parents, a major antecedent to re-establishment of secure attachment with subsequent parental figures and associated prognosis of anti-social behaviour (Bowlby, 1966; 1973). Thus implied is a need to document experiences of children in difficult circumstances. Such records would be useful for psychiatric evaluation, in the event of necessity, for adoptive parents upon adoption and for affected children during adulthood. Additionally, they would be useful for monitoring and evaluation of services.

FURTHER RESEARCH ON ADOPTION and ADOPTEES

As indicated in chapter one and again in chapter five, adoption is growing in Lesotho for several reasons. However, research on this practice remains scanty. There is need therefore for dedicated research on both childhood vulnerability and adoption in Lesotho with the view of improving the latter to deal with the former. Specifically, research on adoptees themselves is necessary to establish how vulnerability and adoption could have affected them psychologically. Furthermore, this study revealed a trend of intensive and complex pre-adoption maltreatment which, according to literature impedes formation of all subsequent relationships. Dependable social relationships in life are however, as satisfying as they can be useful. Thus while the study established challenges in one out of two adoptive siblings groups (014), it is contended that focused research on this aspect is necessary.

It is not clear where abandoned babies come from: who abandons them and why? It would be worthwhile to conduct anonymous research to improve data

pertaining to who abandons babies and why. This can be done through anonymous on-line and mailed surveys and could have the benefit of informing services such as family planning to prevent abandonment of babies.

A small economy by all standards, Lesotho is largely dependent on labour migration. Somewhat recent statistics indicates that up to 44, 000 (mostly men) and 40, 000 (mostly women) migrants are employed in the RSA mining industry and Lesotho manufacturing industry respectively while a substantial population reportedly operates as illegal migrants in RSA (ALAFA, 2013; Business Day live, 2013; IRIN, 2014; SABCNews.com, 2014). The figures are likely to rise following recent extension of AGOA in 2015 together with introduction of a special migrant permit for Basotho in RSA also in 2015. In this study, which is small in relative terms, in three out of 20 families there was at least one labour migrant. With the experience of family 010 in mind, it would be worthwhile to understand attachment factors of labour migrant parent-child dyads. This it to say, studies to understand factors which can promote (or undermine) attachment formation between adoptees and their labour migrant adoptive parents should be investigated. In addition to reasonably widespread labour migration as demonstrated, this recommendation is also informed by findings of a study by Thabane (2008), also relatively small, which found that children of labour migrants in Lesotho were adversely affected by their parents extended periods of absence.

Again as mentioned several times, this study is small, thus it would be valuable to conduct a larger study on adoption and adoptees in Lesotho with the view of identifying factors which do and those which do not favour their adjustment.

Lastly as noted in chapter two, much of available literature focuses on adoptive mother-child dyads. Much not to be celebrated, this study continues on a similar trajectory of studying mothers to the exclusion of fathers (a result of sampling technique as indicated). It is therefore recommended that studies investigating

subjective experiences and views of adoptive fathers together with factors which promote adoptive father- child relationships should be conducted.

FINAL WORDS

Throughout this study the researcher was reminded of frail but tenacious, HIV positive Nkosi Johnson, who outlived all children and most adults afflicted by the virus at the time. In the absence of ARVs as was the case, Nkosi's only antidote against the debilitating virus was the love of his foster mother, Gail Johnson. Gail and Nkosi are testimony that while adoption (or foster care in their case), specifically in African settings may be encumbered by a myriad of difficulties, these are not bigger than the miracle of adoption (or fostering). This study further confirms that adoption can be healing for both adoptees and adoptive parents more so with meticulous pre and post-adoption service package argued for in this report. To quote Marvin et al. (2002) therefore to strengthen the profound adoption relationship, social workers should capacitate adoptive parents to, "always be bigger, stronger, wiser and kind.... [and] whenever possible follow children's lead [and] take charge" (Marvin et al., 2002:108).

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ANNEXURE ONE
FRAMEWORK FOR INTERVENTION WITH
ADOPTIVE FAMILIES
CONSENT FORM

I confirm that Sophia Thabane explained the purpose of the research to me which is to for a PhD thesis whose aims is to decipher challenges I went through in accessing services for adoption, how I deal/t with them as well as my views on service improvement for prospective and adoptive families.

I am aware that I will not receive any material gain for participating and I therefore participate willingly and voluntarily. I know that I can withdraw from the interview at any time or re schedule as I see fit without any penalty.

I expect and have been assured by Sophia that the details of the interview will be held in STRICT CONFIDENTIALITY by herself and that none of my identifying particulars which I have divulged to her will appear in the final report of this study.

I am also aware that should I require any additional information pertaining to the study or in any way feel unhappy with the manner in which it was conducted I may contact the candidate's supervisor, Professor Madhubala Kasiram at:

University of Kwazulu Natal
School of Social Work and Community Development
Howard College Campus
Durban
Tel: +27 (0)31 260 7443
Email: kasiramm@ukzn.ac.za

Name of participant in print.

SIGN

DATE

ANNEXURE TWO

INTERVIEW GUIDE FOR PARENTS

INTRODUCTION

The following interview guide is for the purpose of a study whose AIM IS TO PROPOSE IMPROVEMENTS IN SOCIAL SERVICES FOR ADOPTIVE FAMILIES IN LESOTHO. It is intended to solicit your subjective views and experiences on the process of adopting and adoptive parenting. The interviewer is not expecting any specific response and will not judge you based on any of your responses.

Should you choose to participate:

Note that the study is solely for academic purposes;

We acknowledge the sensitive nature of some of the questions below;

We undertake to treat the information which you will divulge with the utmost respect and confidentiality.

Your identity will remain completely anonymous to all people who read the report subsequent to compilation of findings;

You are at liberty to withdraw from participating at any point of the study without any penalty.

REASONS TO ADOPT

1. Factors which led to your decision to adopt.
2. IF INFERTILITY is one of the reasons which led you to adopt, did you undergo any fertility treatment before adoption?
3. Please name other options you considered for childbearing before adoption.

ADOPTION CHALLENGES

4. What CHALLENGES did you experience:
 - a. Immediately post-adoption?
 - b. Thereafter?

SERVICES

5. How did you first get to know about adoption?
6. Which service providers were available to assist you in adoption (chief, doctor, psychologist, councillor).
7. Which service providers were NOT available to assist you in adoption?
8. Were family members willing to assist you in adoption? Please explain.
9. How long did it take to get a social report from Department of Social Welfare/Development?
10. How long did it take to get adoption order from the first day you approached department of Social Welfare?
11. What do you perceive as the main Problem/Weaknesses of adoption services as experienced by parent (coordination, cost, distance, attitude of service providers).
12. What are your recommendations to improve adoption services?

COPING STRATEGIES and POSITIVE ASPECTS OF ADOPTIVE PARENTING

13. What can you tell us about pleasure of adoptive parenting?
14. To conclude, please tell us what has been or continue to be your source of support prior to and in the process of adoptive parenting.

Not a mother because
I gave life
A mother because
I gave love.

Dear

Thank you for receiving my mail. My name is Sophia Thabane. I am a Social Worker currently conducting research for fulfilment of PhD (Social Work).

As an acclaimed professional in health or other social service, your experience and views can add value not only to my research, whose purpose is to inform social services for Lesotho's adoption services, but to the lives of families you and I serve in the conduct of our work.

To achieve this, kindly please fill-in the attached short semi-structured questionnaire.

Regards.

ANNEXURE THREE

There is no particular expected length in answering the open-ended questions below. The lines are intended for use on hand delivered questionnaires (hardcopies). If you are answering an emailed questionnaire (soft copy), delete the lines and write your responses in their place.

Psychosocial, religious, and traditional framework for intervention in addressing challenges faced by adoptive families in developing countries: the case of Lesotho.

QUESTIONNAIRE FOR PROFESSIONALS²⁵

OCCUPATION.....

USUAL WORK PLACE

In your training did you receive specific or special training to provide services to infertile, prospective and/or adoptive families?²⁶ Please HIGHLIGHT/CIRCLE appropriate.

NO.....

Have you ever provided service to infertile people?

YES..... NO.....

If you answered yes above, please EXPLAIN THE NATURE OF SERVICE you provided.

.....
.....
.....

²⁵As part of ethical obligations of the researcher, you are advised that this questionnaire may contain information that may evoke uncomfortable emotions. You are, as such, at liberty to choose not to participate. Additionally, information gathered with the use of this questionnaire will be used only for the purpose of an academic study and your identity will not be revealed in any way either on the questionnaire or in the ensuing report. Noting that you are a prominent professional, by filling-in this questionnaire and returning it to the researcher electronically or in any other way, you will be considered to have understood the foregoing information and agreed to participate in the study.

²⁶The researcher for one, does not remember being taught anything about adoptive families at undergraduate level. This question is therefore not to undermine your qualification in any way. Rather, it is meant to merely inform recommendations, if indeed responses prove a gap in training related to adoptive families.

.....
.....
Have you ever provided service to people wishing to adopt children?

YES..... NO.....

If you answered yes above, please EXPLAIN THE NATURE OF SERVICE you provided.

.....
.....
Have you ever provided a service to people who have adopted children?

YES..... NO.....

If you answered yes above please explain the nature of service provided:

.....
.....
Have you ever provided a service to adopted children/adults?

YES.....

NO.....

If you answered above please explain the nature of service provided:

.....
From the list below, and in relation to your experience in service provision, kindly please indicate some of the psychosocial problems infertile people experience:

PLEASE HIGHLIGHT/CIRCLE ALL APPROPRIATE EVEN IF YOU DO NOT DEAL WITH THE IDENTIFIED PROBLEM IN YOUR WORK.

Loss of self esteem, shame and embarrassment;

Spousal disharmony;

Marital breakdown/divorce;

Chronic body aches and pains [associable with chronic stress & anxiety];

Loss of interest in sexual activity;

Promiscuity;

Clinical depression according to relevant matrices;

Anxiety according to relevant matrices.

Other forms of mental illness according to relevant matrices.

Abuse of habit forming drugs including pain killers, anti-depressants, tranquilizers, alcohol, and opiates.

Other. Please specify:

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.....

From the list below, kindly please indicate some of the challenges adoptive families experience. PLEASE HIGHLIGHT/CIRCLE ALL APPROPRIATE EVEN IF YOU DO NOT DEAL WITH THE IDENTIFIED PROBLEM IN YOUR WORK.

Failure to bond with/attach to adoptive child.

Failure to establish parent-child relationship.

Anxiety over parenting.

Lack of satisfaction over parenting experience.

Neglect of adoptive child.

Abuse of adoptive child physically, emotionally, verbally or sexually.

Other.

[Please specify]

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In view of the information provided in questions above, which services do you think infertile families and adoptive families require in Lesotho?

Infertile families:.....

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.....Adoptive families:

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Please mention any other information you would like to add pertaining to infertility and adoption with specific reference to Lesotho.

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ANNEXURE FOUR
CODING PROTOCOL

OPEN CODING STAGE ONE	Categories/themes	OPEN CODING STAGE TWO Categories/themes	CODE S
PRE-ADOPTION CHALLENGES	Infertility; poor societal attitude lack of family support; pre-adoption maltreatment	Infertility	Red font
		poor societal attitude	Brown font
		lack of family support	Blue font
		pre-adoption maltreatment	Purple font
POST-ADOPTION CHALLENGES	Financial concerns Unsupportive work environment Societal attitude towards adoption Adoptive status disclosure Adoptee's behaviour	Financial concerns	Red font
		Unsupportive work environment	Brown font
		Adoptive status disclosure	Blue font
		Adoptee's behaviour	Purple font
SERVICES	Social (welfare) services Other services	-	Red highlight
COPING	Dealing with infertility	-	Yellow

STRATEGIES/MECHANISMS	Dealing with parenting		highlight
------------------------------	------------------------	--	-----------

- Data labels green highlight.

CODING EXAMPLE ONE

RESEARCHER (R): Which factors led to your decision to adopt?

RESPONDENT TWO (R2): During my marriage I had **four miscarriages**. **Before that I had one other miscarriage**. I had given up on ever having a baby, but the urge to bring up a child, was so strong. Each time my biological clock ticked I felt like I was going mad. I wanted to have a baby one way or the other. Also, because I was divorced. I had brought up the subject with **my husband, who was reluctant**.

R: IF INFERTILITY is one of the reasons which led you to adopt, did you undergo any fertility treatment before adoption?

R2: No. I considered fertility treatment but when my **husband was uncooperative**, there was nothing I could do.

R: Please name other options you considered for childbearing before adoption.

R2: Nothing really, like I said I just kept trying to fall pregnant until after my divorce when I asked about adoption services.

R: What CHALLENGES did you experience:

a. Immediately post adoption?

R2: I was **scared**...really scared. This life depending on me.... Don't even think that I could change a nappy. I could change a wet nappy...soiled nappies...oh! **I wanted to die**. But I adapted fast.

R2: There was **resistance around the subject of my taking maternity leave** but I insisted. I said "I need the opportunity to bond with my baby" and went.

R2: I shared a bed with her and even tried to suckle her...but she would resist. Initially she was confused. I could see that. I attributed it to hitherto being **with many faces**. When the social worker left, she cried a little. By the time they drove out of the gate, she had shifted her focus on me. After that she saw my face constantly. By the end of the first week, I could see that she was used to my face. By the second week I was sure, that she could

recognise me. I did everything myself (bathing, feeding, changing nappies). I did not rely on the helper. By the time I went to work, she would cry when I leave. This made me so unhappy. Upon my return from work her face would light up. She would even react to the sound of my voice when I was in a different room and show eagerness to come to me although she could not even crawl by then.

b. Thereafter?

From as early as two or three, she would slap people...and she was destructive...she [broke all] my ornaments by age five she would hit her head very very hard against a wall... if I walked out...she would resume playing. It was not easy to get her to sleep. Her tantrums were. It was a struggle.

She is, I don't know how to describe her. She is very arrogant. I love her to bits but she is very arrogant. She has attitude. She is full of it. When I try to talk to her she gives me attitude, she will be like "ooh?" (acting like a teenager). It was a whole new struggle. I could live with the childhood problems. This was different. I expected her to come home at 6. She would never ever keep it. She always had a reason for not being home on time. She once said to me "don't bother keeping time for me." I think also she was discovering boys.

R2: "My plan was to tell her but she still seemed confused. I feared that disclosure would cause more harm than good. I suppose it was a matter of waiting for an opportune moment. When she was nine a situation presented itself and I grabbed it. She was doing extra-curricular learning at a children's care facility. She seemed to enjoy it and understood the concept of "adoption" perhaps because it had come up in her extra-curricular learning. Nonetheless, I was still worried about how she would react to the knowledge that "she was adopted". one day she said to me "I wish we could adopt a child from XXXX." I replied, "they will find families that love them just like you did. Mommy loves you. You are a special baby just like those children. You are also adopted." She sounded surprised and excited at the same time and said, "Really, mommy? Where was my mommy?" To which I replied, "She wanted someone who could take good care of you." To which she responded, "I'm glad it was you..."

R: How did you first get to know about adoption?

R2: Having struggled with children all these years, during my studies, I was keenly interested in alternative means of parenting such as surrogacy; fostering; adoption.

R: Which service providers were available to assist you in adoption (chief, doctor, psychologist, councillor).

R2: I took her to doctors. I also considered counselling but when I asked her to go she refused. She said, if I need counselling I should go myself.

R: Which service providers were **NOT** available to assist you in adoption?

R2: I did not really about service social workers. To me she was my baby. My problem. Their task was done. As soon as they had given me the baby, I thought, now I am a mother and I should cope just like all mothers. I couldn't go to them and say, now your baby is giving me a hard time. She was my baby, my problem.

CODING EXAMPLE TWO

R: Factors which led to your decision to adopt?

R5: It is a source of stigma. There is no stigma, no worse stigma, no pain than being married and childless. I was attacked directly, called names. I got married to an older divorcee with children of his own. This alone put me under a lot of pressure and my only dream was to give the man children. So I can say that I was pressured from all angles. I even pressured myself. stigma & demeaning treatment

[I felt as if] they were counting months from the day I got married in anticipation of a pregnancy or a baby]. They will be looking at your body suspiciously. The pressure mounts with time. I even visited traditional healers... my family would not give me a break. My mother constantly asking, “How is progress?” She would give me all sorts of advice, “Let’s go to this healer or that healer. I heard about this faith healer...” The funny thing is it never felt as if people questioned my husband’s ability. It doesn’t matter how enlightened you are. You feel inadequate. You carry the stigma. ALTERNATIVES SOUGHT/DESPERATE ATTEMPTS TO CONCEIVE

People will tell you in your face that you must have done this and the other thing. I remember an ex teacher saying “you didn’t listen”.

R: IF INFERTILITY is one of the reasons which led you to adopt, did you undergo any fertility treatment before adoption?

R5: “My husband was supportive throughout, we did everything together, going to doctors. He paid for the expensive treatments without complaining. At one point we went to a clinic for artificial insemination, they gave me the information, I did everything and I was ready... when he was supposed to provide the sperm, he refused. He just refused. He said, “No no no no”. My egg was ready. We couldn’t go through it. We came back. husband support/non support

She said to me, “Mommy, [name of close family relative] says you bought me. Did you?” I said to her, “No they don’t know what they are talking about. “You were not bought, you were adopted.” She said, her face lighting up, “I told him that I am adopted”.” Societal attitude

ADOPTION CHALLENGES

R: What CHALLENGES did you experience:

- a. Immediately post adoption?
- b. Thereafter?

R5: It was difficult to say to my child “you have been adopted”. My biggest fear was how she would take it. She was eight. I thought that was an appropriate age. She was just at the fantasy age. I introduced it gradually. I kept repeating and repeating that she is the most special girl in the world. Until, she seemed to understand. Then I told her that she is special because she is adopted.
Adoption disclosure

“She is a very social person, she makes and maintains friends easily. She went to the best schools money could buy...so I can’t say she is a bright child... she exerts herself academically. She enjoys school and always looks forward to going to school. When she is lazy to get up on weekends I like to tease her saying, “Get up. It’s time to go to school.” She will jump out of bed before realising that I’m pulling her leg. She is neat, responsible, and she will do all in her power not get into trouble either at home or at school. She seems to constantly seek approval. She protects me from bad language she hears about me.... She understands that she is adopted and understands what that means. Recently she told me that she told her best friend that she is adopted and her friend told her that she is also adopted so now they have a special friendship. Adoptee Character

We stayed a month literally in bed [because I had just undergone minor surgery]. After that we were always together and I even took her to work with me and travelled with her until she started school...This caused her to

be stressed when she had to go to school. But soon she adapted and enjoyed school. she feels safe when I'm around, she adapts easily to change." Attachment building

R5: I read obsessively. coping

R: How long did it take to get a social report from Department of Social Welfare/Development

R5: I got excellent service because of [my social status]. But I've seen other ordinary people whose experiences were harrowing. I think, the service was zero: [1] Unless you know someone at the agency, you don't get expeditious service. [2] One day you are told to bring this document, the next day another document – one goes from pillar to post until they give up, but the determination to get a child usually prevails over all that. The delay is problematic on two counts: [a] It impedes mother child bonding. [b] It burdens care facilities with children who have already found families. The blame lies squarely on the adoption agency because experience has shown me that care facilities do that part of compiling medical and other records." Services

R: How did you first get to know about adoption?

R5: I have friends who have adopted children. I was already toying with the idea of adoption. While visiting a government hospital I saw a person carrying a baby who looked a few hours old. AT this point it was breathing with difficulty and could not even cry anymore. The man told me that the baby had been dumped. I took the baby from the man and took it to the right ward where it was resuscitated. Preadoption maltreatment

R: Were family members willing to assist you in adoption? Please explain.

R5: All family members played their part, writing letters as requested. There is a lawyer in the family. She took the matter to court for free. Family support/nonsupport

R: What are your recommendations to improve adoption services?

R5: The main problem that I see is what I would refer to as discrimination. I, however, got excellent service because I am a XXXX. But I've seen other ordinary people whose experiences were not as smooth. I think, the service was zero:

- c. Unless you know someone at the agency, you don't get a service.
- d. One day you are told to bring one document, the next another – one goes from pillar to post until they give up, but the determination to get a child, usually prevails.
- e. The delay is problematic on two counts:
 - i. It impedes parent child bonding
 - ii. It burdens care facilities with children who have already found families

The blame lies squarely on the adoption agency because experience has shown me that, care facilities do that part of compiling medical and other records.

ⁱ An old saying of Basotho says “a married woman does not produce an illegitimate child”.