

# **Child adoption, child trafficking and illegal surrogate parenting practices in Nigeria: The need for social work intervention**

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## **Abstract**

Child adoption though not new in Nigeria has gained popularity and become a booming and lucrative business for the many parties involved. What is new, however, are the public consciousness and reservations in the way adoption services are conducted. These have led to, “baby making factories”, where young women are recruited and sexually groomed, impregnated and their babies forcibly taken away and sold to human trafficking gangs and intermediaries. Ostensibly, these middlemen provide humanitarian services but closer observation reveals systemic gaps and vulnerabilities in their *modus operandi*, and has raised questions bordering on child protection, human rights and human trafficking. Presenting a qualitative research on the experiences of a 13-year old teenage birth mother who gave up her baby for adoption and two adoptive families who have successfully gone through adoptions via the government agency, this paper draws attention to the illegalities and scandals in the current adoption processes and, consequently, calls for greater involvement of social workers in providing support to the victims of such illegal and forced adoption practices, and for proper controls and documentation of child adoption services and procedures in order to minimise these irregularities.

**Keywords:** child adoption, illegal, middlemen, trafficking, child protection

## **Introduction**

The unsupervised and unregulated opening of orphanages in Nigeria have given rise to an unprecedented rise in child trafficking and baby-making factories where young girls are illegally recruited, kept and forced to have sex with men, made pregnant and their babies forcibly taken away and given up for adoption with little or no pay. These undocumented homes and clandestine practices have brought untold hardships on young unwed birth mothers and adoptive parents and their families and have become marketplaces for the sale of children and human trafficking rather than providing succour for safeguarding vulnerable children, female victims and adoptive parents.

Child adoption, a seemingly positive and ‘heart-warming act of goodwill that should benefit both a child and adoptive family’ (Mezmur, 2009, 2010) have been seen and criticized for promoting modern day slavery, exploitation and the sale of babies (Smolin, 2004, 2005, Van Bueren, 1998). This is because a closer look at the way and manner adoption practices are organised and

delivered in Nigeria reveals deep rooted irregularities and corruption by agents and government officials whose responsibility it is to regulate and supervise adoptions. It reveals tales of exploitation, anger, sadness, depression and guilt experienced by vulnerable young women whose children have been forcibly taken away, as well as fear and insecurity experienced by adoptive parents who feel unduly taken advantage of by deceitful money seeking agents who pose as facilitators/middlemen or intermediaries for government. This negates the idea of legal child adoption which is a 'lifelong commitment'/ process whereby the rights, duties and privileges of a child are officially handed over to non-biological (adoptive) parent (s) who take over parental roles and responsibilities and provide permanent family for the child (Edinburgh fostering, 2018).

Child adoption is not a new practice in Nigeria but has become topical and in the public glare because of a community of reasons; the way and manner adoptions are conducted, the proliferation of orphanages and homes, secrecy surrounding the recruitment of birth mothers, provision of babies and placement of babies for adoption, and the lack of documentation and uniformity of procedures in adoption services. There is also the unprofessional activities of medical practitioners and healthcare providers who act as intermediaries in facilitating the process of bringing babies and adoptive parents together on behalf of the government agency that is legally responsible for adoption services, the Ministry of Women Affairs and Social Development [MOWAASD] also referred to as the Ministry of Gender Affairs and Social Development in some states of Nigeria, including Enugu State where this study was conducted.. Middlemen/intermediaries/facilitators here refer to people, who pose as well meaning, philanthropic individuals and groups (NGOs) in helping to recruit or connect birth and adoptive parents /families together and facilitating the adoption process between both parties. Some are officials of government agencies and medical /healthcare professionals who, on behalf of the government agency, provide medical services and shelter to those young unmarried pregnant women (popularly referred to as 'social mothers') until their babies are born and given away for adoption.

The surreptitious nature of adoption practices, the lack of documentation and uniformity in adoption procedures and services and the absence of reliable data on the number of adopted children, adoptive parents and adoption agencies operating in Nigeria have created gaps, illegalities and irregularities and opened up 'a new type of child abuse and human trafficking that targets infants' (Makinde, 2015). It has opened up avenues for illegal child adoptions, private adoptions; falsification of adoption documents; and circumvention of adoption procedures (Mezmur, 2010). Such irregularities include child trafficking, improper financial gains and corruption by government officials and medical personnel who aid and abet such clandestine practices, as well as the proliferation of orphanages and respite homes some of which are "baby making

factories” (illegal homes and shelters where young girls are held, raped and forced to become pregnant and their babies taken away from them for adoption and financial benefits).

Admittedly, this paper has been developed against the backdrop of a shortage of reliable data, but based on the first hand narratives and experiences of people who have ‘successfully gone through adoptions’ via the official government agency. Their shocking accounts reveal stories of exploitation, corrupt practices, fear, intimidation and complicity on the part of government officials and medical practitioners who work in concert with well organized criminal gangs that act as intermediaries or facilitators. Based on the foregoing, the following are the major objectives of the paper:

- Highlight the way adoption services are conducted in Nigeria which may have actually given rise to these illegal businesses and irregular practices.
- Present how the current adoption practices are prone to abuses and exploitation
- Reveal systemic gaps and vulnerabilities in the activities of middlemen or intermediaries who ostensibly provide positive and humanitarian services but are by themselves agents, partners and/or members of human trafficking gangs
- Recommend solutions for proper supervision and documentation of child adoption services and procedures in order to minimise/or eliminate these irregularities.

## **Methodology**

### *Sample/Procedure*

The paper draws on qualitative ethnographic research which involved face-to-face, in-depth, semi-structured interviews with eight participants made up of four adoptive parents in a heterogeneous marital relationship, a 13-year-old teenage mother who gave her child up for adoption, a middle-aged Christian women leader herein referred to as Mama Fada, who has voluntarily rescued and rehabilitated some pregnant young women, a practising female nurse who works in one of the approved private health care facilities where these ‘social mothers’ are kept and supported through their pregnancy and a male staff of MOWAASD – the government agency responsible for adoption services in the state. Based on their varied personal accounts and experiences of procuring what could be seen as legal adoption from the government agency, this paper explores issues of child and human exploitation, intimidation, forceful detention, child trafficking and child protection as well as the inadequate or complete lack of social support and counselling services for prospective adoptive parents and young vulnerable teenage mothers. These young mothers, popularly referred to as ‘social mothers’ by MOWAASD, are inexperienced,

unmarried females, usually child street vendors, domestic servants and undergraduate students, who become pregnant, have no support system, formal or informal, and do not want to abort their babies nor want their guardians/parents to know about the pregnancy.

#### *Data collection*

The participants here are all of Igbo ethnic group, aged between 13 and 52 years and resident in Enugu and Nsukka both in Enugu State of Nigeria. The participants were randomly approached and interviewed voluntarily. Prior to the interviews, several meetings and telephone contacts had been made between the researchers and participants and the participants chose the interview dates and venues (secluded church building and a private school compound) that suited them. Interviews were conducted differently on different days over a four-week period depending on each participant's availability, and the duration of the interviews varied between two to three hours per person, which allowed ample time to explore, elucidate and reflect on their feelings and emotions. The lengthy in-depth interviews accorded each participant the opportunity to share their stories and the meanings they make out of the adoption experience as best and in as much detail as they could (Terre Blanche and Durrheim, 2006; Babbie and Mouton, 2005; Bailyn, 2002). The names and details of participants were anonymised for ethical reasons (confidentiality) and interviews were both tape recorded and jotted down on note pads where possible.

#### *Instrument*

There was an interview guide with a list of questions broadly exploring the following themes and sub-themes: pre-adoption arrangements, adoption process and consent, marriage and childlessness, pregnancy/ante-natal care, maternity care/birth of the baby, initial contacts with and role of the government agency, contacts with other facilitators/intermediaries, cost implications, documentations and managing the attitudes of family, friends and neighbours. The meetings were emotionally draining and there were tears and assurances of confidentiality at every stage of the interview sessions.

#### *Data analysis*

Focusing on the detailed narratives of their experiences of marriage, pregnancy and adoption, this paper adopted the narrative theoretical framework (Eze and Okoli, 2018) with the belief that encouraging people to tell and reflect on their stories and experiences would help them to gain better understanding and make better sense of the world they live in (Kim, 2016, Riessman, 2008). This paper therefore focuses on each participant's understanding, interpretations and impact of their experiences of adoption on their everyday lives and relationships. Data from interviews were transcribed word for word, coded and analyzed based on the 'I'-positions that the participants used in narrating their subjective interpretations of their adoption experiences (Braun and Clarke,

2006; Hermans and Hermans-Konopka, 2010). This I-position was deliberately used to capture the in-depth meanings the participants made out of their lived experiences of adoption and most of the data were presented in the participants' own words using the empowering life story approach (Sidhva, 2005).

## **Findings**

The following narratives reflect the adoption experiences of eight individuals as stated in the methodology.

### *Factors that influence the conduct of adoption services in Nigeria*

**Shame and fear:** The first couple, Mr. and Mrs. Adams, aged 36 and 49 respectively and had been married for 11 years without a child, said that they 'kept believing God for the fruit of the womb and never considered adoption' until one of their church members who had successfully adopted three children spoke to them about it. 'I did not know what to do, where to go and how to go about it' because 'we were **ashamed and afraid** that people would talk openly about us, laugh at us and say all sorts of things about our childlessness'. Childlessness according to Mr Adams is a 'personal issue that people deal with in their own way depending on their beliefs and convictions'. As a matter of fact, as soon as the Adams concluded adoption plans, they had to relocate from their original residence to a completely different part of the city where they were unknown so that 'people would not know or talk about us and our children'.

**Secrecy:** According to Mrs. Adams, 'I don't want the babies to know that we did not give birth to them (not their biological parents)', thus showing the great length and pains people are prepared to go through in order to keep their childlessness and adoption arrangements secret. Corroborating issues of secrecy, the 13-year old teenage mother, Miss Angel, who was a domestic servant and street vendor before she became pregnant said, 'when I discovered that I was pregnant, I ran away from the home in Port Harcourt where I lived with one man and his wife and children'. She did not want her guardians to know about her pregnancy and had no place or person to go to for help. Miss Angel, who confessed that she took money from her guardian's home while they were away at work, also had to relocate to another city where she met and confided in, 'one nice aunty who was selling food' (a female food vendor). According to her, 'she took me to her sister's place and I stayed with her until I gave birth. I did not know any of those women before but my spirit told me to go to the food seller'. Miss Angel, who was happy to relinquish the baby for adoption because she was 'too young and did not know what to do' ... also confessed that 'I did not want anybody to know what happened...that I gave birth to a baby...that is why I did not want to keep it'.

She did not know and could not recount what happened to her baby, whether the baby was given out for adoption or kept by the woman who looked after her during pregnancy and whether the baby was alive or dead. She did not want any contact with either the baby or the women. All she could recall was that after she gave birth the woman gave her money for transport plus a little extra and encouraged her to return back to her mother who lived in a rural village in another state as her guardian would not take her back and she had 'nowhere else to run to'. Explaining further her reasons for giving up her baby for adoption, in between sobs and tears, and trying hard to push back tears from her eyes, Miss Angel also said:

I refused to speak to anyone about the baby... or tell anybody that I was ever pregnant, not even my mother. I did not know what was happening to me, what to do or where to go. There was nobody to explain myself to [confide in] or tell me what to do. My mother does not know what happened till today, that's why I left the baby for that nice woman. I want to start a new life in Enugu where I will never meet her or anybody who may know me...I just want to continue my life and complete my studies and get married properly.

While Miss Angel kept every information about her pregnancy and baby under wraps because she was immature and unprepared and had no support network, the adoptive parents had to relocate to a completely new environment in order to keep their new family out of the gaze and knowledge of people that knew them for fear that they might tell their children when they grow up that they were not their birth parents.

According to the staff of MOWAASD, 'the way we do adoption here is different. It is highly confidential, top-secret and permanent and we don't encourage any contact between the birth mother and adoptive parents. Often times, we don't always know who the mothers are because many of the children were abandoned and picked up from the streets'. Also speaking about secrecy regarding adoptions, the women leader, Mama Fada, who works in partnership with staff of MOWAASD said:

Many people do not like to come forward to adopt babies ...they are afraid, and that is why young little girls commit abortion and many die in the process. We have partnerships with some doctors and hospitals ...they help us to look after these young women and their pregnancy. They provide ante natal care till they have their babies. Some of the girls disappear from the hospitals as soon as they give birth, they abandon their babies and the hospital will then take the babies to gender people [MOWAASD], or they look for a married couple who want to adopt, they charge them for all the medical care and cost of delivery and that ends it. It is better that way than killing the babies or dumping them near refuse heaps where rats and dogs will devour them and they die.

On lack of documentation, birth registration and not having proper adoption procedures in place, Mr Adams quipped,

Who do you blame for all those? Is it the Ministry workers who are also looking for their own cuts, or the young girls who fell pregnant and not sure what to do, or the childless husbands and wives, or this evil government people who are only there for themselves and their families? Who wants to know? Do they care about you? They are not even interested whether you are alive or dead, pregnant or not. Is there any good hospital? Just mention one good functional hospital or clinic you can visit when you are unwell. None! And you tell me that we have a government? My take is this, as long as you did not steal or kill someone else's child for ritual ... All you want is to have a healthy baby and be a good father, and raise the child well in the hope that the child will one day look after you in your old age, you just go ahead and make your own arrangement because nobody else would do that for you.

The Ministry staff (Mr O) tried to justify the poor practice of **no documentation** as 'the best choice between two evils rather than have the girls commit abortions illegally, kill or throw away the babies which might lead to more negative consequences'. Explaining his position and the extent to which illegal child adoption practices have gone, he rhetorically queried:

How will the ministry know about all these practices? Who will tell them? Is it the childless couple who want babies at any cost? Or the girls who need money? Or the little ones that are recruited and paid off? They have no fixed addresses, they don't want to be seen or known...no records, no receipt ... some of them don't even live in this town, so if you ask for their address or phone number, they will disappear, and abort the pregnancy. But what do you need their address for? All you want is to help the poor girl carry her pregnancy to term and have a safe delivery; you want the baby and mother alive and healthy, abi (right)?

In addition to having children, especially a male child, Mr Adams' also suggested that another reason for child adoption is for social security – people need to have someone to look after them in their old age, since Nigeria does not have formal social security arrangements (benefits) in place and no formal adult care services for the elderly and aged family members. Any arrangements for care of the elderly are personal, informal and at community levels. He also made reference to inadequate, dysfunctional healthcare facilities as another reason for the rise in illegal and irregular adoption procedures, as well as the high cost of medical treatment or assisted reproduction such as the *In-vitro* fertilization (IVF). According to Mr Bright, 'we all need children; childless couples will pay any amount, do anything to have children. People have no money to do IVF or pay for expensive medical treatment to have children. It is only the rich politicians that can afford that'.

Again, there was also the revelation about surrogate parenting/motherhood (Posner, 1989, Van den Akker, 2007, Teman, 2008) whereby married couples deliberately bear more children specifically to give some up for adoption solely for financial gains, which we refer to as criminal surrogacy or the Nigeria-style

illegal surrogate parenthood arrangement. But do childless couples who desperately need babies for adoption because they cannot pay the huge medical costs for assisted reproduction feel or think that such arrangements are illegal? Not in the view of Mr Bright who perceived that as an act of kindness and good will for the benefit of agonizing childless couples and childless marriages. According to him,

I have no problems with a man and his wife deciding to bear children specifically to help childless couples who need children for adoption. That is their choice. Nobody forced them. ... but come to think of it, ...if you look at it very well, you will agree with me that they are doing something good for childless couples. The one that worries me is the baby factories that kidnap and impregnate small, small girls and sell their babies to ritualists who harvest human parts and use them for juju. That one is terrible..., It is exploitation of the highest order, in my mind.

These accounts of shame and fear, secrecy and lack of documentation and birth records portray the reasons for adoption and extent to which married couples and individuals are prepared to go in order to conceal their adoption plans and arrangements. One could argue that though confidentiality may be seen as ethically helpful and necessary in adoption process, but extreme secrecy has far more detrimental consequences as many young birth mothers would be left to their own devices without psychosocial and medical/ante natal support which could lead to pregnancy-related complications and deaths of either or both mother and child. It also encourages child abandonment and indiscriminate disposal of babies as many teenage mothers with unwanted pregnancies would choose to dump their babies in unsafe places beside refuse heaps or in nearby open streets and church premises hoping that someone would pick the baby up. Thus, abandoning their babies and exposing them to all sorts of dangers would further create health hazards and environmental pollution that could affect the lives of many. It also encourages child trafficking as child traffickers would use new babies for various clandestine activities like illegal organ harvesting and ritual purposes, as generally believed around the study area.

#### *Abuses and exploitation in the current adoption practices*

On the adoption process, initial contacts between adoptive parents and baby, placement and approval and registration from the MOWAASD revealed series of unwholesome practices bothering on corruption, dishonesty, falsification of documents and complicity in exploitative adoption procedures. Frustrations orchestrated by the long queues and waiting period to complete the adoption process were part of the reasons many prospective parents sought quicker illegal avenues for adoption. Complaining about the long waiting period between registration and completion of home visits and successful placement and narrating their frustrations, Mrs. Bright said;

We were told to wait until a baby becomes available. We waited and waited and waited oo for so long, many months, like more than 9 months and no baby.



Then somebody in the Ministry told us that the quickest way to get a baby was if we knew the Commissioner or to go through any highly placed government official like the Permanent Secretary, the governor's wife, a senator or any high political office holder who could give us a letter to the Commissioner for Gender Affairs. We told her that we didn't want people to know our plans. We pleaded with her to help us, we dropped our phone contacts and a little "something". And as God would have it, we got a call one day that a baby was available but not directly from MOWAASD. We agreed to meet this person somewhere on a certain date and time and that is how our luck shone. This person introduced us to somebody who works in a hospital - a nurse. We agreed everything with the nurse and paid the money and within one week I got my baby. It did not take long....

Mrs. Bright who refused to disclose how much she paid for this arrangement, where the baby came from, who the facilitators were and how the transaction was finalized, simply admitted that she was not interested in all that detail but was simply 'over joyed that our prayers and search for a baby boy had been answered' and she was happy with the way things worked out for her after a long agonizing wait. She also admitted that she had no knowledge of the nurse, the health facility or the birth mother as there were no direct contacts. In her words,

Everything was arranged by our helper [in the ministry] and I was given my baby... all I can remember was that the nurse told me that the baby's mother was an undergraduate student who did not want to keep the baby because of her studies and did not want anybody to know about it. She also said that the student voluntarily came into their hospital and told them that she needed help with the pregnancy but did not want abortion and had nowhere else to go to. They looked after her and provided ante natal care and medical treatment until the baby was born and she surrendered the baby to the hospital and they settled her. They didn't give us any receipts oo, no signature or addresses, nothing written down, everything was paid for cash and they told me to go home and look after my baby and thank God for answering our prayers. They assured me that nobody would come after me or my baby.

Also revealing new ways and new practices how genuine people make money by genuinely providing children for adoption. Mr. Bright said:

Married couples have joined the business. The latest development is that a husband and wife will deliberately give their baby up... like, I mean, collect money and give the baby for adoption. The woman carries the baby for nine months, gives birth and she and her husband hand over the child to those who want children. I thought it was a joke when I heard it first but I know it is happening for a fact. Honestly, things are happening in this our country. I don't know whether it is because of poverty or greed or whatever you call it. End times! But that one is even better because you know the source of the child, you know it is purely for them to get money, unlike the people who deceive young girls and bring men to impregnate them and when the child is born they take their babies away for adoption, leaving the girls empty handed...or just

give them small money and then give the baby away for a much higher price ... I don't know, I don't know, nobody knows...in short, that one is beyond my understanding.

From the foregoing narratives it can be deduced that the practice of illegal adoptions and sale or exchange of babies for financial gains are happening on a large scale and undercover, with collaborations from official and unofficial quarters. It involves a whole lot of people including medical professionals such as doctors and nurses, students and married couples and often aided by staff of the government agency, MOWAASD.

*Activities of middlemen or intermediaries in the adoption process*

Some of these illegal exchanges are not voluntary but under coercion as is the case in baby- making factories where young teenage girls are recruited, exploited and forced to hand over their babies. A staff of the Ministry, who pleaded anonymity, revealed:

Adoption is now a big business ooo. People are ready to pay huge amounts of money to have a child, more especially male children. Haven't you heard that some people have opened 'shops' where they give women babies for adoption? And because people do not want to come to the Ministry and join the long queue, waiting for so long to adopt a child, they just go to these clinics or orphanage homes and get a child. Some people have even opened homes where they recruit little girls, students that are pregnant or they arrange to get them pregnant, look after them and pay them off once the baby is born. Things are happening in this Naija oooo. Poverty, hunger, money...everybody wants money to survive. Even university students... They become pregnant, deliver the baby and give the baby to any willing adopter or orphanage and put the money in their pocket and continue their life as if nothing happened. It is now a business among these young campus students [undergraduates].

On complicity of government staff with middlemen and intermediaries, one of the participants said, 'the Gender people work hand in hand with them, and those hospitals where they keep the young girls, ... they too are involved in the business, all of them are. Sometimes, if you know the Director or the matron of those hospitals you can arrange with them privately and they will help you get a baby boy or girl, depending on what you want'.

The use of middlemen and intermediaries has given rise to the exploitative extortionate charges for adoption. And from their accounts, these fares vary depending on the baby's gender (male or female), amount spent looking after the mother, ante natal/ maternity costs and costs for the actual delivery of the baby – whether delivery was natural or Caesarean Section (CS). According to Mrs. Adams, 'male children are more expensive and difficult to get. Many people are in the queue for baby boy so the price is close to one million naira ... something between 800 thousand and one million. It is very expensive

because many people want a baby boy and also because you have to settle a lot of the middle men. Your family is incomplete and your marriage shaky if you have no male child’.

### **Discussion and Conclusion**

Even though childlessness and adoptions have become regular features of discussion and practice in Nigeria, especially among the educated city dwellers, the increased desire for male children, especially in a patriarchal (patrilineal) culture like Igboland, has continued to drive the demand to adopt children but child adoption is still frowned at and adopted children largely unaccepted by many families and communities for religious and cultural reasons (Nwaoga, 2013, Oladokun et. al, 2009, 2010). For this reason, discussions about adoption or becoming pregnant outside of wedlock are still shrouded in extreme secrecy and people therefore, resort to all sorts of deceptive tactics in order to hide their plans and arrangements to adopt a baby. Unmarried mothers and young females who do not want to and cannot afford abortions go to any length to conceal their pregnancies and relinquish their babies for adoption. Genuinely married couples also cover up their adoption plans for fear of being laughed at or their babies being told that they were adopted. Many feign to be pregnant and even relocate to an entirely new environment in a bid to convince their extended families, friends and neighbours that they truly had a baby. They go to such great lengths because of the negative perceptions attached to adopting a child ‘whose genetic origins are unknown’ (Nwaoga, 2013) and the ‘shame’ or ‘stigma’ (Oladokun et al, 2009) associated with childlessness. It is for these reasons that adoption procedures still remain private, hidden and unaccepted and have given rise to an unprecedented objectionable practices which have encouraged child trafficking, human trafficking and other illegal exploitative practices.

Again, secrecy creates psychological issues such as fear and guilt (Makinde, Odimegwu, and Babalola, 2017) for birth mothers and adoptive parents who live in the constant fear that neighbors and extended family members would know what transpired, or the adopted babies eventually discovering their adoption status - that the parents were not their biological parents. With such discovery, they may begin to demand explanations for the whereabouts of their biological parents and may become unruly and disruptive if satisfactory explanations are not provided, and might actually demand to be introduced and reunited with their birth parents. All of these scenarios could potentially create series of unhappiness and rancor within the family with severe consequences, as secrets cannot be kept for a life time. In certain climes, adopted children may be allowed to have contact with their birth parents and siblings either directly or indirectly by ‘letter box contact’ (Edinburghfostering).

More worrying is the fact that all these child exchanges and adoption arrangements are not openly conducted, as one would imagine, but aided and perfected without documentation, and the babies not registered at birth or provided with birth certificates which clearly violates the rights of the children (Besson, 2007) as embedded in the United Nations Convention on the Rights of Children (UNCRC, 1989) and the African Charter on the Rights of African Children, (1990) which Nigeria is a signatory to.

These narratives have also raised many issues that touch on safety, human trafficking, child protection, extortion, exploitation and child rights abuses. There are concerns about complicity and double dealings between staff of MOWAASD, proprietors and staff of participating healthcare facilities, orphanages and faith-based homes that provide respite care, shelter and support to under-aged pregnant teenage girls, including the families and couples who provide illegal surrogate services. This study shows that there is a growing and worrisome network of illegal child adoption businesses/operators in Nigeria and thus leaves many questions that need to be addressed urgently. Some of such questions include but are not limited to the following: what can be done to stem these illegal and irregular adoption practices? How can child adoption procedures be made simpler, quicker, more transparent, systematic and better organized? How do we supervise and curtail the proliferation of orphanages and activities of middlemen and intermediaries to ensure the health and safety of children and vulnerable young women? Most importantly, how would social workers be more proactive in championing child adoptions in Nigeria, safeguarding children and providing the much needed psychosocial advice and support to young female victims of child trafficking cartels that operate baby making factories in Nigeria?

There are no quick fixes or easy ways to address these but concerted efforts and measures have to be put in place as a starting point. In keeping with global best practices, particularly in Britain, professional social workers should generally take responsibility for child adoptions right from the initial stages of establishing contact, home study/ visits and assessments, matching and placement of babies with adoptive parents, through the legal processes to post adoption support. Upholding the ethos of multi-professional and interagency social work practice and working in partnership with community and faith-based organizations, social workers should be able to provide psycho social support to teenage victims and adoptive parents. It is important to provide a broad-based network of professional partnership or multi-professional team work between participating groups and agencies, including faith-based and community-based organizations. There is need for all to promote sex and moral education in schools and higher education institutions, organize public enlightenment campaigns in churches and marketplaces to teach young people

basic sex education and parents on how to support their children if they fall pregnant.

It is the responsibility of social workers to provide social support, counseling and referrals to young pregnant women and help them find respite homes and health facilities where they can receive ante natal support till their babies are born and given out for adoption following due process. Sadly, Nigeria does not have formal welfare services for looked after children and so the issue of providing financial support to adoptive parents would not be possible but adoptive parents need psychosocial education and support to aid them through the whole process of adoption and beyond in order to reduce the trauma, fear and stigma they face.

### **Recommendations**

In discussing the narratives of eight individuals who have experienced adoption in one way or another, this paper has explored the issues of fear, stigma, secrecy, shame, lack of documentation, complicity of government staff with and activities of middlemen/ intermediaries and exposed some irregularities, abuses and exploitations in the current adoption practices. Based on these underhand exchanges and illegal surrogate parenting arrangements that are fast gaining grounds as a result of undocumented and unsupervised adoption procedures in Nigeria, which have given rise to child and human trafficking, the authors make the following recommendations:

There is great need for clear policies and laws guiding adoption practices and procedures in Nigeria. This requires the involvement and services of law enforcement agencies like the Police, National Agency for the Prohibition of Trafficking in Persons (NAPTIP) and greater collaboration between the civil society, communities, governmental and non-governmental organizations, religious and faith-based groups. Greater collaboration between Social workers, security and law enforcement agencies, civil society groups should be actively involved in safeguarding and promoting the health and well-being of Nigeria's vulnerable children and young women while curbing the illegal trends and activities of child and human trafficking gangs in the country. Most importantly, these agencies need to employ the services of professional social workers to collaborate with identified agencies and organizations and schools to provide social and emotional support, advice and counseling to young teenage victims and their families and to create public awareness in schools, communities and open fora targeting parents and young people.

This study also calls for developing proper adoption guidelines and procedures to ensure that child births in health facilities are registered, well documented and updated regularly. In many parts of Nigeria, a lot of children are delivered by unsupervised and unregistered traditional birth attendants (TBAs) which

makes birth registrations difficult. Again, the proliferation of unregistered health facilities, orphanages, social service agencies and respite homes also adds to the problem of birth registrations and makes supervision of their activities difficult. A good starting point would be for the MOWAASD and the Ministry of Health and other relevant government agencies to start a nationwide campaign, registration and licensing of orphanages, TBAs, private health facilities and maternity homes in Nigeria while embarking on massive campaigns to encourage communities (and individuals) to be on the lookout for and to report suspected illegal baby making factories and maternity homes within their localities. This calls for greater, multi-faceted, interagency collaborations between healthcare providers, communities, the police and many other relevant agencies and interest groups to ensure that such health and social care facilities and homes are licensed and monitored for compliance. Finally, there is need for an approved uniform adoption template to be used in all the states of the federation.

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