Original Article

Acceptability of Child Adoption as a Management Option for Infertility Among Women of Reproductive Age Group in Ogbomoso, South-West, Nigeria: A Cross-Sectional Study

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Abstract

Background: Child adoption refers to the process by which a child is brought into a family by one or more adults, not biological parents, but recognised by law as such. Infertility has become the main reason parents seek child adoption. This study aimed to assess the knowledge, perception, acceptability and factors influencing child adoption as a management option for infertility among women of reproductive age in Ogbomoso. **Methodology:** This is a cross-sectional descriptive study using interviewer-administered questionnaires. A total of 404 women of reproductive age from different communities across the five local government areas of Ogbomoso land were selected using a multistage sampling technique. The data were analysed using SPSS version 26. **Results:** The majority of the respondents, 133 (32.92%), were aged 21-25 years; 185 (45.79%) were married; 171 (42.33%) had tertiary education. The knowledge scores of respondents on child adoption ranged from 0.00% to 85.71%, with a mean of 53.96% ± 19.898. Sixty-two of the respondents had good knowledge. About 50% of the respondents had good perception. Three hundred and twelve (77.2%) of respondents were willing to accept child adoption if infertile. This study showed an increasing level of knowledge of child adoption and acceptability with increasing level of education. **Conclusion:** The study shows a high acceptance rate of child adoption practices. A significant association exists between good knowledge on child adoption and the inclination towards accepting child adoption as a management option of infertility.

Keywords: Acceptability, Infertility, Child Adoption, Reproductive Age, Management Option

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INTRODUCTION

Infertility is a common health problem with devastating psychosocial consequences on the affected couples, especially in Africa. [1] Worldwide, 5 to 15 per cent of couples suffer from infertility. In Africa, the prevalence can reach 45%.[2] Childless couples suffer from the confluence of personal, interpersonal, social and religious expectations, thus bringing a sense of failure to them.[3] In some cultural settings in Africa, infertile couples are not even allowed to take the lead role in important family functions and events.[3] In addition, these couples are often socially ostracised by their immediate families. These challenges are not only restricted to the developing world.[3]

Children are esteemed as sources of pride and economic fortune for the family, with the society's perception of a man's wealth and strength equated to his progeny.[2] In these traditional societies, the psychological and emotional stress of childlessness is particularly worse for women who are generally blamed for infertility.

Although there are many management options for infertile couples, the outcome of the treatment depends on the etiological factors, available diagnostic tools, skills of the attending physician, and above all, the financial status of the couple.[3]

In Africa, there are limited assisted reproductive centres because they are mostly private sector-driven.[5] Even where they exist, the cost of accessing them and the low success rate, despite the huge financial resources, constitute a major hindrance for most couples who desire them.[6] They are therefore left to suffer from the agony of childbearing failure, and this is manifested in the form of emotional disturbances, depressive illness and marital disharmony. In addition, these couples are often socially annihilated by both immediate families and their community at large. Adoption is an alternative strategy in the management of infertility aimed at bringing succour to the affected couples.[7]

Child adoption refers to the process by which a child is brought into a family by one or more adults, not biological parents, but recognised by law as such.[7] It is recognised as one form of alternative care for children who are temporarily or permanently deprived of their family environment, or who are unable to remain in it.[8] Infertility has become the main reason parents seek to adopt children to whom they are not related; other motivations for adoption could be a desire to provide a home to a homeless child, to gain a child of the other sex, advanced age and the possibility of genetic problems in the person's biological child.[3] Adoption is an age-long traditional practice in Africa, but it lacks an appropriate law backing it up, with a lack of a universal definition in the African setup.[9,10]

It is estimated that between 8% and 12% of couples worldwide suffer from infertility, with rates as high as 49.9% in Africa.[11] The high burden of infertility, coupled with limited treatment options, as well as the exorbitant cost of assisted reproductive techniques,[1] and low success rates in poor resource countries like Nigeria, makes child adoption an acceptable solution to childlessness. Child adoption therefore presents an alternative treatment option to infertility, yet has not been fully explored and integrated into management schedules.[12] Adoption is a viable management tool for infertility, and it can provide a fulfilling and rewarding experience for infertile couples. Adoption can provide a child with a loving and stable home, and it can provide infertile couples with the opportunity to experience parenthood. However, the acceptability of child adoption as a management tool for infertility in Nigeria is low, and it is not widely practised. [1,13]

Several factors affect attitudes to adoption among infertile couples in Nigeria; these factors include cultural practices, stigmatisation, financial implications, and procedural bottlenecks. Cultural practices and beliefs can hinder the acceptability of adoption as a management tool for infertility, as adoption is not widely accepted in many Nigerian cultures. Stigmatisation can also contribute to negative attitudes toward adoption, as infertile couples may feel ashamed or embarrassed about their inability to conceive.[14] Financial implications can also be a barrier to adoption, as the cost of adoption can be prohibitive for many infertile couples.[15] Procedural bottlenecks, such as the lack of clear guidelines and regulations for adoption, can also contribute to negative attitudes toward adoption.

There are not many studies carried out on child adoption in Nigeria. These studies generally reflect high knowledge and low willingness to adopt amongst couples. [2,15] In a study in South West Nigeria, only 33.7% of the respondents were willing to adopt a child. [1] In Enugu, the prevalence of child adoption was 5.5%. [13] This study aimed to determine the knowledge, perception, and acceptance of child adoption and factors influencing acceptability of child adoption as a management option for infertility among women of reproductive age in Ogbomoso.

METHODOLOGY

Study Area

The study was carried out in Ogbomoso, Oyo State, South West, Nigeria. Ogbomoso was founded in the mid-17th century; majority of the population are members of the Yoruba ethnic group. The total population of Ogbomoso is estimated at about 602,000 as of 2022, with the population of women of reproductive age totalling 163,000. It comprises five local government areas: Ogbomoso North, Ogbomoso South, Surulere, Oriire, and Ogo Oluwa. The major activities are agriculture and trading, although recent years have seen an increase in service production and industries. Their religions are Christianity, Islam, and Traditional.

Study Population

The study involved women of reproductive age group living in different communities in the five local government areas of Ogbomoso.

Inclusion Criteria: Women of reproductive age group in Ogbomoso between 18 years and 49 yrs. Exclusion Criteria: Women of reproductive age group in Ogbomoso between 18 years and 49 years not willing to participate or not wanting to give consent.

Study Design

This is a descriptive cross-sectional study conducted over 2 months, from 1st December 2024 to 30th January 2025.

Sample Size Determination

Using Leslie-Fisher's formula**,** $n = Z2pq/ d2$
where n = sample size,
Z = Z statistic for a level of confidence
P = Acceptability of child adoption obtained by Francis C. Ezewankoret al. [2]
d = Precision (if the precision is 5%, then d = 0.05)
$n = 1.96^2 \times 0.64 \times 0.36/0.05^2 = 404$

Sampling Technique

A multistage sampling technique was used to select respondents for this study:

- Stage 1: 2 out of the 5 LGAs in Ogbomosho were selected by simple random sampling.
- Stage 2: Communities from both LGAs were listed, and 10 communities were selected by simple random sampling.
- Stage 3: Streets in the selected communities were selected by simple random sampling.

Instrument of the Study

The survey instrument was an interviewer-administered questionnaire. It was administered to women of reproductive age group in the selected streets. The questionnaire was pretested and found to be appropriate for the study.

The data were collected by the principal investigators and research assistants. The research assistants were two residents in the Obstetrics and Gynaecology department and ten 500-level medical students undergoing rotation in the department (acknowledged in the manuscript). They were trained for two hours daily for three days in the administration of the questionnaire and patient recruitment.

The questionnaire was developed based on the literature review of comparable studies. The first version was administered to 40 women of reproductive age attending the gynaecological clinic at LAUTECH Teaching Hospital to ensure clarity of questions, format, and sequence; ambiguous questions were rephrased. The information collected through the pilot study was not included in the final analysis.

The study instruments had four sections, which include the following:

- Section A: Sociodemographic characteristics of studied participants
- Section B: Knowledge of adoption as a management option for infertility among women of reproductive age in Ogbomoso.
- Section C: Perception of child adoption as a management option for infertility among women of reproductive age group in Ogbomoso.
- Section D: Adoption acceptance rate among women of reproductive age group in Ogbomoso.

Measurement of Outcome Variables

The Knowledge score (%) of respondents was derived from Section B of the questionnaire (see Table 2; correct answers are in bold). The variables of interest were seven in total; each correct response was given a score of 100/7 (%) while an incorrect or "don't know" response was scored 0. The total score, multiplied by 100/7%, gave their knowledge score as a percentage. The individual knowledge score was computed, and the respondents' mean knowledge score was calculated. The respondents whose knowledge score is equal to or more than the mean score (53.96%) were regarded as having good knowledge, while those with scores lower than the mean score (53.96%) were regarded as having poor knowledge.

The Perception Score (%) of respondents was derived from Section C of the questionnaire (see Table 4; correct answers are in bold). The variables of interest were nine in total; each correct response was given a score of 100/9 (%) while an incorrect or "don't know" response was scored 0. The total score, multiplied by 100/9%, gave their Perception Score as a percentage. The individual Perception Score was computed, and the respondents' mean Perception Score was calculated. The respondents whose Perception Score is equal to or more than the mean score (68.2%) were regarded as having good Perception, while those with scores lower than the mean score (68.2%) were regarded as having poor Perception.

Data Collection

Data collected were checked for completeness and accuracy. The questionnaires were computed and analysed using IBM (International Business Machines Corporation) SPSS (Statistical Product and Service Solutions) version 26. Categorical variables, such as socio–demographic status, were expressed as percentages and presented in frequency tables and charts. The chi–square test was used to assess association between categorical variables in contingency tables, and statistical significance was set at p values < 0.05.

Quantitative data, e.g., total knowledge score and acceptance rate, were presented as mean (standard deviation) or median (interquartile range). Differences between study groups were compared using the student's t-test and expressed as relative risk (RR), with 95% confidence intervals and a significance level of <0.05.

Ethical Consideration

Ethical approval was sought from the ethical review board, LAUTECH Teaching Hospital, Ogbomoso and informed consent was obtained from each respondent. The ethical approval number is LTH/OGB/EC/2024/549.

RESULTS

Table 1 shows the socio-demographic characteristics of the respondents. A total of 404 women of reproductive age participated in the study. The mean age was 30.19 ± 8.03 years. The majority of respondents, 133 (32.9%), were within 21–25 years, followed by 26–30 years (21.0%), while only 3.9% were aged 46 years and above. About half of the respondents (51.2%) were single, while 45.8% were married. The predominant ethnic group was Yoruba (85.9%), followed by Igbo (7.9%), while Hausa constituted only 2.7%. With respect to educational attainment, 42.3% had tertiary education, 34.9% were undergraduates, while only 2.7% had no formal education. Slightly above 1/3rd

(36.1%) of respondents were students, 114 (28.2%) were civil servants, and 69 (17.1% were traders. The majority of respondents practised Christianity (71.0%), while 28.7% were Muslims.

Table 1: Socio-Demographic Characteristics of the Respondents.

Variables	Frequency (n=404)	Percentage (%)
Age group		
1. ≤ 20	21	5.20
2. 21 – 25	133	32.92
3. 26 – 30	85	21.04
4. 31 – 35	58	14.36
5. 36 – 40	58	14.36
6. 41 - 45	33	8.17
7. ≥46	16	3.96
Mean ± SD	30.19 ± 8.029	
Marital status		
1. Single	207	51.24
2. Married	185	45.79
3. Divorced	11	2.72
4. Widow	1	0.25
Ethnicity		
1. Yoruba	347	85.89
2. Hausa	11	2.72
3. Igbo	32	7.92
4. Others	14	3.47
Level of Education		
1. No Formal	11	2.72
Education	8	1.98
2. Other	28	6.93
3. Primary	45	11.14
4. Secondary	141	34.9
5. Undergraduate	171	42.33
6. Tertiary		
Occupation		
1. Artisan	29	7.18
2. Civil Servant	114	28.22
3. Corp member	9	2.23
4. Farmer	3	0.74
5. Trader	69	17.08
6. Student	146	36.14
7. Unemployed	26	6.44
8. Others	8	1.98
Religion		
1. Christianity	287	71.04
2. Islam	116	28.71
3. Traditional	1	0.25

Table 2 shows respondents' knowledge of child adoption; the correct answers are in bold. The majority (90.8%) had heard of child adoption before, and most respondents (80.9%) correctly defined adoption as a legal procedure of obtaining another person's child as one's own. However, only 34.2% were aware of adoption services in

Table 2: Respondents' Knowledge of Child Adoption

Variables	Frequency (n=404)	Percentage (%)
Ever heard of child adoption before?		
Yes	367	90.8
No	37	9.2
What is Child adoption?		
1. Adoption is a legal procedure of obtaining another person's child as one's own.	327	80.94
2. Adoption is the process of taking a child from the village or another family to stay and live with you	44	10.89
3. Adoption is purchasing a motherless baby	15	3.71
4. No idea	18	4.46
Awareness of existence of adoption services in Oyo state?		
Yes	138	34.16
No	211	52.23
Not Sure	55	13.61
Who to contact when trying to adopt?		
1. Contact a family in the village	18	4.46
2. Department of Child and Family Services	203	50.25
3. Motherless Babies Home	142	35.15
4. No idea	41	10.15
Minimum age of a child that can be adopted?		
1. At birth	42	10.40
2. 1 year	18	44.55
3. 5 years	154	38.12
4. No idea	190	47.03
Maximum age of a child that can be adopted?		
1. 5	0	0.0
2. 15	0	0.0
3. 18	0	0.0
4. No Idea	404	100.0
Aware that adoption is a management option for infertility?	336	83.17
1. Yes	68	16.83
2. No		

Oyo State, while more than half (52.2%) were not. When asked who to contact in order to adopt a child, half of the respondents (50.3%) mentioned the Department of Child and Family Services, while 35.1% opted for motherless babies' homes. Concerning the minimum age for adoption, only 10.4% knew that adoption can begin at birth, whereas 47.0% had no idea. None of the respondents knew the legal maximum age for adoption. Encouragingly, 83.2% of respondents were aware that adoption is a management option for infertility.

The knowledge score of respondents on Child Adoption ranges from 0.00% to 85.71%; the mean score is 53.96% ± 19.898, the median is 57.14%, and the mode is 57.14%. Overall, as shown in Table 3, 62.6% demonstrated good knowledge (Knowledge Score ≥ the mean score of 53.96%), while 37.4% had poor knowledge (Knowledge Score < the mean score of 53.96%).

Table 4 shows respondents' perceptions of child adoption; the correct answers are in bold. Most respondents had positive perceptions about child adoption. The majority (77.5%) agreed it is a good practice, while 78.0% believed.

Table 3: Knowledge Grading of the Respondents on Child Adoption.

Knowledge score	Frequency	Percentage (%)
Good	253	62.6
Poor	151	37.4
Total	404	100.0

it lessens the burden of childlessness. Similarly, most participants (80.4%) supported adoption as a management option for infertility, and 66.1% believed it can reduce stigma associated with infertility. Regarding preference, the majority (80.7%) preferred adoption through government agencies rather than family arrangements. Most respondents (89.6%) reported that their religion was not against adoption. However, 45.1% expressed concerns about possible stigma or discrimination, while 23.3% admitted that cultural or religious beliefs influenced their views on adoption. In terms of emotional perception, 40.3% considered adoption less emotionally challenging than other infertility treatments, 31.4% considered it more challenging, while 28.2% believed it was equally challenging.

The Perception Score of respondents on Child Adoption ranges from 0.00% to 100%; the mean score is 68.2% ± 21.9, the median is 77.78%, and the mode is 77.78%. About half of the respondents (50.7%) had a Good Perception of Child Adoption (Perception Score ≥ the mean score of 68.2%), as shown in Table 5.

Figure 1 shows the proportion of respondents who accept child adoption. Three hundred and twelve respondents would consider adopting a child if the need arises.

Table 6 shows that respondents' acceptance of child adoption varied significantly across socio-demographic characteristics. Younger respondents (≤ 25 years) showed the highest acceptance (81–87%), while acceptance decreased among older respondents, with only 50% acceptance among those aged 46 years and above (p = 0.003). Single women (85.5%) were significantly more likely to accept child adoption compared to married women (69.7%) (p = 0.001). Yoruba women had a higher acceptance rate (79.3%) than Hausa (36.4%) and Igbo

Table 4: Respondents' Perception on Child Adoption

	Frequency (n=404)	Percentage (%)
Child adoption a good practice?		
1. Strongly disagree / Disagree	32	7.92
2. Neutral	59	14.60
3. Agree / Strongly Agree	313	77.48
Child adoption lessen burden of childlessness among infertile couples?		
1. Strongly disagree / Disagree	31	7.67
2. Neutral	58	14.36
3. Agree / Strongly Agree	315	77.97
Adoption should be encouraged as a management option for infertility?		
1. Strongly disagree / Disagree	29	7.18
2. Neutral		
3. Agree / Strongly Agree	50	12.38
	325	80.44
Adoption can solve the stigmatization of infertile couples?		
1. Strongly disagree / Disagree	54	13.37
2. Neutral		
3. Agree / Strongly Agree	83	20.54
	267	66.09
Which do you think is better?		
1. Adoption from Family Members	78	19.31
2. Adoption from Government Agency	326	80.69
Is your religion against Child adoption?		
1. Yes	17	4.21
2. No	362	89.60
3. Maybe	25	6.19
Do you have concerns about potential discrimination or stigma that may be associated with adopting a child?		
1. Yes		
2. No	182	45.05
3. Maybe	184	45.54
	38	9.41
Are there specific religious or cultural beliefs that are guiding your decision on whether to consider adoption?		
1. Yes		
2. No	94	23.26
3. Maybe	276	68.32
	34	8.42
Do you perceive adoption as a more or less emotionally challenging option compared to other infertility treatments?		
1. More emotionally challenging	127	31.43
2. Less emotionally challenging	163	40.35
3. Equally emotionally challenging	114	28.22

(68.8%) (p = 0.006). Educational attainment also influenced acceptance: 83.7% of undergraduates and 79.5% of those with tertiary education accepted adoption, compared to only 50% of those with primary education (p = 0.001). Occupation significantly affected acceptance of adoption, with students (84.2%) and civil servants (82.5%) more accepting than artisans (62.1%) and traders (62.3%) (p = 0.003). Religion did not significantly affect acceptance (p = 0.302). Importantly, knowledge and perception strongly influenced acceptance of adoption. Respondents with good knowledge (87.7%) were more accepting than those with poor knowledge (59.6%) (p = 0.001). Similarly, respondents with good perception (87.8%) were significantly more accepting than those with poor perception (66.3%) (p = 0.001).

Table 5: Perception Grading of the Respondents on Child Adoption.

Perception Score	Frequency	Percentage (%)
Good	205	50.7
Poor	199	49.3
Total	404	100.0

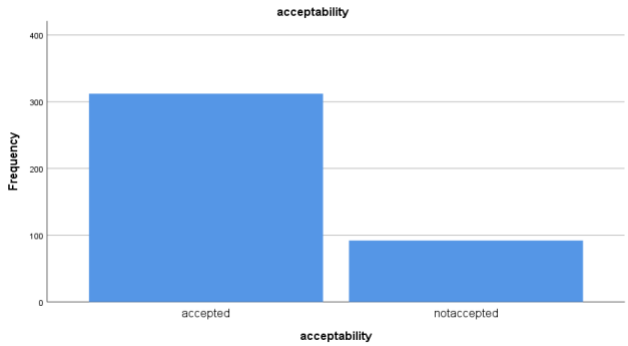

Figure 1: The level of acceptance of child adoption among the respondents

DISCUSSION

This study assessed the knowledge, perception, and acceptability of child adoption among women of reproductive age in Ogbomoso. The findings reveal generally high awareness and acceptance of adoption, but notable gaps in detailed knowledge and perceptions. The socio-demographic profile showed that the majority of respondents were young, single, educated, and predominantly Yoruba. This aligns with Oyo State's demographic distribution and suggests that the findings may reflect the cultural and social dynamics of southwestern Nigeria. The mean age of respondents (30.2 years) aligns with the reproductive age group typically confronted with issues of infertility. The predominance of Yoruba respondents reflects the ethnic composition of Ogbomoso. The high literacy level of respondents, with over 75% having undergraduate or tertiary education, suggests that the study population is well informed.

Table 6: Assessment of the Acceptability Rate of Child Adoption among Women of Reproductive Age in Ogbomosho

Variables	Accepted n (%)	Not Accepted n (%)	Test Statistics	P value
Age group				
≤ 20	17 (81.0)	4 (19.0)		
21 – 25	116 (87.2)	17 (12.8)		
26 – 30	67 (78.8)	18 (21.2)	χ^2 = 19.690	P = 0.003
31 – 35	42 (72.4)	16 (27.6)		
36 – 40	40 (69.0)	18 (31.0)		
41 - 45	22 (66.7)	11 (33.3)		
≥ 46	8 (50.0)	8 (50.0)		
Marital status				
Single	177(85.5)	30 (14.5)	χ^2 = 20.592	P = 0.001
Married	129(69.7)	56 (30.3)		
Divorced	6 (54.5)	5 (45.5)		
Widow	0 (0.0)	1(100.0)		
Ethnicity				
Yoruba	275 (79.3)	72(20.7)	χ^2 = 12.574	P = 0.006
Hausa	4 (36.4)	7(63.6)		
Igbo	22 (68.8)	10(31.3)		
Others	11 (78.6)	3(21.4)		
Level of Education				
No Formal education	6 (54.5)	5 (45.5)		
Other		0 (0.0)	χ^2 = 24.097	P = 0.001
Primary	0 (100.0)	14 (15.0)		
Secondary	14 (50.0)	15 (33.3)		
Undergraduate	30 (66.7)	23 (16.3)		
Tertiary	118(83.7)			
	136 (79.5)	35 (20.5)		
Occupation				
Artisan	18 (62.1)	11 (37.9)	χ^2 = 21.812	P = 0.003
Civil Servant	94 (82.5)	20 (17.5)		
Corp member	8 (88.9)	1 (11.1)		
Farmer	2(66.7)	1 (33.3)		
Trader	43 (62.3)	26 (37.7)		
Student	123 (84.2)	23 (15.8)		
Unemployed	17 (65.4)	9 (34.6)		
Others	7 (87.5)	1 (12.5)		
Religion				
Christianity	227 (79.1)	60 (20.9)	χ^2 = 2.392	P = 0.302
Islam	84 (72.4)	32 (27.6)		
Traditional	1 (100.0)	0 (0.0)		
Knowledge Grade				
Good	222(87.7)	31(12.3)	χ^2 = 42.591	P = 0.001
Poor	90 (59.6)	61 (40.4		
Perception Grade				
Good	180 (87.8)	25 (12.2)	χ^2 = 26.475	P = 0.001
Poor	132 (66.3)	67 (33.7)		

P-value < 0.05

Most respondents were aware of child adoption and understood its legal basis, consistent with findings from studies in Lagos, Enugu, and northern Nigeria, where awareness exceeded 80%. [5,16,17] However, awareness of adoption services was low, with only a third aware of existing adoption agencies in Oyo State. This gap suggests poor public sensitisation by government and social welfare agencies.[18]

Knowledge regarding eligibility age for adoption was particularly poor, as none of the respondents knew the legal maximum age for adoption. This indicates a lack of access to official adoption guidelines, which could create barriers to informed decision-making. Nevertheless, the majority correctly identified that adoption can serve as a viable option for infertile couples, a finding consistent with research in other sub-Saharan countries. [19-21] This study showed an increasing level of knowledge of child adoption and acceptability with increasing level of education; those with at least secondary level of education accepted child adoption as a management option for infertility. It is similar to a study carried out in South-South Nigeria, which revealed that participants with a higher level of education had good perception and high acceptance of child adoption.[8] The correlation is supported by the notion that literacy enhances access to information, fosters enlightenment and encourages rational thinking. This assertion is supported by logistic regression, which demonstrates a significant association between educational status and a more nuanced understanding of adoption.

Perceptions of adoption were generally positive, with most respondents agreeing that adoption reduces the burden of infertility and helps mitigate stigma. Yet, concerns about discrimination and cultural or religious influences remain evident. Although the majority reported that their religion did not prohibit adoption, nearly half expressed fears of stigma, suggesting that socio-cultural barriers remain critical obstacles to adoption practices in Nigeria [15] and in other African settings. [15,19] The acceptance rate of child adoption in this study was high, especially among younger, single, and more educated women. This indicates that educational attainment and exposure may play significant roles in shaping attitudes towards adoption. These findings are consistent with reports from studies in Ghana and Ethiopia, in which higher education and urban residence predicted positive attitudes towards adoption. [20,21]

Given their relatively high level of awareness, the majority of respondents in this study accepted child adoption if the need arises; this aligns more closely with a study conducted in Zaria, which showed 77% acceptance.[6] Nevertheless, variation emerged compared to perspectives from south-west Nigeria, which revealed 33.7% acceptance.[1] The difference in the population studied is most likely the reason for this variation. Whereas the South-west study was among infertile couples, this study and that done in Zaria [6] were among women of reproductive age group regardless of marital status.[6] There is more likelihood that a lower level of acceptance of child adoption among the infertile couples demonstrated in the earlier study might be a true reflection of acceptance rate, as the decision to adopt a child from their perspective represents a real-life scenario as against contemplative thinking among their counterparts without infertility. The variation in psychological dynamics between the two population groups may dictate their level of acceptance of child adoption. In traditional African society, a married infertile woman often feels compelled to prove her womanhood by bearing biological children, aligning with social expectations; adoption might only be considered as a last resort. [22]

Interestingly, religion was not a significant predictor of adoption acceptance in this study, in contrast to reports from northern Nigeria and some Islamic communities, where adoption is less accepted and Islamic interpretations affect child adoption. [5,15] This difference could reflect the dominance of Christianity in the study area. Knowledge and perception significantly influenced acceptance, underscoring the importance of health education and public sensitisation. Respondents with greater knowledge and more positive perceptions were significantly more accepting of adoption.[23] This finding suggests that targeted awareness campaigns, coupled with efforts to reduce stigma, could improve uptake of this infertility management option.

The limitations of the study include the perceived stigmatisation among respondents concerning their opinion on the acceptability of child adoption due to socio-cultural factors and religious beliefs. A similar study focusing on infertile women in the gynaecological clinic would probably give a true opinion of respondents concerning perception and acceptability of child adoption being a direct concern for their reproductive health. Additionally, because this is a cross-sectional study, a causal relationship cannot be established.

The discussion on the role of child adoption as one of the management options of infertility is gaining popularity in the near future; this is more likely to break the socio-cultural barriers, thus offering the joy of parenting to thousands of infertile couples in Nigeria and the world at large. Based on our findings, we recommend that the Government and NGOs should intensify sensitisation programs to increase public awareness about child adoption laws, procedures, and available services; healthcare providers should incorporate child adoption education into infertility counselling sessions as a viable management option; state ministries of women affairs and social welfare should ensure enforcement of adoption laws and improve accessibility to adoption services.

Additionally, religious and community leaders should be engaged to dispel myths and cultural barriers surrounding child adoption; adoption-related education should be incorporated into reproductive health and family life education programs. Finally, more studies should explore the perspectives of men, family members, and healthcare providers, as their views also influence adoption practices.

CONCLUSION

This study assessed knowledge, perception, and acceptance of child adoption among women of reproductive age in

Ogbomoso, Oyo State. The findings revealed that while general awareness of child adoption was high, knowledge of the legal and procedural aspects—such as the age eligibility for adoption and the official adoption agencies—was limited.

Perceptions were largely favorable, with most respondents acknowledging adoption as a good practice and an effective management option for infertility. Acceptance of child adoption was significantly higher among younger, single, and more educated women. Knowledge and perception strongly influenced acceptance, as those with good knowledge and positive attitudes were more likely to accept adoption. Religion, however, did not significantly affect adoption acceptance in this study. Overall, the results suggest that child adoption has strong potential as an alternative solution to infertility in the study area, but inadequate awareness of adoption services and persistent concerns about stigma remain barriers.

Conflict of Interest: The authors declare no conflict of interest

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