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Kaitlyn Findley

April 20, 2011

The Emergence of Domestic Non-Kin Adoption in Kenya: Evidence of Developmental Social
Coping in the Midst of a National OVC Crisis

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An abstract of
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Abstract

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By Kaitlyn Findley

Traditionally, legal adoption by non-relatives in Kenya, and sub-Saharan Africa in general, has been highly stigmatized and rarely practiced due to strong cultural barriers involving ethnic identity, clan affiliation and negative connotations associated with “baby stealing.” Despite its long history as a highly stigmatized institution, Kenya has experienced a dramatic increase in local adoption over the last 15 years, unlike any other country in SSA. The objective of this research project was to anthropologically assess the emergence of domestic, non-kin adoption in Kenya as a social coping mechanism for the growth of infant abandonment, a culturally novel phenomenon situated within the larger orphan and vulnerable children (OVC) crisis that resulted from the country’s deteriorating socio-economic conditions and devastating demographic shift caused by the HIV/AIDS epidemic. The goals were as follows: to record the legal and social emergence of domestic, non-kin adoption in Kenya; to explore the body of ideas, opinions and stigmas surrounding both domestic and international adoption; to document the motivations and experiences of adoptive parents in Kenya; to identify the unique characteristics of the children being adopted domestically; and to establish an understanding of adoption in the Kenyan context with the aim of assessing and understanding its potential impact on long-term care for abandoned infants. To accomplish these objectives, I conducted 34 semi-structured interviews with adoptive parents, members of the general public, and experts in the field of local adoption. I also collected quantitative data on a sample of abandoned infants from New Life Home-Kilimani, a children’s home in Kenya, to provide a case study of the children being adopted domestically. Ultimately the study found that Kenya has experienced a significant social transformation involving the relative acceptance of domestic adoption specifically with respect to abandoned infants. The emergence of local adoption in Kenya can be seen as a developmental social coping response to infant abandonment—a culturally novel phenomenon requiring a culturally novel solution.

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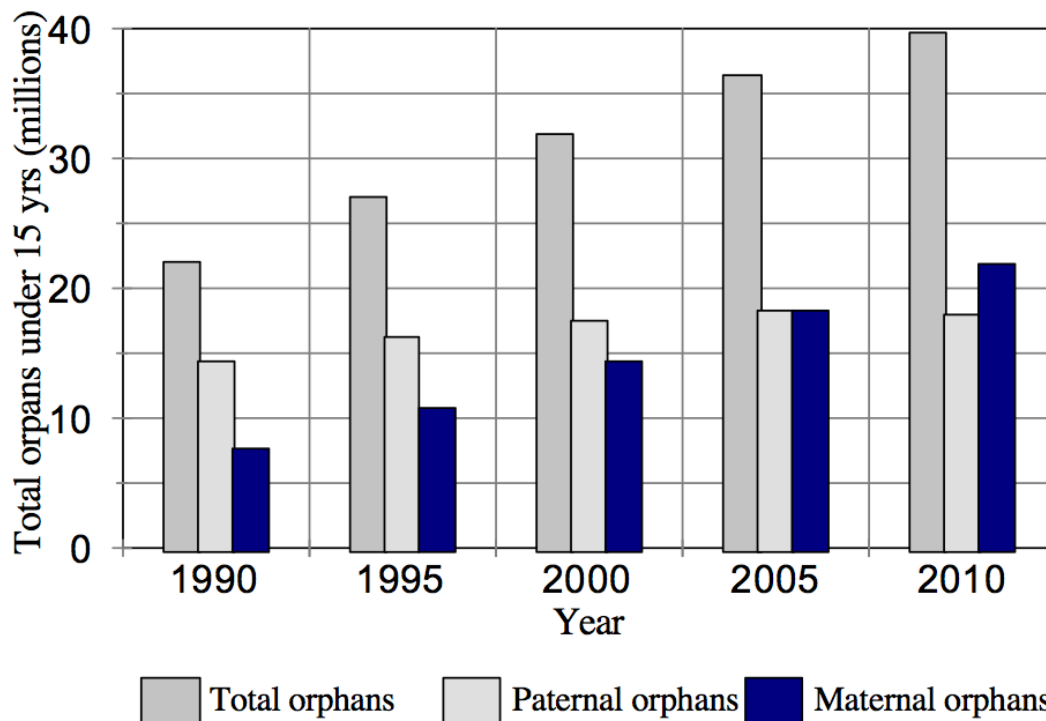
Chapter 1: Introduction

CONCEPTUAL FRAMEWORK

The “African orphan” is one of the most prominent images in the media to represent the HIV/AIDS epidemic in sub-Saharan Africa (SSA), which has ravaged the continent at an alarming rate (Madhavan, 2004). As of 2009, an estimated 22.5 million people living with HIV resided in SSA, accounting for 68% of the global HIV burden (UNAIDS, 2010). By late 1999, 84% of all AIDS deaths, 91% of pediatric HIV infections and 94% of child AIDS deaths had occurred in SSA, and these disproportionate mortality and morbidity burdens have remained constant throughout the last decade (Foster & Williamson, 2000).

The social and economic devastation caused by the overall HIV/AIDS epidemic, but specifically by the epidemic’s unique epidemiological pattern, has resulted in a growing number of orphans in SSA (Preble, 1990). Unlike many other fatal viruses, HIV/AIDS kills prime-age adults in the midst of their most productive and caregiving years (678). Given the magnitude of the epidemic in SSA, this pattern of mortality has created a significant demographic shift throughout the continent, resulting in an increasing number of children orphaned as the result of HIV/AIDS (Nyambedha, 2001). According to Elizabeth Preble: “The predominance of heterosexual transmission and the absolute numbers of both parents infected with HIV give the problem [the growing number of orphans] considerably greater proportions in Africa.” Of the children orphaned by AIDS throughout the world, 95% have occurred in Africa (Foster & Williamson, 2000: 275). *Figure 1.1* below illustrates the estimated, cumulative number of orphans for 19 African countries between 1990 and 2010.

Figure 1.1: Cumulative Orphans from AIDS Estimates for 19 African countries, 1990-2010



Source: Foster, G. & Williamson, J. (2000). A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa, *AIDS*, 14(3), 275-284.

Figure 1.1 demonstrates that the number of orphans under the age of 15 years has been rising steadily in SSA since 1990, reaching an estimated 40 million in 2010. Operational definitions of the term “orphan” refer to a “child bereaved by the death of one or both parents” (Foster & Williamson, 2000: 275). These estimates are also reflected in Figure 1.1 through the illustrated levels of paternal and maternal orphans from HIV/AIDS in SSA. Traditionally, orphans in Africa—paternal, maternal and double—have been cared for by able members of the extended family within the community. However, as the unrelenting strain of the demographic, economic, and social impact of the HIV/AIDS epidemic has overwhelmed and eroded these networks of traditional kinship care, many children are “slipping through these community safety nets, causing them to end up in a range of vulnerable situations” (Foster, 2000: 56; Preble, 1990; Nyambedha, 2001; Cornia, 2002). Within the context of the AIDS epidemic, the term “orphan

and vulnerable children” (OVC), refers to this population of children “slipping through community safety nets,” and includes all orphans regardless of care provider, as well as children living in a variety of insecure situations (UNICEF, 2010). In addition to orphans, the OVC population includes children living in child-headed households, those with a grandparent as the primary caregiver, and street children. According to Foster & Williamson (2000), children in households headed by other children or a grandparent live in particularly dire economic conditions, with an average monthly income of around \$8 compared to the \$21 average of neighbors not living in these environments. Street children live in conditions of extreme hardship and are often made vulnerable to HIV infection through the necessity to exchange sexual favors for food and money (Preble, 1990). The disintegration of traditional social arrangements, support structures and social relations, resulting from the devastating demographic shift in SSA caused by the HIV/AIDS epidemic, has also led to the emergence of infant abandonment¹ and abandoned children in general, often referred to as “social orphans,” and included in the OVC population (Cornia, 2002). According to Cornia (2002): “With mounting poverty, distress and social fragmentation, many living parents have begun deliberately abandoning their children as they feel no longer able to care for them in the new world brought on by AIDS.” Furthermore, UNICEF (2004) found that infant abandonment has increased in several African countries where HIV-positive mothers face poverty, stigma and lack of family and community support. In African cultures where children traditionally are the center of every household and the broader society, abandonment, especially infant abandonment is a novel phenomenon, which permanently severs children from their biological families, kinship networks and communities of

¹ While the terms “abandon” and “abandonment” convey strong connotations of shame and culpability, this thesis uses these words only to refer to the “legal termination of parental rights through means of desertion,” either in a hospital or elsewhere in a community, without seeking to perpetuate these connotations or passing judgment on the reasons for the termination of parental rights by this means.

origin. As such, these children arguably constitute the most vulnerable subset of the OVC population, as they are without any form of traditional care, regardless of how minimal that care would have been given SSA's severe socioeconomic pressures. Ultimately, the expanding OVC population is a rapidly growing social crisis in the majority of countries in SSA, and finding models capable of providing adequate support and long-term care for these children is of grave concern for national governments and the international humanitarian community, as "the problem of orphanhood can no longer be left to individual households and the extended family system, which have been weakened and outstripped by the large number of children in need" (Nyambedha, 2001: 85).

PROBLEM STATEMENT

Even after the HIV/AIDS epidemic begins to wane, its impact will linger for decades due to the disease's long incubation period and delayed mortality plateau, meaning long-term care solutions for children orphaned and made vulnerable by the epidemic must be developed (Foster & Williamson, 2000). This unprecedented issue of orphanhood, and the overall OVC crisis, poses serious challenges to governmental policy makers and implementers (Nyambedha, 2001). For this reason, significant, pragmatic research has been conducted in several SSA countries in an attempt to elucidate the "best" care initiatives and responses for the OVC population (Cornia, 2002). Regardless of its established, increasingly limited capacity for support, "the extended family remains the predominant caring unit for orphans [and vulnerable children] in communities with severe HIV/AIDS epidemics" (Foster & Williamson, 2000). As such, the majority of the aforementioned pragmatic research suggests national responses to the OVC crisis that bolster these support systems at the community level, ultimately providing social and financial assistance to strengthen the existing, but significantly weakened and altered, extended family

care networks (Foster, 2000; Nyambedha, 2004; Nyambedha, 2001). Recommendations from these country level research initiatives broadly suggest that interventions and responses should “build on existing potentials within the community, with special attention focused on traditional kinship institutions, self-help groups, women’s groups and the donor community so that they can become active agents for supporting orphan and vulnerable children” (Nyambedha, 2001). While shown to be relatively effective at the community level, these primary responses largely ignore the needs of social orphans, specifically abandoned infants who have been removed from all traditional communal coping mechanisms and placed in children’s institutions for provisional care.

Permanent institutionalization is the most common programmatic response explored when attempting to identify possible solutions for the long-term care of abandoned infants and children. However, the overwhelming findings of cross-national research suggest that this approach is unsustainable and not in the physical or social best interests of the children (Foster, 2000; Cornia, 2002; Leyenaar, 2005; Preble, 1990). According to Cornia (2002), with unit costs between \$600 and \$2,000 per child/year, the long-term financial costs of permanent institutionalization are much too high to implement this approach on the scale that would be required by the current HIV emergency. Additionally, institutionalization does not provide the holistic care and environment that a family/community based alternative offers. Because socialization in institutions occurs primarily among peers, children often lack basic social, cultural and parental skills, having relational difficulties and significant developmental delays, as evidenced through the classic study of Romanian orphans adopted by English families (Cornia, 2002; Leyenaar, 2005). Additionally, children raised in institutions rarely have strong connections to the external members of the community, which is a particularly important

component of sociality in African settings (Cornia, 2002). The acknowledgement of inadequate long-term support from permanent institutionalization for this population in the OVC crisis has led policy makers to explore several other alternatives, including temporary shelters, children's villages, church care and even international adoption—all with seemingly greater challenges and limitations than permanent institutionalization with respect to the sustained provision of basic needs and support.

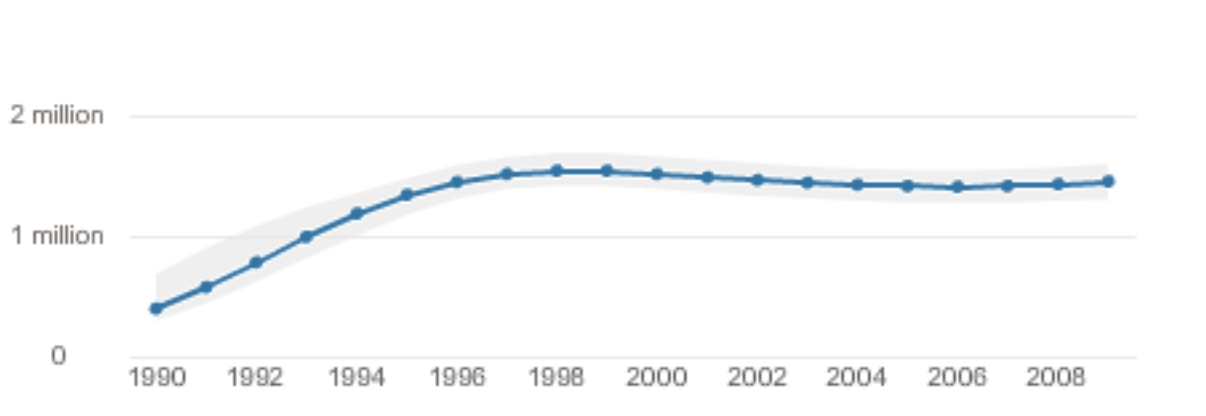
One alternative that has been largely ignored by these academic and investigative studies is the option of domestic (also referred to as: local, internal and national), non-kin legal adoption (Foster & Williamson, 2000; Madhavan, 2004). Traditionally, the western construct of formal, legal adoption has been largely nonexistent throughout SSA due to extreme sociocultural barriers surrounding the importance of biological lineage and ancestry.² This has led some scholars in adoption studies and sociology to argue that domestic, non-kin *legalized* adoption could never be a viable, community based, long-term care solution for any portion of the OVC population, and for this reason, does not warrant significant attention or research. In fact, Roby and Shaw, two prominent sociologists, explicitly stated that scholars “have yet to research this subject [local adoption] in depth, but because of observed, traditional and cultural beliefs, [they] do not believe it to be a significant contribution to a solution for the orphan crisis” in any SSA country (2006). However, despite its believed impossibility, on the ground evidence shows that Kenya has experienced a relatively significant emergence and growth of local, non-kin adoption over the last 15 years in the midst of its own OVC crisis. For this reason, Kenya has the potential to serve as a critical anthropological case study and significant contribution to this alarming lack of

² Please see *Chapter 2: Literature Review* for an in depth discussion of these cultural barriers and their manifestation in society.

literature and research on the possibility and role of legalized domestic adoption as a conceivable response to the abandoned children of the OVC population.

Kenya has experienced a devastating AIDS epidemic, with a current prevalence rate of 6.3% and an estimated 1.5 million people living with the disease (UNAIDS, 2010). This widespread prevalence of HIV has relatively plateaued since the early 2000s as seen in *Figure 1.2* below.

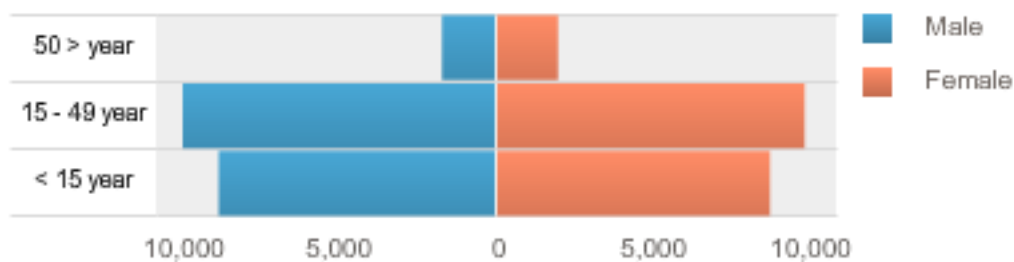
Figure 1.2: Prevalence of People Living with HIV in Kenya



Source: UNAIDS 2010—Country Facts Sheet; Kenya; <http://www.unaids.org/en/dataanalysis/tools/aidsinfo/countryfactsheets/>

High annual AIDS related mortality rates, especially those after the peak of the epidemic in 2000, have resulted in a serious demographic shift, similar to that experienced throughout SSA and illustrated in *Figure 1.3* below.

Figure 1.3: Prevalence of People Living with HIV in Kenya



Source: UNAIDS 2010—Country Facts Sheet; Kenya; <http://www.unaids.org/en/dataanalysis/tools/aidsinfo/countryfactsheets/>

To expand on the UNAIDS above representation of Kenya's demographic transition, according to the CIA World Factbook, 42% of Kenya's population is under the age of 15, 55% is between the ages of 15 and 64, and only 2.7% is above 65 years of age. As HIV/AIDS continues to claim the lives of prime age adults/parents at an alarming rate, the number of children in need of support is rapidly outstretching the number of available caregivers. Traditionally, the extended family in Kenya has always served as the primary support mechanism for orphans and vulnerable members of the community by providing physical and social care through patrilineal kinship networks. However, similar to the majority of countries and communities across SSA, "the extended family in Kenya has been unable to cope with the increasing need for support," creating a serious national OVC crisis in which many children are living in extremely vulnerable situations, both in and outside existing networks of kinship care (Nyambedha, 2004: 141). The following quote from a widowed grandmother in Western Kenya illustrates the gravity of the country's current OVC crisis:

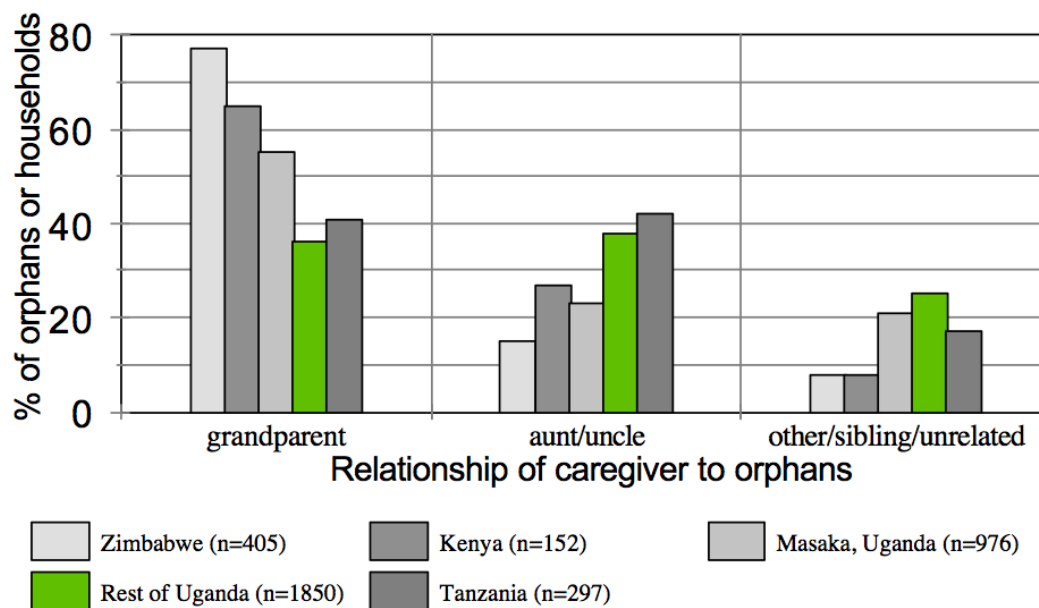
In the past, people used to care for the orphans and loved them, but these days, they are so many, and many people died who could have assisted them, and therefore orphanhood is a common phenomenon, not strange. The few who are alive cannot support them.

(Nyambedha, 2003: 2006)

UNICEF (2010) estimates that 2.6 million of Kenya's total 15 million children below the age of 17 are orphans. Of this 2.6 million, 1.2 million are orphaned by AIDS, which includes the estimated number of children who have lost parents to the disease, as well as social orphans who have been abandoned because of its socioeconomic and physical impacts. While national statistics on abandonment are extremely limited, Isaac Ochanga, a head Children's Officer with the Kenyan Children's Department, estimates that as many as 39,000 children, many of whom were infants, were abandoned between 2006 and 2008 (Kiplagat, 2008). These growing numbers

of orphans and vulnerable children are creating a serious strain on society to find mechanisms for long-term support. *Figure 1.4* below is from a cross-national study designed to elucidate current patterns of care for orphans and vulnerable children in countries like Kenya with significant HIV/AIDS epidemics.

Figure 1.4: Relationship of Caregiver to Orphans in Four African Countries



Source: Foster, G. & Williamson, J. (2000). A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa, *AIDS*, 14(3), 275-284.

As demonstrated in *Figure 1.4* and detailed in country specific research conducted by Nyambedha in 2001, 2003 and 2003, the majority of Kenya's orphans are still cared for within the extended family, regardless of its limited resources and support available. For this reason, Kenya implemented a cash transfer program in 2004 to strengthen these familial support systems at the community level (Bryant, 2009). This program, however, does not address the needs of the 8-10% of the OVC population (208,000-260,000 children) not receiving any kinship care at the community level. Recognizing this gap in the provision of support to these children, the Kenyan government passed a series of legislations in the early 2000s designed to encourage local, non-

kin adoption of abandoned children, primarily infants, that have been completely severed from their biological families and placed in provisional children's homes and institutions. While many African countries have passed similar legislation modeled after Western adoption laws, none other has experienced such a relatively dramatic emergence and growth of domestic, non-kin adoption at the national level. Given the unprecedented and unique nature of the emergence of local adoption in Kenya, the primary aim of this thesis is to anthropologically document and assess the phenomenon as a social coping response to infant abandonment within the context of the larger demographic shift and subsequent OVC crisis.

CENTRAL THESIS AND OBJECTIVES OF THE STUDY

The central thesis of this study is that the emergence and growth of domestic non-kin adoption is ultimately a cultural response to infant abandonment, which is a culturally novel phenomenon itself. Resulting from Kenya's devastating demographic shift, the emergence of infant abandonment has created several difficulties with respect to finding sustainable long-term care solutions for these children due to the lack of traditional precedent for providing support to children outside networks of kinship. For this reason, long-term care solutions for abandoned infants require a culturally novel, yet acceptable, approach. Historically, domestic, non-kin adoption has been highly stigmatized and seen as not belonging to the Kenyan culture. However, this thesis will evaluate the way in which the process of formal, non-kin adoption has been destigmatized and culturally reconstructed through developmental social coping as a way to respond to infant abandonment within the larger OVC crisis. This study's thesis will be evaluated by achieving the following central objectives:

1. Record the legal and social emergence of domestic, non-kin adoption in Kenya
2. Explore the body of ideas, opinions and stigmas surrounding both domestic and international adoption
3. Document the motivations and experiences of adoptive parents in Kenya
4. Identify the unique characteristics of the children being adopted domestically
5. Establish an understanding of adoption in the Kenyan context with the aim of critically assessing and understanding its potential impact on the abandoned infant crisis in the country

RESEARCH JUSTIFICATION

Studying the emergence and growth of domestic non-kin adoption in Kenya is important for several reasons. From an academic perspective, this area of research serves as a unique point of entry from which to evaluate the broader social transformation occurring in Kenyan society with respect to changing patterns of family formation, the meaning of children and the role of the extended family. Pragmatically, the multifaceted nature of the OVC crisis in Kenya requires that all potential responses and solutions be legitimately considered and explored. For this reason, this research was designed in part to critically assess the current and potential impacts of domestic adoption in Kenya, illuminating any of the phenomenon's characteristics that suggest its significance as part of the overall national plan to address the country's OVC situation.

Chapter 2: Ethnographic Context and Literature Review

ETHNOGRAPHIC CONTEXT

Contemporary Kenya

Kenya is located in eastern Africa and borders the Indian Ocean, Somalia, Tanzania, Uganda, Sudan and Ethiopia, with a climate that varies from tropical along the coast to arid in the interior. In 2011, Kenya's estimated population was slightly over 41,000,000 with an average life expectancy of 59 years (CIA World Fact Book, 2011). While English and Kiswahili are the country's official languages, the majority of Kenyans speak one or more indigenous or ethnic languages as well, including Kikuyu, Luo, Luhya, Kalenjin, Kamba Kisii and Meru. In 2003, Kenya reported an average literacy rate of 85.1%. Kenya has a labor force of 17.94 million, 75% of which works in agriculture while the remaining 25% is employed by the industry and service sectors. In 2008 the Kenyan unemployment rate was 40%, with 50% of the total population living below the absolute poverty line. Despite these high levels of poverty and unemployment, Kenya has one of the largest, growing middle classes in sub-Saharan Africa. According to James Shikwati, a leading Kenyan economist, approximately four million of the total 37 million Kenyans comprise the middle class, making between \$2,500 and \$40,000 a year (Gettleman, 2008). The World Bank and International Monetary Fund generally classify Kenya as a "low-income country," with a \$1,600 GDP per capita as of 2010 (Owino, 2002: 208). Although Kenya is considered the "regional hub" for trade and finance in East Africa, the country's growth and development since its independence have been seriously hampered by the reliance on a limited

number of primary trade goods, political corruption, social inequality, and more recently, the devastating impacts of HIV/AIDS (CIA World Fact Book, 2011).

Brief History

While Kenya officially became an independent country on December 12, 1963, the richly documented history of the region dates back to 2000 B.C.E. with the arrival area's original inhabitants, the Cushitic-speaking people from northern Africa (Ochieng, 1975). By the first century A.C.E. they had developed extensive trade networks with Arab merchants, which eventually lead to the establishment of important commercial posts. These commercial posts along the coast gradually transformed into Arab and Persian city-states under the influence of Islamic rule, and by the 8th century they were established economic hubs for the trade of gold, ivory, slaves, tortoise shell and rhinoceros horn with Greek, south Indian and Indonesian merchants. Throughout the first millennium A.C.E. Nilotic and Bantu peoples, who now comprise three-quarters of the total Kenyan population, migrated to the area, settling in both the interior region and along the coast. As economic exchanges intensified between the various groups, Kiswahili, a Bantu language borrowing several words from Arabic, emerged as the lingua franca for trade across the area. The various African populations and civilizations in this region coexisted in relative harmony into the 15th century, which marks the beginning of colonialism with the arrival of the Portuguese (Ochieng, 1975).

Vasco de Gama visited Mombasa in 1498 and established a trade route with the Far East directly by sea, challenging the traditional spice trade routes controlled by the Republic of Venice (Strandes, 1961). In 1505 Don Francisco de Almeida arrived in East Africa as the first official Portuguese colonial power with the primary goal of controlling trade within the Indian Ocean, and securing the recently discovered sea routes between Europe and Asia. The high

tariffs and strict trade regulations imposed by the Portuguese colonial presence in Eastern Africa severely disrupted the existing commerce, which resulted in several Omani Arab incursions into the region during the 17th century. By 1730, the remaining Portuguese officials were expelled, and the Omani Arabs ruled the coastal areas until the arrival of the British in 1884 (Strandes, 1961). Following the Berlin Conference, Great Britain ruled Kenya for 70 years with punitive and discriminatory economic, social and political policies (Haugerud, 1989). Resistance movements against British colonial rule in Kenya began to emerge in the early 1920s and intensified between 1944 and 1960 with the creation of the first countrywide nationalist party, the Kenya African Union. Kenyan resolve for independence further increased following the Mau Mau Rebellion (1952-1960), forcing the colonial government to hold elections and grant Kenya its independence in 1963 (Haugerud, 1989).

Colonial Legacy

Kenya's history since officially becoming a republic on December 12, 1964 has not been without significant troubles. The legacy of British colonialism in Kenya has resulted in the country's limited economic success and tumultuous, contemporary sociopolitical climate. Arguably, the most significant lasting consequence of colonialism in Kenya is the persistence of the increased ethnic consciousness and divisiveness created by colonial administrative policies, including that of "divide and rule" (Owino, 2002). The British created artificial administrative boundaries and local government along existing, but traditionally flexible, cultural-linguistic lines, which in turn fostered an unprecedented increased ethnic consciousness between the different ethnicities of Kenya. This institutionally promoted, divisive sense of separateness was then amplified by the uneven regional impact of colonial economic development and modernization, which persists to the present. The British colonial powers developed some

regions of Kenya through the construction of the Kenya-Uganda Railway, which spurred agricultural development, as well as led to the growth of towns and subsequently urban employment. Mission schools were also built along the railway, giving local ethnic groups in the region an opportunity for a Western education. This uneven distribution of growth and development meant that some ethnic groups prospered with an opportunity for relative upward mobility, while others suffered and were left struggling to receive their “fair share” (Owino, 2002: 94).

These socioeconomic inequalities and tensions between ethnicities have generated serious political implications for Kenya since its independence. Many political leaders have manipulated these tensions and inequalities to advance their own careers by creating a political rhetoric that evokes “tribal unity the face of a common enemy,” and effectively creates political parties along ethnic lines under the pretense that ethnic politicization is the only way to achieve equal representation at the national level and secure access to economic resources (Owino, 2002: 96). This ideology resulted in frequent ethnic and political violence throughout the 1980s, 1990s, and even as recently as 2007. Understanding this brief ethnographic context of Kenya is especially salient for this research project as it elucidates the origins of the contemporary political and socioeconomic tensions existing at the national level that have been exacerbated by the country’s HIV/AIDS epidemic, thereby further contextualizing the significance of the study’s findings regarding the emergence of legal, domestic adoption as a *national* phenomenon.

LITERATURE REVIEW

ANTHROPOLOGICAL PERSPECTIVES ON ADOPTION

The adoption of children by others is practiced in some form or another in all known societies. While ethnographies from all over the world briefly reference this social phenomenon,

until recently, it has received very little sustained academic interest in anthropology despite its important implications for kinship studies—a primary focus of research for many landmark anthropological works (Howell, 2009: 152). Adoption as a social practice raises significant theoretical and analytical questions about the meaning and role of kinship, calling for deeper exploration of the values attached to the relationship between biological and social relatedness in different cultural settings. Adoption challenges the standard discourse on kinship, traditionally understood as the “network of relationships created by genealogical connections and by social ties modeled on the ‘natural’ relations of genealogical parenthood” (Howell, 2009:150).

Schneider’s 1968 study of kinship as a cultural system led him to define kinship as “a blood relationship, the fact of shared biogenetic substances” (107). This emphasis on the biogenetic connectedness in the understanding of kinship is seen across many Western cultures where variations of the Judeo-Christian phrase, “of my own flesh and blood” exist in most languages, carrying significant emotional and moral connotations (Howell, 2009:150). In Scandinavian law and practice, for example, removing a child from his or her biological mother, regardless of how lawfully “unfit” she may be, is considered the absolute, final resort because of the perceived lasting psychological damage such a removal would inflict on both the child and the mother (150). In the last decade the push to grant people the “right to know their ‘real’ parents” by releasing the names of sperm and egg donors only reinforces the central position of biology and genetic relatedness in the construction of kinship and personal identity in these societies. This emphasis on the importance of biological kinship is further demonstrated by the transition from the previous secrecy that surrounded formal adoption in the United States to an “ideologically endorsed,” open adoption policy in which children are allowed, and at times even

encouraged, to know their biological mothers, and people are granted access to previously closed birth records (Howell, 2009:157).

The Euro-American, biocentric understanding of kinship has led anthropologists to create categories such as *fictive*, *pseudo*, *ritual* or *artificial kinship* to describe nonbiological kinship relationships. As the dramatic increase in intercountry adoptions has renewed academic interest in kinship and adoption studies, scholars have begun to problematize these labels, finally recognizing their inherent limitations for describing the range of complex social relationships that exist in many societies around the world. While contemporary formal adoption has been constructed as an institution to achieve the ultimate goal of replicating “natural” parenthood primarily for childless couples in the West, fostering and customary adoption cover a wide range of motivations, including those that are just as much social, political and economic as they are emotional (Howell, 2009: 154). A purely biological approach to kinship focuses only on the “natural” levels of relatedness while overlooking the extensive nurturant relations involved in kinship achieved by the social process of kinning. Ultimately, nurturant relationships in raising children often overlay “natural” kinship constructions, and ignoring the presence of these social connections prevents the full understanding of the role and influence of kinship at one of the most fundamental levels of society (Howell, 2009: 159). The raising of children is highly informative with respect to the “broader social, cultural and moral concerns and values of a particular sociocultural setting,” further emphasizing the need to fully understand the dynamic interplay between biology and sociality in the kinship relations of a society, which in turn necessitates a deeper analysis of the role of adoption in a specific location (153).

The constructs of biological and social kinship are inherently related and mutually reinforcing, as their individual definitions are relatively meaningless without some form of

reference to the opposing model (Howell 2009, 152). Recent anthropological research has focused on this intersection between biological and social kinship with respect to intercountry adoption and the process of “kinning” foreign-born children, addressing issues of family and individual identity formation (Modell, 2002; Carlsen, 2000; Howell, 2003, Howell & Marre, 2006). Studies have also sought to retrospectively address the previously oversimplified relationships between biological and social kin networks involved in raising children, and the basic role of adoption in “traditional” communities (Bledsoe & Abinake 1989; Bowie 2004; Brady 1976; Demian 2004; Fonseca 2004). Few efforts, however, have been aimed at studying the emergence formal, domestic adoption in countries like Kenya where customary adoption and fostering have long been the social norm. This study intends to contribute to the growing anthropological body of knowledge on contemporary adoption practices and relatedness by documenting the social transformation occurring in Kenya with respect to the relative uptake and destigmatization of legal adoption in the midst of the country’s HIV/AIDS epidemic and subsequent emergence of abandoned infants within the context of the country’s larger OVC crisis.

FORMAL ADOPTION: DEFINITIONS AND GLOBAL TRENDS

Formal adoption is an evolving “legal institution that creates ties equivalent to natural filiation between an adopted person and one or two adopted parents, so far as provided by the laws of the country” (United Nations, 2009:149). Of the 195 countries in the world, legal adoption is permitted in 173, and according to the United Nations’ 2009 report, *Child Adoption: Trends and Policies*³, 128 countries have available data on the prevalence of adoption (65).

³ The *Child Adoption: Trends and Policies*, is the first study focusing on adoption prepared by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. The focus of the report is on the nexus between adoption policies and trends at the national and global levels (xv). The report

Eighty-eight countries have information on both domestic and intercountry adoptions while 23 countries only report statistics on overall adoptions, nine record data on only intercountry adoptions, and eight only have data on domestic adoptions. Domestic adoption is “an adoption where both the adoptive parents and the adopted person are citizens and habitual residents of the same country,” whereas intercountry adoption is defined as “an adoption that involves a change in the adopted person’s country of habitual residence” (United Nations, 2009: 150).

Global Occurrence and Trends in National Adoption Rates

Although the global occurrence of adoption is believed to be high and increasing, the practice remains relatively rare with fewer than 12 children adopted for every 100,000 persons under the age of 18, and only an estimated 260,000 adoptions annually (United Nations, 2009: xv). The majority of these adoptions are concentrated in a limited number of countries. The United States, with over 127,000 adoptions in 2001, accounts for more than half of all global adoptions. Large numbers of adoptions also occur in China⁴, Russia⁵, Germany, the Ukraine, the United Kingdom, Brazil, Canada, France and Spain⁶ (66). The remaining 30,000 adoptions are distributed among numerous countries. Of the 118 countries with data on the total number of adoptions, 48 report between 100 and 1000 annual adoptions while fewer than 100 adoptions occur in an additional 40 countries.

Table 2.1 below illustrates the countries with the largest, total number of adoptions and varying national adoption magnitudes measured by the “under-18 adoption rate,” “the under-5 adoption rate,” and the “adoption ratio.” The under-18 and the under-5 adoption rates are

contains available, country specific data, as well as a global analysis of the trends in national and international adoption.

⁴ China reported 46,000 adoptions in 2001

⁵ Russia reported 23,000 adoptions in 2001

⁶ Germany, the Ukraine, the UK, Brazil, Canada, France and Spain each reported an average of 4,000-5,000 annual adoptions

measured by comparing the total number of adoptions in relation to the total number of people under age 18 and five respectively. The adoption ratio is calculated by comparing the total number of adoptions per 100,000 live births.

Table 2.1: Countries with the Largest Total Number of Adoptions and Different Adoption Rates

Rank	Country	Year	Total adoptions	Adoption rate (per 100,000 persons)		Adoptions per 100,000 births
				Under age 5	Under age 18	
1	United States of America.....	2001	127 407	385.3	172.6	3 156.4
2	China	2001	45 844	29.5	12.2	252.0
3	Russian Federation ¹	2001	23 108	209.6	69.6	1656.0
4	Ukraine	2001	7 593	225.0	71.2	1 921.8
5	United Kingdom	2002	6 239	108.0	46.8	923.6
6	Germany	2002	5 668	89.9	36.9	797.4
7	Spain	2003	4 847	139.0	65.8	1 107.4
8	France	2003	4 445	71.9	33.4	596.5
9	Brazil ²	2003	4 150	14.0	6.7	111.4
10	Canada ¹	2000-2001 ³	4 118	142.5	58.2	1 233.8
11	Republic of Korea	2004	3 899	92.8	35.3	834.2
12	Guatemala.....	2004	3 834	115.7	62.1	885.8
13	Kazakhstan	2002	3 600	196.6	75.7	1 500.9
14	Italy	1999	3 197	72.0	31.6	601.9
15	India	2003	3 047	1.5	0.7	11.7
16	Viet Nam	2001	2 881	22.4	9.2	178.0
17	Uzbekistan	2005	2 836	59.9	26.4	461.1
18	Poland ⁴	1997	2 441	64.1	23.7	584.9
19	Bulgaria.....	1999	2 288	410.3	140.4	3 460.7
20	South Africa.....	2001	2 218	25.3	12.1	199.2
21	Venezuela (Bolivarian Republic of).....	1995	1 992	43.5	21.3	352.2
22	Japan	1995	1 931	19.3	7.7	159.6
23	Philippines	2003	1 902	11.6	5.6	93.5
24	Mongolia.....	2004	1 890	422.4	187.3	3 247.6
25	Kyrgyzstan ⁵	1999	1 683	184.7	82.3	1 468.8
26	Romania.....	2004	1 673	94.4	37.3	786.2
27	Sweden	2004	1 669	208.9	85.6	1 755.3
28	Colombia	2004	1 409	17.9	8.4	145.2
29	Netherlands ⁶	2004	1 368	83.9	38.5	721.6
30	Denmark	2003	1 249	225.8	104.7	1 956.7
	Median.....	..	261	42.8	17.9	354.2

Source: United Nations Department of Economic and Social Affairs/Population Division, *Child Adoption: Trends and Policies* 2009, pg. 67

According to the *Child Adoption: Trends and Policies* report, Palau and Samoa have the highest under-18 and under-5 adoption rates on a national level, reporting 500 adoptions per 100,000 children under age 18 and over 1,000 adoptions per 100,000 under age five (United Nations, 2009: 66). Bulgaria, Mongolia, Denmark and Cyprus have relatively high under-18 and

under-5 adoption rates also, averaging 150 adoptions per 100,000 children under age 18 and 420 adoptions per 100,000 under age five. The United States reported 173 adoptions per 100,000 children under age 18 and 385 adoptions per 100,000 children under age five in 2001. Asian countries, such as Bangladesh, Indonesia and Myanmar reported some of the lowest under-18 adoption rates in the world with fewer than six adoptions for every ten million under age 18. The majority of sub-Saharan African countries also reported low rates of formal adoption with around one legal adoption for every 1,000,000 children under age 18 in Benin, Mozambique, Niger and the United Republic of Tanzania (66). Similar to these regions' under-18 adoption rates, Asia and Africa also have the lowest under-5 adoption rates with Bangladesh, Indonesia, Myanmar, Niger and the United Republic of Tanzania reporting less than two adoptions for every 1,000,000 children under age five (68). Similar trends in national adoption magnitudes are reflected by the adoption ratio measure. Palau and Samoa report the highest adoption ratios with 11,000 and 8,000 adoptions per 100,000 live births respectively while Bangladesh, Indonesia, Myanmar, Niger and the United Republic of Tanzania report only one adoption per 100,000 live births. The United States averages over 3,000 adoptions per 100,000 live births annually (United Nations, 2009: 68).

Trends in Domestic Adoption

Of the 260,000 children adopted every year, 220,000 or 85% are considered domestic adoptions not involving a change in the country of residence for the adopted child (United Nations, 2009: 68). Domestic adoptions are highly concentrated with over 86% of the total domestic adoptions occurring in just ten countries, while the remaining 14% are distributed among 86 countries, 42 of which record fewer than 100 domestic adoptions per year (70). The United States alone accounts for half the total number of annual domestic adoptions with

110,000 children adopted domestically. China and Russia also report relatively large numbers of domestic adoption with 37,000 and 17,000 children adopted respectively in 2001 (69). Table 2.2 below demonstrates that in 56 of the 96 countries with data available, domestic adoptions represent at least half of all adoptions, indicating that the local demand for adoption is primarily satisfied by a local supply of adoptable children.

Table 2.2: Countries with the Highest Percentage of Domestic Adoptions

<i>70 to 79 per cent</i>	<i>80 to 89 per cent</i>	<i>90 per cent or more</i>
Benin ¹	Chile	Azerbaijan
Indonesia	China	Belize
Kazakhstan	Estonia	Brazil ⁵
Russian Federation ²	Fiji ²	Croatia
	Hungary	Czech Republic ²
	Jamaica	Democratic Peoples Republic of Korea
	Japan ⁴	Ghana
	Mauritius ⁵	Mongolia
	Mexico	Panama ¹
	Nicaragua ²	Poland ⁶
	Romania	Portugal
	South Africa	Slovenia
	United States of America	Sri Lanka
		Turkey
		United Kingdom ²
		Uzbekistan

Source: United Nations Department of Economic and Social Affairs/Population Division, *Child Adoption: Trends and Policies* 2009, pg. 70

Determining long-term trends in global domestic adoption is difficult due to the lack of time series information available. However, according to the limited statistical information available, the number of domestic adoptions has followed an inverted u-shaped curve following World War II, with the primary peak occurring between 1960 and 1980 and generally declining thereafter (United Nations, 2009: 71). After 1980, the availability of data on rates of domestic adoption dramatically increased for a large number of countries, and according to these statistics, the number of domestic adoptions has declined steadily in many developed countries while simultaneously increasing in several developing countries (xv). Various mutually reinforcing hypotheses have been proposed to explain these broad observations in global domestic adoption

trends. First, the decline of domestic adoption in several developed countries can be explained in part by the overall shortage of adoptable children in these countries, as the “widespread availability of reliable, safe and low cost contraception, as well as legal abortion has meant that fewer children are born who might otherwise have been put up for adoption” (71). Also, the increased acceptance of single motherhood and greater availability of welfare support have meant that fewer single mothers feel pressured to opt for adoption over parenting. Additionally, those children available for domestic adoption in developed countries may not possess the characteristics sought by prospective adoptive parents, as there is an observed increasing desire for younger and/or healthier children more readily available in foreign countries. Finally, domestic adoptions by step parents, which traditionally accounted for nearly half of all domestic adoptions in developed countries, have declined steadily since the 1990s as rates of repeated divorce have increased (71). The recent creation of legitimate legal infrastructures, and the implementation of government policies and incentives to encourage local adoption are the primary underlying national explanations for the increase in the numbers of domestic adoptions experienced by developing countries⁷ (United Nations, 2009: 73).

Trends in Intercountry Adoption

In 2005, an estimated 40,000 intercountry adoptions occurred, accounting for 15% of all adoptions (United Nations, 2009: 74). Similar to the distribution of domestic adoptions, intercountry adoptions are concentrated in a relatively small number of countries. The United States is the major destination of foreign adopted children, reporting 19,056 intercountry adoptions in 2001 (74). As reflected in table 2.3 below, United States citizens adopt more foreign children than citizens in the next 13 major receiving countries combined.

⁷ The creation of a legitimate legal infrastructure and the implementation of government policies to encourage local adoption have both played an important role in the emergence of domestic, non-kin adoption in Kenya. Please see *Chapter 4: The Emergence of Domestic, Non-Kin Adoption in Kenya* for a detailed discussion and analysis.

Table 2.3: Countries of Destination with the Largest Number of Intercountry Adoptions and Main Country of Origin

Rank	Receiving country	Year	Intercountry adoptions		Main country of origin	
			Number	As a percentage of total adoptions		
1	United States of America ¹	2001	19 056	15	China	
2	France	2003	3 995	90	Haiti	
3	Spain	2003	3 951	82	Russian Federation	
4	Italy	1999	2 177	68	Russian Federation	
5	Germany	2002	1 919	34	Russian Federation	
6	Canada	2000-2001 ²	1 875	46	China	
7	Sweden	2004	1 093	65	China	
8	Netherlands ^{3,4}	2004	1 069	78	China	
9	Denmark	2003	688	55	China	
10	Norway	2003	664	76	China	
11	Switzerland	2002	558	79	Colombia	
12	Singapore	2002	448	63	Malaysia	
13	Belgium ⁵	2003	430	95	China ⁶	
14	Australia.....	2003-2004 ²	370	74	China	
15	Ireland ⁷	2003	358	58	Russian Federation	
16	New Zealand.....	2002-2003 ²	336	53	...	
17	United Kingdom ⁸	2002	329	5	China	
18	Japan	1995	299	15	...	
19	Finland	2004	289	58	China	
20	Israel	2003	256	67	Ukraine	
21	Cyprus	2001	165	76	...	
22	Luxembourg ⁹	2003	51	94	Republic of Korea	
23	Iceland ¹⁰	2003	23	52	China	
24	Portugal ^{10,11}	2003	6	1	...	
25	Malta ¹⁰	1996	5	42	Romania	
26	Liechtenstein ^{3,10}	2004	3	83	...	
27	Andorra ^{3,10}	2002	2	64	Romania	
Median	370	64	64.9	..

Source: United Nations Department of Economic and Social Affairs/Population Division, *Child Adoption: Trends and Policies* 2009, pg. 75

China and the Russian Federation are the two most significant countries of origin for children adopted through intercountry procedures. With 8,600 and 5,800 children adopted from China and Russia respectively, the two countries account for 35% of all intercountry adoptions (United Nations, 2009: 75). Other major countries of origin include Bulgaria, Guatemala, India, the Republic of Korea, Ukraine and Vietnam. The majority of origin countries, however, report

relatively low numbers of adopted children, with 62 countries sending less than 1,000 children, and 46 countries, including Burkina Faso, Chile, Nicaragua and Indonesia, sending fewer than 100 children for intercountry adoption (76).

The number intercountry adoptions has risen steadily since the 1980s. By the 1990s, the number of intercountry adoptions had risen to 32,000, a 12,000 increase from the 1980s level (United Nations, 2009: 80). The data in the United Nations 2009 report on child adoption reflects this increasing trend, with 40,000 intercountry adoptions recorded in 2005 alone. The number of intercountry adoptions in the United States more than tripled in a decade, rising from 7,093 in 1990 to 22, 728 in 2005 (80). Several western European countries, especially France, Italy and Spain, have also experienced a dramatic increase in intercountry adoptions (74). The declining number of domestically adoptable children available can explain these increases in intercountry adoptions, especially in developed countries. For this reason, as seen in Table 2.3 above, intercountry adoptions account for more than half of all adoptions in 20 of the 27 major receiving countries—a percentage that is only expected to continue increasing among developed nations (United Nations, 2009: 74).

A BRIEF HISTORY OF MODERN ADOPTION LAWS

Adoption as the lawful transfer of parental rights and obligations is an old and constantly evolving legal institution, continually influenced by the ideals and the prevalent political and economic forces in a society (Adamec & Pierce, 2000: 11). While past societies viewed adoption as a mechanism for the preservation of family lineage, a form of long term care for elderly parents, the continuation of ancestry worship, and the creation of political alliances, formal adoption in the West today is generally regarded as a way to provide homes for children deprived of parent care while simultaneously satisfying the desire of individuals to raise and provide for

children of their own⁸ (Derrett, 1957; Gardner, 1998; Huard, 1956; Goody, 1969). Although the primary motivations and modes for regulating adoption have shifted over time, “ancient legislation is the source of many key features of modern adoption laws,” and so briefly surveying the general evolution of formal adoption norms and policies is essential for understanding the foundation of the contemporary institution, as well as for contextualizing the global trends previously discussed, and specifically the emergence of legal, domestic adoption in Kenya, which is the primary focus of this study (United Nations, 2009: 5).

Recorded literary and legal sources indicate, “Societies have formally sanctioned the adoption of children or closely similar arrangements for more than 4000 years since the Babylonian Code of Hammurabi in 2285 B.C.E.” (Adamec & Pierce, 2000: xv). The Code of Hammurabi granted adopted children equal rights to those of birth children, and established that adoption was a legal contract necessitating some form of consent from the birth parents—policies that are both relevant to the norms of modern adoption laws today (Cole and Donley, 1990). Ancient Greek laws on adoption, the Laws of Solon and the Law Code of Gortyn, were similar to the Code of Hammurabi in that they were aimed at ensuring equal rights to inheritance for both adopted children and birth descendants, which is a policy that has largely been preserved in modern laws (Goody, 1973). The termination of legal ties between an adopted person and his/her birth relatives is another norm established by ancient Greek laws on adoption. Roman Emperor Justinian⁹ created *adoptio plena*, meaning “full adoption,” which created an “irrevocable bond” equivalent to natural filiation, and had the effect of permanently terminating pre-existing, legal parent-child relationships (United Nations, 2009: 6; Gardner, 1998). *Adoptio*

⁸ This “Western” construction of the adoption institution is beginning to emerge in many non-western developing countries as well. Please see Chapter 7: Summary and Discussion for a explanation of the transformation of the adoption institution in Kenya.

⁹ 527 to 565 A.C.E.

plena carried the weight of full succession, meaning the legal rights acquired through this adoption were extended to the adopted person's decedents as well, a firmly established aspect of contemporary formal adoption practices.

Once a widely recognized reality across ancient societies, formal adoption had fallen into disuse throughout the Roman Empire by the early Middle Ages; however, the institution of adoption, as outlined in Roman law, was preserved in some parts of Medieval Europe (Boswell, 1989). By the late Middle Ages¹⁰, jurists and canonists in Western Europe began to rediscover and reconstruct Roman laws surrounding adoptive filiation, introducing significant changes that are believed to have led to the emergence of the traditional social stigma attached to adopted children, as the changes reflected an inherent preference towards natural over adoptive filiation (Roumy, 1999). Late Medieval French and Italian customary laws discouraged the creation of “fictive adoptive ties” by prohibiting the inheritance of family property outside biological ancestral lineages (United Nations, 2009:7). As formal adoption became increasingly stigmatized and less practiced throughout Western Europe, orphanages began to play a central role in caring for children deprived of parents. Moscow, Florence, and Paris all reported 5,000 to 11,000 admittances to city foundling¹¹ homes in the first half of the 19th century (Ransel, 1988; Fuchs, 1984; Viazzo, 2000). Children were rarely adopted from these institutions due to their believed illegitimacy and because biological mothers could legally return to reclaim their children at any time (Fuchs, 1984). As orphanages became increasingly overwhelmed and socioeconomic conditions changed during the late 1800s, institutionalization became a socially unacceptable system for handling the large numbers of childless parents, leading to the introduction of contemporary adoption laws that began promoting formal adoption as a means to improve the

¹⁰ 1300 to 1500 A.C.E

¹¹ Another term for abandoned child, usually referring to an abandoned infant

overall welfare of children, rather than a legal mechanism to simply establish heir status (Sokoloff, 1993).

The first modern adoption law, the 1851 Massachusetts Adoption of Children Act, required written consent from the birth parents, an official joint application from the prospective parents, and a complete severance of the child from his or her family of origin, in order for an adoption to be legal and finalized. Under this act, the bond created through the legal adoption was considered equivalent to that of natural filiation (Sokoloff, 1993). The most significant feature of the Massachusetts Adoption of Children Act was that it gave the judge the authority to determine whether prospective parents were socially and economically capable of raising a child, illustrating the ideological shift towards protecting the welfare of the child through adoption, rather than simply ensuring the continuation of the adopters' family (Huard, 1956). The Massachusetts Act of 1851 became the primary model for a number of countries' new legislations passed between the second half of the 19th century and the first years of the 20th century. Further adoption laws were enacted in the 1920s due to the influx of orphans and abandoned children throughout Europe and the United States following World War I and the influenza pandemic of 1918. Many more countries passed new adoption laws during, or in the aftermath of, the Second World War, all aimed at better protecting the rights of adopted children and strengthening legal ties to the adoptive parents.

The vast majority of adoption laws passed prior to WWII were focused on regulating domestic adoptions. However, after WWII and especially the Vietnam and Korean Wars, intercountry adoption soared as citizens of the United States and some European countries adopted orphans originating in international war zones (Alstein & Simon, 1991). As the number of intercountry adoptions grew throughout the 1960s and 1970s, several multilateral initiatives,

such as the 1967 European Convention on the Adoption of Children, the 1984 Inter-American Convention on Conflict of Laws Concerning the Adoption of Minors, the 1986 United Declaration on Social and Legal Principles Relating to the Protection and Welfare of Children with Special Reference to Foster Placement and Adoption Nationally and Internationally, and the 1989 United Nations Convention on the Rights of the Child, were enacted in an attempt to regulate them. The Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption, which entered into effect on May 1, 1995, is the most recent and influential piece of intercountry adoption legislation, essentially dictating the international standards for intercountry adoptions and practices to be discussed in greater depth later in this thesis with respect to Kenyan legislation¹².

As evidenced by the evolution of adoption laws and practices, current national and international legal frameworks are the product of an array of interrelated contemporary and historical processes. This brief overview of adoption has focused primarily on the formal institution from the Western legal jurisprudence, which has significantly influenced adoption laws in many regions of the world, including Kenya's recently implemented legal framework¹³. For the purpose of this thesis, however, it is important to understand different forms of "informal" adoption originating in societies outside of Western Europe, especially those in sub-Saharan Africa, in order to completely contextualize the trends in formal adoption observed in the United Nations 2009 report, as well as those to recorded by this study regarding the emergence of formal domestic adoption in Kenya to be discussed in later chapters.

¹² Please see *Chapter 4: The Emergence of Domestic, Non-Kin Adoption in Kenya* for a detailed discussion on the international adoption standards created by the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption

¹³ Please see *Chapter 4: The Emergence of Domestic, Non-Kin Adoption in Kenya* for a description of this recently constructed legal infrastructure

FOSTERING AND *DE FACTO* ADOPTION: SUB-SAHARAN AFRICA

In many societies around the world, formal adoption as a legal institution is traditionally not useful or not culturally recognized as a legitimate form of childcare. Other forms of social adoption, particularly fostering and *de facto* adoption defined as “informal arrangements [without legal validity] through which one or more individuals assume parental rights over, and responsibilities for, another person,” have been widely practiced in these settings for centuries (United Nations, 2009: 150). For example, the Quran does not permit adoption, making fostering the only acceptable form of care for orphaned children in Islamic societies (Pollack, 2004). Confucianism and Hinduism emphasize blood ties and inheritance passed patrilineally, encouraging the practice of fostering and *de facto* adoption of kin, over the formal adoption of children outside the extended family network. Ethnographic findings have demonstrated that cross-culturally, fostering and *de facto* adoption have played an important part in caring for children in many societies by strengthening social networks and family ties, as well as providing care through traditional kinship support networks for those who have been deprived of birth parents by illness or death. Unlike formal adoption, fostering and *de facto* adoption typically involve children who are not abandoned, with the ties to their birth parents intentionally maintained, and little emphasis placed on trying to replicate biological parenthood for the adoptive parents like in Western cultures (Selman, 2004).

Fostering and *de facto*, sometimes known as informal or customary, adoption are widespread and socially acceptable practices throughout sub-Saharan Africa. Parents often send their children to live with and be fostered by relatives, like a maternal grandmother or sibling (Goody, 1973). Fostering by kin does not forfeit parental rights or duties, nor does it involve a change in kinship terms or family status. According to Hegar and Scannapieco (1999) an

estimated 20-40% of children in Botswana, Ghana, Liberia and Western Nigeria were living with relatives in the 1980s. A relatively recent study found that over a quarter of households in Burkina Faso had either sent or received a child through kin fostering between 1998 and 2000 (Akresh, 2004). The ultimate motivations of fostering and *de facto* adoption are diverse and vary across sub-Saharan Africa, but two of the most prominent goals are the provision of assistance and care for childless people in old age, and the establishment of stronger social ties between groups and clans. Esther Goody, in her work on social parenthood in Africa, argued that the burden of parenting, which she divided into the categories of bearing and begetting, status entitlement, nurturance, training, and sponsorship, can be more efficiently managed by splitting the duties between biological and social (foster) parents, whereby the various parental roles are assumed by different people (typically within the same kinship network) of a particular community (1982). Although ethnographic evidence suggests that traditional *de facto* adoption and fostering are still widely preferred over formal adoption, to a certain extent, in sub-Saharan Africa, the HIV/AIDS epidemic has placed a serious strain on customary kinship support systems, causing national governments to seek alternative care arrangements for orphaned and vulnerable children, including formal adoption as seen in Kenya¹⁴ (United Nations, 2009: 29).

FERTILITY TRENDS AND TRADITIONAL FOSTERING IN KENYA

Kenya had one of the highest recorded fertility rates and subsequently, per annum population growth rates in the world throughout the 1970s and 1980s, which began to rapidly impose a major strain on the economy in terms of land, jobs, and public expenditure (Owino, 2002: 208). In the 1980s, the total fertility rate was 8.1 children per every “average” Kenyan woman, and the estimated population growth was just over four percent (Price, 1995; Owino,

¹⁴ See *Chapter 4: The Emergence of Domestic, Non-Kin Adoption in Kenya* for a detailed discussion of the national government’s support of formal adoption in Kenya

2002). In response to the predicted, substantial adverse effects of this high population growth rate on future national development, the Kenyan government established the National Council of Population and Development to formulate population policy guidelines, advocating for smaller families through careful family planning (Owino, 2002). The Kenyan Demographic and Health Surveys of 1989 and 1993 demonstrated significant reductions in fertility. The total fertility rate declined from 8.1 lifetime births per woman in 1973-1978 to 6.7 in 1985-1989 and to 5.4 in 1989-1993 (Price, 1995). Currently it is estimated that the total fertility rate in Kenya is around 4 lifetime births (CIA World Fact Book, 2011). These declines in fertility have typically been explained by increased contraceptive use and adherence to family planning programs. However, several anthropologists argue that socioeconomic change has ultimately altered the traditional cultural demand for high fertility, resulting in a total fertility and population growth rate reduction.

While Kenya's various ethnic groups are certainly not homogenous, each possessing its own unique explanatory model and belief system, the significance and centrality of heritage, descent, kinship and children are seen across the country like in much of Sub-Saharan Africa. Traditionally, communities in Kenya have been extremely pro-natal, with fertility being of utmost importance and childbearing seen as "a matter of not only personal fulfillment, but also a fulfillment of fundamental kinship, religious and political obligations," representing "a commitment by the parents to transmit the cultural heritage for the ancestral line and the community" (Owino 2002: 236). Generally, traditional Kenyan communities are patrilocal and patrilineal, and as such, part of the importance placed on fertility originates from social attitudes about the recoupment of the female's "bride price" through children, as all kin groups typically believe that more children enhance their socioeconomic importance, manpower and production

(237). Children also play a central role in the importance of heritage and descent in indigenous religious and social structures. Within these indigenous religious and social structures, ancestors are “honored and their spirits are appeased through the bearing of children as descendants” (Price, 1995). In these systems, high fertility is “morally correct,” bringing divine approval, whereas childlessness and sub fecundity “deny the rights of the ancestors to be reborn and for the lineage to be reproduced,” and are thus associated with evil (Price, 1995). Fertility decisions are also the result of inherent gender relations in traditional Kenyan kinship and marriage systems, which influence heritage rights (Frank and McNicoll, 1987). Due to their historically limited rights under Kenyan inheritance systems, women used high fertility to manage their social and economic positions because it ensured continued access to land and labor through their sons after the passing of their husbands (Frank and McNicoll, 1987). Overall, Kenyan pro-natal attitudes, rooted in indigenous sociocultural values, encouraged high fertility and placed children and childbearing at the center of society.

Although these pro-natal attitudes and the importance of children in Kenyan society still exist today, they have been modified by relatively recent socioeconomic changes, leading in part, to lower fertility practices overall (Caldwell, 1992). Such socioeconomic changes include “declining levels of infant mortality, the near universal levels of primary education, and the continued spread of Christianity and Islam” (Caldwell, 1992: 215). According to Caldwell, education and monotheism are believed to have eroded the traditional influence of ancestors and the importance of kinship relations outside the nuclear family (215). Furthermore, statutory laws have addressed the rights of widows to directly inherit, placing less importance on high fertility for continued access to land and resources. Increased urbanization and non-agricultural

employment have both also contributed to a shift in fertility motives in favor of smaller families, as the economic value of children has changed in these new social settings (Price, 1995).

Widespread and frequent fostering and *de facto* adoption within patrilineal kinship systems, which in part facilitated Kenya's prolonged high fertility practices, had already begun to decline with the lessening influence of extended family relationships in the midst of rural migration and urbanization, contributing to the lower rates of fertility observed today. These kinship practices continued to be important, however, in times of "death and crisis," providing a stable support mechanism for infants and children who had lost one or both of their immediate parents (Price, 1995; Foster, 2000; Nyambedha, 2003). Traditional kinship care and fostering were said to be "widespread and efficient" throughout Kenya and sub-Saharan Africa in general, leading to the assertion that traditionally "there was no such thing as an orphan in Africa" (Killbride, 1993). However, rapid social transformation in the last twenty years, pervasive poverty, sociopolitical instability, and the HIV/AIDS pandemic have all devastated these traditional forms of kinship care while simultaneously contributing to a dramatic rise in the overall number of orphans, increasing the number of children who slip through these extended family safety nets, and resulting in the growth of child headed households, street children, child labor and the emergence of "infant abandonment" in Kenya, a culturally novel phenomenon in which infants are completely severed from all kinship ties immediately or soon after birth by means of "abandonment" (Foster, 2000: 56; Killbride, 2003).

INFANT ABANDONMENT

General Overview

Although infant abandonment is a culturally novel phenomenon in Kenya, the practice is extremely common in many contemporary societies around the world. Despite this global

prevalence of infant abandonment, prolonged focused research on the subject has only been conducted in a few countries, including China, France, Russia and Argentina, and accurate statistical information is severely limited in almost every country (Cesario, 2006). Broad economic factors contributing to the perpetuation of infant abandonment in a given society include poverty, population control, class structure, and the exploitation of labor (Bloch, 1988). In addition to these pressures, the “political climate and ideologies or philosophies of racial and ethnic superiority also play a role in a woman’s decision making process when faced with an unwanted pregnancy, and having limited options available to her in managing the situation” (Cesario, 2006: 3). Although a large body of psychologists believe that the phenomenon of infant abandonment cuts across all social, racial and economic levels, some experts argue that the economic and sociopolitical stressors listed above are amplified by additional risk factors relating to maternal age, education, postpartum psychosis, ambivalence toward the pregnancy, and overall physical and emotional health (Cesario, 2006: 3; Hurst, 2000; Overpeck et al., 1998). Essentially, severe socioeconomic and political stressors at the micro and macro levels of society create the necessary pressures leading to, and perpetuating, the phenomenon of infant abandonment.

Infant Abandonment in the Kenyan Context

The Social Impact of HIV/AIDS

Kenya has one of the most severe HIV/AIDS epidemics in sub-Saharan Africa, with an estimated 1.5 million people currently living with the disease (UNAIDS, 2010). Although the current HIV/AIDS prevalence rate in Kenya is 6.3%, the peak of the epidemic thus far occurred in 2000 with a rate of 13.4% nationwide. This marked decline in prevalence rates over the last

nine years is largely attributed to an increasingly catastrophic number of people dying from the disease, with an annual average total death toll between 80,000¹⁵ and 150,000¹⁶ (UNAIDS, 2010).

HIV/AIDS disproportionately affects impoverished regions and marginalized groups (Inungu, 2006). Having always been classified as a “low income country” in the global economy, suffering from a prolonged economic crisis that was the result of decades of colonial exploitation, Kenya was already highly vulnerable when the first cases of HIV/AIDS arrived in the 1980s (“Kenya Data”, 2010 & Nyambedha, 2007: 58). The disease spread dramatically and uncontrollably throughout the 1990s and 2000s, causing widespread social suffering and devastation (Nyambedha, 2003). The relationship between HIV/AIDS and poverty is bi-directional in that poverty is a key factor in the transmission and geographic spread of the disease, as illustrated in Kenya’s case, just as HIV/AIDS can create poverty, thereby intensifying the epidemic itself, creating a vicious downward spiral (Inungu, 2006). Poverty leads to poor nutrition and a weakened immune system, causing increased susceptibility to fatal HIV-related, opportunistic infections and diseases, which in turn places economic stress on family members left behind, perpetuating the cycle of vulnerability. Additionally, society becomes increasingly vulnerable, as those with HIV/AIDS are often unable to work, resulting in a loss of human capital for the larger national labor force, which manifests itself in endemic poverty throughout the country (Inungu, 2006). Currently over 50% of the total Kenyan population lives below the national poverty line, creating the disturbingly opportunistic economic environment for the continuation of this bi-directional relationship between HIV/AIDS and poverty, subsequently resulting in the perpetuation of both social crises (“Kenya Data”, 2010).

¹⁵ Estimate from 2009

¹⁶ Estimate from 2003

While these integrated effects of poverty and HIV/AIDS affect every level and aspect of Kenyan society, they have had a particularly devastating impact on traditional patrilineal kinship systems of childcare (Ndege, 2001: 150). The far-reaching and dynamic burden of AIDS wears down extended families' resources—social, human and economic—over a period of several years, while simultaneously increasing the number of orphans and vulnerable children within the community. According to Foster (2000), “the impact of AIDS deaths in households is unlike other disasters, such as drought and famine, because of this incremental nature of the epidemic,” in which families are continually stretched beyond capacity with respect to resources while systematically losing the very members that constitute the support system itself to HIV/AIDS (56).

In 2009, 12% or 2.4 million of the total population of Kenyan children was considered “orphaned,” having lost one or both parents, the vast majority to HIV/AIDS (UNAIDS, 2010). Nyambedha (2003) conducted a study in Western Kenya that illustrates the manner in which these national statistics manifest themselves in rural communities. In the specific Luo community he studied, one in three children had lost at least one parent to HIV/AIDS, and one in nine had lost both (Nyambedha, 2003). Nyambedha indicates that given the impact of HIV/AIDS on a national level, these statistics are highly representative of the effects of HIV/AIDS in the majority of rural and semi-rural communities, especially in the disproportionately devastated corridor between Nairobi and Kisumu. As seen in these statistics, the growing number of orphans has rapidly overstretched traditional mechanisms for kinship care and fostering, as these familial support networks are no longer adequately equipped to handle the influx of vulnerable children. The extended family is not a “social sponge with an infinite capacity to soak up orphans.” (Foster, 2000: 56). Furthermore, this capacity has rapidly decreased in the last decade as

resources have been depleted, and a significant number of key society members have been lost to HIV/AIDS.

The Emergence of Infant Abandonment

This degradation of kinship care systems has created a space for the development of a range of vulnerable situations from child headed households to street children, including the emergence of infant abandonment, a culturally novel phenomenon in which infants are completely severed from all kinship ties immediately or soon after birth by means of abandonment (Killbride, 1993).

Infant abandonment has grown rapidly since the late 1980s, especially in urban centers and semi-rural communities where the social security system of the patrilineal kinship network has already been weakened due to labor migration and urbanization, with the devastation of HIV/AIDS amplifying those effects. In a report to the United Nations on violence against children, the Kenyan government divided the 960 *reported* cases of abandonment from 2003-2004 by province with 132 cases in the Western Province, 185 in the Nyanza Province, 107 in the Nairobi Province, 494 in the Central Province and 42 in the Coast Province (Republic of Kenya, 2004: 53). Although these statistics significantly underestimate the prevalence of infant abandonment in Kenya, as is the tendency with all national statistics on abandonment, they demonstrate the relatively equal, and demographically proportionate¹⁷ distribution of abandonment across the country, indicating a dramatic rise on the national level that spans all geographic regions and Kenyan communities. The socioeconomic impact of HIV/AIDS has generated profound stress at every level of society, causing a breakdown in kinship safety networks, and resulting in the emergence of infant abandonment, which poses significant challenges to infant well being, often resulting in loss of life if the infants are not discovered

¹⁷ The Central Province is the most densely populated, impoverished urban, province, including Thika and Kibera

shortly after they are abandoned. The devastating demographic shift in the structure of Kenya's population, caused in large part by HIV/AIDS and the subsequent widespread mortality of middle-aged adults and simultaneous dramatic increase in orphans, as well as other vulnerable children, including abandoned infants, has forced Kenya to develop social coping mechanisms on a national level to respond to these growing crises.

ANTHROPOLOGICAL PERSPECTIVES ON SOCIAL COPING

The anthropological study of social coping with disaster and societal crises focusing specifically on the analysis of social and cultural transformation emerged in the middle of the 20th century as anthropologists began studying homeostatic and developmental coping processes associated with disasters and related themes (Torry, 1979). Studying a society from the perspective of a social disaster or crisis allows anthropologists to investigate “complex social arrangements at a time when they are being simplified, rearranged and adapted to a new reality” (Rosenthal, 2008: 78). Social disasters expose the societal mechanisms that enable social change and adaptation, as well as offer a unique opportunity to analyze these changes and adaptations as they occur, making social disasters and crises especially salient areas of study for cultural anthropologists (Torry, 1979). Essential to the complete study of social coping with disaster is not only an analysis of these processes allowing for change and adaptations, but also the ways in which social disasters themselves are constructed and understood as disasters within the community.

In the case of Kenya, the dramatic demographic shift resulting from the prolonged devastating impact of the country's HIV/AIDS epidemic has been framed as a serious social disaster that has led to the national orphan and vulnerable children crisis, including specifically the emergence of infant abandonment, a culturally novel phenomenon with no prescribed or

existing cultural solutions. Anthropological theories and perspectives on social coping create the central analytical framework for the primary hypotheses of this study, which is that the emergence of domestic, non-kin adoption in Kenya can be seen as a cultural coping response for infant abandonment, a phenomenon situated within the impacts of the greater demographic shift. Existing theories on social coping will inform this study's discussions on the emergence of both infant abandonment and domestic, non-kin adoption in Kenya, thereby anchoring real experiences and ethnographic perspectives gathered during fieldwork in rich anthropological bodies of literature.

Chapter 3:

Research Methods and Field Observations

RESEARCH DESIGN

In order to achieve the objectives of this study and evaluate the central hypotheses, I collected both quantitative and qualitative data from June to August 2010 on several aspects of the emergence of domestic adoption in Kenya. Quantitative data were gathered using a baby registrar from the Kilimani branch of New Life Homes Trust, a network of children's homes that cares specifically for abandoned infants, which is discussed in greater detail below. Qualitative data were collected through a total of 34 semi-structured interviews with key informants as well as participant observation in the NLHT children's homes. This study, IRB0004878, received Institutional Review Board Approval from Emory University on May 20, 2010 under 45 CFR 46.101(b)(2). Permission to conduct research through NLHT was granted by the founders of the organization, Clive and Mary Beckenham, and a letter of cultural context detailing my capacity to conduct culturally sensitive research in Kenya was filed with the IRB at Emory University. All data collection and processing was conducted in accordance with IRB standards on confidentiality and informed consent. This research was partially funded with a \$2,500 grant from the Scholarly Inquiry and Research at Emory (SIRE) program through the Office of Undergraduate Research at Emory University.

STUDY SITES

New Life Home Trust

The majority of qualitative and all quantitative data used in this study were collected through the New Life Home Trust (NLHT), an organization that cares for abandoned and orphaned infants throughout Kenya. The NLHT was started in 1994 with the opening of an

infant rescue home in Nairobi, Kenya (refer to study site 1 on *Figure 3.1* below). The founders, Clive and Mary Beckenham first became aware of the plight of abandoned and orphaned infants, especially those born HIV positive, while working with other humanitarian projects in Kenya. Newborn abandonment has increasingly grown in prevalence throughout Kenya since the late 1980s, especially in urban areas. The number of infants abandoned after birth in both urban and rural hospitals has steadily increased over the last two decades. These babies often remain in the hospital for several weeks after delivery as most children's homes refuse to admit infants, especially those who are ill (which the majority are after being exposed to an array of bacteria and viruses during their extended stay in the hospitals) or HIV positive. In an effort to alleviate the suffering of this overwhelmingly vulnerable group of children, the Beckenhams launched their rescue program, providing "compassionate Christian care" to abandoned and orphaned infants. The NLHT admits babies between the ages of zero to three months from government and private hospitals, the Department of Children's Office and the police, with priority given to those who are HIV positive or seriously ill. As the years passed, the Beckenham's rescue program expanded its activities to other parts of the country and became a Trust in 1998, operating under Barnabas Ministries. Today NLHT is comprised of six children's homes including: the original home in Kilimani, satellite homes in Kisumu, Nakuru and Nyeri, and permanent family homes in Nairobi and Nakuru.

As an affiliate of Barnabas Ministries Africa, the NLHT is also involved with independent schools and feeding programs in Ruiru, Tana River and Lamu. The schools in these remote areas provide food and early childhood/primary education to impoverished and marginalized children in the community, ranging in age from three to ten years old. Barnabas Ministries also operates a Crisis Desk and Rescue Room, the New Life Day Centre for Girls,

which provides care and counseling for primarily female children and adults who have been abused. Finally, Barnabas Ministries and NLHT recently launched a Children's Rights and Advocacy Program in Lamu to create opportunities for discourse on the status of children and families in the community. Despite the Trust's involvement with these other activities, caring for abandoned infants and orphans remains NLHT's primary mission and area of concentration.

Prior Personal Involvement with NLHT

Due to the sensitivity and confidentiality surrounding abandonment and adoption in Kenya, conducting extensive ethnographic research independent of any domestic organization would have been nearly impossible. For this reason, I relied on my previous involvement with NLHT to gain entry into the larger, and otherwise closed, community of local adoption. I first became involved with NLHT through its American partner, the Amani Children's Foundation, as a freshman at Emory University. The Amani Children's Foundation is a 501c3 non-profit organization based out of Winston-Salem, North Carolina that was founded in 2004 to raise funds and awareness in the United States to assist in financially supporting and sustaining the growth of the New Life Homes in Kenya. After volunteering and fundraising with the Amani Children's Foundation for two years in Atlanta, I spent the summer of 2009 interning with NLHT in Kenya. As a communications intern based out of the New Life Home in Kilimani, I assisted the NLHT social workers by completing intake and discharge paperwork, filing records, and accompanying them on visits to the district Department of Children's Office, local police stations and regional hospitals.

Over the course of my two months in Kenya, I became remarkably close to the staff and the babies of New Life. It was during this time that the idea for this study first began to emerge, as the NLHT employees and Kenyan volunteers made constant reference to the way adoption

“used to be” in Kenya during our casual conversations. After returning to Emory and thinking more seriously about the fascinating social transformation surrounding the emergence of legalized domestic, non-kin adoption in Kenya, I contacted the administrators of NLHT to inquire as to whether or not they would support my fieldwork if I returned in the summer of 2010 to collect ethnographic research by means of participant observation, qualitative interviews and quantitative data. They agreed to allow the use their organization as an entry point into the Kenyan adoption community, and I returned to begin my fieldwork at NLH-Kilimani in June 2010, just in time to see my favorite baby from the previous summer turn two years old.

New Life Home-Kilimani

New Life Home-Kilimani, located in Nairobi, Kenya (refer to study site 1 on *Figure 3.1* below), was the Trust’s first children’s home, founded in 1994. The home is currently registered with the Ministry of Home Affairs and National Heritage, and licensed to care for a maximum of 50 abandoned and orphaned babies between the ages of zero and three years. The home is also registered by the Ministry of Health as a private medical institution under the supervision of Medical Director Dr. Paul Wangai, as it provides emergency medical care to NLHT’s most vulnerable infants. NLH-Kilimani remains the Trust’s main facility and central offices for its efforts nation-wide. The majority of my fieldwork for this study was based out of NLH-Kilimani. During the course of my research, I used this home as the primary location for my participant observation through the social work office, as well as the central source of contact for my adoptive parent and expert informants. All quantitative data in this study were taken from NLH-Kilimani’s Baby Registrar.

New Life Home-Kisumu

New Life Home-Kisumu (refer to study site 2 on *Figure 3.1* below) is located in the city of Kisumu in Western Kenya. NLH-Kisumu was the Trust's first satellite home, opened in 2000. In addition to caring for a maximum of 50 abandoned and orphaned babies between the ages of zero and three years, NLH-Kisumu has a special needs unit, the Amani Cottage, which accommodates NLHT's ten current children impaired by physical or mental disabilities. NLH-Kisumu is also registered both as a children's home by the Ministry of Home Affairs and National Heritage, and a private medical institution by the Ministry of Health. During my fieldwork, I visited NLH-Kisumu three times, each for two days. While at the home, I conducted four adoptive parent interviews, five expert informant interviews and one general public interview.

New Life Home-Nyeri

New Life Home-Nyeri is located in the town of Nyeri in Kenya's Central Province (refer to study site 3 on *Figure 3.1* below). NLH-Nyeri is the Trust's newest home, and was opened in August 2006. It is also the Trust's smallest home, providing care for 20 babies between the ages of zero and three years. NLH-Nyeri is registered as a charitable institution under NLHT, so malnourished and children needing special medical care are transferred to the Trust's main home in Kilimani. During my summer research, I visited NLH-Nyeri once for two days. In this short period of time, I conducted two adoptive parent, one expert informant and two general public interviews. I also accompanied the home's directors and nurse to Nyeri Provincial General Hospital to retrieve two abandoned infants being legally committed to NLH-Nyeri, which is an experience that will be discussed later in the field observations section of this chapter.

New Life Home-Nakuru

New Life Home-Nakuru is located 2.5 km from Nakuru Town in the heart of Kenya's Great Rift Valley (refer to study site 4 on *Figure 3.1* below). NLH-Nakuru was opened in November 2005, and cares for a maximum of 25 abandoned and orphaned babies between the ages of zero and three years. NLH-Nakuru is also home to Bethel, which is a family home opened in 2008 that provides long-term care for the NLHT children who are typically HIV positive, over the age of three, and have not yet been adopted. During my fieldwork, I visited NLH-Nakuru twice for one day each, engaging in valuable participant observation. Unfortunately, I was unable to successfully obtain any adoptive parent, expert informant or general public interviews during my time at the home.

Little Angels Network (LAN)

Little Angels Network is a registered non-profit charity, and one of four adoption agencies in Kenya. It was officially founded 2002 and licensed in 2005 to provide high quality adoption services through "strategic networks of local and international child serving organizations." In addition to providing both local and international adoption services, Little Angels Network also engages in child advocacy and public outreach programs to raise awareness about adoption in an attempt to further destigmatize the practice. During my fieldwork, I conducted two expert interviews at the Little Angels Network's central office in Nairobi (refer to study site 1 on *Figure 3.1* below).

Kenyan to Kenyan Peace Initiative (KKPI)

KKPI is one of four adoption societies in Kenya that was registered by the National Adoption Committee in 2007. KKPI's mission is to facilitate and encourage child adoption within the Kenyan community, focusing primarily on local adoptions. In addition to providing

adoption services to prospective Kenyan parents, KKPI also has an awareness creation campaign that works to ultimately “encourage society to embrace adoption as a way of establishing families and to ensure that society gives support to individuals willing to adopt.” I conducted one expert interview at KKPI in Nairobi during my fieldwork (refer to study site 1 on *Figure 3.1* below).

Map of Kenyan Study Sites

Figure 3.1: Map of



Source: One World-Nations Online, 2011.

QUANTITATIVE METHODS

For the purpose of this study, quantitative data were gathered using the NLH-Kilimani Baby Registrar, a record of all infant admissions to the home. The registrar contains the gender, form of parental rights termination, birth date, birth weight, date of admission to NLH-Kilimani, admission weight, HIV status upon admission and at discharge, discharge date, discharge weight, and form of NLH-Kilimani discharge for infants admitted to the home between January 1994 and August 2010. All data was de-identified immediately upon receipt of the registrar to protect the identity of the NLH children and their adoptive families. The data was systematically analyzed after returning to Emory University using STATA 11, a statistical analysis software program.

QUALITATIVE METHODS

In order to accomplish this study's objectives, I explored the perspectives of adoptive parents and key actors playing an integral role in the institution of adoption in Kenya through a series of semi-structured interviews. In addition to adoptive parents, I also interviewed a variety of experts in the field of Kenyan adoption, as well as members of the "general" public from a variety of backgrounds in order to examine the degree and placement of social stigma and the broader ideas surrounding domestic and international adoption. A total of 34 semi-structured interviews were conducted using interview questionnaires drafted with the assistance of my project advisors. Informed consent was obtained immediately prior to the interviews. All interviews were voice-recorded and conducted in English by myself. I later processed and transcribed the interviews.

Adoptive Parent Interviews

A total of eight adoptive parent interviews were conducted, consisting of one couple, two single mothers, one widow, one married mother and three married fathers. All interviewees were

identified as past adoptive parents through NLHT. Because adoption remains a sensitive subject in Kenya, NLHT social workers and directors made initial contact and arranged all eight adoptive parent interviews, selecting those who they felt were most open and willing to discuss their experiences with a foreigner. For this reason, this study's adoptive parent sample is not random, containing the potential for selection bias to be discussed as a limitation in *Chapter 7: Summary and Discussion*. Adoptive parent interviews were conducted both in the informants' home and at the local NLH institution, depending on the particular informant's preference. Adoptive parent interviews typically lasted from 30 minutes to an hour.

Expert Informant Interviews

Expert informants were classified as those possessing a professional knowledge of the adoption process in Kenya. A total of 15 expert informant interviews were conducted. Ten expert informants were employees at NLHT, and I made initial contact and arranged these interviews myself throughout the course of my fieldwork. I interviewed four different NLHT social workers, two in Kilimani and two in Kisumu, who ensure the completeness and accuracy of every child's legal and medical documents in all the homes. I also interviewed six NLHT directors, two each at Kilimani, Kisumu and Nyeri, who are responsible for the administration of the children's homes and coordinating with adoption agencies and the district Department of Children's Office. Five expert informants interviewed for the purposes of this study were employed outside NLHT. They were identified with a purposive sampling strategy designed to reach the relevant actors in the Kenyan adoption process. I made initial contact with these expert informants outside NLHT using a letter of support written by the NLH-Kilimani head social worker to legitimize my research project and status as a student. I interviewed two adoption case workers at the Little Angels Network (LAN) and one at Kenyan to Kenyan Peace Initiative

(KKPI). As case workers at two of Kenya's four adoption agencies, these informants approve prospective adoptive parents and facilitate the social process of fostering and adoption prior to the legalization of the care arrangement in the High Courts. I also interviewed a member of the National Adoption Committee. The National Adoption Committee consists of ten members appointed by the Ministry of Home Affairs and is charged with licensing all domestic and foreign adoption agencies, and approving all foreign adoptions. Informed consent was obtained prior to every interview, and all expert informant interviews were conducted at the informant's place of employment during scheduled office hours. Expert informant interviews tended to average between one and two hours.

General Public Interviews

A total of 11 general public interviews were conducted. All general public informants were identified by means of non-random, convenience sampling during participant observation in the local communities of the three interview sites (Kilimani, Kisumu and Nyeri), resulting in a range of perspectives from several divergent members of the Kenyan population. These interviews were conducted in an attempt to ascertain broader societal beliefs and opinions about adoption outside the relatively small community of Kenyan adoption. Interviewees ranged from 20 to 48 in age, and came from a variety of occupational backgrounds, with the sample including taxi and tuc-tuc¹⁸ drivers, a massage therapist, a business consultant, a domestic worker, and university students. The general public interviews were conducted at the location in which the informant was identified, and informed consent was obtained immediately prior to the start of the interview. General public interviews typically ranged from 15 to 30 minutes in length.

¹⁸ A tuc-tuc is a form of motorized transportation with three wheels, having a typical carrying capacity of three people plus a driver

FIELD OBSERVATIONS

I conducted my fieldwork in Kenya during the summer of 2010, and if I was not gathering qualitative data through informant interviews, I was typically engaging in participant observation primarily through the social work office at NLH-Kilimani. Just as I arrived to Kenya, NLHT was launching a massive scanning project to electronically file and preserve all its children's medical records from 1994 to the present. Prior to this electronic system, all 1,200 files of the children admitted to NLHT were stored in large, individual envelopes, and kept in a locked storage unit on the compound, vulnerable to the heat, as well as potential fire and water damage. Volunteering to assist with this scanning project when I was not traveling or conducting interviews meant that I was able to have access to constant conversation with the social workers at NLH-Kilimani, allowing for more frequent and in-depth discussions about the emergence of domestic adoption in Kenya. During my two months of fieldwork, I scanned 272 records and participated in hundreds of hours of observation and conversation. During this time, I heard dozens of stories and examples relating to domestic adoption in Kenya, which both supplemented and, at times, contradicted my own findings. Several of these examples are included intermittently throughout this thesis.

In the midst of collecting my remaining interviews and finishing my fieldwork, I was able to accompany NLHT staff on two visits to two different hospitals for two very different reasons. First, I visited the Nyeri Provincial General Hospital during my short, two-day stay in Nyeri. I accompanied the directors of the home, Monica and Gabriel Nderitu, to retrieve two, one and a half month old infants who had been abandoned in the provincial hospital after delivery, and were finally being released to the care of a children's home, specifically NLH-Nyeri. The hospital nursery itself was overcrowded, and the abandoned infants were all lined up next to each

other in metal cribs against the far right wall. There were 12 abandoned babies who ranged from one week to eight months in age, all lying naked in their cribs. As the maternity ward was already severely understaffed, these babies did not receive regular baths, and their beds were only cleaned once a day, meaning many of these children were left to lay in their own urine and excrements for hours on end. The infants were fed on average three to four times daily, which meant many of the infants were significantly undernourished. While the experience of bringing Paul and Henry back to NLH-Nyeri that afternoon was certainly a joyous one, the overall visit to the provincial hospital was both devastating and haunting. I could not stop thinking about the two older babies who had been living in the same crib in the hospital since their birth. When I asked why they had not been released to a children's home for care and eventual adoption, Gabriel Nderitu said:

Their cases of abandonment are not clear enough. Every time the hospital calls the police to file the initial reports of abandonment, the biological mothers or other extended family members of the children come to the hospital, claiming they want to take them home, only to abscond once again before the end of the day. This restarts the entire process of investigation for the hospital you see. I'm not sure why they are doing this. Maybe they are scared. But the mother of the little boy who is six months old has done this three times, and it has happened four times with various members of the extended family to the little girl who is eight months old. I saw your face and eyes when we were in the hospital, Kaitlyn. When the home first opened, I also had trouble going to retrieve children from the hospital. How can we feel okay just taking these two when there are ten more who need us? It does not become easier, we just have to remember to rejoice about the two and pray that tomorrow is the day we can go for the rest.

This construct of a “clear,” legal case of abandonment was something I struggled with throughout my fieldwork in Kenya, and is discussed in much greater detail in *Chapter 6: The Adopted Children of Kenya*. It just seems that although this stringent legal process has been created to protect children from child trafficking, especially in hospitals, as per the explanations of several expert informants, many children are harmed by its tedious technicalities. I realize it is impossible know the true number of children that have been protected by the process, but I

certainly struggled during my research seeing the ones who suffered partially as a result of it. For me, it raised questions about what abandonment really means in Kenya, and the perceived implications of the label with respect to the child's well being. Was it in these infants' best interest to remain in the hospital for more than half a year if it meant that their biological families might eventually return? What does this tell us about the importance of underlying biological connectedness in Kenya? This area of investigation was beyond the scope of my research, but I believe it could be an interesting and significant future project and contribution to the growing anthropological body of literature on adoption and social kinning. Figures 3.2 and 3.3 are images from my field visit to Nyeri Provincial General Hospital (NPG).



Figure 3.2 Images from outside Nyeri Provincial General Hospital (above)

Figure 3.3 Images from waiting area outside NPG, prior to admittance to nursery (below)



Near the end of my research in Kenya, I accompanied Monica Gachuru, a social worker at NLH-Kilimani, on a second medical opinion for three NLHT toddlers to a private pediatric hospital in Nairobi. These three toddlers were being transferred to a permanent children's home in Nairobi because they were approaching three years of age and had not been adopted. Two of the three boys could not be adopted because there were significant errors in their police reports that the NLHT social workers were unable to have corrected. The other boy just had not been placed with either a local or international family, and the time for his adoption had run out. The purpose of the second medical opinion is to have all the child's medical information and history verified by an independent third party before he or she is transferred to the new institution. The private pediatric hospital was in infinitely better condition than the Nyeri Provincial General Hospital, which I had just visited the week before.

Chapter 4: The Emergence of Domestic, Non-Kin Adoption

National Trends and Policies

INTRODUCTION

Although Kenya has a long, deeply rooted history of customary adoption and fostering, primarily practiced within kinship networks as discussed on in the literature review of Chapter 2, formal adoption as a *legal* and social process in which parental rights are permanently and irrevocably transferred from biological parents to adoptive parents has always been highly stigmatized and met with “cultural” resistance. Like in most African communities, the concept of legal adoption has never existed in the Western sense, and the removal of a child from one’s kinship network to be raised in another was culturally, more easily equated with “baby stealing” or “purchasing,” with strong stereotypes of being bought, as well as underlying allusions to slavery, surrounding children who had been legally adopted (Foster, 2000:60). In fact, a word for “adoption” as it relates to the legal process does not even exist in Kiswahili or any ethnic language in Kenya. For this reason, adopted children have often been referred to as “bought children” or “miracle babies,” reinforcing false conceptions of illegitimacy associated with legal adoption while simultaneously conflating the practice with child trafficking by using names connected with previous national scandals involving the sale of children¹⁹ (Mwololo, citing Kimemia, Executive Director of the Adoptive Parents Association of Kenya, 2010).

These negative associations with the Western construct of adoption are also partly rooted within cultural beliefs about ancestral relationships and the danger involved with either bringing

¹⁹ Please refer to Deya Ministries Scandal discussed later in this chapter

a bringing into the kinship circle, or removing a legitimate member from it, thereby disrupting the harmony of the ancestral lineage (Roby & Shaw, 2006). Anthropological accounts from across sub-Saharan Africa, including Kenya, have indicated that many societies believe ancestral spirits oppose the presence of nonrelated children in a home, as it leads to the introduction of alien spirits, causing great displeasure to the ancestors and subsequently bringing widespread misfortune to the family, thereby creating a strong resistance to any form of formal adoption (Varnis, 2001). During a semi-structured “general public” interview with a Kenyan massage therapist about her view on domestic adoption, she hesitantly responded:

It’s nice people can have their family in other ways now, but I hope it doesn’t end poorly for them. *Responding to my questioning gaze, she continued:* You know what they say about brining outsiders into your family. It is not natural. The whole idea of foreign blood, you see. It can cause displeasure in the family line. But I’m sure it is okay for most families. That is what they [the adoption agencies] say at least.

Additionally, the underlying assumption of infertility and sub fecundity attached to couples, particularly women, who adopt further amplifies the stigma already associated with adoption, especially in an extremely pro-natal country like Kenya where fertility is of utmost importance, and childbirth is seen as not only “a matter of personal fulfillment, but also the fulfillment of fundamental kinship, religious and political obligations” (Varnis, 2001; Owino, 2002: 236).

Despite the overwhelming evidence of deeply rooted, sociocultural resistance to formal adoption in Kenya, this study’s quantitative and qualitative ethnographic fieldwork documented a relative emergence of domestic, non-kin adoption beginning in the mid 1990s. This chapter will first present quantitative data on adoption gathered from NLH-Kilimani to elucidate trends in national adoption, discussing their significance and situating them within the larger context of formal adoption in Africa. It will then discuss the proposed interrelated, national explanations for the emergence of domestic adoption, which were uncovered through preliminary key informant

interviews and participant observation, focusing primarily on the consolidation and creation of a strong legal framework and a public awareness campaign in favor of adoption. The chapter will conclude by placing these national responses to domestic adoption within the greater body of anthropological perspectives on social coping, analyzing the growth of domestic adoption as a cultural response to Kenya's devastating demographic shift and subsequent emergence of infant abandonment.

TRENDS IN FORMAL ADOPTION

As detailed in *Chapter 3: Research Methods and Field Observations*, this study's quantitative data on international and domestic, non-kin adoption trends were gathered from NLH-Kilimani, a children's home that cares for abandoned infants until the age of three years. National statistics on formal adoption in Kenya, similar to many countries around the world, are sporadic, incomplete, and under representative. For example, in the United Nations 2009 report, *Child Adoption: Trends and Policies*, Kenya reported 143 total adoptions in 1998 (United Nations, 2009: 258). This figure was not an official count, but rather a *national estimation* by the Child Welfare Society of Kenya, the oldest, but arguably the most inactive adoption society of the four in the country, as its primary focus is on child advocacy and providing shelter for abused and neglected orphans and vulnerable children. Furthermore, the 143 adoptions were not divided into domestic or international adoption categories, and many were considered formal kin arrangements with only 60% of the 143 children estimated to be under five years old at the time of adoption. The limited data reported make time series analysis of national adoption trends extremely difficult. For this reason, this study uses the discharge information from the baby registrar at NLH-Kilimani that dates back to 1994 and contains complete information on both domestic and international adoptions from the home to demonstrate national trends in the

emergence of formal domestic, non-kin adoption in Kenya. While the statistics from NLH-Kilimani obviously represent a fraction of the total number of legal adoptions occurring in Kenya, the data can be roughly extrapolated to the national level by situating the number of annual adoptions from the children's home within the total number of adoptions conducted by the Little Angels Network, the most active of the four adoption societies in Kenya. The Bernardos Adoption Society was established in 2005 and is connected with the Thomas Bernardos Children's Home, which provides care to over 175 orphans and vulnerable children, some of whom are abandoned and eligible for adoption. Although the Bernardos Adoption Society only places a small number of children for adoption, typically from the Thomas Bernardos Children's Home, it placed an estimated four children from NLH-Kilimani in 2010 (personal dialogue with Rhoda Odhiambo, head social worker at NLH-Kilimani: July 2, 2010). The Kenyan to Kenyan Peace Initiative (KKPI) is the newest adoption society in Kenya, and was officially registered by the National Adoption Committee in December 2007. As such, the society processes relatively few adoptions per year with less than 15 total placements in 2010, two of which were international (personal dialogue with Gaciku Kangari, KKPI Executive Director: July 27, 2010). The Little Angels Network is the second oldest and most active adoption society in Kenya, founded in 2002 with offices in Nairobi, Kisumu and Mombasa. Of the 65 children placed by the Little Angels Network in 2009, 44 came from NLH-Kilimani. The table below from the Little Angels 2009 Annual Report shows the distribution of child placements from "charitable children's institutions," the official, political name for registered children's homes in Kenya.

Table 4.1: Distribution of LAN Adopted Children Placements by Children's Home

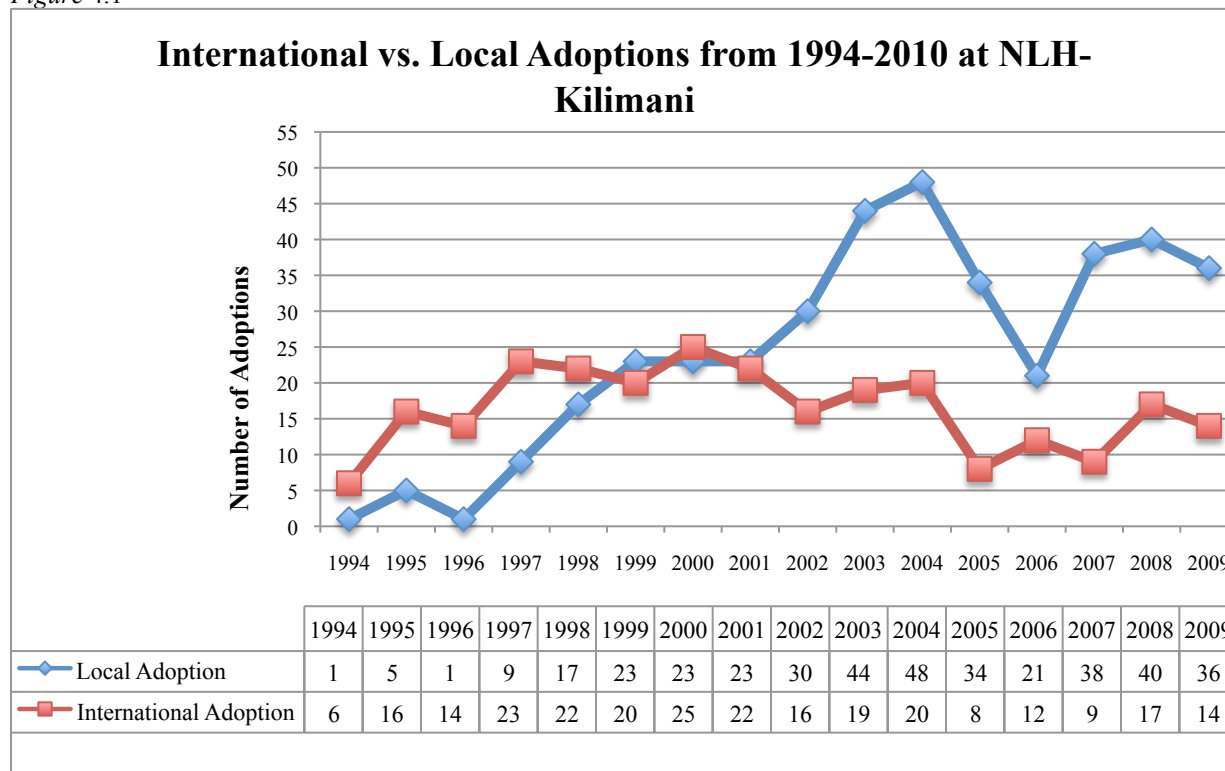
Children's Home	Number of Adopted Children
New Life Home	44
Rehema PEFA	3
Rehema PEFA Bukura	1
Missionaries of Charity	2
Nest Home	3
Abandoned Baby Center	4
Happy Life Children's Home	4
Open Hand	2
Love a Child Home	2
Total	65

Source: Little Angels Annual Report 2009, page 12

New Life Home accounts for 68% of the total number of adoptions conducted by Little Angels, which is estimated to account for slightly less than half of all adoptions occurring in Kenya (personal dialogue with Caroline Macharia, Public Relations Representative and case worker at LAN: July 20, 2010). By situating the frequency of international and domestic adoptions from NLH within the context of the total number of adoptions from the LAN and subsequently the broader national number of adoptions, it can be understood that while the data from the NLH-Kilimani baby registrar are relatively less than the actual levels of adoption in Kenya, the trends seen in the time series analysis in *Figure 4.1* below are indicative of those occurring at the national level. Understanding these national trends in formal adoption is particularly salient to the objectives of this study regarding the documentation of the emergence and growth of domestic, non-kin adoption in Kenya.

Trends From NLH-Kilimani (1994-2010)

Figure 4.1



In the early 1990s both domestic and international adoptions were rare and almost impossible to conduct in Kenya due to the lack of a legitimate legal and social infrastructure (personal dialogue with Clive and Mary Beckenham, founders of the NLHT: July 10, 2010). *Figure 4.1* above begins in 1994, showing six international adoptions²⁰ and one domestic adoption (Wangai et al, 2007). According to the graph, international adoptions gradually increased throughout the late 1990s, peaking in 2000 at a total of 25 adoptions. While the number of international adoptions has gradually declined since 2000, the number of local adoptions has dramatically increased at a nearly constant rate since 1996. Prior to 2000/2001, international adoptions accounted for between 52% and 93% of the total adoptions from NLH-

²⁰ All “ex-patriot” adoptions from the United Kingdom according to the founders of NLHT

Kilimani, leaving local adoptions to represent between just 6% and 48% of all adoptions from 1994-2001. Following 2000/2001, however, the relationship between international and local adoptions in Kenya was inversed, with domestic adoptions representing 70% and international adoptions accounting for just 30% of the total number of adoptions on average between 2001 and 2009.

While *Figure 4.1* illustrates a general increase in domestic adoption from 1994 to 2009, the otherwise sustained growth was disrupted in 2005 and 2006 with a significant drop in the overall number of adoptions, including local adoptions. Interviews with experts in Kenyan adoption revealed that this decline in adoption overall, including domestic adoption, was in part, a response to the “Miracle Baby” scandal, which was uncovered in 2004 and received frequent national and international media coverage throughout 2005 and 2006. Archbishop Gilbert Deya of the Gilbert Deya Ministries, a registered charity in England and Wales, was accused of child trafficking in 2004, although he claimed he could make infertile women pregnant with prayer, providing them with “miracle babies” for a fee. Through his Deya Ministries organization, wealthy African women residing in the United Kingdom and holding British passports would technically “conceive” in England before traveling to Nairobi to give birth in “slum clinics,” where they would be given a Kenyan child to take back to the United Kingdom as their own after receiving appropriate travel documentation from the British High Commission (Matheson, 2004). It is believed that at least 50 impoverished couples delivering in the Pumwani maternity hospital in Nairobi were told their babies had passed away shortly after birth, but were allegedly sold to Deya Ministries, which in turn sold the infants as “miracle babies” to infertile women in the United Kingdom (Matheson, 2004).

The revelation of this massive child trafficking network had serious implications for legal adoptions in Kenya. Holds were put on domestic and international adoptions in the High Court while widespread child trafficking investigations were conducted. The resulting increased legal fees and cost of adoption made it infinitely less feasible for many international and Kenyan couples alike to adopt (personal dialogue with Rhoda Odhiambo, head social worker at NLH-Kilimani: June 18, 2010). Also the stigma surrounding the Deya “miracle babies” scandal amplified the existing stigma associated with legal adoption in Kenya, specifically with respect to the process’s equation with “baby stealing” or “baby purchasing,” which several experts in the field of Kenyan adoption believe led to lower numbers of local adoptions in the years (2005 and 2006) immediately following the discovery of the child trafficking network (personal dialogues with Monica Njeeri Gachuru, social worker at NLH-Kilimani: July 7, 2010; John Ondeche, member of the National Adoption Committee: July 13, 2010; Gaciku Kangari, KKPI Executive Director: July 27, 2010).

Trends from the Little Angels Network (LAN) (2006-2009)

Looking at recent statistics from the Little Angels Network shown in Table 4.2 below further illustrates the emergence of domestic adoption established in *Figure 4.1*, the time series analysis of local and international adoption trends from NLH-Kilimani. The Little Angels Network is the only adoption society that publishes any information on the number of adoptions it conducts annually. Data are only available for 2006 to 2009, which is not enough to necessarily show a trend in the *growth* of domestic adoption. However, the data do reinforce and support this study’s documentation of the *emergence* of domestic adoption at the national level.

Table 4.2: Number of Local and International Adoptions Conducted by LAN from 2006-2009

Form of Adoption	Year			
	2006	2007	2008	2009
Local	31	56	54	39
International	14	20	24	26

Source: Little Angels Annual Reports: 2007, 2008 and 2009

Discussion

One of the primary goals and objectives of this study, as detailed in *Chapter 1: Introduction*, was to document and record both the emergence and growth of domestic, non-kin adoption in Kenya. The data from NLH-Kilimani and the Little Angels Network, shown in *Figure 4.1* and Table 4.2 respectively, both demonstrate the emergence of local adoption. The trends established in *Figure 4.1*, the time series graph, also indicate a significant growth in domestic, non-kin adoption from 1994-2009, as well as a decline in the percentage of international adoptions represented in the total number of adoptions from NLH-Kilimani overall.

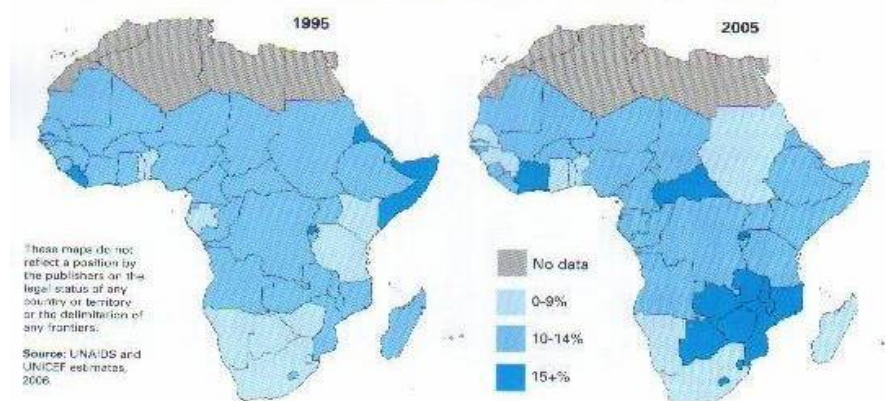
One limitation that is particularly salient for understanding the significance of these data and trends from both NLH-Kilimani and the Little Angels Network is that the number of international adoptions represented in these data is more likely indicative of the total number of international adoptions occurring at the *national* level, while the numbers of local adoptions from the Little Angels Network and NLH-Kilimani represent only a portion of the total number of domestic adoptions occurring in Kenya. This creates a skewed ratio between local and international adoptions, whereby the data from NLH-Kilimani and the LAN disproportionately over represent international adoptions in relation the recorded number of local adoptions from these organizations. The overrepresentation of international adoptions in the data stems from the fact that NLH-Kilimani conducts the vast majority of international adoptions for the entirety of the New Life Home Trust, and the Little Angels Network conducts the majority of international

adoptions in the country. Because all international adoptions must be processed through the High Court in Nairobi, NLH-Kilimani conducts the majority of international adoptions while the remaining three satellite homes in Nyeri, Nakuru and Kisumu process primarily local adoptions. The baby registrar from NLH-Kilimani only reflects the adoptions that are conducted by that specific home, meaning *Figure 4.1* does not represent the local adoptions occurring from the other three homes, which, if present in the graph, would have made the ratio between domestic and international adoptions more accurate, as well as more representative of the relationship between the trends at the national level. The Little Angels Network has conducted international adoptions since 2005 and has the most international partners²¹ of the four adoption societies in Kenya. The Child Welfare Society of Kenya is inactive for all intents and purposes, and while KKPI and the Bernardos Adoption Society are officially licensed to process international adoptions, they have limited international adoption partners and primarily focus on placing children with local families. For this reason, the data reflected in the Little Angel's Annual Report for 2007, 2008 and 2009 regarding the total number of international adoptions closely represents the actual, total number of international adoptions occurring in Kenya for those years, which creates the skewed ratio between domestic and international adoptions described above. This limitation in the study's data indicates that the number of domestic adoptions occurring on the national level are actually even greater and more significant than those extrapolated from the NLH-Kilimani and Little Angels Network figures, which is important to acknowledge when understanding and contextualizing the overall emergence and growth of local, non-kin adoption as a legal and social process in Kenya.

²¹ 11 international adoption agencies

As already established in the preceding chapters, formal adoption as it exists in the Western jurisprudence has never been widely practiced throughout sub-Saharan Africa for a variety of legal and cultural reasons. Despite the increased passage of contemporary national and international adoption laws around the world, including SSA, the actual practice of legal adoption remains relatively rare throughout Africa, which reports the lowest levels of overall adoption, especially domestic adoption, according to the United Nations Report on *Child Adoption: Trends and Policies* (2009). This lack of precedence for the formal adoption of nonrelated children in SSA makes the emergence and growth of domestic adoption of abandoned infants in Kenya, as demonstrated above in *Figure 4.1* and Table 4.2, an interesting and relatively unusual occurrence.²² A comparison of Kenya's adoption trends with Tanzania and Ethiopia further contextualizes the country's unique emergence of domestic adoption specifically within Eastern Africa. As illustrated in *Figure 4.2* below, Tanzania, Ethiopia and Kenya all have similar levels of orphans under the age of 17 years.

Figure 4.2: Percentage of Children in SSA Between the Ages of 0-17 Years Orphaned by Any Cause (1995 & 2005)



Source: UNAIDS and UNICEF Trends 2006

²² Ghana, Malawi and South Africa have also experienced some growth in domestic adoption according to the United Nations 2009 Report, but the data is limited, and this study could not locate any academic sources for an explanation of these statistics with the exception of a dissertation on community coping mechanisms written by Rosenthal, focusing on the reemergence of traditional patterns of kinship care and children's homes in Malawi

Both Tanzania and Ethiopia are also experiencing socioeconomic and infrastructural deterioration from HIV/AIDS, similar to that of Kenya, which has resulted in a wide range of societal outcomes, including the emergence of infant abandonment. (Foster & Williamson, 2000). Despite the similarities to Kenya in the levels of societal stress, orphans and vulnerable children, and infant abandonment, neither Tanzania nor Ethiopia have experienced an emergence of domestic, non-kin adoption similar to that of Kenya. In 1998 Tanzania reported an estimated 15 local adoptions, and from 2002-2003 Ethiopia reported 810 international adoptions and only 62 domestic adoptions, the majority of which were considered kin adoptions by relatives (United Nations, 2009: 431). In trying to understand possible explanations for Kenya's notable difference in adoption trends, and its significant emergence of local adoption, two interrelated theories were identified through qualitative, ethnographic fieldwork, which included expert informant interviews and participant observation. The two primary, national level explanations for the emergence of domestic adoption in Kenya, as ascertained while conducting fieldwork for this study, are the consolidation and creation of a strong legal framework, and the establishment of a national public awareness campaign in favor of local adoption, both of which are believed to have helped legally facilitate and socially legitimize the practice of domestic adoption in Kenya.

NATIONAL LEVEL EXPLANATIONS FOR DOMESTIC ADOPTION IN KENYA

The Impact of a Consolidated Legal Framework

According to Caroline Macharia, case worker and public relations representative for the Little Angels Network:

Kenya has made memorable gains on adoption in the past ten years, passing the Children's Act in 2001 and ratifying the Hague Convention on the Protection of Children and Co-operation in Respect to Inter-country Adoption in 2007. These developments have laid out a platform for adoption to be carried out in a legal, clearer way, and in a manner that upholds the best interest of the child. And due to this, there

has [sic] been notable increases in the number of legal, local adoptions conducted in Kenya.

Of the 15 expert interviews I conducted, 13 specifically discussed possible national level explanations for the emergence and growth of domestic adoption in Kenya. Twelve of these 13 key informants, including Macharia as quoted above, directly cited the reformation of national adoption laws and ultimately, the creation of a consolidated legal infrastructure as a legitimizing factor, which both facilitated and encouraged the growth of local, non-kin adoption in Kenya. Laws for formal adoption in Kenya date back to 1959 and the incorporation of the Child Welfare Society; however, according to Macharia and John Odeche, a member of the National Adoption Committee and Director of NLH-Kisumu, these laws, such as the Young Persons and Guardian Act, made provisions for adoption without providing specific and clear guidelines regulated through central authorities. The entire process of adoption was unclear, and cases were interpreted on an individual basis, which contributed to the social stigma surrounding formal adoption with respect to “baby purchasing,” as it often involved bribery and a certain level of corruption (Odeche, July 20, 2010). The Children’s Act of 2001 has helped to reduce this stigma by providing a streamlined process, which has given people a “bit more confidence” in the legal institution of adoption (personal dialogue with Rhoda Odhiambo, NLH-Kilimani lead social worker: July 2, 2010). According to Macharia, prospective adoptive parents, and members of the public in general, can consult the Children’s Act and realize that formal adoption is an “actual, legitimate process in Kenya, and once one has completed it, there is no question about it’s legality and how it has been conducted.” This infrastructural transparency, resulting from the passage of the Children’s Act, and to a certain extent the ratification of the Hague Convention on Inter-Country Adoption, has encouraged the growth of local adoption by legally and socially

legitimizing, and subsequently destigmatizing, the practice, giving prospective adoptive parents the confidence to proceed with adoption (Kangari, KKPI Executive Director: July 27, 2010).

Accounts from five of the eight adoptive parents interviewed for this study support the above claim made by Kangari, and echoed by nearly all of the expert informants, that the creation of a solid legal infrastructure for formal adoption through the Children's Act of 2001 encouraged prospective parents to adopt by legitimizing and, to a certain extent, destigmatizing the practice, leading to an overall growth in local, non-kin adoption in Kenya. One father said that he and his wife contemplated adoption for 15 years before they felt comfortable enough with the legal process to actually adopt. From his perspective:

Prior to the Children's Act of 2001, no one knew exactly how to go about adopting. You did not know where to begin or who to talk to. We knew we would have to pay legal fees, surely, but the process was so unclear that we were afraid we could be engaging in illegal activities without even knowing. Imagine?! But after the Children's Act was passed and published for the public, the process became very clear, and we knew we could finally adopt legally, which helped us decide to proceed.

All five adoptive parents expressed that they felt deterred by the lack of legitimacy and corruption associated with the previous adoption process in Kenya. They believed that non-kin adoption really could be seen as "baby stealing" or "baby purchasing," especially by their friends and family. In their opinions, the Children's Act of 2001 provided a necessary legal framework and clear social process that they could reference, which legitimized their decision and lessened the perceived stigma surrounding domestic adoption.

The Consolidated Legal Framework

The Children's Act of 2001 and the Hague Convention on Inter-Country Adoption, in addition to the formal procedures for local and international adoption, are detailed in the following sections to provide a better sense of the social and legal process of adoption in Kenya.

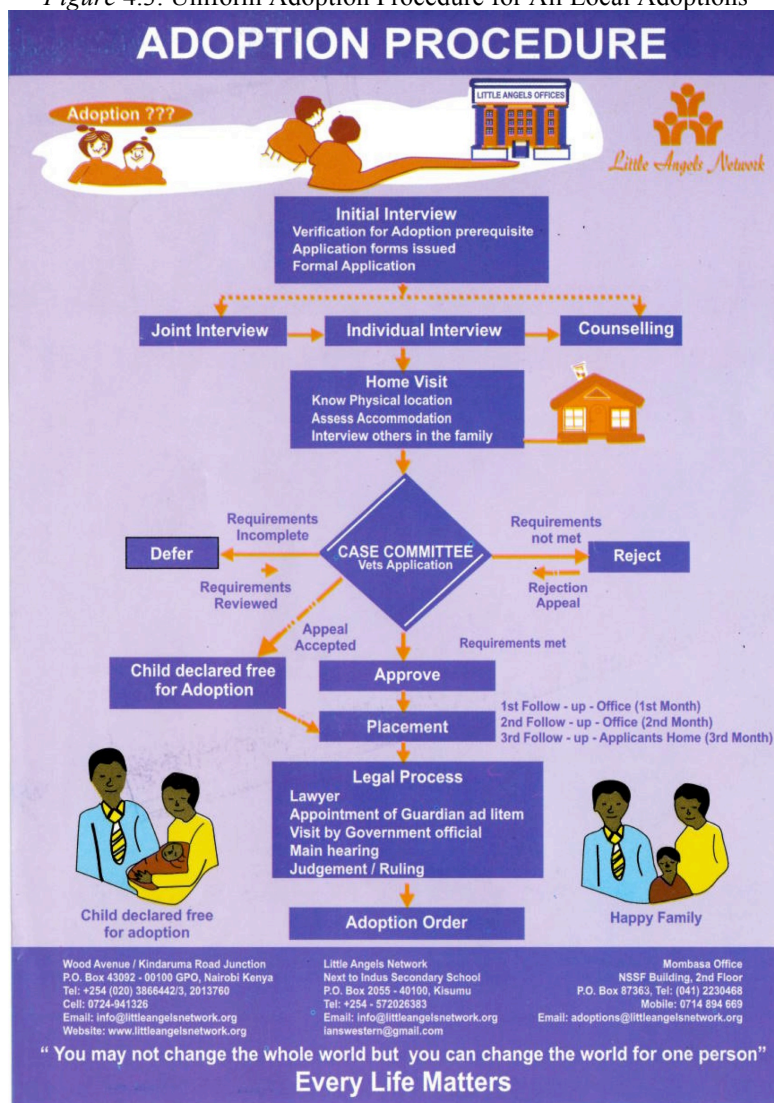
The Children's Act of 2001

The Children's Act of 2001 consolidates the Guardianship of Infants Act, the Children and Young Persons Act, and the Adoption Act, streamlining and legally legitimizing the procedures for adoption and termination parental rights. It is an act of Parliament that makes provisions for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and the overall protection of children. In accordance with the International Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, the Children's Act of 2001 also protects the rights of the child to life, privacy, and the freedom from torture, economic exploitation, sexual abuse, physical abuse, psychological abuse and harmful cultural practices (Republic of Kenya, 2004: 14).

The Children's Act of 2001 encourages domestic adoption in the "spirit of the Hague Convention" of children who have been formally declared "free for adoption" by the Department of Children Services after an investigation of their abandonment, or the termination of parental rights through the mother-offered option. In order to adopt, one must be over the age of 25, 21 years older than the child he or she wishes to adopt, and either single or married for a minimum of three years. Single applicants are only permitted to adopt children of the same sex. "Special circumstances" do enable single applicants to adopt children of the opposite gender. If a single applicant already has a biological or adopted child, he or she can adopt a child of the opposite sex. Also, if a child is considered to have special needs, which includes being HIV positive, a single parent of the opposite gender can adopt him or her. Kenyans wishing to adopt must formally file an application and be approved by one of the four government licensed adoption societies in Kenya. *Figure 4.3* below illustrates the standardized adoption procedure for all local adoptions in great detail, beginning with the initial interview conducted by a case worker at an

adoption society, which verifies that the initial prerequisites are all satisfied before the social process of adoption formally begins.

Figure 4.3: Uniform Adoption Procedure for All Local Adoptions



Source: Little Angels Network, In-Office Flyer from the Public Awareness

A series of interviews and counseling sessions are conducted by the same case worker at the adoption agency in order to assess the suitability of the prospective adoptive parent(s). One home visit is also conducted to interview other members of the family, including potential siblings or grandparents, as well as to survey the physical accommodations. From this information, the case worker prepares a report that the agency's case committee reviews and uses

to either approve, defer, or reject the prospective parent(s)' application. An application is deferred if certain requirements are incomplete, but pending completion, the application can be re-reviewed, and ultimately approved, by the case committee. Few applications that reach the case committee phase are rejected, however, those that are may appeal the committee's decision after three months. Once the prospective parent(s) have been approved for adoption, they are placed with a child who has been declared "free for adoption" by the Children's Department, typically an abandoned, but occasionally a mother-offered, infant. After the parents have been placed with a child, they must begin the three-month fostering period, during which time 3 follow-up meetings and one home visit will be made with the adoption agency. After three months and the conclusion of the fostering period, the adopting parents can begin the actual *legal* process of adoption by identifying a lawyer and receiving a guardian ad litem from the court who represents the interest of the child. After the judge reviews all the official documents from the adoption agency and the Children's Department during the main hearing in the High Court, a ruling is made, and if everything appears to be correct, the legal adoption order is issued. An adoption order can be delayed if the judge discovers discrepancies or errors in either the child's official documents or the parents' application, which often results in multiple hearings and lengthens the legal adoption process substantially. Once the order is made, however, the process is complete with all parental rights permanently and irrevocably transferred to the adoptive parents. The child is also stricken from the birth registrar and given a certificate of adoption in lieu of a birth certificate.

The Hague Convention on Inter-Country Adoption

The Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoptions, often referred to as the Hague Adoption Convention, is an international

agreement that was passed on May 29, 1993 to establish international standards of practices for intercountry adoptions in an effort to safeguard against child trafficking. The Convention mandates countries that have ratified it to establish a central administrative body to be the “authoritative source of information and point of contact for international adoptions in that country.” The Convention recognizes intercountry adoption as a means of providing a home to a child when a suitable family has not been found in the child’s country of origin. Thus, the Adoption Convention enables intercountry adoption to take place when a child has been declared eligible for adoption by the child’s country of birth, and “proper effort” has been given to the child’s adoption in his or her country of origin.

Kenya ratified the Adoption Convention in 2007, following the Deya Ministries “Miracle Babies” child trafficking scandal in an effort to protect Kenyan children and legitimize international adoptions in general, which account for roughly 30% of the country’s total number of adoptions. In accordance with the convention mandate, the National Adoption Committee (NAC) was established as Kenya’s central authority on international adoptions. The NAC is responsible for licensing all domestic and international adoption agencies as well as for approving all foreign prospective parents and child placements. The process for international adoption is similar to that of local adoption as illustrated in *Figure 4.3* with the exception that the interviews, counseling and home visits are all conducted by the *foreign* adoption agency, which assembles its own report that it uses to either approve or reject the prospective parents. Once the prospective parents are approved, the foreign adoption agency works in conjunction with a Kenyan adoption society to place the prospective parents with a child. After a child has been tentatively “matched” with the prospective international parents, the NAC reviews both the child’s documents, as well as the foreign adoption agency’s report on the prospective parents to

make sure all the social and legal requirements have been met. Once a the NAC approves an international adoption, the adopting parents to travel to Kenya and begin the legal adoption process following the mandatory three month fostering period and visits from the partner adoption society in Kenya. The legal procedure for international adoptions is identical to that of domestic adoptions with the minor exception that all international adoption orders must be issued by the High Court of Nairobi. Under the requirements of the Convention, once the adoption order is issued, both parental rights and citizenship are permanently transferred, and the child “ is free to leave Kenya, not as a foreigner coming to another country without any claim to legal rights, but as an actual citizen, already fully respected and protected.” (Ondече, member of the NAC: July 20, 2010).

The Impact of the National Public Awareness Campaign on Adoption

In the last decade, the Kenyan Children’s Department and the licensed adoption agencies, working in conjunction with various media sources and several churches, have launched a massive public awareness campaign. The central aim of the awareness campaign is to destigmatize domestic adoption by dispelling social myths about the practice and adopted children. The ultimate goal is to achieve a general acceptance of local, non-kin adoption among the public while simultaneously encouraging the practice as an alternative form of family formation to help abandoned infants and children receive loving families.

National Rhetoric

In the last ten to fifteen years, the Kenyan government, Department of Children’s Services, children’s homes, and adoption agencies have strongly advocated local adoption as an alternative form of family formation that can provide “love and care to Kenya’s orphaned and abandoned children” (Little Angels Network). The need to more strongly facilitate adoption both

legally and socially was realized in the late 1990s and early 2000s as the numbers of abandoned infants and orphans reached alarming levels in the wake of the socioeconomic devastation created by the country's HIV/AIDS epidemic. The legislative branch of the Kenyan government responded to this "looming crisis" by passing the Children's Act of 2001 to better protect abandoned and completely orphaned children through the provision of a consolidated legal infrastructure, which created transparent procedures for local, non-kin adoption—a more favorable care alternative to permanent institutionalization in a children's home. As the prospect of domestic, non-kin adoption had always been met with a degree of social resistance from the Kenyan public, the Department of Children Services, local adoption societies and various children's homes launched an awareness creation campaign to demystify and destigmatize the practice, ultimately encouraging society to "embrace adoption as a way of establishing families and to ensure that society gives support to those willing to adopt" (KKPI).

The central myths this on-going public awareness campaign tries to dispel include those regarding the legitimacy of the legal adoption, the types of people who adopt, and the types of children who are available for adoption. One of the largest misconceptions adoption agencies and the Children's Department have worked to correct is the equation of "baby purchasing" with legal adoption. Many Kenyans have pointed to the fees associated with the adoption process as a form of purchase. However, through public outreach programs and awareness creation, adoption agencies have made clear their status as governmentally regulated, non-profit organizations and that the fees, which are fixed by the National Adoption Committee, cover overhead operating costs and nothing more. The public awareness campaign also addresses and corrects several misconceptions regarding the actual practice of adoption, such as those involving, who adopts, who is permitted to adopt and why people adopt, through the dissemination of educational

materials (i.e. posters, flyers, pamphlets, etc.) about the process of domestic adoption and the guidelines implemented by the Children’s Act of 2001. Examples of these educational materials from the Little Angels Network are pictured below in *Figure 4.4* and *Figure 4.5*.

Figure 4.4: LAN Educational Poster on “Myths” of Adoption



Figure 4.5: LAN Educational Poster on Adoption in Kenya



Source: Little Angels Network, Educational Posters from the Public Awareness

As seen in *Figure 4.4* above, many Kenyans believe you must be rich, married and childless to adopt. The LAN responds to these misconceptions by providing statistics and citing the provisions of the Children’s Act of 2001 that demonstrate otherwise. For example, according to the LAN, 45% of those who adopt already have biological children of their own, illustrating that it is relatively common for couples who are not childless to adopt domestically in Kenya. The public awareness materials also clearly state that single applicants can, in fact, adopt, and that wealth is not a prerequisite so long as the adopting parent(s) can adequately provide for the child. Finally, the last category of myths the national public awareness campaign seeks to dispel

is that relating to the adopted child. One deeply rooted misconception relates to the common saying “blood is thicker than water,” and refers to the belief that adoptive children are naturally inclined to their biological family as opposed to their adoptive family. Another belief held by some members of society is that all adopted children are social misfits that “turn out very wayward.” This excerpt below from an interview with an adoptive father details this (previously) widely held misconception regarding adopted children:

There is also some cultural belief that they [adopted children] never grow up to become good people. They may be present and they may make your own children not prosper. Either they do not become good people or they prosper at the expense of your own blood, and therefore, beliefs have it that either way, they will leave you with pain.

Some members of the Kenyan public also assume that children who are adopted are ill, usually with HIV/AIDS. Many people think all orphans are HIV positive, which lead to their initial abandonment. These myths regarding the inherent traits of adopted children are dispelled by outreach programs and publicized testimonies from previous adoptive parents, with an emphasis placed on the central role of socialization and nurture in the raising of *any* child, including an adopted child.

The public awareness campaign overall, which consists of informative posters, flyers, pamphlets, news articles, television interviews and various outreach programs especially through churches, strongly advocates for domestic adoption by calling abandoned infants the “needy children of Kenya,” and urging Kenyans to help give them a better life and keep them in the country. According to the local adoption agencies, this message is in the “spirit of the Hague Adoption Convention” where local adoptions should always be supported and completely exhausted before an international adoption is sought (LAN & KKPI). The excerpt below is from my interview with Caroline Macharia, the leading public relations representative at the LAN, and

is in response to a question about why the LAN feels so strongly about encouraging local adoptions:

There are a growing number of people, who in light of the increasing numbers of abandoned and vulnerable children, are stopping to say ‘there is something we must do to help our country,’ and by relentlessly advocating for domestic adoption, the public awareness campaign in Kenya shows these people one of the best ways they can help because every life matters, and ‘you might not change the whole world, but you can change the whole world for one person’—a Kenyan child. You see, there is a great interest in local adoption. We see this at our outreach programs, but people are shy. And these misconceptions I have explained to you often keep them from actually beginning the adoption process. Our public awareness campaign, which calls on Kenyans as Kenyans, allows the public to rise above whatever misconceptions they may have to do something good for the country and for the children of our country.

Ultimately, the national public awareness campaign in Kenya has positioned local adoption as a way to help strengthen the individual Kenyan family as well as the entire country, drawing on both Kenya’s pro-natal and traditionally family oriented attitudes, as well as underlying currents of nationalism.

The Extent of the Campaign

The programs and activities of the public awareness campaign are nationwide. The campaign’s dynamic approach uses a variety of techniques and social channels to disseminate information about local adoption, including the distribution and display of informative materials, as mentioned above and pictured in *Figure 4.4* and *Figure 4.5*, in addition to a variety of outreach programs and traveling workshops held by adoption societies and occasionally the Department of Children’s Services in both rural and urban areas throughout Kenya. *Figure 4.6* below provides an example of the scope of awareness creation activities launched within the greater national awareness campaign by a single adoption society in 2008 alone.

Figure 4.6: The LAN National Awareness Creation Activities in 2008

Our advocacy activities for the year multiplied more than ten times over those of the previous year. They were multi-leveled and multi-faceted; from community barazas to TV shows, distribution of printed materials to meetings with administrators, we explored every option with purpose. Because the activities were vast, we use a table to summarize the campaign trails.

	ACTIVITY	DATE	NO. OF PARTICIPANTS
1	Adoption Awareness Day at World Commission Center in Kayole	12 th July 2008	45 Church Member An Adoptive Couple 7 Staff Members
2	Church Outreach – Kibuye Catholic Church Kisumu	17 th August 2008	Approximately 800 people reached
3	Church Outreach – Power of Jesus Around the World Cathedral, Kisumu	24 th August 2008	More than 1,000 reached
4	Church Outreach – Salvation Army Church, Kisumu	31 st August 2008	More than 500 reached
5	Church Outreach – Mombasa Pentecostal Church	14 th September 2008 21 st September 2008	Information on Adoption and LANS Contacts presented on Power Point Bulleting During one main service for two Sunday to a congregation of over 1,000 people.
6	Church Outreach – Deliverance Church in Zimmerman	28 th September 2008	Five Minutes Presentation on Adoption to a Congregation of about 1200 adults in two main services
7	Church Outreach – St. Monica ACK Church in Kerugoya	26 th October 2008	An hours Presentation on Adoption and a Question and Answer Session to a Congregation of about 100 adults
8	Church Outreach – Our Lady of Guadeloupe Catholic Church, Ngong Road	26 th October 2008	Presentation on Adoption to 4 Church Members
9	Church Outreach – Jesus Cares Center Redeemed Church, Kisumu	2 nd November 2008	20 Minutes Presentation on Adoption to a Congregation of 500 adults
10	Church Outreach – Kenya Assemblies of God, Nyalenda, Kisumu	9 th November 2008	More than 900 reached
11	Church Outreach – African Inland Church, Ziwani	16 th November 2008	Five Minutes Presentation on Adoption to a Congregation of about 1500 adults in three main services
12	Church Outreach – Kisumu Pentecostal Church	16 th November 2008	Approximately 2,000 reached
13	Church Outreach – Word of Life Fellowship Church in Ukunda, Mombasa	26 th November 2008	More than 300 reached
14	Nation Newspaper article	2 nd January 2008	Nationwide
15	K24 News Feature	February 2008	Nationwide
16	Capital Morning Show	25 th November 2008	Nationwide
17	Citizen News Feature	30 th November 2008 5 th December 2008	Nationwide

Source: Little Angels Annual Report: 2008

Just through the activities of a single adoption society, shown above in *Figure 4.6*, 10,000 Kenyans were reached, illustrating the significant extent and far-reaching impact of the national public awareness campaign on adoption. Churches have been very influential in supporting local

adoption and the public awareness campaign, as evidenced in *Figure 4.6*, which shows that all 13 LAN outreach events in 2008 were held in conjunction with a local church. *Figure 4.7* below further illustrates this point.

Figure 4.7: The LAN National Awareness Creation Activities Specifically Through Churches in 2009

CHURCH OUTREACHES	
Name of church	Size of congregation
Anglican Church of Kenya St. Emmanuel, Nairobi	800
New Life S.D.A Church, Nairobi	2,500
A.C.K Bartholomew Church- Nyari	600
Fellowship Baptist Church, Mombasa	800
Makupa Deliverance Church, Nairobi	1,200
Kisumu Central Adventist Church, Kisumu	1,450
Lutheran Church, Kisumu	200
Victory S.D.A Church, Kisumu	750
Deliverance Church, Kisumu	800
Kileleshwa Community Church, Nairobi	650
Anglican Church of Kenya, Kisumu	500
Word of Life, Ukunda -Mombasa	450
Praise Chapel, Mombasa	350
	Total 11,050

Source: Little Angels Annual Report: 2009

Figure 4.7 illustrates the LAN outreach events held specifically through various churches in Kenya. In 2009 alone, the LAN was able to directly reach 11,050 Kenyans solely through church outreach events. The following excerpt from my interview with Gaciku Kangari, the KKPI Executive Director, summarizes the importance and centrality of the church's role in advocating local adoption:

Churches have really helped destigmatize the adoption process. Because in Kenya, the people and the congregations really, *really* trust their church leaders. And you know this can be good or bad, but that's besides the point. So if the church leader is for local adoption, which the majority of church leaders are these days, then the congregation tends to kind of flow with him, and is influenced by the fact that he has chosen to make domestic adoption a priority. Often members of churches where the leader has adopted or influential congregation members have been open about their adoptions are more encouraged to consider adopting themselves, you see.

Kangari's central point about the legitimizing force of the church and the facilitating role it plays in encouraging adoption is reiterated in the excerpt below from an interview with an adoptive father in Kisumu:

You see, there are so many people here in Kenya who may have adopted, but people are not aware because of the culture of secrecy that involves bringing this 'foreign blood' into your family. But as for my family now, you know I am a public figure. So I went to the church cathedral the Sunday after we got our son, just to introduce him officially to the congregation. To say 'this one, he is ours and we have adopted him.' Now *everyone* knows and there will be no whispers about our family's new addition....Also we did the official introduction to encourage others. After, someone from my congregation called only to tell me 'That was a wonderful thing you did and in fact, my family and I will also do the same.' You see, so coming out in the public has also really, really encouraged others to inquire, asking and telling us things like: 'How do we actually go about doing it?'; 'We have also been thing about adoption, but we have not known how to do it, you know.' Many people have, you know, been confidential about the whole thing, including the process, but as for us, we just agreed we have to go public so that others will know.

The public awareness campaign for domestic, non-kin adoption in Kenya is ultimately a national campaign involving many actors, including those in the government, various non-profit organizations and the church. These actors advocate for local adoption in a variety of ways by calling on Kenyan nationalism and compassion, in addition to correcting the various misconceptions surrounding the practice. These efforts over the last 15 years have led to a certain degree of social transformation regarding the acceptance of local adoption in Kenya.

Evidence of Social Transformation

I thank God that now, today in Kenya, local adoption is becoming less of a mystery than it was before. People are slowly embracing it as an alternative way to having a family. I would say at least 70%, maybe 75% of Kenyan's have slowly taken adoption as an alternative way of raising a family, and they themselves may not choose to adopt because of their own biases, but at least they do not shun others who have adopted.

This quote from Rhoda Odhiambo, the lead social worker at NLH-Kilimani, is representative of the overall unanimous feeling from *all* my informant interviews that social attitudes regarding domestic adoption have changed, and continue to change, as more and more people are exposed to the legal practice in some capacity, and have heard of people who have adopted, which is the result of the national public awareness campaign that has allowed people to discuss domestic adoption in various social settings through the organization of public outreach programs, workshops, and social groups. The Little Angels Network reported a noticeable interest in adoption at all their outreach events, evidenced by people picking up pamphlets, asking several questions and following up with phone inquiries about arranging initial interviews (Little Angels Annual Report: 2008). While all informant interviews reported general increases in the acceptance of domestic adoption overall, the majority also felt that there is still more work to be done. One general public interviewee stated: "There are always those few who will not listen and choose to continue having an issue with adoption, but these people cannot be allowed to stop others from adopting if they desire." An adoptive father in Nairobi took this sentiment a step further, saying,

Awareness creation remains the most important factor in the promotion of local adoption and the encouragement of its growth. Although many people have been exposed to domestic adoption, the more it is discussed, the more it will become ingrained as a normative practice in society, you see? Kenya has gained significantly in its acceptance and growth of local adoption, and it will continue to grow as the public is continuously reminded of the practice.

Despite the general feeling of there being "room for improvement" in increasing the acceptance of local adoption and normalizing the practice as a widely recognized, culturally

acceptable form of family formation, the qualitative data from this study gathered through informant interviews with the general public revealed the same patterns of social transformation indicated by the Little Angels Network and Kenyan government, as discussed above. When asked their opinions about the overall acceptance of local adoption among the general public, all 11 informants responded similarly to the three interviewees below:

People today are okay with adoption in Kenya. Not everyone will adopt, of course, for personal reasons. And yes, many people used to have a problem with adoption, but people understand that things have changed. HIV/AIDS have made things difficult and now babies are being abandoned without any connections to any family at all. Everyone in Kenya has seen or heard about the homes and institutions for these abandoned babies, and they know these babies are different than those who were adopted before. People understand that these babies need families too—it's the charitable thing to do if you are willing and able.

People in the past believed that there was no reason or way to legally adopt children because all Kenyan children had a family. Adopting, for this reason, was seen as buying or stealing children. But people have started to see things differently. They know some babies do not have families. Things are different now and so are Kenyans.

Well yes, of course there is still stigma you see. Adoption as we are having now is still a new concept for Kenyans. In fact, the idea itself used to be almost completely taboo only 15 years ago, but it has really been changing for Kenya. People are understanding the conditions in our country and how these babies have come to not have families and they are more accepting of adoption for this reason.

A common, subsidiary response to this question about the acceptance of domestic adoption in Kenya was a strong aversion to international adoption, positioned as the only other alternative to local adoption beyond permanent institutionalization. All but one of the general public informants said something along the lines of: "It is better that these children stay in Kenya. They are children of Kenya and they *belong* here." One woman even became slightly flustered the more she spoke on the subject, angrily asking: "How would these European countries feel if we Kenyans came and took their children? Domestic adoption is better for Kenya and better for these Kenyan babies." These reactions illustrate, to a certain extent, that the public awareness campaign has at least been relatively successful in calling on Kenyan nationalism, if not to

actually encourage people to adopt themselves, but to at least facilitate the acceptance of local adoption as an acceptable alternative form of care for these abandoned and orphaned children.

The overall social transformation surrounding the emergence and acceptance of local adoption in Kenya can be summarized in the following quote from Mary Beckenham, the co-founder of NLHT:

The last 15 years have been hard both in the courts and the communities, but the government has worked to create a transparent legal infrastructure, the public awareness campaign has been relentless, the adoptive parents have been perseverant, and the children have been more than worth it. Always.

Generally speaking, the key actors in Kenyan adoption feel confident and optimistic that the practice will continue to grow on a national level. While the path has not been easy, they believe that the gains in domestic adoption and the observed social transformation regarding its acceptance will continue to evolve and become ingrained in Kenyan society through persistent awareness creation and the subsequent destigmatization of the practice.

CONCLUSION: EVIDENCE OF SOCIAL COPING AT THE NATION LEVEL

People are changing and they are also changing their attitudes and perceptions of others. New realities are now dawning. Seemingly, things like HIV/AIDS, poverty and political instability are now compromising our basic and African values. So we have no choice. We have to move on. For us Kenyans, there is no choice and no short cut. We just have to move forward and handle the challenges and new realities including the continued growth of abandoned babies in our country.

The excerpt above from an interview with an adoptive father in Kisumu openly describes the backdrop for the emergence, growth and acceptance of domestic, non-kin adoption in Kenya, which have all been discussed in detail throughout this chapter. According to several expert informants and even the legislative summaries to several national laws relating to the welfare of the Kenyan child, the government passed the Children's Act of 2001 and ratified the Hague Adoption Convention with these new social realities in mind, and as a means by which to respond to Kenya's devastating demographic shift, and to address part of the resulting orphan

and vulnerable children crisis by providing an alternative form of care to permanent institutionalization for abandoned infants who have no way of being reintegrated into their community and cared for by traditional kinship networks of support. This is reflected not only by the language in the Children Act and Hague Adoption Convention, but also by the national legal and social rhetoric promoted through the public awareness campaign, urging Kenyans to adopt “Kenya’s most vulnerable children,” drawing on Kenyan nationalism and pro-natal attitudes about the centrality of children in Kenyan society. According to Adamec and Price, laws and national initiatives, such as public awareness campaigns are highly representative of the underlying stressors and values present in a particular society (2001). Using this understanding and the anthropological perspectives on social coping, the Children’s Act of 2001 and the public awareness campaign for domestic adoption can be seen as evidence of social coping on a national level in response to Kenya’s demographic shift and subsequent emergence of infant abandonment. These national policies and efforts have created a legal framework and social space for the legitimate construction of local, non-kin adoption as a culturally novel phenomenon to respond to infant abandonment and the need for alternative long-term care outside permanent placement in private and government children’s homes. According to Torry, these national responses are evidence of developmental social management as they are responding to a social crisis through the creation of a culturally novel solution. In the wake of the “social upheaval” and devastating demographic shift that has occurred in Kenya as a result of the HIV/AIDS epidemic and deteriorating socioeconomic conditions, the legislative and social promotion of legal adoption at the national level can be seen as a form of coping with this social disaster and specifically the emergence of abandoned infants within the wider OVC crisis. Kenya’s observed, national social coping mechanisms, including the passage of the Children’s Act of 2001 and the

public awareness campaign as discussed in this chapter, support this study's central thesis that the emergence of local, non-kin adoption on a national level is a cultural reaction to Kenya's demographic shift and the country's "changing reality," regarding the growth of infant abandonment.

Chapter 5: The Adoptive Parents of Kenya

WHO ADOPTS?

Citizens Legally Eligible to Adopt

According to the Children's Act of 2001, people between the ages of 25 and 65 years are eligible to adopt, and they must be a minimum of 21 years older than the child they are adopting. In case of a joint application, the couple must have been married for at least three years prior to beginning of their adoption process. Single applicants (male or female) are permitted to adopt, but only children of the same sex unless there are extenuating special circumstances. Under the Children's Act, people who are not of sound mind, have been charged or convicted previously of child abuse offense, are homosexuals, or are applying as unmarried joint applicants, are prohibited from adopting a child in Kenya.

General Perceptions

Many of the societal perceptions about the types of Kenyans who should, and do, typically adopt are tied to the overall public misconceptions and "myths" attached to the practice of local adoption in general, which are detailed during the discussion on the Kenya's national awareness campaign in *Chapter 4: The Emergence of Domestic, Non-Kin Adoption*. In Kenya, the general perception is that only wealthy, childless, married couples adopt children. These underlying beliefs, especially those surrounding the issue of childlessness and the increased acceptability of adoption, were blatantly and openly discussed in 10 of the 11 semi-structured, general public interviews conducted for this study. In explaining why they supported the growth of local, non-kin adoption in Kenya, five informants essentially stated that childless couples

should be allowed to have families, which is relatively indicative of an underlying assumption that primarily childless couples are adopting. The following excerpts from three separate general public informant interviews best represent this underlying assumption that childlessness is somewhat of a prerequisite for adoption:

Everyone should be allowed to have a family. If you do not have biological children, then sure adopt. No one will bother you. But why should you adopt if you can have children of your own?

Things are changing now. People seem to think adoption is okay now for couples that cannot have children if they feel they must have a family.

No one in my family has adopted. My auntie is the only one with no children so perhaps she will consider adopting in the future.

The other five informants touched on this matter of childlessness as necessary component for adoption by stating that non-kin adoption was an acceptable decision for some “unlucky” couples, but not for themselves or their families because they had biological children of their own. One informant was particularly fervent about the subject, as he explained to me: “ Sure adoption is okay for those who are unlucky with no children of their own. But why should I adopt when I can have children of my own!” Another informant explained how he and his wife considered adoption when they believed she could not have any more children, but decided against it when they realized differently:

We considered adoption for a short time because my wife has a medical condition, and we were not sure if she could have more children, and we desperately want a girl, you see. But the doctor has said it looks okay for her to have more children. She can have kids until she is 35 and she is only 32 so we probably will not adopt since we can still try and have our own. It’s not that we don’t think adoption is good. But I can have my own children, so why should I adopt?

Qualitative data gathered through semi-structured interviews with eleven members of the general public across Kenya demonstrate that, to a certain extent, the general perception of those who should, and do, adopt are childless couples. Two informants indicated that adoption was only for the wealthy that could care for more than those beyond their biological families. And

while all eleven informants discussed adoptive parents as couples, only one informant explicitly stated that she would consider adoption only after she was married because that is how a “Kenyan family should be.” These general perceptions, however, are not entirely representative of the full range of adoptive parents in Kenya, as the public awareness campaign has tried to establish through its outreach programs and informational materials.

The Actual Range of Adoptive Parents

The adoptive parent demographic in Kenya includes a wide range of citizens from diverse backgrounds. While domestic, non-kin adoption is not necessarily exclusively for the wealthy, the majority of adoptive parents are middle-class Kenyans living in cosmopolitan or urban areas, such as Nairobi, Mombasa, Nakuru and Kisumu. However, several adoptive parents, including one of this study’s informants in Nyeri, do come from rural areas with limited financial resources. According to the Little Angels Network, 45% of all Kenyan couples that adopt already have biological children, indicating a nearly even distribution of adoptive parents with and without children prior to adopting. Also, the number of single women adopting in Kenya is currently increasing at an unanticipated rate, contrary to the public’s perception (Sambu, 2009). Adoptive parents in Kenya are a diverse group, having a range of approaches to adoption, expectations, motivations and experiences, as partially illustrated through my field observations from NLH-Kilimani discussed in the following section.

FIELD OBSERVATIONS FROM NLH-KILIMANI

Because official policy at New Life Home Trust does not permit interviews with current adopting parents in the bonding stages of the adoption process at the children’s home, I was unable to conduct semi-structured informant interviews with the several Kenyan couples and single women adopting from NLH-Kilimani during the Summer of 2010. Through participant

observation, however, I interacted with these adoptive parents, and observed their differing demeanors and experiences during their two-week bonding periods with their soon-to-be adopted babies at the children's home. Over the course of two months, four different, observable categories of adopting parents at NLH-Kilimani emerged, each with its own distinct patterns of attitudes, motivations and expectations surrounding their adoption processes.

Reserved, Childless Couples

Many of the Kenyan couples I observed adopting from NLH-Kilimani during the summer of 2010 were noticeably reserved and adopting their first child. According to Rhoda Odhiambo, the lead social worker at NLH-Kilimani, these couple's behavior can be easily explained by the circumstances surrounding their adoption:

Many couples that adopt from NLH cannot have their own children, which already has a stigma associated with it in our country, you see. And then, some of these couples are coming from very traditional families where their marriages were arranged even, and they desperately want to have children, but they have been waiting for decades, hoping to finally conceive on their own. But now things are changing and adoption has become a legal and social option for these couples, but it is still a revolutionary concept for them. Many in this situation are the first in their family and circle of friends to adopt as well, so naturally they are a little shy about the whole process when they are in the home.

The perceived stigma, combined with the stress and overwhelming emotion of the adoption process appeared to manifest itself in a pattern of quiet, reserved and secluded behavior during the bonding period among the couples in this category. The next section details my field observations about one such couple that adopted from NLH-Kilimani in late June.

The Ongubos

Unlike the majority of adoptive Kenyan parent(s) who file for adoption through the Little Angels Network or KKPI, and "identify" their child after visiting a recommended children's

home like NLH-Kilimani, the Bernardo's Adoption Society "matched" the Ongubos²³ with baby Basil, making June 29, 2010 not only the couple's first visit to the home, but the day they met their six-month-old son for the first time. They arrived at NLH-Kilimani just as the babies' afternoon nap was ending. After a brief meeting with Rhoda and Monica, the home's social workers, the Ongubos were led to the Crawler's Unit where baby Basil would be brought out from the nursery after his clothes and diaper had been changed. As they waited in the play room, they were visibly nervous, sitting and anxiously fidgeting next to each other on a small leather loveseat in their coordinated dark brown and black business suits. In their mid 50s, the Ongubos were an older couple, and according to Rhoda, Basil was to be the first child for these two professional bankers. All the Kenyan volunteers and care takers in the room playing with the other babies kept smiling excitedly at the Ongubos who were barely able to acknowledge them, noticeably distracted by their own high emotions. After what I can only imagine must have seemed like an eternity, Mary Beckenham, the co-founder of NLHT, finally brought baby Basil into the playroom to meet his parents. It was a much quieter first meeting than many adopting couples. Silent tears ran down Mrs. Ongubo's face as Mary Beckenham placed little Basil in his mothers lap. Mr. Ongubo smiled, rubbing his son's back, and the three just sat there on the loveseat, quietly looking at one another for 15 minutes as the chaos of the afternoon playtime in the crawlers unit ensued. For the two weeks following June 29, 2010, the Ongubos came daily for three to four hours to bond with their son. They tended to isolate themselves from all other forms of activity at the home, content to sit just the three of them, playing classic games like peak-a-boo for hours on end. Unlike many adopting parents, the Ongubos tended to shy away from conversing with the volunteers or caretakers, although by the end of the bonding period,

²³ Pseudonyms were used for all adoptive parents and adopted children in this thesis.

they did see more comfortable and less hesitant about greeting the NLH staff. After I inquired about their extreme timidity, Rhoda divulged:

Unlike many of the more open and confident adoptive Kenyan couples and single mothers, the Ongubos do not have the support of their family or friends with respect to their decision to adopt. And this makes things tough, and in those circumstances, being extremely outgoing is very difficult.

This overall timid behavior discussed by Rhoda and illustrated through the narrative about the Ongubos above, is indicative of the majority of older, infertile couples, adopting their first child from NLH-Kilimani. Although the Ongubos were reserved during their bonding period with baby Basil at NLH-Kilimani, everyone one could see how happy they were to finally have found the son for whom they had waited so long, which was always the case with every adoptive parent I met or observed, regardless of his or her approach to the adoption process.

Couples with Biological Children

Over the course of my two months of fieldwork and participant observation in the summer of 2010, two couples with biological children adopted from NLH-Kilimani. These couples were extremely open and visibly enthusiastic about their decision, especially in comparison to the majority of reserved couples like the Ongubos adopting from the home. According to Rhoda Odhiambo and other expert informants from the Little Angels and KKPI adoption agencies, couples with biological children who adopt experience significantly less stigma as society cannot label these couples infertile, making the process of acceptance significantly less challenging as their decision often becomes framed in the context of compassion and is greatly supported by the Christian churches in Kenya. The Mungai family is one of the two families with biological children who adopted from NLH-Kilimani in the summer of 2010, and my field observations about their bonding experience are detailed in the following section.

The Mungais

I first met the Mungai's daughters, aged 7 and 9 years, on July 3, 2010 by the security gate of NLH-Kilimani. The oldest daughter, Lisa, ran up to me precariously carrying her new, six month old baby brother, Alvin. After she shouted introductions like a proud big sister, she invited me to play with them in the courtyard until Mr. and Mrs. Mungai were ready to leave for the evening. The Mungai's were a young couple, in their early thirties, and had been married for ten years when they finally decided it was time for them to adopt. During our various conversations over the course of their two-week bonding period, the Mungai's discussed openly their motivations for wanting to adopt:

We always knew we would adopt, you see. In fact it was something we discussed even before we were married. We felt it was just something that we could do to help some of the needy children of Kenya, but we were not sure when the right time would be. We both have our careers, and we both knew we wanted to have biological children first, so it was just a matter of time. But we feel the time has finally come, and look at our little boy with his big sisters. We came at just the right time. He is our son!

The Mungais were a lively couple, willing and excited to talk to anyone and everyone about their adoption experience thus far. They loved interacting with the caretakers and volunteers in order to learn everything they could about the first six months of Alvin's life. As they asked a constant stream of questions, the Mungais would always joke that they had "from now until forever to get to know him, but [they] just wanted to make sure they had the first six-months they missed recorded to memory before they left NLH-Kilimani." According to Rhoda, couples like Mungais are in the minority, but they are growing in number as they share their attitudes and approach to family formation with their friends, encouraging them to adopt as well.

Young and Enthusiastic Couples

While the majority of couples adopting in Kenya are in their late 40s and 50s, and either childless or occasionally having prior biological children, the number of young adoptive couples

in their late 20s and early 30s choosing local adoption as an alternative form of family formation is increasing. According to Rhoda Odhiambo, the lead social worker at NLH-Kilimani:

Many of these young individuals adopting have friends and families that are well exposed, well-educated, and well-rounded, hence the concept of adoption is not a new or even slightly shameful phenomenon for them like it may be for others.

These couples enter the adoption process extremely open and enthusiastic, willing to share their experiences not only with their friends and family, but also with the entire community, including the NLH-Kilimani community. The following section discusses the sharing experiences of one such couple that adopted from NLH-Kilimani in the summer of 2010.

The Kimarus

On July 18, 2010, I was in the infant unit feeding, Ronald, my favorite baby at NLH-Kilimani, when a large group of what I thought were volunteers arrived. The group of 12 ranged from the mid 20s to early 60s in age, similar to the demographics of many active church groups that volunteer in the area. They were all so excited when they first arrived, but it would have been difficult not to be walking into a room with 18 infants just waiting to be played with and held. Initially, it seemed as though they were all paying special attention to baby Lizzette, one of only three baby girls in the unit, but eventually they began playing with all the other babies, and it was just the oldest woman of the group left holding little Lizzette. She carefully sat down next to me on the sofa and began feeding the small three-month-old infant. The way the woman was smiling at little Lizzette, I could not help but to watch—it was such a touching image. Finally, after feeling my gaze for at least a minute, the woman turned to me, teary-eyed, holding up the little girl and said: “This is my granddaughter, Lizzette. She’s beautiful, isn’t she?” Then she kissed her on the forehead and hugged her so tightly it seemed as though she might never put her down. The 12 people who had come to NLH-Kilimani that afternoon were the Kimarus, and they

were not church volunteers, but Lizzette's entire extended family, including her parents, aunts, uncles, cousins, and of course, her grandmother. The Kimarus were an excited couple in their mid 20s, and had always known they would adopt. Many of their friends had already adopted multiple children, and the Kimarus felt that the same approach to family formation was the right path for them, but they wanted to make sure their entire family was a part of the process, hence their presence on only the second day of the two week bonding period. This extreme sharing of the adoption process with not only the extended family, but also the NLH-Kilimani community, is relatively unprecedented in local adoption practices. However, according to Rhoda, networks of adoptive friends and families are growing rapidly in urban cities like Mombasa, Nairobi, and Kisumu, which has created a sense of security and normalcy, leading to some couples' extremely open and enthusiastic approach to adoption, as seen thorough the Kimarus' experience above.

Single Mothers

According to a recent study conducted by Dr. Ken Ouku, a sociologist at the University of Nairobi, "adoption among single women in Kenya has increased rapidly in the last five years (Sambu, 2009). The study reports that single women in primarily urban areas are motivated by "compassion" to adopt in addition to their demanding career paths. Interviews with Dr. Ouku revealed that "these career women are very proactive and do not wait for other people to make decisions on their behalf," so when they are ready to become mothers, they are now just deciding to adopt. Of the 430 local adoptions recorded in NLH-Kilimani's Baby Registrar, used to elucidate trends in local adoption in *Chapter 4*, 46 have been single mother adoptions, the majority of which were reported as occurring in the last four years. According to the Children's Act of 2001, single women can only adopt girls unless there are "special circumstances" surrounding the adoption. These special circumstances include already having a biological or

adopted child, or if the prospective adoptive child has special needs, including a positive HIV status. The section below not only details one single mother's struggle to adopt her second son, but also her positive and open attitude about local adoption overall—an attitude shared by the majority of adoptive single mothers according to Rhoda Odhiambo, Dr. Ouku, representatives at the Little Angels Network and KKPI, as well as the other expert informants interviewed for this study.

Rebekah

I first met Rebekah on June 14, 2010 as I was playing with the crawler and toddler units outside. After a long day in the social work office, I was just sitting on one of the mats, rocking Luka, a happy little one and a half year old. Just as we were preparing to pack up for dinner and bedtime, a woman came through the security gate at the front of the compound. As the gate opened, Luka jumped up from my lap, and one of the caretakers from behind us yelled: “Look Luka, it's mama! Go give her a hug!” And in an instant, the little boy was off, running to meet Rebekah, his adoptive mother who has been in the preliminary stages of his adoption for eight months. In October of 2009, Rebekah began the social and legal process of adopting Maina, then, a six month old with cerebral palsy. She always intended to adopt both Maina and Luka, but because she was a single mother attempting to adopt two infant boys, she was first required to fulfill the special circumstances involving opposite gender adoptions as mandated by the Children's Act of 2001. In order to ultimately adopt both, she first needed to fully complete Maina's adoption before she could even begin Luka's. Because Maina qualified as a child with special needs, Rebekah could legally adopt him regardless of his gender. According to the Children's Act, by completing Maina's adoption, Rebekah would fill the necessary special circumstances criterion for adopting a healthy baby boy like Luka, which is having a biological

or adopted child prior to beginning the child's social process of adoption. As detailed in *Chapter 4*, however, the process of local adoption in Kenya is lengthy, with the total duration averaging between eight months to a year due to the overwhelming number of cases, both adoption and otherwise, waiting to be heard in the High Courts. While waiting for the completion of Maina's adoption, Rebekah has come to NLH-Kilimani every night for the last eight months to feed Luka dinner and put him to bed. In one of our very first evening conversations, Rebekah described her adoption experience and overall approach to adoption:

You know, it has been very hard. Every night I cry as I leave because I feel like I am leaving my son behind. He is a part of me, and my family is not complete without him. But Maina's adoption is nearly completed, and I do cherish the time I spend at NLH-Kilimani—my time with the caretakers, my time with the volunteers and my time with Luka's NLH brothers and sisters. They are all so precious and so special. And I love that I have been able to see so many of their parents come for them, the majority Kenyan. And meeting their parents has truly been something spectacular because, you know, we are all drawn to adoption. And we are all overjoyed about finding our children, and so it is nice to hear other adoptive parents stories or at least share in their experience with them, because you see, some [adoptive parents] are quiet and not ready to share themselves, and so I am happy to share with them and maybe it will give them the courage to tell someone else their family's story one day. So while these last eight months have been terribly painful at times, they have been some of the most precious months of my life in more ways than one, which is something to give thanks about!

Maina's adoption order was granted on August 2, 2010, and Rebekah was able to begin her fostering period with Luka by early September. Nearly a year after she began the process of adopting, Rebekah's family was finally together. Throughout her experience, Rebekah never missed an opportunity to share her excitement and enthusiasm for the emergence of local adoption and its growing importance for the children of Kenya. Her infectious attitude and endless positivity are shared by the majority of single adoptive mothers who overcome societal assumptions and the stigma of infertility to willingly share their adoption stories with others, encouraging other single women and couples to do the same. According to the expert social workers and adoption agency representatives interviewed for the purposes of this study, single

mothers are generally very open about their adoption process because concealing it would be incredibly difficult. They choose to compensate for this by taking the exact opposite approach and being very vocal and outgoing about their decision. Single women comprise the majority of adoptive parent support groups in Kenya, which facilitates this existing desire to be open as these support networks create a normative atmosphere for sharing with each other, as well as for developing techniques to share their experiences with the outside community.

ADOPTIVE PARENT INFORMANT INTERVIEWS: ANALYSIS AND DISCUSSION

In order to achieve this study's objectives of documenting the motivations and experiences of adoptive parents in Kenya, and establishing an understanding of adoption in the Kenyan context, a series of semi-structured, qualitative interviews were conducted with eight adoptive parents. The methods for these interviews and qualitative data collection are detailed in *Chapter 3: Research Methods*. The following sections will first give the sociological demographics and general backgrounds of the eight adoptive parents interviewed for this study. It will then discuss the broad themes in their social and cultural motivations and expectations for participating in local, non-kin adoption, which were discussed at length during the informant interviews. Next, parental experiences with societal responses of support and resistance will be discussed, supplemented with information provided by expert informants whose extensive background in domestic adoption was used to establish a basic spectrum of communal reactions within which to situate these parents' experiences. This discussion will be followed by a brief analysis of the barriers to local adoption discussed extensively throughout all informant interviews, including adoptive parent, expert and general public. Finally, this chapter will conclude by addressing the evidence of social coping with Kenya's dramatic demographic shift

and the subsequent emergence of infant abandonment occurring at the individual level relative to the national level discussed in *Chapter 4*.

Sociological Demographics and General Backgrounds

The eight adoptive parents interviewed for the purposes of this study, their ages, and their professions are as follows: Rebekah, 49, business consultant; Joslyn, 44, banker; Ruth, 55, teacher; Paul, 48, professor; Nathaniel, 52, professor; Joseph, 41, hospital counselor; George, 43, matatu driver; and Gabriella, 43, nurse. Rebekah and Paul were interviewed in Nairobi. Joslyn, Nathaniel, Joseph and Gabriella were interviewed in Kisumu. Ruth and George were interviewed in Nyeri. Rebekah and Joslyn are single mothers, Ruth is a widow, and the remaining adoptive parents interviewed are part of a heterosexual couple. As seen above, the ages of this study's adoptive parents range from 41 to 55 years. All the adoptive parents classify as "middle-class," according to the \$2,500 and \$40,000 annual income range provided by the Kenyan economist, James Shikwati. Their careers are all considered professional with the exception of George, a self-employed matatu²⁴ driver in Nyeri. Seven of the eight interviews were conducted at local NLH offices, as that is where the informants specified they would feel most comfortable. I interviewed Paul, the professor from Nairobi at his home, which was located near his place of employment, the University of Nairobi. The home itself was modest with two bedrooms and one bathroom for a family of four. It was also decorated conservatively with not much more than the essential furniture items, such as a couch, a kitchen table and a TV, which are all indicative of an average, urban, middle-class Kenyan family. The other seven adoptive parents reported similar living accommodations, with seven of the eight owning a television. The social workers and

²⁴ A matatu is a small bus/van in Kenya commonly used by the public for urban transportation

directors at the respective NLH branches reinforced the middle-class status of the eight adoptive parents by stating that none were from “extremely wealthy backgrounds like some of the parents that adopt from NLH” (Rhoda Odhiambo-Kilimani, Christine Iminza-Kisumu and Monica Nderitu-Nyeri). For these eight parents, the dates of adoption range from 2003 to 2010. Only two of the eight adoptive parents had biological children when they decided to adopt—Nathaniel with four biological daughters and Joseph with one biological son.

Cultural Motivations and Expectations

Overall, two non-mutually exclusive, general explanations were cited during the eight adoptive parent interviews as the primary motivations for deciding to adopt, which were supported by supplemental information from expert informants and extensive participant observation. These underlying motivations relate specifically to the desire to *have* a child, and the desire to *help* a vulnerable Kenyan child. They are discussed at length in the following sections, relying extensively on excerpts from this study’s eight adoptive parent interviews to provide ethnographic evidence and support for their selection as the two primary cultural motivations driving domestic, non-kin adoption on an individual level in Kenya.

Desire to Have a Child

Based on the traditional centrality of children in Kenyan society, it is not surprising that this desire to have a child was cited in some form by every adoptive parent informant. Although six of the eight adoptive parents in this study did not have biological children prior to their adoption, this desire does not solely apply to situations of childlessness. It was also cited in cases of secondary infertility²⁵, and those in which couples wanted a child of a particular gender.²⁶ The adoption experiences of George, Gabriella, Nathaniel, Paul and Ruth in particular, which are

²⁵ Joseph from Kisumu

²⁶ Nathaniel and Gabriella from Kisumu

illustrated through brief excerpts from their informant interviews below, demonstrate the varying forms of this underlying cultural motivation to *have* a child, leading to the participation in local, non-kin adoption.

George:

George and his wife, both in their early 40s, adopted from NLH-Nyeri in October of 2009. As seen in the excerpt below, childlessness was in fact the primary, motivating factor in their desire to adopt. According to George:

October 12th was the day I finally received my son. And it was the best day of my life. For so long my wife and I longed for a child. We waited and waited, hoping we would be blessed with one of our own. I worked so hard and far away, traveling to and back from Nairobi many times a week. All I did was work, and for what? Because all we really wanted was a family. A little one to call our own. We were very sad because we believed we would never be able to know the joy of raising a child, but then we spoke to Gabriel Nderitu, the director of NLH-Nyeri, when he came to our church to inform us about local adoption. And now we have our son, and our lives are complete.

Gabriella:

Similar George's experience above, Gabriella was first motivated to adopt in 2004 primarily by her desire to simply *have* a child. In Gabriella's words:

I have always yearned for a child, but I have never gotten one, so I sat down with my husband and we talked about adopting a child. After talking to a friend who adopted from NLH-Kisumu, I came to the home and gave some care everyday, looking for the one I could adopt and call my own, until finally, on February 24, 2004, my daughter arrived at NLH-Kisumu. I was settled on her the day she arrived, and so I came everyday to take care of her, feeding her, bathing her, changing her nappies. I did this for three months until I was given the child to go with her for fostering. We officially completed the legal adoption process when she was five, and now I am living with her as my very own daughter under the law. We completed the process and have the adoption order, so the child is ours permanently.

In 2009, Gabriella and her husband decided to adopt again, but this time out of the desire to have a son, in order to complete their family.

Nathaniel:

Nathaniel and his wife adopted primarily out of the desire to help a vulnerable child, which will be discussed in the next section. During his informant interview, however, Nathaniel did clarify that in addition to the aforementioned underlying motivation, he and his wife also wanted to adopt a boy to complete their “African family,” bringing their total number of children to five, four biological daughters and one adopted son, as discussed in his excerpt below:

We were motivated first of all by our desire to help the needy children. We wanted one to have a home, our home. And secondly, we wanted to get the family, you know to complete the circle. You know, in our African culture we believe that girls are married off. And in your old age you need someone who will be having his house within the homestead. Just to be there. Not to take care of us necessarily, but just to be there so we and our land do not become lonely.

Paul:

Paul and his wife adopted in 2005 primarily out of the desire to simply have a child of their own, similar to experiences of George and Gabriella. According to Paul:

Now for us, I think we just needed to have somebody in the house. Because then we didn't have any child so there was a need to have somebody in the house. That one we just wanted to have a child to call our own. Somebody that could play around in the house. Somebody that could give you reason to go to work. Yes, somebody that would make us happy. We adopted just to have somebody with us.

Ruth:

Finally, Ruth and her late husband were motivated to adopt in 2009 by both their desire to raise a child of their own, and their belief that they would need a son to care for them in their old age, similar to Nathaniel's secondary motivation for his family's adoption. In Ruth's words:

We wanted to adopt a child to complete our family. We needed a boy to be there to keep our homestead and maybe care for us in our old age. My late husband's passing has made the adoption process difficult since we had not completed it, and you know single women cannot adopt boys. But I persevered because it was mine and my husband's dream to finally have a child, and having this little one that the two of us found together playing in the house brings me joy and eases my pain.

As seen through these five informants' personal interviews, the central factors behind the general desire to *have* a child varies by adoptive parent, and may relate to both childlessness as

well as the desire to complete a family with an adopted child of a particular gender. In either scenario, and in all the excerpts above, the adoptive parents cite that just *having* and raising a child of their own brings them happiness, which is indicative of the changing value of children in Kenya. The traditional emphasis placed on the economic importance of children as the repayment of a husband's bride wealth has been decreasing in Kenya since the 1980s along with the country's fertility rates. More emotional motivations for child rearing have increased to gradually replace the traditional economic reasons, as seen through the above interview excerpts from Gabriella, George, Paul and Ruth especially.²⁷ In addition to this desire to have a child, the desire to help a vulnerable child was also explicitly cited by three of the eight informants in this study as the primary motivation for their adoptions, which is discussed in the following section.

Desire to Help a Kenyan Child in Need

As discussed in *Chapter 4*, the Children's Act of 2001 and the national public awareness campaign have partially framed domestic, non-kin adoption as a way to aid the orphaned and vulnerable children of Kenya by providing a home to at least one child in need, essentially summarized by the Little Angels Network's mantra: "You may not change the whole world, but you can change the whole world for one person." This desire to help a vulnerable child in need was cited by all eight informants as a contributing factor in their decision to adopt, but was particularly emphasized by Nathaniel, Joslyn and Rebekah, as seen in the excerpts from their informant interviews below.

Nathaniel:

Nathaniel and his wife had four biological daughters when they decided to adopt their son in 2009. As the socioeconomic conditions in Kenya began to deteriorate and an increasing

²⁷ Please see *Chapter 7* for a continued discussion of this social transformation revealed through the analysis of the emergence of domestic adoption

number of children were made vulnerable by means of infant abandonment and the overall devastating impact of HIV/AIDS, the couple began to consider ways they could help the situation in their country. According to Nathaniel:

First we came to a church, and the church as asking for donations for some orphans, you know, in some children's homes or whatever. And so we donated a couple of things, food stuffs excreta. And we repeatedly came to the church, donating things, but then my wife asked me 'Do you think what we are doing is really bearing some fruit because we are giving them only fish for one meal? You know? Maybe we should bring one on board so that we can care for him. We can bring this person eventually into a caring home environment and all those things.' We thought about it for a bit, but life became busy again and we forgot to follow up our thoughts, you see. Then one day we just decided to take some food stuff to another home, another children's home. When we took that stuff there, we saw some desperate, *desperate* children. The way they were looking at us, then my wife said, 'How can we not take at least one. What we are bringing is not helping them, they lack parental care and individual love.' We just thought to ourselves, 'We really can change the life of one person. What is important is that we can take one and make him our personal responsibility until the end. Giving that person a home, a family, an education and everything.'

Nathaniel's deeply rooted desire to permanently help an abandoned and vulnerable child through adoption is shared by the majority of adoptive couples with biological children, many of the younger adoptive couples, and a large number of adoptive single mothers like Joslyn and Rebekah, whose individual motivations and experiences are detailed below.

Joslyn:

Joslyn adopted her daughter from NLH-Kisumu in 2003. She never envisioned herself adopting, and always believed she would care for a cousin, niece or nephew if she really wanted a child in the home before she was married. However, after visiting NLH-Kisumu and seeing all the infants in need, Joslyn was "moved to action," and knew she had to do her part to help at least one of these vulnerable children. In Joslyn's words:

When I visited NLH-Kisumu, I was just so touched by the size of the children and the story behind them. The way that I saw them, they were just on their own until someone comes to take them and take care of them. These are abandoned children with on one, and no relatives to go back to one day. And so I found these children to be a special case, except it is not so special in Kenya because the rates of abandonment are so high. If I had not been moved to help these children, I probably would have adopted a relative. So that is how I got

interested in my little Daphne, of course. I found her crying among all boys, the only girl can you imagine?! There were around seven babies and she was the only girl. And I was instantly touched. I knew I had to help this little one. I thought to myself, 'Let me just open a door for this one.' And so that is when I decided to open the door to Daphne.

Joslyn's adoption experience and underlying decision to participate in non-kin, domestic adoption was the direct result of witnessing the immense need of Kenya's abandoned infants.

Her experience is paralleled by Rebekah's exposure to adoption and ultimate, shared underlying motive to adopt not one, but two infant boys from NLH-Kilimani.

Rebekah:

Rebekah adopted her two sons from NLH-Kilimani in 2009 and 2010. Although many of her friends and even her sister had adopted in recent years, Rebekah was not sure she wanted to adopt until she met her son Maina in July of 2009, and realized she needed to help at least one Kenyan child who desperately needed a family. According to Rebekah:

Well I first met Maina when I came into the crawlers' unit after their naptime. And he was just lying motionless on the mat by himself. I kept asking all the caretakers why he was so still and what not, but they all just told me I needed to go speak to the nurse for a full explanation. And that's when I learned of his cerebral palsy. As Nurse Carol spoke, I realized that I needed to help this child. Maina's chances of adoption in general were very slim, and he needed a family...my family. And when I left NLH-Kilimani that's when I knew I had to adopt. So ultimately, my desire to adopt came from my desire to help my son, Maina. He needed me, and I most certainly needed him, more than I knew. There are so many like Maina, and even my Luka, who just need someone, and so I am happy that I can be part of caring for these children.

Rebekah decided to adopt her son Luka, not long after she fell in love with Maina.

Ultimately, Rebekah's adoptions were motivated by her desire to help Kenyan children in need of families, similar to many of the single mothers currently adopting in Kenya.

The eight interview excerpts from the two previous sections elucidate what this study found to be the primary cultural motivations for domestic, non-kin adoption in Kenya by providing individual, ethnographic evidence of reported and observed behavior with respect to the uptake of local adoption. The desire to have children and the desire to help children appear to

overlap occasionally with the semi-structured interviews revealing that the two motivations were essentially conflated in four of the eight adoptive parents' experiences. Understanding the cultural motivations for domestic adoption is not only essential to this study's objectives of situating local adoption within the Kenyan context and documenting the experiences of adoptive parents, but it is also particularly salient for exploring the varying expectations adoptive parents have when entering the adoption process, as discussed in the following section.

Expectations

Ethnographic fieldwork, including semi-structured informant interviews and participant observation, reveals that parents deciding to adopt expect to obtain a child of their own to have “until the end,” while simultaneously aiding Kenya's growing population of abandoned and vulnerable children. Expectations surrounding culturally novel phenomena, such as the emergence and growth of domestic, non-kin adoption in Kenya, are especially important, as they tend to uncover fundamental changes occurring within a society. The aforementioned expectations surrounding local, non-kin adoption in Kenya suggest an interesting trend in favor of nucleated Kenyan families.

First, ethnographic evidence from adoptive parent and expert informant interviews reveals significantly less emphasis placed on the importance of the extended family's approval in a couple's, or single mother's, decision to adopt. While prospective adopting parents may fear their families' reactions to adoption, the majority ultimately makes the decision for themselves based on their family's own priorities or underlying motivations. The following excerpt from Paul's interview in Nairobi best summarizes this general attitude:

The community is also becoming where families are now so nuclear. So we are not limited to what people from elsewhere tell you, but you can do what you decide to do, which really counts and I think this one here *really* provides grounds for local adoption. Because in the past, I think you would want to do it, but you would seek permission from other people like your parents and

even your village. And of course they would say no, but these days you can just make the decision yourself. Yea, so because they are not going to feed him for you, why should you contact them or seek their opinion? And they do not understand the match you understand with the child you have decided to adopt. So seeking their opinion is just like asking them to say no and to start talking about it everywhere they go, to everyone... Mine and Dolphi's reasons for adoption were personal and our decision was personal, not involving the advice of our extended families. It was after we had adopted that we went and informed our parents, and happily enough they were so welcoming. Yea, so little James was baptized at home in the village—in our village church.

During his expert informant interview conducted on July 29, 2010, Gabriel Nderitu, the director of NLH-Nyeri, provided another example relating to the relative decreasing importance of the extended family's opinion in matters relating to domestic, non-kin adoption and family formation. He relayed the experience of one couple that adopted from the home in 2007. This couple was childless and in their late 40s when they clandestinely began their adoption process at the Little Angels Network, eventually adopting from NLH-Nyeri. According to Mr. Nderitu, the husband's extended family was angered by the couple's infertility. They pressured him for years to take a second wife so that he may have children and an heir to the family's property, but he refused. Finally the couple decided they would just secretly adopt a son, move to Nairobi for five years in "search of employment," and return when the boy was older so the extended family could not really question his wife's pregnancy. While the majority of adoptive parents in Kenya today do not typically go to such great lengths to hide their adoptions, this example provided by Mr. Nderitu does illustrate the declining influence of the extended family on couples' approaches to family formation and decisions about adoption. Both these examples demonstrate the lessening emphasis placed on extended family approval, which supports the suggested increasing tendency towards the nucleation of Kenyan society, and the average Kenyan family.

Ethnographic evidence from adoptive parent interviews regarding their expectations of having a "child of their own until the end" also supports this trend in societal and familial

nucleation. Traditionally, informal and de facto adoption involved extensive kinship networks of support and care, whereby relatives would provide food, shelter and parental guidance for the children of various members in a kin group with the understanding that the children's biological identities did not change, nor did their kinship relationship with the informal adoptive parent. All eight adoptive parents interviewed for the purposes of this study cited the desire to have a child of their own they could care for and love. This expectation is a dramatic departure from the traditional forms of informal adoption that existed within the extended family structure, suggesting a growth in the preference of nucleated families in Kenya. The following excerpt from Nathaniel in Kisumu perfectly illustrates this preference for childcare in a nucleated family versus a traditional, extended family:

Well, you see. We wanted to help a needy child and so we talked of adopting a relative initially. And in fact we did for some time, but we were disappointed because the relatives kept on coming and inquiring about this boy. Every time they would come, inquiring, just to pay a visit, to see how he is doing, giving him attention. So the child was growing, knowing that he actually belonged there, not with us. Whatever, then we just said 'Ahhh, this child is not ours.' Yeah, that was the problem we had with adopting a relative. The relatives kept on, every now and then, asking: 'How is my baby doing.' They just kept coming and identifying him as such. So then the child still considered them as the parents. So we really considered the situation and said not, this will just continue to cause problems as the child grows older in the future. We just told them 'Please, take him back.' And we thought we better go for someone that is independent and cannot be claimed by any other person. And that's why we opted for this formal form of adoption. It was really just an issue, you know, because we could not turn them away because they are our relatives, but the frequency of their visits just were not good for anyone, especially the boy. Not really healthy for the child because he was still feeling attached to them, not to us. There was a time they came and he wanted to go with them, and you see, that's when we said, you know, this is just not our child. We love him, but the is not ours.

As seen through the excerpt above, Nathaniel and his wife initially tried to conform to traditional forms of informal adoption within the extended family support network to fulfill their desire to aid a needy and vulnerable child of Kenya. However, they became increasingly frustrated by the biological family's continued connection with the boy, as they wanted him to be only their son. In Nathaniel's case, sharing a child with his relatives and maintaining his

“adopted son’s” biological identity was against his expectation for adoption, which is what finally encouraged him to pursue legal, non-kin adoption. This desire and expectation to have a formally adopted child be permanently attached to the adoptive parents and no one else is evidence of the changing dynamic between extended and nuclear families. Ultimately, the emergence and growth of domestic adoption in the last 15 years reveals evidence of increasing familial nucleation in Kenyan society, as the central expectation associated with local, non-kin adoption is to legally obtain a child that is exclusively one’s own and not to be shared with anyone else, which has always been the case in traditional fostering arrangements and informal kin adoptions, historically common and culturally sanctioned practices that have existed throughout Kenya for thousands of years.

Reactions of Support and Resistance

The NLHT staff and experts in the KKPI and Little Angels Network adoption societies emphasized in their semi-structured interviews that familial and communal responses of support and resistance to domestic, non-kin adoption occur on a spectrum. Some extended families in the past have reacted so negatively to the prospect of non-kin adoption that couples have felt the need to fake their pregnancies with women hiding pillows under their clothes. As discussed in the previous section, a Nyeri couple’s extended family and village was so opposed to adoption that the couple moved to Nairobi for five years immediately after secretly adopting, only to return when their son was too old for the family to legitimately question whether or not the wife was actually ever pregnant. On the other end of the spectrum of responses lies the Kimarus, whose entire extended family visited NLH-Kilimani during the initial bonding stages of the adoption and were completely involved in the process. While both sets of examples represent

extremes on this spectrum, the majority of adoptive parent experiences documented through this study's semi-structured informant interviews fell somewhere in the middle.

Although the social workers and other expert informants discussed this spectrum of communal and familial responses of support and resistance in great detail during their semi-structured interviews, the topic was not a central point of discussion for the eight adoptive parents interviewed for the study. Many of the adoptive parents reported initial hesitation from their extended families regarding their decision, but once they met the child, their fears subsided. In Joslyn's experience: "It is hard to hate a baby for long, you know, especially when he or she is as cute as my Daphne. So although my parents did not prefer me to adopt, they could not help but love little Daphne after only a week, and now she is spoiled. So spoiled!" Surprisingly, no informants specifically stated or even alluded to any experiences of extreme social stigma or discrimination. Nathaniel did state that some of his friends were shocked by his decision to adopt because he and his wife were so young and could have continued trying for a son. Aside from this experience with a relatively minor public misconception about who should adopt in Kenya, none of the eight adoptive parents interviewed in this study reported facing any negative social responses from the community.

Networking and the Destigmatization of Adoption Among Circles of Friends

Although the adoptive parents interviewed for this study did not discuss in detail their personal experiences with social responses of support and resistance following their adoptions, all eight felt inclined to discuss their friends who have been encouraged by their adoption to either share past and previously surreptitious adoption experiences, or to consider local adoption themselves as an alternative approach to family formation. According to Nathaniel, two family friends were encouraged to share their adoption experiences only after Nathaniel and his wife

were open about adopting their son. The two excerpts from his informant interview below briefly describe these encounters:

Well, we had a close lawyer friend, and so when my wife and I were considering adoption, we went to ask him about the process. As he was telling us about the Children's Act and the different procedures for legal adoption, he told us that he and his wife adopted their son four years ago. And we were so shocked because even ourselves, we did not know that the son they had was adopted until they decided they could be open with us. And we were like 'This one right here is adopted!' We could not believe it because the little one fit so perfectly in their family. Our friend told us they do not share their experience with many people because they fear any stigma or taunting the child might endure.

Also, a friend of ours has a child who is a friend to my youngest daughter. And we did not even know that little one was adopted all the years our girls played together. Only when we opened up about adopting our son, did she decide she could open up about adopting her daughter six years ago. Are you seeing the culture now? The culture of secrecy that surrounds adoption.

It would appear that this culture of secrecy surrounding local adoption in Kenya is increasingly being countered by experiences like Nathaniel's. The mutual sharing of adoption stories helps to destigmatize the real or perceived social resistance towards domestic adoption among adoptive parents, giving them the confidence to share their family's experience.

All eight adoptive parent informants reported that their adoptions encouraged at least one friend to also adopt and many more to seriously consider adopting. The brief interview excerpts from Gabriella, Nathaniel and George below provide examples of this encouragement:

One of my closest girl friends has decided to adopt on her own after seeing my little Nicole. And even now, there is a friend of mine who has just told me that she would genuinely like to know where I got my nice children because she herself is looking to have a family. Even another colleague of mine, a nurse by profession like me, is also yearning to come for a child soon.

Gabriella

After publicly introducing our son to our congregation, several members approached my wife and I to tell us 'That was wonderful what we did, and in fact, I too am now inspired to do the same.' And then three months later, these members introduced their own adopted children to the congregation. Our sharing helped encourage their desire to adopt.

Nathaniel

You see, we have many friends that, like us, were unable to have children of their own. They have been waiting and waiting, but did not know that adoption was a clear and legal option now. After we adopted our son last October, three of our friends without children decided to adopt through Little Angels and NLH-Nyeri as well.

George

This lengthy discussion throughout all eight informant interviews about friends either opening up about their own prior adoptions, or deciding to adopt themselves in the future, was an unanticipated social response to local adoption, as the expert informants did not reference it during their semi-structured interviews or discussion on the range in communal responses of support and resistance. It would appear that as friends encourage friends to adopt, the practice of domestic, non-kin adoption almost becomes the normative behavior within and across certain expanding social circles of the urban middle class, as illustrated by the following excerpt from Rebekah: “Adoption was in no way a new consideration for me. My sister adopted two years ago and many, many of my friends have adopted from NLH and a few other children’s homes. It was almost expected for me to tell them I too was adopting.” These extreme networks of support work to counteract societal forces of resistance and stigma, which have already begun to decline themselves due to the national public awareness campaign, as discussed in *Chapter 4*.

Barriers to Local Adoption

During expert and adoptive parent ethnographic interviews, three specific barriers to domestic adoption—social, legal and financial—were repeatedly cited as the primary factors that prevent Kenyans from adopting or formally completing their adoption process. These three barriers are discussed in the following sections, using excerpts and ethnographic examples from interviews with the adoptive parents and expert informants interviewed for the purposes of this study.

Social Barriers

The social barrier to local adoption refers to the traditional stigmas attached to the practice, discussed at length in *Chapter 4*. Deeply rooted, sociocultural beliefs about adopted children and the implications of their unknown origins may prevent some Kenyans from adopting. While this social barrier continues to play a role in limiting the overall growth of domestic, non-kin adoption, its influence has decreased dramatically following the relentless efforts of the national awareness campaign. The legal and monetary barriers discussed in the following sections pose much greater challenges to the growth of local adoption in Kenya.

Legal Barrier

The legal barriers to local adoption include judicial resistance to the uptake of the practice, the cumbersome and tedious nature of the legal process, and the length of the legal procedure, which has serious educational implications for the adopted children. According to Clive and Mary Beckenham, the founders and administrators of the NLHT, some judges in the past have resisted the uptake of domestic, non-kin adoption. They believe that the children should be *fostered* in Kenya, by Kenyans or should just stay in children's homes in case the biological mothers return looking for them. For this reason, several judges in the past have "shied away from favoring the option of legal adoption for children, granting adoptions, often times, after dragging them out with multiple court dates to address every minor issue in the records instead of all at once" (personal dialogue with Mary Beckenham: July 10, 2010). Slowly, these attitudes have changed, especially in the Kenyan judiciary, and the remaining difficult judges have been "prayed-out" of the high courts handling legal adoption, leading to a recent boom in the number of annual adoptions, according to Rhoda Odhiambo, lead social worker at NLH-Kilimani.

Also, the legal process involved with domestic adoption is cumbersome and, at times, discouraging to prospective adopting parents. The following excerpt from Paul's informant interview best summarizes this overall situation regarding the legal barriers associated with local adoption:

The legal aspects really worry people, because, one, people never understand lawyers. People hate anything that brings them into contact with lawyers. All things, which are legalistic, are not African. People grew up in an environment of good faith but now it is all legal you know, so people are in the position of like I'm helping, but now its like I am on a trial in the process.' It's as if I am a thief until I have proven otherwise. So some people who want to adopt are not patient to understand the process because the law's intention is good in trying to weed out traffickers to make sure the best interest of the child is protected, but it is lengthy and tedious.

These negative feelings toward lawyers and the legal process, in conjunction with the sheer length of time it can take for an adoption case to be approved in court, sometimes discourage Kenyans from adopting or formally completing their adoption in the courts. Paul and his wife have been trying to legally complete the adoption process for six years. Joslyn is also trying to complete her adoption in the High Court of Kisumu after seven years of fostering. Gabriella completed her daughter's adoption five years after she began the fostering period. This extended period of time it takes local adoptive parents to complete the legal process has serious implications for the adopted children, as enrollment in primary school requires either a birth certificate or an adoption certificate, and these children, who are in extended stages of fostering, have neither—fixed in a state of legal limbo. During her informant interview, Joslyn reported that earlier this year she was unable to enroll her daughter, Daphne, in primary school because she had not legally completed her adoption. Initially, Joslyn had difficulty finding a decent lawyer at an affordable price to represent her adoption case in court. She became frustrated and decided to wait a few years before beginning the legal process in the courts to officially complete the adoption. Then, once she decided to begin her legal adoption process again, the High Court

of Kisumu was inundated with cases, which prevented her from obtaining her daughter's adoption certificate in time for primary school enrollment. These aforementioned forms of legal barriers to domestic adoption—judicial resistance, and the cumbersome and tedious nature of the lengthy process—both discourage prospective adoptive parents, as well as prevent currently adopting parents from legally completing their adoption in a timely manner, as seen through the experiences of Joslyn, Paul and Gabriella. These legal barriers are compounded by the monetary and financial barriers to domestic adoption, which are discussed in the following section.

Monetary Barriers

Through semi-structured adoptive parent, expert and general public interviews, this study found that the various forms of monetary barriers to legal adoption were the single most significant deterrent to domestic adoption in Kenya. First, the legal process of adoption itself is costly. While adoption agencies are non-profit organizations regulated by the government with overhead fees fixed around 12,000 KSH (\$145)²⁸, adoption lawyers are free to charge whatever rates they desire. According to Carol Macharia, the cost of an efficient adoption lawyer can be as high as 90,000KSH (\$1,085), which is a steep price for the majority of Kenyans. Some adopting parents may try to use a cheaper lawyer, but then the process tends to take even longer as more errors are made, requiring several corrective hearing dates, increased legal fees and often times, the hiring of a new lawyer. The excerpt below describes Paul's frustrating experience using a pro bono lawyer:

Well, you see the costs can be quite high to hire a lawyer. And we thought we were so fortunate because in 2005, our lawyer friend volunteered to help represent us in court. We did not even ask him, he volunteered. But he really let us down and our case became stagnant. And so we had to go for an expensive lawyer to take it on, but now we are at least moving forward and not paying increased legal fees for remaining in court unnecessarily.

²⁸ Using the current exchange rate from MSN Money (March 29, 2011): 83 KSH (Kenyan shillings) to the dollar

In addition to the high legal fees, just the cost of caring for another child alone can be a barrier for some Kenyan families wishing to adopt. One informant from the general public stated: “None of my friends or family have adopted any outside children. It is difficult enough to care for their own families without trying to take on another child.” Nathaniel also reported that none of his family members had adopted:

You see, adoption requires a great deal of, just to be honest, resources. There are the legal fees and then you know there are the fees that you incur for life when you decide to raise a child. So like our son, we had to put him on our medical plan, and so you must at least have some financial base to manage the whole process of adoption and the life that follows once you receive the adoption order. Legal adoption in general can be financially taxing, and no other members of my family feel ready to take on the financial burden.

As stated by Nathaniel in the excerpt above, legal adoption can be financially challenging. Even if a family can feasibly afford to raise an adopted child, the initial legal fees may be enough to discourage them from adopting. According to several of the expert informants, including the NLHT social workers and KKPI and Little Angels Network representatives, high legal fees are the primary deterrent for domestic adoption among couples and single women who are considering formally adopting a child. These monetary barriers discussed above significantly restrict the range of parents and families that can legally adopt in Kenya, limiting the emergence and growth of domestic, non-kin adoption to a specific group of primarily urban, middle-class class Kenyans.

CONCLUSION: EVIDENCE OF SOCIAL COPING AT THE INDIVIDUAL LEVEL

According to Varnis, “promoting adoption as a total incorporation of a non-related child into a family is a contrived relationship, requiring significant social engineering” (2001). This social engineering with respect to the promotion of domestic, non-kin adoption is occurring at the national level through the establishment of a legal framework for local adoption, and a national awareness creation campaign to promote the social acceptance of the practice.

Traditionally in Kenyan society, adoption was never seen as a way to overcome childlessness or as a charitable act, but rather a way to provide varying forms of social and physical support within kinship networks (Beckstrom, 1972). However, as an attempt to manage the growing number of abandoned infants within the larger social disaster of its OVC crisis, Kenya has positioned formal adoption (through a combination of the passage of the Children's Act of 2001 and the public awareness campaign) precisely as a way to overcome childlessness and aid a "needy child" of the nation. The social transformation at the national level surrounding this national coping strategy is discussed in *Chapter 4* through an analysis of trends in adoption and the general perceptions and acceptance of domestic adoption among the public. This chapter, however, focuses on the adoptive parents of Kenya, and qualitative data collected through semi-structured interviews with eight adoptive parent informants suggest evidence of the uptake of social coping behavior, outlined by the aforementioned national policies, occurring at the individual level *through* the actual practice of domestic adoption.

Ethnographic evidence of individual social coping to infant abandonment within the wider orphan and vulnerable children crisis can be seen primarily through the central cultural motivations for local adoption in Kenya. The desire to *have* a child of one's own and the desire to *help* a vulnerable Kenyan child are the two, non-mutually exclusive, primary motivations for formal adoption in Kenya documented by this study. The latter—the desire to *help* a vulnerable Kenyan child—reflects social coping at the individual level as adoptive parents respond to the changing societal realities and the larger demographic shift occurring around them. By participating in domestic, non-kin adoption to aid a vulnerable child, the adoptive parents of Kenya are engaging in developmental social coping behavior, in that they are replacing traditional, kinship solutions for orphan care with formal adoption as a way to manage and

respond to the growing number of abandoned infants in the country. The following selection of excerpts from the adoptive parent informant interviews conducted by this study directly supports that the uptake of domestic adoption is an individual social coping response to the growing orphan and vulnerable children crisis and specifically infant abandonment in Kenya:

There are so many abandoned children around, especially infants, so many, you see. And you know, people are being enlightened and informed. Before there was nothing like this, no one telling us that we could adopt. There was nothing like this fifteen, or even ten years ago, really. But now there are all these homes for abandoned infants that everyone can see. Before there were no homes, and no *need* for these homes. But now, there is so much poverty within our area [Kisumu], within our *country*. And a lot of young girls are getting into situations of early parenthood, and they cannot care for the child or even for themselves. And so these pressures really encourage these vulnerable young girls to abandon their children very readily. This used to never happen in Kenya, at least not to my knowing. But now there is this large availability of abandoned babies in Kenya, and I believe it really encourages people to go and adopt. Because if there were no homes and no abandoned infants like these, even me, I would not have adopted my two beautiful children.

Gabriella

The situation now is that there are so many orphans from our HIV/AIDS epidemic. The poverty levels are high and infant abandonment is all over now. The children are many, and adoptive parents cannot take them all, but helping just one is helping the crisis in Kenya.

Joslyn

We encourage our friends to take in a child and take this path to help our country. Because, you know, in Kenya today the economy does not allow for *even* more children. There are so many disadvantaged children who have been abandoned without any attachment to a family. It would be better if people took in these children as their own, to provide care for them permanently, because our country cannot support these children with institutions and children's homes permanently. And the children, in order to be the best they can be for Kenya in the future, need and deserve better than that, you see.

Nathaniel

Through domestic adoption, many people are seeing the need to do the right thing and that there is a lot of joy in it. The traditional community has its own limitations in terms of caring for these orphans and abandoned children, so Kenyans must respond to the country's new reality, and at least consider doing their part by adopting *or* at least by accepting adoption as a legitimate approach to family formation and not bother adoptive parents.

Paul

The excerpts above provide examples of individual social coping behavior occurring within the national framework that has been created to respond to the emergence of infant abandonment and the larger orphan and vulnerable children crisis, as discussed in *Chapter 4*. This demonstrated internalization of social coping through the uptake of domestic adoption at the individual level facilitates the national level's developmental approach to crisis management, ultimately supporting this study's central hypothesis that emergence and growth of local, non-kin adoption, can be seen as a cultural response to a culturally novel phenomenon—the dramatic increase in infant abandonment occurring within the context of the larger orphan and vulnerable children crisis.

Chapter 6:

The Children Adopted Domestically in Kenya

INTRODUCTION

The primary aim of chapter six is to achieve objective four of this study: identify the characteristics of the children being adopted domestically in Kenya. Prior to beginning my fieldwork, I developed a list of subsidiary hypotheses and central questions in conjunction with my advisor, specifically regarding this particular area of analysis. The questions and hypotheses are as follows:

- What ages of children do Kenyans typically adopt?
 - Adoptive parents in Kenya prefer to adopt children under the age of one year.
- Is there an observable gender preference in domestic adoption?
 - Domestically, girls are adopted more readily than boys in Kenya.
- Does the health of a child influence his or her prospects for being adopted locally.
 - Ill health can be a basis for non-adoption or a delay in domestic adoption.
- Is domestic, non-kin adoption occurring across ethnic lines?
 - Local, non-kin adoption is occurring inter ethnically, with parents adopting children outside their own ethnic affiliations.

The following sections in this chapter answer these questions and assess the hypotheses using both qualitative and quantitative data collected in Kenya. Qualitative data in this chapter are primarily comprised of the ethnographic findings from the 15 expert informant and eight adoptive parent interviews conducted by this study.²⁹ Quantitative data were gathered from the NLH-Kilimani Baby Registrar, which contains the gender, form of parental rights termination, birth date, birth weight, date of admission to NLH-Kilimani, admission weight, HIV status upon admission and at discharge, discharge date, discharge weight, and form of NLH-Kilimani discharge between January 1994 and August 2010, as discussed in *Chapter 3: Research Methods*.

²⁹ These two sources of qualitative data were heavily relied on because they can both comment on national trends in infant abandonment and national adoption, as well as provide personal accounts about parental preferences

Table 6.1 below illustrates the variables from the NLH-Kilimani Registrar used in this chapter's statistical analysis. It provides the number of observations³⁰, the mean, the standard deviation³¹, the minimum value, and the maximum value for each variable. Descriptive and statistical analyses of these variables occur thematically throughout the remaining sections of this chapter.

Table 6.1: Variables from NLH-Kilimani Registrar Used in Stata 11 Analysis

Variable	Obs	Mean	Std. Dev.	Min	Max
origin	953	.6873033	.5894881	0	2
abandon	890	.594382	.4912873	0	1
gender	953	.4018888	.4905371	0	1
ayear	949	2003.233	4.294233	1994	2010
ahiv	953	.2896118	.4538203	0	1
dyear	899	2003.498	4.279587	1994	2010
dhiv	892	.0695067	.2544565	0	1
stay	727	198.3618	333.2303	0	5260
stayage	894	303.038	281.0343	0	2452
dfamily	906	1.629139	.932762	0	4
adopt	706	1.390935	.4883058	1	2

The data were used as a means to establish and statistically analyze patterns of infant abandonment and domestic adoption through a single institution, NLH-Kilimani, in order to supplement the overall qualitative, ethnographic findings. The trends and correlations established by this limited statistical analysis can be roughly extrapolated to the national level when placed in the context of the broader qualitative findings on the emergence of infant abandonment and local, non-kin adoption.

Chapter six will proceed by first providing a background on who is legally eligible for adoption in Kenya, detailing the two primary forms of parental rights termination. It will then document the demographic trends in infant abandonment, followed by a lengthy discussion on

³⁰ Abbreviated "Obs" in Table 6.1

³¹ Abbreviated "Std. Dev." in Table 6.1

the children who are actually domestically adopted in Kenya, addressing themes such as age, gender, health and ethnicity, in order to evaluate the hypotheses listed above. Finally, the chapter will conclude by discussing how infant abandonment has been framed as a social disaster, situated within the wider OVC crisis, evaluating the specific characteristics surrounding its emergence that have enabled Kenyan society's developmental social coping through legal, non-kin adoption.

KENYAN CHILDREN LEGALLY ELIGIBLE FOR ADOPTION

Because formal adoption involves the complete and irrevocable transfer of legal rights, duties and obligations from a child's biological parents to his or her adoptive parents, only children whose biological parents have officially terminated their parental rights under Kenyan law are eligible for adoption. Parental rights in Kenya can be terminated through legal "mother-offering," or abandonment, both of which will be more completely discussed in the following sections. If a child has been "mother-offered," the youngest he or she can be adopted is six weeks. However, if a child has been abandoned, the youngest he or she can be adopted is six months after the date of abandonment. Finally, and arguably most importantly, only children with complete records of the required documentation can be declared free for adoption by the Department of Children's Services and adoption agencies. The required documents include a birth certificate and either the parental rights termination contract signed by the biological parents at a registered adoption society, or initial and final letters from the police station/hospital and the Department of Children's Services, which declare a child completely abandoned after a thorough investigation. Without these documents, children cannot be declared free for adoption, meaning that not all the children in Kenyan orphanages are eligible for formal adoption. If there is any suspected, remaining legal connection to a biological parent/family, or any missing

documentation, such as a birth certificate, which is often the case for an child that has been abandoned or double-orphaned³² at an older age, then he or she cannot be adopted. These limitations on a child's legal eligibility for adoption mean that the majority of Kenya's 260,000 orphans living beyond the care of their extended families cannot be formally adopted.

“Mother-Offered” Parental Rights Termination

The Children's Act of 2001 legally institutionalized the mother-offered process of terminating parental rights. It positions this option as the safer and *legal* alternative to abandonment with respect to the termination of parental rights. According to the Children's Act, a mother wishing to terminate her parental rights must bring her infant to a branch of a licensed adoption society where she will meet with a social worker in a confidential setting to be informed of the procedure and legal implications of her decision. She will then be required to file paperwork with her biographical information and reasons for wishing to terminate custody, after which she is required to sign two legally binding documents. The first signature indicates the mother is fully aware of her decision and of the fact that she must return to the adoption society within six weeks to either retrieve her child in the event that she has changed her mind *or* to sign the final termination document. The second signature indicates the mother recognizes that if she fails to return after six weeks, her parental rights will automatically be terminated and the child will be declared free for adoption by the Department of Children's Services.

The Children's Act established the mother-offered option for parental rights termination to help *prevent* infant abandonment rather than just respond to the growing numbers of abandoned infants. However, given Kenya's extremely pro-natal context in which children are of utmost importance, belonging to the entire community, “mother-offering” remains highly

³² “Double-orphaned” refers to loosing both parents. In Kenya, the term “orphan” can refer to a child who has only lost one parent and belongs to a single parent household.

stigmatized and rarely practiced across the country.³³ The following excerpt from an interview with Gaciku Kangari, the director of the KKPI adoption society, further illustrates this point:

We have had very, very few girls come to KKPI to offer their babies for adoption. Very few. Under ten surely. And most of them will not let their close relatives or members of the family even know about it, and most of them were even able to hide the pregnancy too. So when they come to give them up, they do not want anyone to know and it will stay a secret. See, there is a strong, *very strong*, stigma attached to it [mother-offering], and so it takes a very strong and determined woman to decide that this is what she wants to do. It would be nice if at some point the community would start encouraging women to do this, but until then we will still just have these alarming rates of abandonment because abandonment is a secret too, and absolutely no one, not even the adoption society will know about it.

Despite the significant stigma surrounding mother-offering, and the practice's extremely low rate of uptake at the national level, selection of the mother-offered option is publically acknowledged to occur with relative frequency among members of the Luhya community under specific circumstances. Preliminary ethnographic research, subsidiary to, and beyond the scope of this thesis' central area of focus, suggests the observed uptake of mother-offered parental rights termination among the Luhya is frequently attributed to this community's unique medical beliefs about breaches in taboo, specifically the incest taboo, and their effects on the maintenance of communal equilibrium and health. Among the Luhya, babies born out of an "incest taboo"³⁴ between members of the same clan, a socially constructed, genealogical concept that can extend over 100 years into the past, are considered social pollutants that must be expelled from the community before causing widespread communal illness, suffering and loss of life seen as retribution from angered ancestral spirits (Peek, 2004: 253). According to preliminary and limited expert informant interviews, it has been suggested that this necessity to expel taboo babies has created a space for the relative and conditional uptake of the mother-offered option

³³ Statistics on the rates of mother-offering are not available nationally, or are they published by any of the adopt on societies. During my research from June to August 2010, on little girl was "mother-offered" to NLH-Kilimani and she was the first case in over a year and a half.

³⁴ Often referred to as "taboo babies" my members of the Kenyan public

among the Luhya. Despite this observed, limited uptake of the practice among the Luhya, the overall impact of mother-offering remains extremely low nationally, causing abandoned infants³⁵ to be the vast majority of children legally eligible for adoption in Kenya, as seen in Table 6.2 in the following section.

Parental Rights Termination Through Infant Abandonment

According to the Children’s Act of 2001, parental rights termination can legally occur through “abandonment,” defined as the termination of parental rights through means of desertion in any location. In Kenya, infant abandonment is broadly categorized as either hospital abandonment or police abandonment. Table 6.2 below illustrates NLH-Kilimani’s overall distribution of infant abandonment by category relative to mother-offered cases from January 1994 to August 2010.

Table 6.2: Distribution of Abandoned and Mother Offered Infants to NLH-Kilimani

Origin	Freq.	Percent	Cum.
Hospital	361	37.88	37.88
Police	529	55.51	93.39
Mother Offered	63	6.61	100.00
Total	953	100.00	

Abandoned infants comprise a total of 93.39% of NLH-Kilimani’s total admissions from January 1994 to August 2010. Infants abandoned through the police account for 55.51% of all admissions to the home, while cases of hospital abandonment account for 33.88%. Although

³⁵ Just for reiteration: Children of all ages can and are abandoned in Kenya, resulting in a wide range of vulnerable situations including child-headed households and street children. Abandoned infants make up the majority of children eligible for legal adoption because unlike the majority of older children, they are more likely to possess the necessary paperwork and documentation required for an adoption order to be granted.

police abandonment occurred more frequently than hospital abandonment, infants abandoned through the hospital were still significantly more common than mother-offered infants who account for only 6.61% of all infants admitted to NLH-Kilimani during the 15 year period. While Table 6.2 demonstrates that police abandonment has occurred with greater frequency than hospital abandonment overall, Table 6.3 below shows the distribution of admissions by year, according to origin. This illustrates that hospital abandonment used to occur much more readily than police abandonment in the 1990s, which corresponds to the Beckenham's, the co-founders of the NLHT, primary motivations for beginning the first rescue center in Kilimani as a place to care for infants that were believed to be HIV positive and abandoned in private and public hospitals, as discussed in *Chapter 3: Research Methods*.

Table 6.3: Distribution of Abandoned and Mother Offered Infants to NLH-Kilimani by Year

Year of Admission	Origin			Total
	Hospital	Police	Mother Of	
1994	17 94.44	1 5.56	0 0.00	18 100.00
1995	18 90.00	2 10.00	0 0.00	20 100.00
1996	17 70.83	7 29.17	0 0.00	24 100.00
1997	32 78.05	9 21.95	0 0.00	41 100.00
1998	33 58.93	23 41.07	0 0.00	56 100.00
1999	24 44.44	30 55.56	0 0.00	54 100.00
2000	31 55.36	25 44.64	0 0.00	56 100.00
2001	9 13.85	40 61.54	16 24.62	65 100.00
2002	3 4.05	56 75.68	15 20.27	74 100.00
2003	5 6.17	64 79.01	12 14.81	81 100.00
2004	4 6.06	56 84.85	6 9.09	66 100.00
2005	21 30.43	34 49.28	14 20.29	69 100.00
2006	34 58.62	24 41.38	0 0.00	58 100.00
2007	34 45.95	40 54.05	0 0.00	74 100.00
2008	27 39.71	41 60.29	0 0.00	68 100.00
2009	29 45.31	35 54.69	0 0.00	64 100.00
2010	22 36.07	39 63.93	0 0.00	61 100.00
Total	360 37.93	526 55.43	63 6.64	949 100.00

Hospital and police abandonment differ slightly in the procedures for how the infants are actually abandoned, admitted to a children's home and declared free for adoption, which are all elucidated in the following two sections.

Hospital

Hospital abandonment usually refers to a situation in which a mother absconds from the hospital shortly after delivery, leaving her newborn behind. In these cases, the hospital tries to trace both the mother and father, in addition to members of the infant's extended family over the course of several weeks. During this time the child remains in the newborn nursery and receives minimal care and attention.³⁶ If the hospital is unable to locate any of the infant's family members, the police are called to briefly investigate and file an initial report stating that attempts have in fact been made to find the child's family. Following this report, the child is taken to a children's home, like any of the New Life Homes, capable of caring for infants, especially those with health conditions, as many of the infants spending prolonged periods in the hospital are malnourished and suffering from opportunistic infections. During the course of the next six months, the police, and occasionally social workers, make several more attempts to locate the abandoned infant's mother and extended family using the hospital intake information provided by the mother prior to delivery. According to Rhoda Odhiambo and Monica Gachuru, the social workers at NLH-Kilimani:

³⁶ Please refer to the field observations section of *Chapter 3: Research Methods and Field Observations* for a description of the care provided to abandoned infants at Nyeri Provincial hospital.

The mother's documents provided by the hospital are often scanty and very sparse. We find that they may not even have the mother's particulars or the particulars are just not true. This is most often the case. Mothers intending to abandon in hospitals often provide false records of identity. For example, some say they come from Thika in their hospital documents, then we go to follow up and the place does not exist. Or it does and the chief of the village who knows all people under his area of jurisdiction says 'I've never heard of such a woman' when we ask about the mother using the name in the hospital record. If this is the case, it makes finding the mother or the family very difficult, and just to be honest, usually impossible.

Finally, after the mandated six month investigation period, the police file a final report, stating that all attempts to find the child's family have been unsuccessful, thus permanently terminating biological parental rights and legally rendering the child completely abandoned without any legal or social connections to his or her biological family. This final report allows the Department of Children's Services to declare the child officially free for adoption, assuming the child's other documents, such as his or her birth certificate, initial police report, hospital report, court committal and Department of Children's Services initial report, are complete and accurate.

Hospital abandonment can also refer to cases of unintentional infant abandonment, occurring after a mother passes away following delivery. This form, however, is rare relative to the total number of hospital abscondments that occur in Kenya.³⁷ In a situation following a mother's passing, the same attempts are made to contact the biological father and any known members of the extended family using the contact information provided in the hospital intake record. If these preliminary efforts are unsuccessful, the initial police report is filed, and the child is taken to a children's home, pending further investigation. Similar to the cases of abscondment, these efforts of further investigation are usually ineffective. However, biological family members, many of whom have not even heard of the birth of the child or the mother's death, are

³⁷ NLH-Kilimani's quantitative data is limited in that the Baby Registrar does not explicitly differentiate between abscondment and mortality abandonment within the larger category of hospital abandonment.

occasionally located, in which case he or she is returned to the biological family for permanent care. Table 6.4 below illustrates the total number of cases in which children have been returned to their biological families after being admitted to NLH-Kilimani. According to Mary Beckenham, co-founder of NLHT, around 80% of the children represented in this category of the registrar's discharge figures are those whose mother did in fact pass away following labor, and there was extreme difficulty locating the extended biological family.³⁸ Of the 906 total discharges from NLH-Kilimani between January 1994 and August 2010, 44 were cases in which the child was returned to his or her biological family, accounting for 4.86% of all discharges.

Table 6.4: Forms of Discharge from NLH-Kilimani

Form of NLH Discharge	Freq.	Percent	Cum.
Died	50	5.52	5.52
Local Adoption	430	47.46	52.98
International Adoption	276	30.46	83.44
Institution Transfer	106	11.70	95.14
Biological Family	44	4.86	100.00
Total	906	100.00	

Police

Police infant abandonment refers to a situation in which a mother permanently and intentionally leaves her child anywhere in a community. These babies are discovered by what Kenyan family law calls “Good Samaritans,” who bring the infants to the nearest police station. A Good Samaritan must file a “Good Samaritan Report,” providing the details surrounding his or her discovery of the infant, after which time he or she is free to leave. The police must then file their initial report to document a potential case of abandonment before bringing the child to a

³⁸ Other reasons a child may be returned to his or her biological family include: the mother in a mother-offered case changes her mind within the six week range; or a member of an abandoned infant's extended biological family is discovered through police investigation. Both occurrences are extremely rare.

children's home like any of the New Life Homes. Before a child can even be admitted to a home, these documents must be checked for completeness and accuracy at the gate of the compound. The Department of Children's Services files an initial report stating that the child is temporarily committed³⁹ to the children's home pending a police investigation of his or her abandonment. After six months, if no parents or members of the extended family are located, the police issue their final report, which renders the child legally abandoned and free of any ties to his or her biological family. The Department of Children's Services then declares the baby eligible for adoption.

Who Abandons?

Infant abandonment is a multi-faceted and complex, culturally novel phenomenon in Kenya. While this study's expert informants have generalized that the majority of the abandoning mothers are "young"⁴⁰ and/or single, it is important to establish that the Kenyan mothers who decide to abandon are *not* a homogenous group with identical backgrounds or underlying rationales for their decisions. However, overall Kenya's deteriorating socioeconomic situation and the country's devastating HIV/AIDS epidemic have created a space for the emergence of infant abandonment as mothers are made increasingly insecure and vulnerable due to a declining base of social and physical support traditionally provided within networks of kinship. Mothers in these overwhelmingly stressful situations may be encouraged to abandon their infants with the belief that the babies would not survive if they were to remain in their care. The following excerpt from mother who adopted her two sons from NLHT illustrates these underlying fears:

³⁹ This court committal is extended for three years if the six-month police investigation yields no results and the child is declared legally abandoned.

⁴⁰ Ranging from as young as 14 to 25

Many mothers are just living in sheer poverty and they cannot support these babies. Desmond's mother, for example, had two children already who had died from malnutrition. She attached a note to his blanket stating that she could not watch another one of her sons die. It was too painful. George's mother also wrote a letter, which she placed underneath his sweater, so the nurse discovered it when she was giving baby George his first bath. The letter was written in Kikuyu saying she was afraid he [George] had HIV/AIDS and would die if he stayed with her. In fact, she wrote that she was amazed he had enough nutrition to even survive the pregnancy.

In addition to these fears, several expert informants suggest that in the current socioeconomic and political climate, some mothers may choose to abandon because they are worried that they are too vulnerable given their current social circumstances, and so having a child, outside of wedlock or otherwise, may cause them to lose their remaining support and/or the prospects of future support through marriage.

Regardless of their underlying reasons for deciding to abandon, there is often a tendency to condemn these mothers as selfish and heartless, assigning them a socially crippling degree of blame during discussions of the overall phenomenon of infant abandonment itself. In documenting the emergence of domestic, non-kin adoption in Kenya, and evaluating its growth as a cultural, social coping response to increasing numbers of abandoned infants, this study does not seek to perpetuate these extreme projections of shame and culpability. Rather, in an effort to problematize the rigid and uniform social constructs of selfishness and thoughtless neglect, I feel it is important that this study incorporate a few brief narratives from the social workers interviewed as expert informants about the ways in which many infants are discovered. The following excerpts from the social workers at NLH-Kilimani and NLH-Kisumu illustrate the range and emotional complexity in cases of infant abandonment:

You know, not all babies are found in trash bags or paper sacks as they say in the news. Many are, and many are very sick. And please do not be mistaken because many infants who are abandoned unfortunately do not survive. But many are also abandoned with “care” if you can imagine. For example, an elderly woman discovered four-day-old Baby Dorothy lying beneath a flowering bush outside a grocery store on a Sunday afternoon. The baby girl was dressed in six layers of clothes and wrapped tightly in a blanket. Many babies like Dorothy are found wearing what we believe is all their clothing, wrapped tightly in a blanket or towel of some sort, and placed somewhere safe but visible.

Christine Iminza
NLH-Kisumu Social Worker

Based on all the Good Samaritans I have spoken to, and the hundreds of reports I have read, I really believe that many mothers do care about where and how they abandon their infants. From my experience, many mothers select relatively safe places where they know their babies will be discovered in a timely manner. For example, let us think. Well our twins in the infant unit here, James and Jacob. Yes, they were both dressed in several layers of clothing, swaddled tightly together in a blanket, and left in the back pew of a church. Their mother even left a little note written in Kiswahili saying that she loved the boys very much.

Monica Gachuru
NLH-Kilimani Social Worker

From my understanding, the decision to abandon is never really an easy one for most mothers. No, not easy at all. I believe there can be a great deal of emotional trauma involved. One Good Samaritan told me that she owned a kiosk just across the road from the coke kiosk where baby Ronald was abandoned. She said that the mother who eventually abandoned the infant stood with her baby boy for four hours, pacing around the kiosk before finally leaving him. Can you imagine how much pain that mother must have felt? How desperate she must have felt to convince herself of her decision? No, no the decision to abandon is not easy for most.

Laura Ahenda
NLH-Kisumu Social Worker

These narratives are not meant to romanticize infant abandonment in Kenya in any way, as the majority of children are found in dire, potentially fatal conditions, and all are made vulnerable by the act of abandonment itself. The excerpts above demonstrate the social complexity that exists within the phenomenon, and complicates this inaccurate dichotomy of “good vs. bad,” “innocent vs. guilty,” and “victim vs. victimizer” when discussing the primary parties involved in infant abandonment: the infants and the biological mothers. In reality, the mothers who abandon and the abandoned infants in Kenya are both “victims” of larger social

crises, including pervasive poverty, the HIV/AIDS epidemic and deteriorating socioeconomic conditions. Ultimately, when addressing infant abandonment in the context of the emergence of domestic adoption, this study seeks to acknowledge both the extreme harm the practice causes to infant well being and its construction as a growing social crisis itself without placing the blame and culpability solely on the biological mothers because to do so would not only be ineffective in terms of identifying a solution, but also inaccurate and unjust with respect to this study's limited documentation of the phenomenon.

Who is Abandoned?

Based on broad qualitative data collected from all fifteen expert informants, infants of young, single mothers living in impoverished districts of urban centers are most likely to be abandoned, generally speaking.⁴¹ Young women living in these settings tend to have the lowest levels of social support, suffering from the negative effects of both urbanization and the HIV/AIDS epidemic on extended family care structures. The two infant specific characteristics believed to encourage differential rates of abandonment, which were discussed during 13 of the 15 expert informant interviews and later supported by the limited quantitative analysis of the NLH-Kilimani Registrar, are an infant's perceived HIV status and gender.

Perceived HIV Status

According to Clive and Mary Beckenham, the co-founders of NLHT, the first cases of infant abandonment in Kenya began occurring during the late 1980s and early 1990s in hospitals with infants *believed* to have HIV/AIDS from mother-to-child transmission (MTCT). Mothers with HIV/AIDS, and those who thought they might have the virus, automatically expected that their children also had the disease and would die in the near future. For this reason, many began

⁴¹ Intake information from cases of hospital abandonment reveal that the majority of mothers who abscond are around the ages of 16 and 17 according to expert informants and the hospital records

absconding from the hospitals after delivery, leaving their infants behind. Before children's homes like NLHT were firmly established and equipped to care for these vulnerable infants, the majority of these babies abandoned in hospitals after birth did die, but of malnutrition and opportunistic infections like tuberculosis rather than HIV/AIDS. Despite Kenya's national prevention of mother-to-child transmission (PMTCT) campaign⁴², many women do believe that their positive HIV status automatically transfers to their newborns.⁴³ According to expert informants, this belief may encourage many women to abandon these infants under the impression their babies will die regardless, and especially if they remain in their care without regular access to expensive, and often inaccessible, medications. This fear was illustrated in an excerpt from the previous section in which a mother included a note saying she was afraid her son was HIV positive and would die if he stayed with her. As represented in Table 6.2 and 6.3, police abandonment occurs more frequently than hospital abandonment, and has increased dramatically over the last 15 years. Although it is unknown if the mothers who abandon their infants via police abandonment *or* hospital abandonment are accurately aware of their HIV status at the time of abandonment, expert informants suggest that their *perceived* HIV status alone, and the overall visible health of a child often influences a biological mother to abandon him or her. Table 6.5 below shows the correlation established using the Pearson's Chi-squared statistical analysis test between abandonment and HIV status upon admission⁴⁴ to NLH-Kilimani from January 1994 to August of 2010.

⁴² For more information about Kenya's PMTCT campaign, please see:
http://www.unicef.org/aids/files/Kenya_PMTCTFactsheet_2010.pdf

⁴³ MTCT occurs in an estimated 25% of all vaginal deliveries

⁴⁴ Many babies who test HIV positive on admission to NLH-Kilimani experience negative conversion as their mothers' positive antibodies leave their system. DIRECT THME TO A TABLE TO REFER TO

Table 6.5: Pearson's Chi-square Test for Admission and HIV Status

abandon	Admission HIV Status		Total
	HIV Negat	HIV Posit	
Hospital	233	128	361
Police	386	143	529
Total	619	271	890

$$\text{Pearson } \chi^2(1) = 7.1916 \quad \text{Pr} = 0.007$$

Table 6.5 above does indicate a correlation between admission and HIV status upon admission, as seen through the Chi statistic 7.1916 and a p-value of 0.007.⁴⁵ The correlation, however, appears to favor greater abandonment in instances where the child is determined to be HIV *negative* upon admission. Twice as many infants testing HIV negative on admission were admitted via hospital abandonment compared to those who were HIV positive on admission from the hospital. Three times as many HIV negative infants were admitted via police abandonment compared to those who were HIV positive on admission from the police. There is not a significant difference between babies abandoned via the hospital or the police with respect to HIV positive test results on admission. It is important to note that the correlation established in Table 6.5 cannot statistically assess the influence that a mother's *perceived* HIV positive status may have on her decision to abandon, which qualitative data collected through participant observation and several expert informant interviews suggest may be a serious and significant contributing factor. Therefore, infants who were abandoned because their mothers feared they themselves were HIV positive, although they were not actually, would not be reflected in this limited data available from NLH-Kilimani because none of the babies abandoned under these circumstances would have maternal antibodies that would test positive for the virus on

⁴⁵ Any p-value < 0.05 is statistically significant for the purposes of this study's analyses. As such, the null hypothesis that no correlation exists between the two variables can be rejected.

admission, which is the variable used in the Chi-square analysis to establish the correlation in Table 6.5.

Gender

In addition to an infant's actual or perceived HIV positive status, the gender may also influence differential rates of abandonment. Thirteen of the fifteen expert informants interviewed for this study discussed the disproportionate rates of abandoned male infants relative to abandoned females, suggesting that gender itself influences the likelihood of abandonment for these children. Increasing media coverage has been devoted to this topic, specifically regarding the alarming 4:1 ratio of boys to girls in children's homes for abandoned infants across Kenya (Mwololo, 2010:7). Table 6.6 below shows the gender distribution of both abandoned and mother offered infants at NLH-Kilimani, while Table 6.7 depicts only abandoned infant admissions data from the NLH-Kilimani Baby Registrar, specifically supporting the general trend of increased male abandonment discussed above. Both tables show a 3:2, male to female ratio of abandonment. In table 6.7, the difference between males and females abandoned via the police appears to be slightly greater than the gender difference seen in the percentages for hospital abandonment. Overall, however, the data from the NLH-Kilimani Baby Registrar support that males are abandoned with greater frequency than females.

Table 6.6: Gender Distribution of All Admissions to NLH-Kilimani

Gender	Freq.	Percent	Cum.
Male	570	59.81	59.81
Female	383	40.19	100.00
Total	953	100.00	

Table 6.7: Gender Distribution of Only Abandoned Infant Admissions to NLH-Kilimani

abandon	Gender		Total
	Male	Female	
Hospital	203 56.23	158 43.77	361 100.00
Police	330 62.38	199 37.62	529 100.00
Total	533 59.89	357 40.11	890 100.00

Kenya's gendered pattern of infant abandonment is unlike most patrilineal, male-oriented societies in which girls are typically more readily abandoned than boys due to the increased social and economic value placed on male children over female children.⁴⁶ In an effort to understand this phenomenon, one organization, Maendeleo ya Wanaume, conducted a study entitled "Women Speak Out." The study was conducted from November 2009 to March 2010 in Central and Nairobi provinces, and involved 20,000 respondents between the ages of 22 and 42 years, both single and married. The study revealed that many women fear giving birth to boys. In fact, according to the findings, this fear is the main reason accounting for nearly 60% of all abortions⁴⁷ in Kenya. Through a series of confidential interviews, the study found that these fears surrounding male children are ultimately grounded in the socioeconomic foundation of the traditional, patrilineally oriented society itself, specifically regarding issues of inheritance and support. Many women feel that the deeply rooted, cultural expectation of sons to inherit is difficult to satisfy given their current living environments where they have very little land or property, if any. This situation has led many married women to fear potentially devastating

⁴⁶ Please refer to the following scholarly articles for further reading on female infanticide in patrilineal societies: Sudha, S. "Female demographic disadvantage in India 1981-1991: sex selective abortions and female infanticide." *Development and change* 30.3 (1999):585.

Balikci, A. "Female infanticide on the Arctic coast." *Man* 2.4 (1967):615.

⁴⁷ Abandonment was not explicitly specified in the study but the two were later equated by several expert informants, revealing that the same social pressures encouraged both gendered abortion and abandonment

inheritance struggles with any future sons they may have, contributing to their decisions to abort male fetuses. According to the study, single women primarily fear that by bearing boys, their chances for marriage will be reduced due to similar issues of inheritance, as illustrated in the following quote from a 28-year-old single woman living in Nairobi:

It's much easier for me to find a partner if I have a daughter, but if I have a son, my chances of ever getting married are slim because these days most men are reluctant to marry a woman with a son, who might claim a share of their property.

Although the Maendeleo ya Wanaume study's primary focus was on gendered patterns of abortion, expert informants interviewed for the purposes of this study repeatedly emphasized that this underlying fear of having male children due to matters of inheritance and support, established by "Women Speak Out", also directly influences Kenya's observed, disproportionately higher rates of male infant abandonment. The general message and overarching explanation from all 13 expert informants regarding the higher rates of male infant abandonment relative to the Maendeleo ya Wanaume study's findings surrounding similar gendered patterns of abortion is best summarized by the following excerpt from an ethnographic interview with Mrs. Odhiambo, the lead social worker at NLH-Kilimani:

It is the overall attitude and fear of having boys right now in this insecure time. The pressures and influence of inheritance for male children remains strong in our society, or at least people believe they do, despite all the poverty and structural deterioration. Many women really do fear future inheritance struggles that can make them more vulnerable than they already are. So some women can afford to abort, others feel they must abandon to escape these fears. The two are really not so different at all and the underlying social motivations certainly are not. Oh, and the same is true for single women. If you have a boy, few men will want to marry you because it takes from their inheritance for their own sons. And so this is tough for single women, especially when they are young and scared like so many are. So, the choices for these women are, either you take this child to your mother and hope she has enough support to care for him, or you can try to abort, or you just abandon the child all together.

Ultimately, the data presented in this “Who is Abandoned?” section suggest that in Kenya’s vulnerable society, the vast majority of infants are potentially at risk for abandonment. Expert informants suggest that younger, single mothers in urban areas tend to feel the most insecure and vulnerable, as they typically have the smallest bases of support, which makes infants born to these mothers slightly more at risk for abandonment. Additionally, this study found two publically acknowledged, infant specific characteristics leading to differential rates of abandonment among Kenyan babies. According to the qualitative and quantitative data, male infants and infants that are believed to be HIV positive tend to be abandoned more readily than infants not falling into either of these categories. With this background understanding of the infants who are abandoned in Kenya, this study can now assess which of these abandoned infants are being domestically adopted based on legal policy and ethnographically gleaned parental preferences.

THE CHILDREN ADOPTED: LEGAL POLICIES AND PARENTAL PREFERENCES

Legal Policy Regarding a Child’s Status of Parental Rights Termination

As discussed earlier in this chapter, in order for a child to be formally adopted in Kenya, his or her biological parents must have severed all parental rights by means of either mother offering or abandonment. These processes can be complicated due to the large amount legal paperwork and the crucial sequence of documentation. According to Rhoda Odhiambo, the lead social worker at NLH-Kilimani:

It is true that the process of obtaining all the appropriate legal documents from the hospitals, police stations and Department of Children’s Services is very difficult. But, the documents are the only things that speak for these children’s beginnings, and so it is very important that they are correct, complete and all in order. The children deserved to have an accurate documentation of their origins no matter where they may go in the future and that is what these paperworks [sic] do.

To reiterate Mrs. Odhiambo's statement above, these documents are incredibly important to each child's individual identity, but arguably more salient is that the overall process and sequence of obtaining all the documents⁴⁸ is crucial to the protection of the best interests of Kenyan children in general, as it staves off attempts at child trafficking and other forms of child abuse and neglect. The process, however, can at times be a barrier to adoption for some children if the required paperwork is inaccurate, incomplete or missing, or someone involved in the process believes there are lingering ties to a child's biological parents. Any of these situations can prevent a child from being declared legally abandoned and free for adoption. These children are then trapped in this legal middle ground in which they cannot feasibly be returned to live with their biological family nor can they be adopted. The following excerpts from Monica Gachuru and Laura Ahenda, social workers with NLHT, provide two examples of children who could not be adopted due to these documentation and procedural barriers:

Well, maybe you know Donald? He is eleven years old now and lives in our permanent family home here in Nairobi. The majority of the children in this home have health conditions that usually deter parents from adopting them especially now that they are older, but Donald is a perfectly healthy little boy. Despite this, he can never be adopted. You see, Donald's file is missing his initial police report, and for this reason, the Department of Children's Service cannot and will not declare him free for adoption, and so no judge will ever grant an adoption order. I am not sure exactly what happened in his case, because he came to NLHT long before I did, but from my understanding there was some confusion between the police station and the hospital about how he was to be brought to NLH-Kilimani and somehow the initial report slipped through, but without it he cannot be adopted and it is too late to try and retroactively generate one. I understand this issue of missing documentation was a problem for the first babies that started coming to NLHT because the procedure was not clear for anyone—NLH-Kilimani, the local police stations, the hospitals or the Children's Department. Now, however, we are very clear on how to process these babies' files, so this issue of missing, incorrect or incomplete documentation rarely prevents our children from being adopted.

Monica Gachuru
NLH-Kilimani Social Worker

⁴⁸ These processes are detailed in the section on forms of parental rights termination located earlier in this chapter.

Kennedy must be transferred to a permanent family home after his third birthday next month because there are complications about his abandonment. You see, Kennedy's biological father pretended to be a Good Samaritan and brought Kennedy to a police station to file the report. After Kennedy had been brought to NLH-Kilimani, his biological mother went to the police station claiming that her boyfriend had abandoned her baby at the station against her wishes. The police attempted to investigate the woman's claim, but when they tried to follow up with the contact information provided in the Good Samaritan Report they could not reach the man. Then they tried to find the mother again after she visited the police station, but she was also untraceable. Regardless of how unlikely it is that two and half years later they will be able to find his parents, the Department of Children's Services believes that Kennedy does not have a clear case of abandonment and so they will not declare him free for adoption.

Laura Ahenda
NLH-Kisumu Social Worker

These two narratives provided examples of the various legal scenarios that can prevent children from being adopted. Tables 6.8 and 6.9 below contextualize the frequency of this occurrence with abandoned infants by providing a quantitative example from NLH-Kilimani.⁴⁹

Table 6.8: Forms of Discharge from NLH-Kilimani

Form of NLH Discharge	Freq.	Percent	Cum.
Died	50	5.52	5.52
Local Adoption	430	47.46	52.98
International Adoption	276	30.46	83.44
Institution Transfer	106	11.70	95.14
Biological Family	44	4.86	100.00
Total	906	100.00	

⁴⁹ The totals for 6.8 and 6.9 do not match because the number of observations for the variable discharge HIV status is less than the total number of observations for just the discharge from NLH-Kilimani. This difference in observations is an inherent limitation of the data in that either some children did not receive a second HIV test prior to discharge, or some children's discharge HIV test results were not recorded in the baby registrar. Either way, while this study acknowledges this error and limitation, the tables have been included because even their limited data elucidate several important points.

Table 6.9: Forms of Discharge from NLH-Kilimani by HIV Status

Form of NLH Discharge	Discharge HIV Status		Total
	HIV Negat	HIV Posit	
Died	20	22	42
Local Adoption	423	2	425
International Adoptio	262	11	273
Institution Transfer	75	24	99
Biological Family	39	2	41
Total	819	61	880

Table 6.8 shows that of the 906 children discharged from NLH-Kilimani between January 1994 and August 2010, 106 (11.7%) were transferred to permanent children's homes. This figure is comprised of children who have not been adopted for several reasons⁵⁰, including 24 HIV positive children who had not been adopted by the age of three and transferred to one of the NLHT's three permanent family homes.⁵¹ According to Mary Beckenham, co-founder of NLHT, roughly three quarters of the 75 HIV negative children transferred to permanent institutions operating independently of NLH-Kilimani were transferred due to complications regarding their status of abandonment, including incomplete records or questions about lingering ties to their biological families. With these complications, an adoption order cannot ever be granted for these children, making permanent institutionalization their only option for long term care.

These barriers to adoption surrounding the strict procedure and documentation of a child's abandonment can partially account for why the majority of children adopted domestically in Kenya are abandoned infants. Even if prospective adoptive parents wanted to adopt older

⁵⁰ Reasons for non-adoption other than incomplete or inaccurate records include a wide range of causes, such as existing health conditions, perceived anti-social or aggressive behavior, and the appearance of ill health

⁵¹ The majority of children's homes providing care to orphans and vulnerable children above the age of three do not accept HIV positive children. Therefore, the 24 HIV positive children shown to have undergone an institution transfer in Table 6.9 were actually just transferred to one of NLHT's three permanent family homes. The remaining 75 children were transferred to permanent institutions for older children that operate independently of the NLHT.

children who have been orphaned and/or abandoned, which is the opposite of what ethnographic evidence suggests, these older children in orphanages often lack essential documents like birth certificates and police reports, as well as have lingering connections to their biological families, making formal, non-kin adoption impossible. As abandoned infants make up the *vast* majority of local, non-kin adoptions in Kenya, the remaining sections discuss parental preferences in the context of abandoned *infants*, using expert and adoptive parent informant interviews and quantitative data from NLH-Kilimani's Baby Registrar.

Age

The age of a child strongly influences parental preferences in domestic adoption. All ethnographic evidence from informant interviews demonstrates that adoptive parents in Kenya prefer to adopt young infants rather than the toddlers eligible for adoption in the same children's home. All eight adoptive parents interviewed in this study adopted children under the age of eight months⁵². According to Caroline Macharia, a caseworker at the LAN:

The majority of Kenyan parents want to adopt young children. The majority wants children as tender⁵³ as possible, which is sometimes six weeks, but almost 95% of the time this means six months. And so the majority of Kenyan children being adopted by Kenyan parents are under the age of one year, definitely one and a half years.

The following primary explanations for this strongly observed age preference were cited repeatedly throughout informant interviews. The first related to the experiential component of being a parent. The six adoptive parents I interviewed for this study that did not have biological children of their own prior to adopting all stated that they wanted to experience every stage of being a parent, and the only way to accomplish that was by adopting the youngest child possible. This rationale was echoed by case workers from the LAN and KKPI adoption societies who

⁵² With the exception of Rebekah who *sought* to adopt her two sons when they were eight months old, but was not able to officially begin the fostering phase of her second adoption until Luka was 1.5 years old

⁵³ Tender is commonly used Kenyan expression meaning "young"

reported that during the preliminary adoption interviews, parents who knew they would never be able to have children biologically, and especially those who had waited decades to adopt, indicated that they preferred to adopt “the most tender child available” because they wanted to ensure that they experienced parenthood to the fullest. The second reason commonly used to explain this parental preference was the belief that infants would be easier to incorporate into a family, both nuclear and extended. According to Gaciku Kangari, the director of KKPI: “The majority of Kenyans want to adopt young infants because they feel this is the kind of child who can best be able to adjust within the family, and because adoption is already a difficult step for many, they do not wish to make it any harder.” Finally, the third commonly referenced reason for adoptive parents preferring infants relates to the remaining stigma surrounding adoption. Many feel that adopting an infant is less conspicuous than a toddler, thereby reducing the stigma, or at least the parents’ perception of the stigma, surrounding their decision. For example, the lead social worker at NLH-Kilimani reported that a “fearful couple from Ruiru wanted to adopt the youngest child possible, in order to conceal their adoption from the community.” Although this is an extreme case, the eight adoptive parents interviewed for this study believed that by adopting infants, they experienced less judgment than they would have if they tried to adopt an older child. The following excerpt from the interview with Gabriella, an adoptive mother, best expresses this shared sentiment:

When you have a new baby, everyone seems like a new parent, whether you gave birth or adopted. But if we would have adopted an older child, like a toddler, many people would be wondering ‘Why is it they seem like new parents with that child? Is that even their child? How comes [sic] they are having such troubles?’ And all this judgment and questioning is not good for parents like us, or the child.

The hypothesis stated in the introduction of this chapter, that adoptive parents in Kenya prefer to adopt children under the age of one year, is partially supported by the qualitative, ethnographic data presented above in that it was established Kenyans generally prefer to adopt the

youngest children possible. Table 6.10 below quantitatively tests this hypothesis using the discharge data from NLH-Kilimani, averaging the age of the 421 infants adopted domestically from NLH-Kilimani between 1994 and 2010 with a recorded age of discharge.

Table 6.10: Average Discharge Age for Children Adopted Locally from NLH-Kilimani

Ladopt	Summary of stayage		Freq.
	Mean	Std. Dev.	
Local Ado	257.69359	211.42215	421
Total	257.69359	211.42215	421

According to Table 6.10, the average discharge age for children adopted domestically from NLH-Kilimani was 257.7 days, which is around 8.5 months. As six months is the absolute youngest an abandoned infant can become available for adoption, this figure of 8.5 months supports the hypothesis that domestic parents prefer to adopt the youngest children possible. NLHT admits an even distribution of abandoned infants between the ages of zero and three months, and a child can only become officially eligible for adoption six months after they are abandoned, meaning the range for the earliest abandoned infants would be eligible for adoption is between six and nine months, which 8.5 months falls within, thereby supporting the hypothesis that local parents prefer to adopt the youngest children possible.

Gender

A child's gender plays a central role in parental preferences in domestic adoption. According to Caroline Macharia, a case worker at the LAN: "There are seasons of boys and seasons of girls regarding Kenyan parents' preferences." This was reflected in the ethnographic data after all informant interviews were collectively analyzed and contextualized. Several expert informants⁵⁴ stated that the majority of adoptive parents in Kenya preferred girls. According to these informants, adopting and adoptive parents have expressed that girls are easier to raise

⁵⁴ Primarily NLH Social Workers and Kangari, the Executive Director of KKPI

because they are less aggressive, and with girls there is no issue of inheritance to argue with the extended family about. Despite these claims and beliefs, which are certainly true for some, of my eight adoptive parent informants, a total of only three girls and seven boys were adopted. In these informant interviews, the adoptive parents who selected boys specifically cited that by doing so it completed their “African family” and left someone to inherit the land and property. In an attempt to clarify this apparent discrepancy between expert opinions and adoptive parent practices, deeper fieldwork investigation was conducted, revealing that girls were in higher *demand* for adoption in Kenya, not necessarily overwhelmingly preferred over boys. The two factors contributing to this increased demand are the disproportionately smaller number of girls available for adoption and the legal constraint stating that single women can only adopt girls. As discussed earlier in this chapter, girls are abandoned less frequently than boys, leaving a significantly smaller number of girls available for adoption relative to the total number of boys. Also, single women are adopting at increasing rates, which has created an even greater demand for girls because according to Kenyan law, single women are only permitted to adopt female children. Based on this analysis, it can be concluded that it is not that girls are necessarily *preferred* over boys in Kenya, but there are fewer girls available for adoption and a high demand due to the increasing rates of prospective single mothers, which has resulted in girls being adopted more *readily* than boys. Tables 6.11 and 6.12 support the qualitative findings above, as well as this study’s hypothesis that girls are adopted more readily than boys.

Table 6.11: Pearson's Chi-square Test for Adoption and Gender

adopt	Gender		Total
	Male	Female	
Local Adoption	245	185	430
International Adoptio	154	122	276
Total	399	307	706

$$\text{Pearson } \chi^2(1) = \mathbf{0.0952} \quad \text{Pr} = \mathbf{0.758}$$

Table 6.11 shows there is not a statistically significant correlation between adoption from NLH-Kilimani and gender. This lack of correlation supports the study's findings that girls are not necessarily preferred over boys.

Table 6.12: Average Local Adoption Age According to Gender

Gender	Summary of stayage		Freq.
	Mean	Std. Dev.	
Male	343.65267	287.27542	524
Female	245.51892	261.73887	370
Total	303.03803	281.03426	894

Table 6.12 illustrates that the average adoption age for girls was significantly less than that of boys, suggesting that girls were adopted from the home sooner and subsequently more readily than boys.⁵⁵ The average adoption age for a female infant at NLH Kilimani was eight months, whereas the average age for boys was eleven months. Table 6.13 shows that two times the number of boys than girls were transferred to permanent institutions, potentially indicating that

⁵⁵ Measurement of stay is in days

girls are more readily adopted than boys, as fewer girls reached age three, necessitating their transfer.⁵⁶

Table 6.13: Distribution of NLH-Kilimani Discharges According to Gender

Form of NLH Discharge	Gender		Total
	Male	Female	
Died	29	21	50
Local Adoption	245	185	430
International Adoptio	154	122	276
Institution Transfer	76	30	106
Biological Family	22	22	44
Total	526	380	906

Health

The health and the perceived health of children are significant contributing factors to the ease with which they are adopted domestically. According to the seven expert informants who discussed health as influencing parental preferences, the ill health of a child can be the primary basis for non-adoption. In the words of Odhiambo:

When local parents are at the agency they almost always specify that they want a healthy child. And the term healthy would rule out any positive child, but sero-converted⁵⁷ children are considered healthy. I have never seen any local parent asking for an HIV positive child. They say they want a healthy child so we show them the completely negative and the sero-converted. But local parents are not so open to adopting a child that was even sero-converted. When you tell them that a child was born positive because of the mother's antibodies but is now negative, they will say 'Ah I don't think I'll take that one,' even though they had already begun to love the child on their initial visit.

The resistance to adopting HIV positive babies is shared by the majority of local parents according to expert informants. Even an HIV positive couple seeking to adopt their first child refused to consider any positive or even negative-converted babies. In addition to a child's HIV

⁵⁶ There are several different factors that contribute to whether or not a child is adopted, so given these limited statistics from NLH-Kilimani, it is difficult to say with absolute certainty that girls are adopted more readily than boys. It is merely what this study finds the data to suggest.

⁵⁷ "sero-converted" refers to negative conversion as the mother's HIV positive antibodies leave an infant in the months immediately after birth, and the child is HIV negative

status, other medical conditions, such as a heart defect, umbilical hernia or even asthma, can often prevent him or her from being adopted domestically. To illustrate the strong influence health has in shaping parents' decisions on which children to adopt, Odhiambo shared the following story about a little girl now living in one of the trust's permanent family homes. Rosie is a vibrant four year old who has been "identified" by local prospective parents on six separate occasions since she was six months old, meaning adoptive parents who have successfully completed their application for adoption initially selected Rosie as their prospective daughter. However, after reviewing her medical history with the NLH social workers, they all decided they would prefer to adopt another child. Rosie has a small shunt in her brain, and although three separate doctors are confident that the chance of her needing replacement surgeries are slim, prospective parents are extremely leery of adopting her. Developmentally, Rosie is on track and free for adoption, but every local parent that has fallen in love with her has decided to adopt another child after seeing her medical history. For adoptive parents, the health of a child can be one of the strongest determining factors in deciding which who to adopt.

The perceived health of children can have just as much of an impact on their domestic "adoptability" as their actual medical records. Many abandoned babies arrive to children's homes like those of the NLHT in dire conditions: malnourished, severely underweight, injured, and suffering from a host of viral and bacterial infections. The rate at which these infants are adopted domestically depends on how quickly they are able to physically appear like they have recovered from their vulnerable beginnings. The following exasperated excerpt from Monica Gachuru, a NLH-Kilimani social worker, illustrates the emphasis Kenyan adoptive parents place on the appearance of health:

Ahh! This is a very frustrating thing, you see. What is it that Kenyans really want? They want chubby babies. Richard is the smartest boy in the whole home. We all know he is brilliant and so sweet. The perfect son of Kenya. But he is too thin and has eczema. Many parents have seen him, but they always choose others. And we are happy for those others because they have found their families, but we are just so sad for Richard. The parents all want a baby with a good appetite and no past or present health concerns. Health is very important for Kenyan parents. They have waited so long for a baby and they want them to be perfect you see, but Richard is perfection. It is so frustrating and heart breaking that these parents cannot see that.

In the above excerpt, a little boy who is perfectly healthy (and brilliant) with the exception of a minor skin condition, has been passed over consistently for domestic adoption because of his appearance, and was eventually transferred to a permanent family home. Another example of the central influence perceived health can have on whether or not a child is adopted emerged during participant observation in the NLH-Kilimani social work office. The two social workers, Rhoda Odhiambo and Monica Gachuru were having an angry phone conversation about a local couple, who after completing five of the six mandatory bonding visits, “were refusing to take the seven month old baby boy because they said his name had to be called several times to get his attention and they feared he was not healthy, even though they took him to the doctor themselves to receive the usual second medical opinion, and the doctor said he was perfect.” The adoptive parents I interviewed for this study, with the exception of Rebekah who adopted Maina with cerebral palsy, shared similar beliefs about the importance of adopting a healthy child. Several stated they had waited so long to adopt a child that they just wanted him or her to be healthy so they could carry on in their lives as a happy family together. Two couples I interviewed had previous miscarriages and were terrified of losing another child, so health, and the appearance of overall health, played a central role in the children they eventually selected for adoption.

The ethnographic evidence and qualitative data gathered from informant interviews and participant observation support the hypothesis that ill health can be the basis for non-adoption

domestically in Kenya. Tables 6.14 and 6.15 below use the Chi-square statistic to establish a correlation between adoption and discharge HIV status, as well as adoption and negative conversion, to further illustrate this point quantitatively.

Table 6.14: Pearson's Chi-square Test for Adoption and Discharge HIV Status

adopt	Discharge HIV Status		Total
	HIV Negat	HIV Posit	
Local Adoption	423	2	425
International Adoptio	262	11	273
Total	685	13	698

$$\text{Pearson } \chi^2(1) = 11.5175 \quad \text{Pr} = 0.001$$

Table 6.14 establishes a correlation between adoption and HIV status with a Chi-statistic of 11.5175 and a p-value of 0.001. Of the 425 local adoptions with observations available for discharge HIV status⁵⁸, only two were the adoptions of an HIV positive child. This indicates that health, represented generally by HIV status for the purposes of this study's quantitative component, has an extremely strong impact on whether or not a child is adopted domestically; thereby, supporting the hypothesis that ill health (an HIV positive status) can be a significant basis for non-adoption.

Table 6.15: Pearson's Chi-square Test for Adoption and Negative Conversion

adopt	Admission HIV Status		Total
	HIV Negat	HIV Posit	
Local Adoption	330	100	430
International Adoptio	179	97	276
Total	509	197	706

$$\text{Pearson } \chi^2(1) = 11.8113 \quad \text{Pr} = 0.001$$

⁵⁸ 430 local adoptions total from 1995-2010; 5 do not have observations for a discharge HIV status

Table 6.15 demonstrates that there is a statistically significant correlation between adoption and negative conversion with a Chi-statistic of 11.8113 and a p-value of 0.001. Of the 100 children who were adopted locally and had a positive HIV status on *admission* to NLH-Kilimani, only two did not experience negative conversion⁵⁹, as deduced through a comparison with Table 6.14. The disparity in the number of local adoptions by admission HIV status, and ultimately negative conversion, shows that a child's perceived health can have a significant impact on parental preferences for adoption. For the sake of this study's statistical analysis, negative conversion can represent perceived health because according to qualitative data, children who were negative converted were believed by many local, adopting parents to still carry the virus. For this reason, as evidenced in Table 6.15, the majority domestic parents opted to adopt a child who had not undergone negative conversion, ultimately supporting this study's hypothesis that both health and perceived health play a significant role in local adopting parents' selection process.

Ethnicity

This study found that a child's ethnicity plays an interesting role in parental preferences for domestic adoption. The suspicion of accepting a foreigner into a family's ancestral line, especially a foreigner from a different ethnicity, has always been a strong socio-cultural barrier to formal non-kin adoption in Kenya. The ethnicities of abandoned infants, who comprise the majority of the children eligible for adoption in Kenya, are officially unknown, as all ties were severed clandestinely from their biological families. This is not to say their ethnicities cannot be speculated about based on their appearance and/or discovery location. For example, at the NLHT branch in Nyeri, the majority of children are believed to be Kikuyu, while the majority of

⁵⁹ Negative conversion is the process by which a mother's HIV positive antibodies leave an infant in the first six months following birth, and the child is left HIV negative despite an initial positive test result.

children in the NLH-Kisumu home are thought to be either Luo or Luhya. Aside from this speculation, however, it is very difficult to determine with certainty the ethnicities of the abandoned infants eligible for adoption. All seven social workers and adoption agency representatives stated that many prospective parents begin their adoption process saying, “We just want a Kikuyu or I want a Luhya,” but then realize that due to the nature of domestic adoption and infant abandonment, these ethnic identities are unknown. According to the one social worker at NLH-Kilimani: “These are all our kids, you know. We are not tribalistic. Parents can pick whichever one they love because they love them, not because they have the right label. We are not having Kikuyus here. Or Luos here. We are just having Kenyan children here and they are waiting to be loved by these prospective parents.” The social workers at NLHT indicated that some prospective parents are concerned enough about ethnicity that they choose to adopt from specific branches, such as Nyeri or Kisumu that are believed to have higher concentrations of a specific ethnicity, although they live in Nairobi or Nakuru. The majority of adoptive parents, however, are content to select a child based on similar appearances and characteristics, rather than “known” tribal affiliations, believing that “it is the upbringing that makes the child who he or she is, because if a child is raised speaking Kikuyu and learning Kikuyu practices and traditions, then that child is in fact a Kikuyu for all intents and purposes, regardless of where and to whom they were originally born” (Odhiambo Interview). All eight adoptive parents interviewed for this study stated that they adopted a child that looked similar to them to avoid unnecessary speculation about whether the child was really “theirs” or not. One adoptive father said:

Well of course we know he [his adopted son] is ours. And our family and friends know as well. But if he would look completely different than us, say with such light skin. Then many in the community would be asking lots of questions about who he belonged to, but they would not ask us directly. Just the gossip you know. Which hurts us and most certainly would hurt our son, so we thought it best just to avoid all of that and select one that looks like us. And he is perfect.

Nathaniel

The importance of ethnicity and even physical similarities, however, is varied and often secondary to other factors influencing adoptive parental preferences. For example, one Kikuyu couple living in Ruiru⁶⁰ was desperate to adopt the youngest child possible, which is six weeks by law. Originally, they believed they only wanted to adopt a Kikuyu child, but once they learned that the only six-week old infants eligible for adoption were mother-offered, taboo cases from the Luhya community, they decided that the age of the child was more important than her ethnic origins. So although the perceived ethnicity of a child does influence adoptive parents preferences, it is not necessarily the deciding factor in the majority of cases, often coming second to health, age or gender. After discussing in detail the role of ethnicity in parental preferences in domestic adoption with Gaciku Kangari, director of the KKPI, she concluded by saying:

“Domestic adoption in Kenya is increasing nationally, not tribally. There is an urge to help our *Kenyan* children, and while some may care about ethnicity, and many more about physical similarities, the majority of people just see a child in need.” The ethnographic evidence collected by this study supports not only this quote from Kangari, but also the hypothesis that domestic, non-kin adoption is occurring across tribal lines in Kenya, both intentionally and unintentionally.

CONCLUSION: HOW INFANT ABANDONEMENT HAS ENABLED THE EMERGENCE OF DOMESTIC ADOPTION

The characteristics of infant abandonment, and the way in which it has been constructed as a social crisis have enabled the cultural acceptance of domestic adoption and catalyzed its

⁶⁰ Ruiru is a city about 15 miles outside Nairobi

growth, directly supporting this study's central thesis that the relatively recent occurrence of local adoption in Kenya is a cultural response to an emergence of abandoned infants, a culturally novel crisis situated within the larger OVC crisis and overall demographic shift resulting from the social and economic impacts of the country's HIV/AIDS epidemic. As previously discussed, the majority of children eligible for adoption in Kenya are abandoned infants. The Kenyan government has classified infant abandonment as part of the larger OVC crisis, and Kenyan society has framed it as a lapse in "family support and traditional social structure" (Gaciku Kangari Interview). Both constructions categorize the dramatic growth of abandoned infants as a culturally novel, social crisis necessitating a culturally novel response because the defining characteristic of infant abandonment, the complete severance from his or her biological family, is unprecedented in Kenyan culture, thereby rendering traditional orphan support mechanisms that draw on patterns of kinship care, largely inefficient in handling the crisis. The need to find a culturally novel form of care outside permanent institutionalization for the growing number of abandoned infants facilitated the emergence of domestic non-kin adoption in Kenya. Without this culturally novel social crisis lacking any precedent for a traditional response, there would be no real source of children eligible for domestic adoption and no force of cultural legitimization to promote the growth and acceptance of this historically stigmatized practice. Ultimately, the emergence and growth of domestic, non-kin adoption over the last 15 years can be directly attributed to the societal need to find a way to care for the growing numbers of abandoned infants, thereby making domestic adoption a cultural social coping response to infant abandonment and the larger demographic shift in society that has created the space for its emergence.

Chapter 7: Summary and Discussion

The aim of this study was to anthropologically assess the emergence and growth of domestic, non-kin adoption as a cultural response to infant abandonment, using the theoretical perspectives on social coping to frame the underlying analysis of this central thesis. In order to achieve this goal, the study accomplished the following objectives:

1. Record the legal and social emergence of domestic, non-kin adoption in Kenya
2. Explore the body of ideas, opinions and stigmas surrounding both domestic and international adoption
3. Document the motivations and experiences of adoptive parents in Kenya
4. Identify the unique characteristics of the children being adopted domestically
5. Establish an understanding of adoption in the Kenyan context with the aim of critically assessing and understanding its potential impact on the abandoned infant crisis in the country

In order to reach these objectives, extensive ethnographic fieldwork was conducted from June to August 2010 by means of qualitative and quantitative data collection in Kenya. The study's significant findings detailed in this thesis are summarized below as they relate to the aforementioned objectives.

SUMMARY

The first four objectives of this study all involved ethnographically documenting the emergence of local adoption in Kenya, providing an encompassing portrayal of what the phenomenon actually is and the social forces behind its origin. For the sake of analysis, the

results of this study with respect to the objectives were divided into three chapters. Chapter four discussed the legal and social emergence of domestic adoption at the national level, and the body of ideas, opinions and stigmas surrounding both domestic and international adoption. Chapter five addressed objective three by documenting the motivations and experiences of adoptive parents, while chapter six discussed objective four by identifying the unique characteristics of the children being adopted in Kenya. This thesis' analysis, summarized below, ultimately supports the study's central argument that the emergence of domestic, non-kin adoption can be seen as a cultural response to the growth of infant abandonment within the wider OVC crisis resulting from Kenya's devastating demographic shift caused by the social and economic impacts of the HIV/AIDS epidemic.

Formal, non-kin adoption in Kenya involves the total, irrevocable transfer of legal and social parental rights from the biological parents to the adoptive parents. In Kenya, parental rights can be terminated through mother-offering, which this study found to be extremely rare, or abandonment. Due to the immense amount of paperwork and stringent legal procedure involved in declaring a child eligible for formal adoption, children abandoned as infants are the overwhelming subset of the OVC population that can be adopted, and as such they constitute the vast majority of domestic adoptions. Traditionally, legal adoption has always been a highly stigmatized concept in Kenya. However, in the last 15 years, the practice has grown dramatically, as has its societal acceptance. This growth can be explained by looking at the emergence of local, non-kin adoption through an anthropological social coping lens. Infant abandonment is a culturally novel phenomenon in Kenya that has increased dramatically since the late 1980s in the wake of the country's devastating HIV/AIDS epidemic. As a culturally novel phenomenon in which infants are suddenly and completely severed from all familial connections, infant

abandonment requires a culturally novel form of orphan care that exists outside the traditional patterns of kinship support. This study found that the Kenyan government has attempted to cope specifically with this growing abandoned infant crisis and their need for long-term care outside the realm of permanent institutionalization by passing the Children's Act of 2001 to create a clear and consolidated legal framework for the emergence of domestic adoption. Additionally, a public awareness campaign has been implemented at the national level by the Kenya's four licensed adoption societies, the Department of Children's Services and several concerned charitable children's homes. This ongoing campaign seeks to destigmatize and de-mystify the practice of formal, non-kin adoption by holding educational outreach programs primarily through churches, and issuing extensive media publications. The campaign frames adoption as a way to help the "most vulnerable and needy children of Kenya," calling on pro-natal and nationalistic beliefs to encourage the practice's growth in society and general acceptance among the public. Evidence of social coping and social transformation was documented through participant observation and informant interviews with the general public. These interviews revealed a relative acceptance of domestic, non-kin adoption as an alternative approach to family formation, primarily for those without biological children. These interviews also indicated a conceptual connection between domestic adoption and abandoned infants, with the majority of informants stating that because abandoned infants are a "different sort of Kenyan child" without any connections to a kinship network, domestic adoption was really the only way to provide them with a family and long-term care. Overall, this study found that the national level's social coping response has been relatively successful in that the consolidated legal infrastructure and the awareness creation campaign have had a culturally legitimizing effect on domestic adoption within the context of abandoned infants who have no alternative kinship care arrangements.

This study also revealed that while there is a range of local, adoptive parents, the majority are members of the Kenyan middle class, living in urban, cosmopolitan settings. Generally speaking, there is a spectrum of approaches and motivations to domestic adoption as well, resulting in roughly four broad categories of adoptive parents in Kenya. First, there are the reserved, childless couples who are typically older, and while excited about the prospect of adoption, they are anxious and hesitant, resulting in a very quiet and private experience. Then there are the couples with biological children who are free of the social stigma of childlessness, and are generally very open and willing to share about their adoption experiences. Young, enthusiastic couples engaging in local adoption are in the minority, but they bring a sense of openness and inclusion to their adoption. The final category of adoptive parents is single mothers, who are generally thrilled to discuss their adoption experiences with all members of the community and often engage in social outreach programs advocating for domestic adoption.

This study found two primary, non-mutually exclusive cultural motivations for domestic adoption among adoptive parents in Kenya: the desire to *have* a child, and the desire to *help* a child. The first motivation refers to the 55% of adoptive parents in Kenya that adopts because they do not, and typically cannot, have biological children of their own. It also refers to those seeking to adopt after experiencing secondary infertility, and those wanting to add a child of a specific gender to their families. The second cultural motivation cited by nearly all adoptive parents regardless of whether or not they had biological children, is the desire to help a Kenyan child in need. Many adoptive parents interviewed for this study cited the growing number of abandoned infants as one of their primary reasons to adopt because while they could not help all the children, they felt they could do their part “for Kenya by taking just one as their own.” According to expert informants, adoptive parents experience a range of social reactions and

responses, from complete rejection to total acceptance. The majority of adoptive parents interviewed for this study reported experiencing hesitant, but relatively accepting, reactions from their families and communities. They also repeatedly reported that their adoption encouraged other friends to either share about their own clandestine adoptions or consider adopting themselves.

Finally, this study found that the children being adopted domestically in Kenya are primarily abandoned infants, due to the unique social characteristics that surround these children in that all their connections to their biological families have been completely severed, and they constitute a growing social crisis as the national pressure to find long-term sustainable care solutions beyond permanent institutionalization increases. Based on ethnographic evidence, boys are abandoned more readily than girls in Kenya, so there are more boys available for domestic adoption, thereby increasing local demand for girls, as single women are only eligible to adopt female children. In addition to gender, age, health and perceived health, and ethnicity were found to be significant contributing factors to parental preferences in local adoption. Generally, Kenya parents wish to adopt the youngest children possible, which is six months in the case of abandonment. Based on an array of qualitative data from informant interviews and limited quantitative analysis, the vast majority of Kenyan parents want to adopt “healthy babies,” and those that physically appear healthy, ruling out all HIV positive children and often times those who have experienced negative conversion, as well as babies with other health conditions, including heart defects, asthma, umbilical hernias and serious past infections. Ethnicity is an interesting deciding factor in parental preferences in that many parents believe it is important, but often times knowing the exact ethnicity of a prospective adoptive child becomes secondary to other determining factors such as gender, age and health.

Ultimately, the above summary of this study's first four objectives supports the central thesis that the growth of domestic adoption in Kenya can be seen as a cultural coping response to infant abandonment. The following academic discussion surveys the social transformation occurring in Kenya elucidated through the analysis of the emergence of domestic, non-kin adoption from a developmental social coping perspective. The chapter then concludes by addressing this study's final objective and critically assessing the actual impact of domestic adoption on infant abandonment and the larger OVC crisis.

DISCUSSION

Academic Survey of Broad Social Transformations

By analyzing the emergence of domestic non-kin adoption as a social coping response specifically to infant abandonment within the context of the wider OVC crisis, this study was able to briefly explore complex societal arrangements at a time when they are being simplified, rearranged and dramatically readapted to a new social reality resulting from Kenya's devastating demographic shift caused by the socioeconomic impacts of the country's HIV/AIDS epidemic.⁶¹ This study's analysis of formal adoption reveals a broad range of social transformations occurring in Kenya, relating to changing patterns of family formation, kinship relations and constructs of the meanings and implicit values of children in society. The following sections academically discuss and explore some of the more salient examples of Kenyan social transformation elucidated by this study's analysis of domestic adoption as a social coping response to infant abandonment.

⁶¹ Analytical theory from Oliver-Smith, 1996

Transformation of the Adoption Institution

The transformation of the institution of adoption in Kenya is inarguably the most prominent social transformation revealed by this study's analysis of domestic adoption. Traditionally, Kenya's adoption institution was based solely on customary kin adoption and fostering, aimed at providing social and economic support to relatives through assistance with child care, rather than providing an alternative approach to family formation. However, the severe socioeconomic impacts of Kenya's HIV/AIDS epidemic have depleted the traditional forms of kinship support. This lack of support created the space for the emergence of infant abandonment, as well as a growing number of orphans that cannot be absorbed into traditional extended family networks of care through fostering and customary adoption. In light of the new reality regarding the capacity of fostering and de facto adoption, this study reveals that the adoption institution in Kenya appears to be experiencing a social transformation from the traditional, kin based form of support to formal, non-relative adoption, a historically, highly stigmatized Western construct. While forms of "crisis fostering" and "crisis customary adoption" continue to exist in Kenya, as the majority of orphans are cared for within the community, formal, non-kin adoption has experienced some cultural acceptance and legitimization as a way to provide sustainable, long-term care to abandoned infants without any connections to their biological families (Price, 1995; Nyambedha, 2003).

In this shift from traditional forms of fostering to formal, non-kin adoption, the institution of adoption in Kenya has also experienced a social transformation in what it represents to society. Prior to the HIV/AIDS epidemic, adoption did not represent a termination of biological parental rights, nor did it seek to replicate the experience of "natural parenthood" for people desiring to find alternatives to family formation. The analysis in this study revealed that formal adoption in

Kenya is now increasingly regarded as an alternative approach to family formation for couples and single women. Ultimately, the institution of adoption in Kenya is currently experiencing a social transformation from traditional forms of fostering and kinship care to formal, non-relative adoption, which replicates “natural parenthood” by legally severing all a child’s biological ties to his or her parents, and permanently transferring them to the adoptive parents.

Changing Roles and Values of Children in Society

Traditionally, children in Kenya were seen as having extreme economic value, which led to a fertility rate of 8.1 children per every average Kenyan woman in the 1980s—one of the highest fertility rates in the world at that time. Children represented a relative “recoupment” of a wife’s bride price and an enhancement to the kin group’s socioeconomic importance, manpower and production (Oheneba-Sakyi, 2006:203). Although the meanings and values of children in Kenyan society have been changing since the late 1980s with the significant decline in fertility rates, aspects of this social transformation were illuminated during this study’s analysis of the emergence of domestic adoption, as the cultural motivations of adoptive parents were more easily classified as emotional rather than economic in nature. This study revealed that although Kenya is still an incredibly pro-natal society, the emphasis traditionally placed on the economic value of children is slowly being replaced by the emotional value attached to being a parent and raising a family. This social transformation is certainly not the result of domestic adoption in Kenya, but studying the emergence of domestic adoption from a social coping perspective revealed further evidence of this ongoing change regarding the meaning and role of children in society.

Increased Nucleation of Kenyan Families

The study of the emergence of domestic, non-kin adoption in Kenya revealed the current social transformation relating to the declining influence of the extended family and increased nucleation in urban settings.⁶² With rural migration and the societal effects of modernization, this trend towards more nucleated familial arrangements has been increasing in Kenya independent of the influence of domestic adoption. However, studying the cultural motivations behind local adoption, and the various societal factors facilitating its growth revealed this dramatic increasing preference for more nucleated families at least in the urban areas of Kenya. Social motivations for domestic adoption that relate to having a child of “one’s own” indicate the declining role of the extended family specifically with respect to patterns of child care and the notion that children primarily belong to the larger kin network and ancestral line (Nyambedha, 2003). Additionally, this study found that this push towards nucleation and the declining influence of the extended family—the same social forces that have contributed to the growth of infant abandonment—ultimately have facilitated the emergence of domestic adoption, as couples and single women are isolated from extended family networks and increasingly more able to choose alternative forms of family formation independent of significant kin pressure. This study of domestic adoption revealed a social transformation towards familial nucleation, which has both encouraged and facilitated the phenomenon’s emergence and growth.

Allusion of Unified Nationalism

Despite Kenya’s contemporary political and social, ethnic divisiveness⁶³, this study revealed a certain degree of limited social transformation in the creation of a national solidarity regarding the protection and local adoption of abandoned infants. Studying the emergence of

⁶² Please see *Chapter 5* for a more in depth discussion of this study’s evidence of social transformation relating to familial nucleation in Kenyan society

⁶³ Please see the ethnographic context of *Chapter 2* for a detailed discussion of the ethnic fragmentation in Kenya

domestic adoption through a social coping theoretical framework allowed for the research to briefly survey evidence of a growing sense of nationalism across ethnic lines regarding aid to orphans and particularly abandoned infants within the context of local adoption. This study found that there was a large resistance to international adoption with the belief that “sons and daughters of Kenya should stay in Kenya to be raised by Kenyans,” constantly cited by members of the public as the central argument against transnational adoption. Additionally, the study’s findings that domestic adoption itself is occurring on a national level, frequently independent of ethnic affiliations, further supports this suggested sense of nationalism with respect to the care of orphaned and vulnerable children in Kenya. Ultimately, the study of the emergence of domestic adoption as a social coping response to infant abandonment revealed an interesting limited social transformation encouraging a certain degree of nationalism among the Kenyan public, contrasting the typical portrayal of an deeply fragmented society.

Critical Assessment

Although this study’s central thesis is correct in that the emergence and growth of domestic adoption is a cultural *response* to infant abandonment, the phenomenon itself currently has a minimal impact as a solution to the overall crisis. Domestic, non-kin adoption is a good mechanism for finding long-term, sustainable care for some abandoned infants, but the practice itself is not frequent enough to have a serious reversing effect on the crisis, as many officials in the Kenyan government, members of adoption societies and children’s homes have hoped. Currently, the scalability of domestic non-kin adoption in Kenya is incredibly low due to the remaining social, legal and financial barriers that keep the practice something for the relatively wealthy Kenyans in urban settings. So although Kenya has experienced a dramatic emergence and growth in local, non-kin adoption, the crisis of infant abandonment continues to persist, and

as the mother-offering option remains highly stigmatized, the emergence of domestic adoption alone does not have a strong enough social force to effectively solve the crisis as national rhetoric may sometimes suggest.

Despite domestic adoption's current minimal impact on Kenya's infant abandonment crisis, the phenomenon's emergence and growth still warrants academic and programmatic attention for several reasons. First, the emergence of local adoption as a relatively rare event is incredibly informative in that it reflects a broad range of larger social transformations occurring in Kenyan surrounding patterns of kinship support, family formation and the value of children—all complex societal structures undergoing changes that are often difficult to explore without such a focused frame of analysis. Second, despite the minimal impact of domestic adoption on the actual infant abandonment crisis, a large amount of social transformation regarding the general acceptance and relative legitimization of formal adoption as an alternative form of family formation has occurred in Kenya over the last 15 years, creating a cultural space for the practice's future growth in society. As there are several, real sociological and medical anthropological reasons formal adoption may become a more regular approach to family formation in Kenyan society, such as delayed reproductive behavior and secondary infertility, programmatic efforts aimed at finding care solutions for the larger OVC crisis, including infant abandonment, cannot ignore the potential influence and social force domestic, non-kin adoption may represent in the future. The recognition of adoption as a normative possibility is extremely important with respect to developing services and programs for future orphan care in Kenya. Finally, the emergence of local, non-kin adoption and its general acceptance by Kenyan society as a way to provide long-term care to abandoned infants is itself a relatively unprecedented social phenomenon in sub-Saharan Africa that warrants continued academic research. Several

scholars of sociology and adoption studies have argued that the cultural barriers to formal, non-kin adoption in SSA are too great for any country to experience an observable emergence of the formal legal practice. However, this study's preliminary analysis of the emergence and relative acceptance of domestic adoption in Kenya has provided a salient case study, documenting the capacity of developmental social coping in restructuring and overcoming existing cultural barriers to the practice. The growing body of academic literature on adoption necessitates a more in depth analysis of the social phenomenon in Kenya. The following chapter concludes this thesis by suggesting such areas of further analysis and future research on this subject of domestic, non-kin adoption in Kenya.

LIMITATIONS

Although all attempts at data collection were methodological and systematic, there are still several limitations to this study. First, because adoption remains a sensitive subject in Kenya, randomly identifying adoptive parent informants to obtain a representative sample was not an option. Instead, all informant contact was conducted through NLH directors and social workers, and only the parents most open about their experiences were identified as potential interviewees. This raises the obvious issue of selection bias as the group of adoptive parents surveyed in this study represents a distinct perspective and openness to their family formation not necessarily shared by all adoptive parents in Kenya. Although this bias is an inherent limitation to the study, cases of differing adoptive parent attitudes and motivations provided by social workers and other expert informant interviews serve, in part, to provide a more complete range of adoptive parent perspectives and experiences.

Another potential limitation to the study, although it is unclear exactly how and to what extent, was my presence as a white, American researcher while conducting interviews and

engaging in participant observation. Due to the short, two-month duration of my fieldwork from June 2010 to August 2010, I was unable to fully immerse myself in the communities where I was conducting research. This lack of familiarity and comfort may have caused some unusual behavior during participant observation, in addition to causing some informants, especially those among the general public group, to misrepresent themselves by saying what they believed I wanted to hear with respect to their opinions on adoption. While this tendency for misrepresentation may have been the case for some informants, several vehemently expressed their positions against international influences, and so a range of perspectives was still documented despite the potential limitation my presence may have created.

Finally, the quantitative data used in this study is not necessarily representative of the national statistics for abandonment or adoption in Kenya, and should not be simply extrapolated as such. Unified national statistics on these two phenomena are non-existent and difficult to estimate. For this reason, this study used the data obtained from the NLH-Kilimani Baby Registrar to roughly identify trends in adoption over the past 16 years. This approach, however, raises another limitation because all international adoptions from NLHT are processed through NLH-Kilimani, causing a disproportionate number of international adoptions relative to local adoptions to be represented in the study. The vast majority of adoptions occurring at NLH-Kisumu, NLH-Nyeri and NLH-Nakuru are primarily domestic adoptions, however the baby registrars at these homes could not be obtained for statistical analysis, creating an obvious limitation with respect to accurate representation of magnitude in the study.

Chapter 8: Conclusion

The Future of Domestic Adoption in Kenya and Areas for Future Research

The case of Kenya is pretty remarkable. In the span of 15 years, Kenya now has the foundation for a healthy adoption process that other countries in sub-Saharan Africa may choose to model their developing laws after. Through the Children's Act 2001, the extensive awareness creation campaign and the following acceptance of the Kenyan public, we have created a permanent process that cannot be reversed by circumstance.

John Ondече
Member of the National Adoption Committee

The excerpt above from my interview with John Ondече, member of the National Adoption Committee, represents the general optimism and excitement shared by all my expert informants surrounding Kenya's emergence of domestic adoption and its prospects for sustained future growth. This study documented the establishment of a firm national program for domestic, non-kin adoption, framed as a coping response to the growth of abandoned infants, a culturally novel social crisis requiring a culturally novel care solution. As such, the once highly stigmatized practice of formal adoption has gained significant societal acceptance as an alternative form of family formation specifically with respect to providing long-term care for these infants. Despite its minimal, tangible impact on the actual crisis of infant abandonment thus far, all informants—experts, public and adoptive parents alike—generally believe that local adoption in Kenya will continue to grow, building on this social transformation that has already occurred in the last 15 years. The excerpt below from an adoptive parent in Nairobi illustrates the widespread belief that the growing middle class in Kenya may begin to have a larger impact on domestic adoption:

You find now that local adoption is going up and up in the middle class that is struggling in some small ways. And this is the class that really matters because of its numbers and potential to make a serious impact in the future. The good thing is that the middle class in Kenya is expanding, and expanding very fast with education because we have a very strong education sector—perhaps the strongest in Eastern and Central Africa. Many graduates are produced yearly, with people getting good jobs in the corporate world and in institutions. And these people have a different attitude, so all the social barriers and stereotypes do not really matter to them, and a good number just want to help the children. So as these people get more and more into adoption, which we are already seeing, there is a real potential for growth in the future.

In addition to the potential impact of this growing middle class discussed above, many informants believe that social barriers will continue to lessen as the awareness creation campaign expands its activities and reach. According to these same informants, as the process of adoption becomes an increasingly institutionalized and normative practice, legal and monetary barriers should also decrease slightly as the actual legal process becomes more efficient. Between the expansion of the middle class and the reduction of legal and social barriers, this anticipated future growth in domestic, non-kin adoption creates several areas for future research.

This study provided a preliminary ethnographic context and frame of reference for the origins of domestic, non-kin adoption in Kenya. However, the emergence of formal adoption in Kenya warrants a significantly larger and in depth historical, sociological and demographical analysis to more completely document the extent of the phenomenon, as well as to uncover what differentiates Kenya from its neighbors, and other countries in sub-Saharan Africa that have experienced similar rates of OVC and specifically abandoned infants, but not a similar emergence of domestic adoption. This type of analysis would involve cross-national research conducted in the standardized format for the study of domestic adoption, created by the United Nations and detailed in the 2009 report, *Child Adoption: Trends and Policies*. Also, future research should address what effects the acceptance and relative normalization of domestic adoption could have on the future destigmatization of mother offering in Kenya, which would

have a significant, positive impact on curbing the growth of infant abandonment and the overall social crises to which domestic adoption itself was intended to respond. Ultimately, Kenya's unprecedented and unanticipated emergence of local, non-kin adoption is an incredibly important social phenomenon that should and will receive continued academic and programmatic attention in the future.

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