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Navigating uncharted terrain: Domestic adoptions in Kenya

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Email: jini.robby@byu.edu**Abstract**

Over 2 million children are cared for in kinship care in Kenya, and approximately 100,000 are believed to be living in residential care centres. Under leading international policy instruments ratified and domesticated by Kenya, domestic adoption is considered an option to be promoted and regulated in ensuring children's right to family-based care. In this qualitative study, the authors interviewed 21 participants regarding the cultural and social contexts of domestic adoption in Kenya. Common beliefs and attitudes reflect a misunderstanding of the legal implications of adoption, the centrality of lineage as a vehicle for defining family membership and inheritance, and strong stigma regarding infertility. Main barriers to adoption include fear of exposing infertility, worry about corrupt practices, and reluctance to grant full inheritance rights to a child unrelated by blood. Despite these challenges, some couples are adopting to fulfil their desire for a child, as an expression of charity, and in some cases for practical reasons such as obtaining insurance for a kin child. The authors recommend placing children in adoption only with proper preparation and ethical procedures and suggest long-term approaches to promoting adoptions that will ensure full rights of family membership for the child.

KEYWORDS

children's rights, cultural perspectives, domestic adoptions, Kenya child welfare, kinship care

1 | INTRODUCTION

Although kinship care has long been practised in Kenya, formal adoption of children is a new and relatively rare phenomenon. As is the case in other African countries, the stigma of infertility and strict adherence to inheritance along blood lines play significant roles in the adoption equation. Kenya has determined domestic adoption as one method of promoting permanent family-based care, but cultural and social realities must be taken into account when considering the best interest of children. This qualitative study explores the main motivation for, and barriers to, domestic adoption in the present context in Kenya and whether an increase in domestic adoptions would be in children's best interests.

In this study, kinship care is family-based care within the child's extended family or with close friends of the family known to the child. Since formal kinship care is not practised in Kenya, all references to kinship care made in this article refer to informal care, or care arrangements not involving government oversight. Adoption refers to the legal transfer of parental rights and responsibilities for a child, which is permanent. In Kenya, all formal adoptions are "full," that is, they irrevocably and completely terminate the relationship between the child and his or her birthparents, creating an analogous relationship between

the child and the adoptive parents. Therefore, the term "adoption" will always be used in this sense throughout this article. Kinship adoption is understood as the adoption of a child by a member of the extended family, typically his or her grandparents or uncles and aunts.

2 | CARE OPTIONS FOR CHILDREN WITHOUT PARENTAL CARE

Like most Africans, Kenyans have a long tradition of kinship care, taking in approximately 2 million children (Save the Children, June 2012) through informal care arrangements, nearly 10% of the estimated national population of 19 million children (Kenya National Bureau of Statistics, 2014). However, the impact of the HIV/AIDS pandemic and changes due to modernization, urbanization, and the market economy have compromised this pattern (Kilbride & Kilbride, 1990; Ncube, 1998), increasing concerns about the quality of kinship care (Case, Paxson, & Ableidinger, 2004; Roby, 2011; Roby, Shaw, & High-George, 2014a, 2014b).

At the same time, there have been parallel developments combining to promote a rapid growth of institution-based care (used interchangeably with "residential care," a term under the Guidelines on

the Alternative Care of Children, 2009, hereafter, United Nations General Assembly, 2009). Push factors include extreme poverty, particularly caregivers' inability to finance education-related costs, accompanied by pull factors such as the global awareness surrounding AIDS orphans and the proliferation in orphanage-based sponsorships and tourism (Rotabi, Roby, & Bunkers, 2016; Williamson & Greenberg, 2010). According to the Kenya Demographic Health Survey, there are 2.4 million orphans and vulnerable children in Kenya, and it is estimated that 30–45% of them end up in such centres during some period while growing up (Ucembe, 2015, p. 3). According to social workers at the Child Welfare Society of Kenya (CWSK), close to 100,000 children currently reside in nearly 800 institutions across the country (personal communication, December 2015). Recent reports also express concern about the quality of care provided in these institutions (Stuckenbruck, 2013; Ucembe, 2015), especially because large numbers of them are not registered and therefore not monitored by the government.

Such large-scale care of children in residential care contradicts both scientific evidence and national policy. The benefits and risks of institutional versus family-based care have been well documented. Early neglect in an institutional setting has been shown to alter children's brain development (Dozier, Zeanah, Wallin, & Shauffer, 2012; National Scientific Council, 2012; Stamoulis, Vanderwert, Zeanah, Fox, & Nelson, 2015), substantially impacting their cognitive and social development. They may experience significant other developmental delays, elevated risk of psychological and emotional problems, and greater likelihood of stunted physical growth (National Scientific Council, 2012; but also see Whetten et al., 2014). Although no specific research has been done about Kenyan children living in residential care centres, this international body of research is well established and has guided international policy on alternative care.

Kenya has also ratified leading international instruments on children's rights. Under the United Nations Convention on the Rights of the Child (U.N. General Assembly, 1989), children have the right to grow up in a family environment, and children deprived of their family environment "shall be entitled to special protection and assistance provided by the State" (Art. 20(1)). The African Charter on the Rights and Welfare of the Child (Organization of African Unity, 1990) urges the promotion of the child's best interests in alternative care decisions (Art. 25(3)), and the Guidelines emphasize family-based care for all children. In addition, under The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoptions (Hague Conference on Private International Law, 1993), the key principle of *subsidiarity* is interpreted to mean that state parties have a responsibility to first consider all domestic family-based options before considering intercountry adoption (, 2008, p. 29).

Kenya's principal child rights legislation (Children Act, Republic of Kenya, 2001) prioritizes family-based care and provides comprehensive regulations for adoption. The CWSK, a government organization authorized to facilitate adoptions, asserted that domestic adoptions in Kenya are more prevalent than intercountry adoptions with potential for increase (Africawide Movement for Children, 2009, p. 13). Although reliable adoption figures are unavailable, between 60% and 80% of all children (between 781 and 895 children) recorded as adopted between 2003 and 2008 were adopted domestically and 20–40% were adopted internationally (Registrar General of Kenya, n.d.; Williams &

Njoka, 2008). A social worker corroborated a ratio of 80/20 of domestic to intercountry adoptions in 2012 (Stuckenbruck, 2013).

In late 2014, the government announced a moratorium on intercountry adoption (Republic of Kenya, 2014b), with the intention of reforming the adoption system (Republic of Kenya, 2014, 2015). Although Kenya's intercountry adoption policies are beyond the scope of this paper, the moratorium will certainly impact domestic adoptions. According to the CWSK, there are currently over 300 Kenyan families cleared to adopt children. However, informants in this study suggested that residential care facilities (through which all adoptable children must be channelled under the law) are not releasing the healthy infants that are in greatest demand for adoption, perhaps waiting to place them in intercountry adoption once the moratorium lifts or benefitting from international sponsorship schemes that rely on children remaining in these centres. Such remarks cast serious doubt about how effectively the alternative care sector is regulated in Kenya and indicate that unethical practices may influence decision making regarding adoptions. In the meantime, this is the first study exploring the adopters' motivations and barriers to domestic adoptions in the larger social and cultural context of Kenya.

3 | METHODS

3.1 | Research questions

Although the study was predicated on awareness that the rights of children deprived of their family environment in Kenya would be better fulfilled if domestic adoption was increased, little was understood about the factors that enabled or acted as barriers to adoption. With this in mind, this exploratory study set out to answer four questions:

1. What are the prevalent societal perceptions and beliefs regarding domestic adoption of children in Kenya, as experienced by the study participants?
2. What are some factors influencing Kenyans to adopt a child?
3. What are some barriers preventing Kenyans from adopting children? and
4. In the current social and cultural context of Kenya as indicated by the study, should the government continue to promote domestic adoptions?

3.2 | Research design

The design of the study was inspired by the grounded theory approach to qualitative research (Strauss & Corbin, 1994), which also served as the broader framework utilized for analysing data.

3.2.1 | Sample

Given the stigma and secrecy of domestic adoptions, it was not possible to generate a random sample from a larger one. Instead, a purposive sampling method was chosen to select information-rich cases to fit the study (Coyne, 1997, p. 627), using snowballing, where key informants referred the researchers to other potential participants. In total,

21 participants were interviewed. Fifteen participants—six adoptive parents, five kinship carers, and four childless adults—had personal experience with adoption, and six stakeholders—one government official, one adoption attorney, two adoption agency representatives, an NGO representative working with vulnerable children, and a “care leaver” who had aged out of a care centre—were recruited based on their formal roles. Despite the limited numbers, we felt that a reasonable level of saturation was reached as responses became consistent and often repetitive.

3.2.2 | Instruments

Separate open-ended interview questionnaires were developed for individual and stakeholder informants and were used with a reasonable degree of flexibility throughout the interviews.

3.3 | Procedures

This study's research design, instrument, recruitment technique, and data collection and analytic methodologies were approved for by the human subjects research ethics committee of the University of Nairobi Institute of Development Studies and Kenya's National Council for Science and Technology. Numerical descriptors were used to label interview transcripts and coded data, all securely stored electronically. Twenty interviews were carried out in English; one was carried out in Kiswahili and later translated into English.

3.4 | Analytic approach

Informed by the principles and methods of grounded theory (Corbin & Strauss, 2008), codes were generated through which data were sorted, categorized, and analysed. However, the interpretation of our findings are influenced by the authors' professional expertise and experiences in Kenya. As highlighted by Corbin and Strauss (2008), qualitative research involves the researcher's deductions based on not only the data but also their assumptions, the “literature we carry in our heads” (p. 136–137), and the professional discussions with colleagues.

4 | RESULTS AND DISCUSSION

Principles of international children's rights formed the basic analytic framework. In addition, we were careful to capture the richness and nuances of the information, mindful of Taylor and Bogdan's (1998) suggestion that “illustrative quotations and descriptions convey a deep understanding of what settings and people are like and provide support for your interpretations. Your account should be filled with clear examples” (p. 174).

4.1 | Societal perceptions and beliefs regarding adoption

Several threads were identified regarding societal perceptions and beliefs regarding adoption. Only adoptive parents and adoption professionals had a clear understanding that adoption involved the termination of parental rights and the full acceptance of rights and responsibilities for the child by the adoptive family, consistent with a

2011 Kenyan survey that revealed that only 30% of 628 respondents were aware of the legal implications of adoption (Republic of Kenya, 2011a, p. 16). Widespread misconceptions like this threaten the integrity of adoptions globally (Roby, Rotabi, & Bunkers, 2013); Kenya is no exception (Williams & Njoka, 2008, p. 41).

Long-held cultural views about fertility underlie perceptions and beliefs regarding adoption. Archard (2004) noted that African culture tends to “sanctify natural parenthood and to stigmatise the childless” (p. 139). Marriage without procreation has little credibility, and adoption is viewed as a childbearing failure, providing a leeway for polygamy and possibly excluding the wife and the adopted child from the family's inheritance (Oladokun et al., 2009). These attitudes were clearly experienced by the research participants. An adoptive parent reported: “(...) I'm a Luhya, and Luhyas believe in second wives, they don't believe in adoption. So they always ask ‘Why are you adopting?’ ” A childless participant stated: “In Kenya, if you tell someone you adopted (...) they wonder what's wrong with you. Are you shooting blanks or something?” An adoptive parent described her sense of desperation: “There's a lot of pressure ... to have children. So if you're not getting any you can be tempted to steal a child just to fulfil societal obligations.” An adoptive parent reported being asked directly whether she was “barren” and she and her husband felt that they needed to “prove” their virility by having biological children before adopting. She explained, regarding the Kenyan culture about adoption:

(...) we see adoption in a very—buying a baby—in a negative way (...) It comes from the men I think, the whole virility thing? If as a woman you can't bear children ... they look at it as if ... that woman was cursed or something? I guess that's why they see adoption as if you're trying to eradicate that karma or whatever it is!

The importance of blood lineage is at the core of the public resistance to adoptions. Childless couples may decide to “take” children from other families to secure the continuation of their lineage, but this is either done within traditional rituals still cultivated by a few clans and tribes (see, e.g., Archambault, 2010) or done in secrecy to avoid public disclosure of their inability to conceive. Even if a couple adopts a child, that child may not be considered to be a full member of the family by the extended family system. One kinship carer seemed to agree:

(...) in Kenya we don't believe in adopting so much. (...) People ... prefer to have their own children. (...) if I ... tell my husband to go and adopt a child ... his family will not accept that child (...). So, let's say I adopted a child and then I (...) die and leave that child, my family will just throw that child away. They will not take care of that child because they will know it's not my blood (...). So even as the child grows the child knows that “I'm not from that family.”

Much of the reluctance to accept the adopted child seems to stem from the lack of knowledge about the child's lineage and the preference for blood relatives for inheritance. An adoptive parent shared her experience:

... this child from wherever ... we don't know where they came from, suddenly has every right to everything that you have, like as if you gave birth to her. But to them it shouldn't

be, and to some extent I think even some people [relatives] think that they have more right to, say access to your wealth, more than somebody else. They are like, "Why are you giving up that to somebody else who you didn't know where they came from, we have more rights over them"!

The inheritance issue may be somewhat sidestepped by adopting girls rather than boys:

One of the things I have asked about, is why people prefer to adopt girls. But that one, I understand it's because (...) there are inheritance issues. Because basically when you adopt a boy he is going to inherit your wealth—or even a girl—because they're your children. But (...) people think that a boy is too much.

Of course land inheritance is the big issue. (...) And I think sometimes that is why adoption is feared (...). So they would even hesitate and go for the kinship (...) it's worse if it's not even family, a child from the family. Because, from the family you can say, "Okay, she's our blood." (...) but come to inheritance, it's a no-go zone (Adoptive parent).

As a result, there is a prevailing attitude that formal adoptions are not compatible with the Kenyan culture. One participant expressed the common view that [adoption] is something that white people do, because why would you adopt, and you are already doing some sort of adoption in Kenyan standards. Another participant noted that this attitude is changing very slowly but only in the cities. These findings corroborate the barriers identified by Odhiambo-Mabona and Muyonga (2007), including adoption being viewed as "un-African," the stigma of infertility, and the negative connotations attached to "child buying."

4.2 | Main factors motivating Kenyans to adopt

4.2.1 | Infertility

Infertility was a prominent motivation for adopting. The Kenya Demographic and Health Survey 2008–2009 noted that Kenyans want about four children on average, with rural and less educated Kenyans desiring more (Kenya National Bureau of Statistics; ICF Macro, 2010, p. 4). An adoption society professional interviewed confirmed that on average 75% of local parents adopt due to infertility. Two adoptive couples interviewed fell into this category:

(...) we tried everything to have kids and it didn't happen naturally and I think it reached a point eight years down the line I just told my husband, "Look, if we're really going to do this, we might as well think of adoption."

Well, ... we're not able to conceive. We went for tests, and unfortunately it was ruled that we could not have children of our own. And so we decided to adopt.

4.2.2 | Practicalities of kinship care

Formalizing kinship care is sometimes necessitated by practical reasons. One participant preparing to adopt a niece who has been under

kinship care for several years explained that caring for her niece came naturally without court intervention. However, she planned to adopt the child only to obtain insurance for her through her employer, to avoid out of pocket costs for health care. And ultimately, a formal adoption may not guarantee the adopted child equal rights enjoyed by the biological children of the adopting kin, as the kin caregiver shared very frankly:

There are moments that she's forced to know that she's not my daughter like my son. ... my feeling is that, when relatives adopt their relatives' children, it doesn't mean they gain everything. It is only what is required for the paper. (...) But if I have land, it's up to me to leave it to her or not leave it to her. She can challenge, of course, legally, but culturally nobody expects me to give her anything.

An adoption society representative stated that it is "just not the normal thing" to adopt, and that kinship adoptions are very rare. These findings compound the current debate in Kenya regarding the more relaxed regulations for kinship adoptions where they are exempted from some formal requirements. The professional stakeholders interviewed expressed serious concerns about risks related to the relaxed consent processes, lack of rigorous evaluation and background check of the adopters, and the uncertainty that the adopted child will be treated equally as biological children.

4.2.3 | Charitable motive

Some adopters are motivated by a sense of charity, or even social responsibility, as demonstrated by an adoptive parent:

I feel like I also want to give back in a personal way. (...) I want to have more children whom I can influence. (...) So that's a major factor for me, because it's like mentorship but a good mentorship. So giving back, being able to help these kids and being able to influence the generation to come.

Another individual contemplating adoption expressed:

(...) where there is this child who has no alternative you just can't sit back and watch, and you have the capacity to do something about it. (...) It doesn't necessarily have to be related to me.

The adoption motivation was elicited when a participant visited a care centre, and others are inspired by their Christian beliefs:

When I met my wife I told her, "If there's anything from my Christian background, it is to adopt." (...) I am Christian so I get the whole, "God put something in your heart," (...) we are very attuned to the needs of people around us. I'm not saying that we are angels (...). But, I can't see someone in need and (...) just say "aww, it will get better." I guess I feel like it's one of those things which God plants a seed, he has a purpose for these things, he has a purpose for [my child's] life, he has a purpose for my life....

This Christian motive has been found in Ethiopia (Bethany Christian Services, 2011, pp. 4–6), and in Uganda (Okumu-Wengi, 1998). Some of these also align with O'Halloran (2009) who described

the main motives for adoption as (a) inheritance, (b) kinship, (c) allegiance (loyalty), (d) "extra hands," (e) child's welfare, and (f) infertility.

4.3 | Barriers preventing Kenyans from adopting

Our major findings on the barriers to adoption can be clustered into four groups: (a) cultural beliefs and social practices leading to discrimination; (b) resistance to formalizing informal care; (c) costs and corruption; and (d) controversy over the adoption certificate.

4.3.1 | Cultural beliefs and social practices leading to discrimination

The taboos and stigmas associated with adoption alluded to earlier were frequently cited, especially by adoptive parents, as critical barriers to the adoption of children in Kenya. One parent noted that there is no word in her native language for adoption, and the closest expression was similar to "buying a child" with strong negative connotations. Some fear that the adopted child will never truly bond with the adoptive family, and go back to their biological family when grown. Others noted that taboos and stigmas generated fear of the child's unknown origins:

[There are] ... lots of taboos towards "a child [whose biological parentage is not known]... I don't know if he'll end up being a thug..." or ... maybe she was raised by a couple of drug addicts and maybe she might turn out to be a drug addict... Maybe she was thrown away because she was offered to the devil... so many taboos. (Adoptive parent).

Due to the fear of discrimination targeting them and their adopted children, many adoptive parents resort to moving their residence in tandem with the adoption placement, so that no one will know that their child is adopted. Similarly, adoption agencies endeavour to place children who physically look like their adoptive parents to help hide the adoption. These facts were confirmed by a supervisor at one of the two agencies that place children for domestic adoption (personal communication, December 3, 2015, Nairobi, Kenya).

4.3.2 | Resistance to formalizing informal care

Given the strong tradition of informal care, it is not surprising that families resist formal adoption. There is a sense that if something is working, it does not need government meddling. One kin carer stated:

As for me, these two children are mine and you only need law maybe where there are difficulties. But as for me, I believe they are mine. We eat the same kind of food and I know my brother's land ... belongs to them. I'll give [the boy] his father's piece of land. So I feel that I don't need the court.

However, a government representative believed that the resistance to formalizing is more related to the inheritance issue, and the permanency of adoption:

There is a huge resistance when it comes to inheritance. (...) They are saying, "No, why can't I just have this child and just raise them and then they go on their way?" "If this child becomes difficult, send them back to the people, to her close relatives. This child does not belong after all."

In another case, a participant told the story of a woman who received an abandoned child on an emergency basis but has raised her for 5 years. Her primary reason for resisting adoption is the fear that the child will be taken away when authorities become aware of the situation. For her, the government's attention posed a threat to her happiness.

4.3.3 | Freedom to terminate the relationship

Some participants reported that many people viewed adoption as an act of charity with the built-in ability to end the relationship at any point. Stakeholders noted that some applicants "disappear" after they have obtained the 3-month fostering order (mandatory prior to adoption), some fail to produce the required documentation, and others intentionally skip the last step of entering the child in the adoption registry post-decree. Furthermore, a participant noted that although foreign adopters must jump through the legal hoops to take the child with them, domestic adopters did not have the same formal requirements to keep the child. Similar beliefs and behaviours were also identified by Rwezaura and Wanitzek (1988) in Tanzania, who ironically concluded that the survival of informal arrangements were possible because of the "absence of bureaucratic requirements and social constraints" (1988, p. 159).

4.3.4 | Costs and corrupt practices

The 2012 government's adoption report found that adoption is perceived as an option only for rich families (Republic of Kenya, 2012b). Many in our group believed that the cost of adoption was a barrier. A lawyer noted that for some Kenyans, "it is almost impossible to just walk into court." Some expressed concerns with the high attorney fees (as high as \$3,000 USD), which are not standardized. An adoption agency representative underscored the importance of working with reputable licenced agencies in order to reduce the risk of being lured into paying high fees to "buy a child."

Adoptive parents also worried about the legitimacy of the consent process and the possibility of a confrontation with the child's biological family in the future. One parent expressed this fear, shared by many in the group when she stated:

(...) I think this is some of the things that even make people steer away from even talking about the children being adopted. There is the inherent fear that someone will come knocking at the door and say, "This is my child and I want them back." And I can tell you from our experience, it's something that I worry about.

The issue of proper procedures was raised several times during the interviews, with participants voicing how easy it is to procure birth certificates and other important papers in Kenya. A kinship carer very candidly discussed having her grandchildren's birth certificates modified to "legally" establish herself as the mother after the mother's death, without formal procedures. Another adoptive parent explained:

(...) people can use every crooked way to get children. (...) Actually, people can steal children (...) this is a corrupt system. If I need a birth certificate, I go to my village. The chief just [takes out] a rubber stamp.... They are my relatives who are giving birth certificates. You are registered!

Some also believed that it is easier for a white person than an African Kenyan to adopt, even when they are similarly qualified. Some noted that the adoption process is complicated and intimidating.

4.3.5 | Controversy over the adoption certificate

At the time of data collection, there was a major controversy over the adoption certificate issued to an adopted child, which replaced their birth certificate. The adoption certificate was to be the equivalent of a birth certificate, but many authorities and services did not recognize it as an official government document. Furthermore, there were worries of stigma and discrimination directed at the family and the child, and the fear that the child will find out that he or she is adopted through the certificate. Some parents were circumventing this problem by not registering the adoption and illegally obtaining birth certificates for adoptees. Shortly after the conclusion of this study, a Kenyan court decided that all adopted children must be issued new birth certificates upon completion of the adoption process (Kenya Gazette Supplement, October 27, 2014). To what degree this was a barrier to adoption is not known, but it was a factor mentioned by several study participants.

5 | IS DOMESTIC ADOPTION IN THE CHILD'S BEST INTEREST?

Kenya seems to be in a state of transition. On one side are the traditional beliefs and practices where children represent continuity of lineage and fertility, and inheritance of land plays a major intergenerational role. In that context, kinship care allows caring for children without formal procedures but affording the children little legal protection. On the other side, Kenya is transitioning to a modern society governed by a statutory scheme and international notions of children's rights, demanding legal permanency and protection of children's best interests as the paramount consideration. The adoptive families who contributed to this study negotiate their space across these invisible boundaries, challenging them to reconstruct their concepts of family.

In this context, relatively few couples have come forward to navigate the uncharted terrain of domestic adoptions. Although adoption is sometimes done out of a sense of charity, it is also done for pragmatic economic reasons, especially in the case of kin adoptions, and many adopters feel compelled to keep the adoption a secret in order to avoid the stigma that is cast on both the adoptive parents and child. Both the adoptive families and the adoption experts we interviewed believed that, ultimately, adoption will become more socially acceptable, but for now, these findings culminate in our final question: In the current cultural and social context of Kenya, does domestic adoption serve the best interest of the child?

Applying the international instruments and the scientific evidence, a convincing argument can be made that family-based care within the child's own culture is a better option than residential care or placement outside the country. However, literature produced in Africa urges careful consideration of cultural resistance to adoption. Carsten (2013) has noted the immutability of blood as the primary conduit of one's identity and Cheney (2015) cites a

proverb in Uganda: "blood always finds its way home" (p. 6). Davel (2008) bluntly states that adoption outside of the family "does not make sense" (p. 270), since it would deprive the child of his or her patrilineal roots and access to ancestor worship. Roby and Shaw (2006) report that in some African cultures adopted children are believed to introduce alien spirits into the family (p. 202). Although these authors do not uniformly discourage domestic adoptions, their concerns must be acknowledged in guiding policy. Moreover, although recognizing the value and necessity of kinship care, research has raised some concerns about the quality of such care (Case et al., 2004; Roby et al., 2014a, 2014b). Whether the formality of adoption will change these concerns has not been explored.

Deeply rooted cultural beliefs and traditions take time to change. For example, South Korea started a domestic adoption program in the 1950s, but it took nearly 6 decades for 1,462 children to be domestically adopted in 2010 (National Infertility & Adoption Education, n.d.). The most pronounced reasons for the low numbers were that people did not feel they could love adopted children the same as birth children (32.1%), the belief that families should only be created with blood ties (29.5%), financial burden (11.9%), and prejudice against adoption (11.4%; Korea Times, 2011). As a consequence, many adoptive parents still keep adoption a secret while most of the abandoned children reside in care facilities (Korea Times, 2011).

In the United States, formal statutory adoption has been practised since 1851 (Fuller, 1992). Adoption-related stigma lingered on for approximately 130 years (e.g., Kressierer & Bryant, 1996) until the 1980s when adoptions became more open and socially accepted. Despite this, available research suggests that adoption outcome is generally positive, depending largely on the pre-adoption experiences of the child—such as a history of abuse, drug exposure in utero, or neglect—and the parent-child relationship in the adoptive family (Brodzinsky, 1993; Landsford, Ceballo, Abbey, & Stewart, 2001; Nulman et al., 1994).

The experiences of these two countries certainly do not forecast the future of adoptions in Kenya, but they may suggest a plausible trend. The lack of outcome research on adopted children in Kenya limits the discussion on the benefits and risks of adoption as currently practised. However, the weight of scientific research suggests that children are better off in family-based care rather than in institutional settings, even when it is not in full legal adoption. On the other hand, we hasten to add that every child is entitled to a permanent and loving family, and this study has shown that adoption should be promoted as a package with full rights of family membership in every sense. In order to achieve this goal, the government already recognizes that "there is need to sensitize the community in the adoption process, reduce the stigma associated with adoption and subsidize the cost of adoption" (Republic of Kenya, 2012b, p. 19). We encourage the government of Kenya to develop a comprehensive adoption policy that raises public awareness about the importance of family-based care, provides information and support; safeguards the interests of all parties through transparent and ethical procedures, and engages in longitudinal studies on adoption outcomes.

6 | CONCLUSION

Although this study confirms that there is growing practice of domestic adoptions in Kenya, the reality is that its public acceptance is hampered by deeply rooted cultural and social taboos and stigma. As a result, the practice is still shrouded in secrecy, insecurity of process, and lack of support or incentives for couples or individuals contemplating adoption. For domestic adoption to become a serious option in fulfilling children's rights to grow up in a family environment, there must be a meaningful reduction in the stigma associated with adoption in Kenya. Without these cultural changes, adoptive children will continue at risk of being subjected to severe discrimination and exposed to a wide range of rights violations. Pushing for a rapid growth in adoptions within such an environment could place already vulnerable children at further risk. This may be viewed as a transitional state, but without fundamental changes, domestic adoption is not likely to become a large-scale solution for children needing family-based care.

Signs of change have been noted by some of the adoptive parents, who believe they have a role to play in making adoption more widely known and accepted:

It's a cultural thing, and so as a culture evolves and changes and new practices come in (...) I feel that that's when this perception will change. (...) I think it's actually going to come over time as more and more adoptions happen and people talk about it. My feeling is that that's how perception will change, because for my generation, I know several people who have adopted and they talk about it and they are open about it.

But the question is larger than whether and how domestic adoption should be promoted. A comprehensive legal framework to protect children's right to grow up in a safe and permanent family is still lacking in Kenya. Such a legal framework would focus on preventing separation of children from their families in the first place through family strengthening and social protection programs; establish and enforce clearly articulated gatekeeping mechanisms to monitor and review the placement of children in alternative care when it becomes necessary; and facilitate ethical and transparent adoptions when it is determined to be the best solution for an individual child. There would be clearly delineated roles and responsibilities of government and civil society actors and actionable practice standards to hold the actors accountable. Residential care would be used only as a last and temporary measure, and permanent family-based solutions are being sought for every child, including reintegration with their families of origin who will be supported and monitored during a period of time (Republic of Kenya, 2014a). In this larger scheme, domestic adoption would play a small yet important role in ensuring family-based care for the children of Kenya.

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