RESEARCH REPORT

Adoption and Birth Family Issues
Adult Adoptees in India Placed through BSSK in Pune

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This is a study of adult adoptees in India. Data were gathered via interviews from 48 adult adoptees (81 percent of the eligible participants). The participants ranged in age from 21 to 31 years at the time of the study and were adopted, on an average, at the age of 10.5 months. There were differences between adoptive parent’s report of adoption disclosure and adoptee report of adoption disclosure. Overall, most adoptees have thoughts and questions about their birth family. Implications for services for adoptees are presented.

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INTRODUCTION

According to the UN Convention on the Rights of the Child and The Hague Convention of 29 May 1993 on the Protection of Children and Co-operation in Respect of Inter country Adoption (henceforth referred to as The Hague Convention), in situations where a child is permanently without parental care, domestic solutions are the first intervention. In
respecting the subsidiarity principle highlighted in Articles 20 and 21 of the UN Convention on the Rights of the Child (http://www.unicef.org/crc/) and Article 4b of The Hague Convention, domestic adoption should be considered as the first permanent care option only after all efforts for the child to remain within or return to the family of origin or the extended family have proven unsuccessful or not in the best interests of the child.

India has a long history of participating in both domestic or national and intercountry adoptions. Over the years domestic adoptions are growing. From 2006 to 2012 the number of domestic adoptions have increased fourfold from a little over 1,500 to approximately 6,000 (CARA, 2013). A nascent body of research is developing about domestic adoptions in India. This article adds to the growing scholarship in this area.

**Relevant Literature on Adult Adoptees**

There is no doubt that orphaned and abandoned children fare much better when raised in a family, particularly if the only alternative is group care in an orphanage/child institution (Nelson, Zeanah, Fox, Marshall, Smyke and Guthrie, 2007; Zeanah, 2009). The adoptee enters a family who wants him or her. The family has to undergo certain processes and fulfill the requisite formalities before receiving approval for adoption. The adoptive family offers material and emotional advantages, including positive childhood experiences with a caring adult or adults (Fergusson, Linsky and Horwood, 1995). In India, adoption reduces the stigma of being orphaned for the child and benefits the family without a child.

Post-adoption follow-up studies provide important insights into the impact of changed rearing circumstances on adoptees’ development over the life span. There are mixed results from the studies that have assessed psychological adjustment in adoptees; there are studies indicating both more problems and no more difficulties than for those in the general populations. Bohman and Sigvardsson (1985) found no differences between adoptees placed as infants and controls with regard to criminal behaviour or alcohol problems at age 23. Borders, Penny and Portnoy (2000) studied adult adoptees placed as infants and found no significant differences for current life view between adoptees and a matched group of their friends. In contrast to these findings, Sullivan, Wells and Bushnell (1995) found that adult adoptees placed as infants had increased risks of antisocial personality and drug use/dependence, especially for males. Collishaw, Maughan and Pickles (1998) found adopted women showed very positive adult adjustment across all the domains examined in this
study while adopted men had some difficulty in two specific domains—employment and social support. Passmore, Fogarty, Bourke and Baker-Evans (2005) reported that adoptees scored lower on self-esteem. Feeney, Passmore and Peterson (2007) indicated a tendency for adoptees as more likely to have insecure attachments.

Even with higher incidence of problems as reported in some studies, the vast majority of adoptees do not have significant problems and the preponderance of evidence suggests that most adoptees do well across the life cycle (Juffer and van Ijzendoorn, 2007). The great majority of adoptees fall well within the normal ranges in adjustment (Loehlin, Horn and Ernst, 2007) even if their adjustment pathways are different than those not adopted.

Even studies examining the impact of adoption on identity development do not have uniform results. Benson, Sharma and Roehlkepartain (1994) reported that more adoptees experienced their family relations as supportive, cohesive, and as permitting personal growth. Later adoption predicted higher risk of maladjustment. Lydens and Snarey (1989) in their longitudinal study of Korean adoptees found that early adoptees (adopted at age one year or below) had higher self-concept scores at adolescence (age 12–17) than later adoptees (adopted at age six or older), but the difference subsided by early adulthood (age 22–27). Levy-Shiff (2001) found that adoptees had lower self-concept scores, but adoptive status explained only 4 percent of the variance of self-concept. In other words, other factors in addition to adoption explained self-concept.

Questions about the birth parents are now considered a normative part of adult adoptee development (Brodzinsky, Schecter and Hening, 1992; Rosenberg, 1992; Krueger and Hanna, 2011). According to several studies (Benson, Sharma, and Roehlkepartain, 1994; Stein and Hoopes, 1985; Sobol and Cardiff, 1983), between 30–65 percent of adopted persons expressed a strong desire to search or were actually searching for their birth parents. Little is known about how domestic Indian adoptees react compared to other domestically-placed adoptees.

**Theory and Adoption**

Several theories postulated about why adoptees may have more risk for psychosocial problems. First, their pre-adoptive experience in either the birth family or in a group/institutional setting may place them at risk and also it may be due to an increased prevalence of psychopathology among relinquishing parents (Bohman and Sigvardsson, 1985; Cadoret, 1990).
Second, the clinical literature, largely dominated by psychoanalytical and post psychoanalytical perspectives, suggests adoption as a loss that has the potential to create trauma or stress in the adoptee’s psychological development throughout their lifespan (Brodzinski, 1990; Brodzinsky, Schecter and Hening, 1992; Lifton, 1988). Third, the ecological transactional developmental model (Bronfenbrenner, 1979; Bronfenbrenner and Ceci, 1994; Sameroff, 1993) examines how adoption functions as an intervention. Development of the adopted individual is determined by a number of factors and occurs as a result of the interactions within and between the various levels of the ecological system—the child, the family and the social environment. The social environment gives the cultural dimension of the child’s development. Krueger and Hanna (2011) offer an existential perspective for understanding the unique issues faced by the adoptees.

**Adoption in India: Cultural Considerations**

It is estimated that of the 302 million children in India, about 4 percent are orphaned (over 1,200,000 children). A large percent of these children are either abandoned, voluntarily relinquished, or surrendered because of the stigma of being born to a single mother (Baig and Gopinath, 1976).

In India, adoption is as old as Hindu law (Chowdry, 1980) and is a part of Indian mythology (Stiles, Dhamaraksa, de la Rosa, Goldner and Kalyanvala, 2001) and recorded in the histories of kings (Baig and Gopinath, 1976). In 1990, the Central Adoption Resource Authority was set up to regulate agencies and the adoption process. The Bharatiya Samaj Seva Kendra (BSSK) is one of the 244 organisations recognised by the Government of India to place children for adoption and is a leader in the adoption field in India. In 2001, BSSK conducted their first study of domestic adoptions (Groza, Kalyanvala and BSSK Research Team, 2003; Groza, Kalyanvala, Boyer and Nedelcu, 2003). The study stated that the families evaluated the agency practices positively and adoptions were quite positive. Most of the children are found to be at the developmentally appropriate level and have no health problems, sensory difficulties or behaviour problems. Parents reported good parent-child relations and the adoptions were very stable. The biggest issue for families was related to when and how to discuss adoption with their child.

Bhargava (2005) discussed several concepts relevant to adoption in India. She suggests that self-identity among Indians is heavily influenced by the Indian kinship system, which consists of caste, class, and religious
identity (p. 63). Possessing certain physical features is considered desirable and representative of a higher caste in India (p. 95).

Depending on when the adopted person was exposed to the notion of adoption and how the parents dealt with the information, the adoptee may have different views on adoption, levels of self-esteem, or comfort levels with his/her adoptive identity. It is within this context that this study was undertaken. To the authors’ knowledge, this is the first study of adult adoptees in India.

METHODOLOGY

The study was organised around the following question: What questions and feelings do adoptees have about their birth families?

Sample

Keeping in mind the sensitive nature of the study that the adoptees may not know of their adoptive status, contact with the adoptees was established through the parents. Initially 387 families were identified. This was a census of all families living in India with adoptees who had turned twenty by January 1, 2010. The authors had initially decided to approach adoptees who had completed eighteen years. However, after much discussion and review, the authors reviewed their plans and approached only those adoptees who had completed twenty years and above. The reason being that adoptees of eighteen years would be in college, in the midst of making choices in education, and may not be mature enough to handle sensitive issues of adoption. Moreover, as they live with their parents, it would create misunderstanding in family relationships as parents were neither consulted nor privy to the questionnaire. The adoptive parents received a letter introducing the research project and a consent form to participate in the project. The letter and the parent survey sheet were in both English and Marathi, the language of most inhabitants from Pune (erstwhile Poona). A prepaid envelope was attached to the mailed questionnaire as well. Six weeks after the first round of mail to those families who did not respond, another consent letter and survey form were sent along with a prepaid envelope.

Of the 387 families contacted, no correct address was found for 30 percent (n=116) of the adoptive families. Five percent (n=20) had not disclosed the adoption, 5 percent (n=2) of adoptive parents were deceased, 2.1 percent (n=8) of the adoptees had died, 0.5 percent (n=2) adopted a child with a disability that prevented participation, and 2.8 percent (n=11)
refused to allow contact with the adoptee, although all claimed the adoptee knew about the adoption. This resulted in a potential sample of 227 adoptees.

In Stage 2, only the adoptees who knew that they had been adopted were to be involved in the study. To operationalise this intent, adoptive parents had to be verified twice that the adoptee knew about the adoption. Only those adoptees whose parents had verified twice that their adopted children knew they were adopted and provided contact information were contacted. With that contact information, the researchers mailed a consent form and a letter describing the nature of the study to the adoptees. All documents sent to the adoptees were in English and Marathi. The preferred method for participation in the study (mail, survey, Skype, phone, face-to-face) and place of interview if it were face-to-face (BSSK adoption agency, neutral location) were also asked.

Collected data were coded to mask the participant’s identity. Only the interviewers knew adoptee specific information and all results were aggregated for reporting purposes. The interviewers from India were trained in basic interviewing skills and in the project protocol, including confidentiality and the necessary safeguards for the subjects. The project was approved by the Institutional Review Board at the University of the lead author (IRB#20100422).

**Measures**

The four criteria used to secure measures were: (1) ascertain the measures that would answer the research questions, (2) the measure would be easily obtained/publicly available, (3) the measure had to be free or inexpensive, and (4) had to be evaluated for their face validity and utility for use with Indian adoptees (this was done by our Indian colleagues). A parent questionnaire, adoptee questionnaire and friend questionnaire were developed. The research team developed questions regarding satisfaction with the academic and professional career of the adoptee, as reported by both the adoptive parent and adoptee questionnaires. For the adoptee questionnaire, questions were added about the disclosure of adoption, the adoptee’s birth family, and the effect of revelation regarding adoption on the adoptee.

All quantitative data were analysed with SPSS version 20 unless otherwise noted. Qualitative data were analysed using MaxQDA version 2k1 R030801-E (Kuckartz, 2001).
Response Rate

Adoptive Parents: Of the 387 families identified, only 227 emerged as the potential sample due to reasons such as non availability of contact address, non disclosure of adoption to adoptee, death of adoptive parents or adoptees’ parents refusal to allow contact with their adoptee children, and adopted children having disabilities. Of the potential 227 potential adoptive families who could participate, only 76 families responded for a 34 percent response rate. Hence, while the survey sheet was delivered to the address on file, the family may not have lived there and the present occupant at that address would not have reported the same to the present staff and, therefore, they would still have been counted as delivered. Second, during this period of adoption there was no age restriction on adoptive parents; a significant number of these parents were over 50 at the time of adoption, meaning they would be in their 70’s or 80’s at the time of the study. As such, a number of them have expired and the BSSK did not know about it.

Adoptees: The only way the adoptees would be contacted was if the parent verified twice that the adoptee knew about the adoption. Of the 76 of the adopted families contacted, only 59 adoptees met the criteria and, of these, 48 participated in the study. This number is 81 percent of the eligible adoptees and 63 percent of the families who responded. Most adoptees (77.1 percent, n=37) were interviewed face-to-face. The other methods of interview used were Skype (6.3 percent, n=3), mail (6.3 percent, n=3) and over the phone (10.4 percent, n=5). Demographic data were analysed by the type of response and no difference was found.

A comparison was made between those adoptees who participated in the study and those who did not participate. Adoptees who participated were not significantly older (t=1.9, df=57, p=.06, equal variances not assumed) at the time of the study (mean =24.5, σ =3.7) than those that did not participate (mean =23.6, σ =2.3). Nor was age at adoption statistically significant (t=1.8, df=56.4, p=.08, equal variances not assumed). There was a significant difference for gender (chi-square=6.6, p=01). Of the 387 adoptive families identified, 59 percent (n=228) were males and 41 percent were females (n=159). If there was no gender bias, approximately the same percent should have participated as those who did not participate. More females (n=29, 63 percent) participated than expected and fewer males (n=19, 37 percent) participated than expected.
RESULTS

Adopted Family Demographics
As reported earlier, 76 adoptive parents participated in the survey. Only basic demographic information was collected from adoptive families as the focus of the study was adult adoptees. Of these, about one-third each of the surveys were completed by the adoptive mothers (34.2 percent, n=26), the adoptive fathers (31.6 percent, n=24) and both parents together (34.2 percent, n=26). Parents reported more on female adoptees (57.3 percent, n=43) than male adoptees (42.7 percent, n=32). Parents reported the age at adoption as 1.5 months to 84 months; on an average, they were 10.5 months at the time of adoption (σ=14.9). Twenty-five percent were placed for adoption at 3 months or younger, 50 percent were placed at 5 months or younger and 75 percent were placed at 8 months or younger. Fourteen children (18 percent) were placed after 1 year of age, 8 (11 percent) children were placed at over two years of age, and 5 at (7 percent) over 3 years of age. At the time of the study, adoptees ranged in age from 20 to 31 years; the average age was 24.1 years (σ=3.0).

Adoption Disclosure as Reported by Adoptive Parent
Of the parents who responded, 93.2 percent (n=68) reported the adoptee knew about the adoption and mostly it was both parents (67.6 percent, n=46) or the adoptive mothers (19.1 percent, n=13) who had disclosed the adoption. Also, the following disclosed the adoption: extended family (5.9 percent, n=4), neighbours (2.9 percent, n=2), and a friend, the adoption social worker or someone else (1.3 percent). Parents reported that the adoptee was on an average 7.8 years old when the adoption was disclosed (σ=4.9). Of these, 25 percent were told at 4 years or younger, 50 percent were told at 7 years or younger and 75 percent were told at 11.5 years or younger. Parents reported that the adoptee began to understand what it meant to be adopted around 9.7 years (σ=4.98) and began to accept the adoption around 11.3 years (σ=6.1). Of these parents, 93.3 percent (n=70) verified twice that the adoptee knew about the adoption. However, only 79.7 percent (n=59) permitted contact with the adoptee.

Parents were asked about who usually initiated a discussion about adoption. One-fifth (20.3 percent, n=14) reported that adoption is forgotten and never discussed, 24.6 percent reported that the parents bring up adoption topics, 18.8 percent reported the adoptive mother brings up adoption topics, 5.8 percent reported the adoptee brings up the topic and
29 percent (n=20) reported the parents and the adoptees equally bring up adoption issues/topics. Given the age group of adoptees and Indian culture, interviewers commented that in the lives of some adoptive families, adoption happened a long time ago and as a topic, comes up for discussion only in the context of certain specific events such as the selection of a suitable partner for the adoptee when it is an arranged marriage.

**Adopted Person Demographics**

Forty eight adult adoptees participated in the study. As reported earlier, most of the adoptees who participated (63 percent, n=29) were female. Age at the time of the study ranged from 20–32 years; average age was 24.2 years. There was no significant difference (t=-1.1, df=43.9, p=.29, equal variances not assumed) for age at study between males (23.6) and females (24.5). According to the adoptee, age at the time of adoption ranged from 2 to 60 months; average age was 12.2 months (25 percent placed under 6 months, 50 percent under 5 months and 75 percent under 18 months). There was no significant difference for age at adoption (t=.68, df=18.4, p=.51, equal variances not assumed) between men (14.6) and women (10.8).

Most adoptees reported that they were college graduates (43 percent) or had a master’s degree or above (26 percent). Almost one third (31 percent) did not complete college at the time of the study. Most reported that they met or exceeded parents’ education expectations of them (84 percent). Most reported that their parents were extremely or very satisfied with their career choice (80 percent); only 7 percent reported that their parents were extremely dissatisfied.

**Adoption Disclosure as Reported by Adoptee**

Most adoptees were told by their parents about their adoption; 55 percent reported that both parents told, 34 percent reported that the mother was the one who told and, 4 percent said that the father was the one who told. The remaining adoptees were told by siblings, neighbours, friends or extended family (7 percent). On an average, adoptees were told about their adoption during latency age (9.8 years, on an average). Twenty five percent were told under age 6, 50 percent were told under age 10, and 75 percent were told under age 13. There was no significant difference for age in relation to adoption disclosure (t=.05, df=41, p=.96, equal variances assumed) between men (9.8) and women (9.7). From the qualitative data, adoptees who knew that they were adopted, did not report as being shocked
or having significant adjustment issues after disclosure. Being older at the time of disclosure or being told by someone other than the parents resulted in more adjustment difficulties, at least initially. A number of adoptees reported that they “did not understand initially” or “were angry and did not speak” when the adoption was first disclosed, but later understood and accepted their adoption.

The qualitative data indicate that disclosure does not necessarily lead to integration of the adoption experience. Adoptees heard parts of their life stories piecemeal. More than half (26) have unasked, unspoken and unanswered inquiries about adoption. They “want to know more about the circumstances in which the birth parents were at the time when they gave me up” (surrendering for adoption) and questions about “why had they left me?”

**Birth Family Issues**

Half (53 percent) of the adoptees reported that they often think about their birth families. This number may probably be higher, because a number of the adoptees commented that it would betray or insult their adoptive parents if they reported thinking about their birth families. A glance at the written comments of adoptees reveal that most commonly they wanted to know why they were placed for adoption and the circumstances leading to such placements. A 31 year old woman, who was very positive about her adoptive status and would like to adopt herself, wondered “what were their (birth parents) difficulties that stopped them from keeping me”? Another major theme included questions about whether the birth parents were alive and who were they, and what did they look like. Some adoptees had a sense of almost bewilderment and a desire to know how different their life course would have been if the event of adoption had not occurred. A 25 year old adoptee remarked “adoption has given me a different life altogether”. Another 20 year old said adoption has brought in a world of good things—knowledge, exposure, family and opportunities. These are very typical questions reported by other adoption researchers (Howe and Feast, 2000).

**Project Limits**

No matter how innovative or social science based a project might be, there are always a number of weaknesses that must be acknowledged. One key problem was the small sample size that raises questions both about generalisability and statistical power. A second problem is the measures
used in the study; some have not been used in India, some had to be modified to fit the situation, and all measures were translated from English into the local dialect of Marathi, but not back translated for accuracy in errors. This may have resulted in measurement errors. To score the SF-36, Quality Metric Software was used and the programme rated the data quality as poor.

**IMPLICATIONS**

This project allowed the adoptees to have a voice, as this was the first systematic attempt undertaken in India. While it has some weaknesses, it offers a glimpse into the lives of the adoptees who participated in the project. It also broadened the understanding of adoption from a global/multicultural perspective.

As a result of the data collection from adoptees as well as adoptive parents along with key informant interviews and community forums where results were presented, several implications are warranted. First, adoption is a lifelong process. While the needs of adoptive families may not be prominent during early adulthood for the adoptee, the adoptees and their families have unmet service needs. Post-adoption programming must meet the needs of adult adoptees and families. These needs might include having a neutral forum to share how adoption continues to shape their life experiences as well as just having the opportunity to meet other adoptees. Post-adoption programming means helping adoptees sort through their feelings about their birth family/adoptive family and it may include an array of services linked to the birth family—from obtaining non identifying information to conducting searches and meeting birth family members to securing genetic testing to confirm maternity or paternity.

Search for biological roots is a fairly new concept in India and will require extensive community education campaigns, so the adoptees who want birth family information and contact are not seen as pathological/ or as a reflection of parenting, but searching is seen as part of normal adoptee development. India may learn from the experiences of adoptees, adoptive parents, birth parents and adoption professionals from the USA, Canada and the UK, since they have many years of experience with these issues. While search has been more associated with adoptees, it is not unusual for any adult person to think about their historical and biological roots. An entire industry has developed to help people explore their genealogy (see www.ancestry.com) including American television programmes (Who Do You Think You Are). Children, grandchildren and great grandchildren of
immigrants often explore the family country of origins as part of developing a greater sense of adult identity. It is, therefore, not unusual for adoptees to have the same feelings and desires, regardless of their country of origin.

Another implication is related to disclosure, given the response pattern in the current study. While parents may feel the communication is complete, it may not be so from the perspective of the adoptee. There are indications to suggest that although adoptees have a positive self-esteem, it may not be reflected in the disclosure of their adoptive status; in other words, adoption is a protected status and not directly related to disclosure, particularly with their peers. Adoptees are cognizant of their status and learn to manage it within the context of Indian society.

The ecological-transactional developmental model in adoption transcends country boundaries and may be a potentially useful model in countries developing domestic adoption programmes as well as cross-national studies of adoption. It helps conceptualise transitions in the adoptee’s life that might influence his/her development. Adoption research globally benefits when scholars use not only the same methods and measures, but also the same conceptual and theoretical models for understanding adoption outcomes.

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