

ADOPTION IN A HOSPITAL SETTING

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The study of 76 adopted cases is based on the factual information collected over a period of 10 years i.e. from 1971 to 1980. It was undertaken with a view to have a systematic and organised effort to find out a suitable and permanent home for the abandoned babies, also to have a proper and realistic coordination with various child welfare agencies.

The scope of the study is mainly limited to eligibility requirement of adoptive parents, hospital procedure followed for unwanted pregnancies and abandoned babies and subsequently some suggestions based on experience of the Social Worker.

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The Social Welfare Department of Smt. Sucheta Kriplani Hospital, New Delhi came across the problem of abandoned children as far back as twenty-five years ago and since then the search for suitable adoptive parents, the permanent placement of children in homes where they could get love and care, became one of the main objectives of this Department. In the absence of any well-organised agency for adoption in the city, the job was undertaken as one of the various duties by the professionally trained medico-social worker in the medical setting.

Smt. Sucheta Kriplani Hospital is one of the oldest hospitals attached to Lady Harding Medical College for women in India which was established in 1916. Being exclusively for women, patients come to this hospital not only from Delhi and nearby villages but from all over India.

In this context only those patients who came to the hospital to deliver the child in utmost secrecy and those who came to avail the medical termination of pregnancy services but were found to be beyond the period of termination, were referred to the Social Welfare Department for guidance and counselling.

In the field of child welfare, especially that of abandoned and neglected children, the Social Welfare Department of this hospital could be counted amongst the first to start adoption service in right earnest.

Initially the number of cases dealt with was very small. The Social Worker found it very difficult to find suitable homes for the children because in Indian Society there is a negative and prejudiced attitude towards the abandoned child. However, within a span of 25 years, a lot of change has taken place in this attitude, and more adoptive parents with good educational background and professional status have started coming to the department. Thus the service was in keeping with the U.N. Declaration of (the right of the child) 1959 that the child shall enjoy special protection to be able to develop in every way in a condition of freedom and dignity. An attempt is being made to provide a home for each abandoned homeless parentless child, a home and parents full of love and care. Thus, an adoptive service has come into being in the hospital.

This hospital being a free Government hospital, no fee is charged from the parents for registration and therefore the number of applicants for registration has increased over the years and the medico-social worker had to follow certain procedures keeping in mind the legal aspects of adoption. In the absence of any uniform secular adoption Act children are placed under two separate Acts—for Hindus, the Hindu Adoption and Maintenance Act 1956, and for Christians, Muslims, Parsis the Guardianship and Ward Act, 1980.

The ultimate responsibility of placing a

child is with the social worker. Therefore, careful selection of adoptive parents is done on the basis of eligibility requirement and, wherever necessary, help was taken from other agencies in placing the children in suitable families.

The study of 76 adopted cases was undertaken with a view to having more systematic and organised efforts to find out a suitable and permanent home for the unwanted babies left abandoned in the hospital. This is also to help those adoptive parents who want direct and early placement from the hospital itself due to the following reasons:

(1) Adoptive parents wanted to adopt a child immediately after birth or a few days after birth so that they can bring up the child like their natural born child.

(2) The social history of the natural parent is known to the medical social worker and the adoptive parents' faith in the social worker helps in early placement of the child.

(3) The medical history of the birth of the child is known to the doctors of the hospital and the worker. Adoptive parents are free to discuss the fears and doubts they

have in mind, their faith in the doctor who certifies that the child is fit for adoption helps in direct and early placement of the child.

Another objective of the study is to have a proper and realistic co-ordination with various child welfare organisations and agencies.

It is not always possible to deal with various problems confronting the welfare of abandoned babies single handed, e.g., dealing with handicapped and mentally retarded children, children born with congenital abnormalities and sick babies who need special care. These are some of the areas where complete and effective coordination with other agencies is necessary.

This study is based on the factual information collected over a period of ten years, from 1971 to 1980. During this period, 116 babies were given for adoption and 76 of these cases have been selected for the study. In 40 cases information was not complete and therefore had to be dropped.

With the emergence of various child welfare agencies in Delhi, their help was sought from time to time in placing children in suitable families.

TABLE 1

YEAR-WISE DISTRIBUTION OF CHILDREN GIVEN FOR ADOPTION THROUGH VARIOUS AGENCIES
FROM 1971 — 1980

Year	Total No. of Adoptive Parents	Foster, Care Home	Hospital	Indian Council of Child Welfare	Reg. Homes	S. O. S. Udyan	Hospital Welfare Society
1971	7	6	1				
1972	10	9	1				
1973	9		7			1	1
1974	10	8	2				
1975	10	7	3				
1976	8	4	3			1	
1977	12	10	2				
1978	19	4	9	6			
1979	14	1	3	10			
1980	17		8	1	8		
Total	116	49	39	17	8	2	1

Year-wise distribution of children given for adoption through various agencies from 1971-1980, is shown in table 1.

Table 1 indicates that 19 children were placed in 1978. The increase in number can be attributed to the interest of attending doctors in referring the cases to the department well in time whereas the number fell to 8 children in 1976. This could be a mere chance factor.

Whenever help from other agencies was required, the medical social worker never hesitated to contact them. The largest number of children were placed through Foster Care Home in the last 10 years. Direct placement from the hospital were 39. These adoptive parents did not want the adoption to be through other adoption agencies because of the lengthy procedure of the agencies and the cost involved in going through the agencies. Moreover, complete and full information can be given to them about the birth of the child. Adoption through the Indian Council of Child Welfare were 17, followed by 8 through registered Welfare Homes for children, two through Udyan and one through the Hospital Welfare Society. In all 116 children were given for adoption.

Adoptive parents were referred to the Social Welfare Department from various sources.

TABLE 2

REFERRAL-WISE DISTRIBUTION OF CASES

Sr. No.	Sources of Referral	No. of cases	Percent
1.	Hospital Staff: Doctors, Nurses, Tech. Staff, Office staff	33	43.4
2.	Known to the worker	16	21.1
3.	Foster Care Home	13	17.1
4.	Indian Council of Child Welfare	9	11.8
5.	Private Practitioner	3	4.0
6.	Lawyers	1	1.3
7.	Regd. Organisations of Child Welfare	1	1.3

The hospital staff constitutes the largest number of referrals, i.e. 43.4 per cent. This shows the awareness on the part of medical and para-medical personnel about the adoption facility available in the hospital itself. Those who were known to the social workers are 21.1 per cent. They are mostly professionals working in other organisations and some are known to the workers through relations and friends. Four per cent were referred from private practitioners who were former doctors of the hospital. Referrals from Foster Care Home and Indian Council of Child Welfare were 17.1 per cent and 11.8 per cent respectively. Even lawyers and registered organisations referred cases to the Department. From the sources of referrals it is evident that all the 76 cases referred to the Department came through those people who are either connected with the natural parents or working for the welfare of children. This shows their understanding of human problems and an helping attitude on their part.

Once the adoptive parents are referred to the Department they are interviewed and screened on the basis of their age, health, medical history, income, profession, education number of living (natural) children, number of children already adopted, preference for the sex of the child etc.

Age being the most important eligibility requirement of the adoptive parents, it was carefully considered not in terms of years alone, but on the basis of health, energy and maturity of these parents. The mean age of the adoptive father was 38.71; whereas in the case of the adoptive mother it was 34.34. Taking a late decision in adopting a child is mainly due to the fact that there is a strong desire to have their own child. After waiting and giving a fair trial to various types of treatment, it becomes clear that the only way of overcoming childlessness is adoption. Those who adopted a child after 6 to 10 years of married

life were 35.5 per cent followed by 22.4 per cent of those who adopted after 11 to 15 years of married life. Ten (13.2%) thought of adoption quite late, i.e. after 16 to 20 years of waiting. Six (7.9%) had their own daughters so decided very late when they did not get a son of their own. Two (2.6%) adoptive parents thought of adopting a child after 27 years of married life. Two (2.6%) were single, unmarried ladies, well educated and well settled who took an independent decision. It is very rare that unmarried ladies come for adoption. Both these ladies adopted a female child. One was Hindu of 32 years of age and another was a foreign national 42 years of age posted in India on foreign assignment. Both of them expressed their desire to get married. In 9 cases, i.e. 11.8 per cent, years of marriage were not specified.

TABLE 3

INCOME DISTRIBUTION PER ANNUM OF ADOPTIVE PARENTS IN INDIA

Income (Rs. Thousand)	No. of Adoptive Parents	Percent
Less than 5	2	3.4%
5-10	8	13.8%
10-15	9	15.5%
15-20	9	15.5%
20-25	11	19%
25-30	5	8.6%
30-35		
35-40	8	13.8%
40-45	1	1.7%
45-50	2	3.4%
50-55	1	1.7%
55 - Above	2	3.4%
Total	58	

Health of the parents was considered with a view to protect the child against the possible loss of adoptive parents during the growing years of the child. So, health certification of the parents was a primary requirement of the department.

Financial stability was taken as another important factor to assure adequate provision for the care of the child. Though there are no set incomes presented, yet it is believed that a family should have a stable source of income.

Table 3 indicates that 58 (76.3%) adoptive parents settled in India are from different income brackets. The highest number of parents, i.e. 19 per cent were in the (20000-25000) per annum bracket, 18 (23.7%) are settled abroad with foreign currency incomes. Of those settled abroad, 12 were Indians and 6 were foreign nationals. By and large, the table shows that all the adopting parents had an income which would help them to fulfil the basic needs of the child, besides giving it good education and proper care.

Along with the income the closely linked factors are profession and education of adoptive parents. Out of 76 cases, 72, i.e. 94.7 per cent men were employed in professions such as engineers, doctors, army and police officers, business executives, teachers, lecturers, advocates, journalists, technicians, film producers, clerks, businessmen and farmers. In four cases the occupation was not specified.

Education of adoptive parents was given equal importance so that the concept of adoption can be understood in the broader perspective. So far as adoptive fathers were concerned, 63 (82.9%) were educated, 31 were graduates and 23 postgraduates. Education of adoptive mothers was considered to be a favourable point in placing the children with them irrespective of the fact whether they are working or non-working

mothers, as it helps them to understand the child, his special needs and problems in a better way as he grows up.

Among adoptive mothers, 86.8 per cent were educated, 50 per cent were educated working mothers and 36.8 per cent were educated housewives who could devote their full time for the proper upbringing of the children. Twenty two were graduates and 24 were postgraduates. Working mothers were employed in a variety of fields the most common being teaching, business executive, clerical, medical and para medical personnel.

TABLE 4

EDUCATION-WISE DISTRIBUTION OF WORKING AND NON-WORKING ADOPTIVE MOTHERS

Working Status	Working	Non-working
Education		
Illiterate		
Primary		2
Middle		4
High School	4	10
Graduate	12	10
Post-graduate	22	2
Total	38	28

Religious composition of the adoptive parents shows that 62 (81.6%) were adopted by Hindus, 6 (7.9%) by Sikhs covered under the Hindu Adoption and Maintenance Act of 1956, and 8 (10.5%) babies were placed in Christian families under the Guardianship and Ward Act of 1890.

Out of the 8 cases given under Guardianship and Ward Act of 1890, 6 were given to foreign nationals through registered Welfare Homes for children and two were given to Indian nationals.

Preference was given to adoptive parents residing in Delhi or outside Delhi. It is only when no suitable family is available in India that children were placed outside India either with Indians settled abroad or with foreign nationals. This has happened on various occasions when the child offered for adoption was underweight or suffered from congenital abnormality or was rejected because of its dark complexion.

Because of the need to follow-up and place the children early with adoptive parents, only those who were residing in Delhi were considered first. Babies placed in Delhi were 49 (64.4%), 9 (11.8%) were placed outside Delhi but in India, and 18 (23.6%) were settled abroad, 11 in U.S.A. and one each in Australia, Sweden, Norway, Denmark, Belgium, Thailand and Canada. Out of these 18 foster parents, 12 were Indians and 6 foreign nationals.

During the course of case study adopters are allowed to express themselves freely, their views are elicited on many sensitive topics of adoption. To begin with, adoptive parents are told that the majority of children who are given for adoption are born out of wedlock. In Indian social and cultural setting unmarried motherhood is considered unacceptable behaviour, therefore the views of adoptive parents are to be considered on this important point.

Sex preference is another pertinent question. This is again related to Indian culture where preference is always for boys. From the data it will be seen that 45 (59.2%) were male babies and 31 (40.7%) were female babies.

The reaction of near relations is also given due importance, but 26.3 per cent of adoptive parents wanted to keep the adoption secret due to various factors, such as fears about social acceptance of the child and fear of in-laws who may force the husband into a second marriage on account

of infertility on the part of the woman. Those who had three or four daughters wanted to adopt a son and pass him off as their own, so that the right of inheritance is maintained without relations knowing about the adoption.

Some intimate aspects of their married life, their personal life and their relations with the rest of the family members are also taken into consideration.

Confidentiality of natural as well as adoptive parents is maintained in the interest of both the parties. Neither parents are told anything except the medical history of natural parents to adoptive parents in relation to the child.

Adoptive parents are very positively told about legal protection to the child and its importance is explained to them. Adoption Acts and court procedures are explained to them to the extent that they should not be scared of going to the court

The motive for adoption is also discussed at length. The strongest motive observed is a desire to have a male child. Six cases had daughters already but wanted a son. Other motives generally expressed are infertility, a child to carry on the name of the family etc. One adoptive parent reported a rivalry with other members of the family who have children of their own. One wanted a child to replace a dead child. Twenty-nine per cent husbands had been treated for sterility and 14.4 per cent wives had history of repeated abortions and miscarriages.

Some adoptive parents are dissuaded from adoption in view of their age, health and mental makeup. Either they are advised to wait for some time if they are very young and nothing is medically wrong, or, if the adopters are too old and not keeping good health they are advised to adopt a four to five years old child.

The limitations regarding the availability of babies in the hospital are explained to

them in relation to the facility of medical termination of pregnancy available in the hospital and accordingly they are advised to get themselves registered at other adoption agencies.

During the course of interviews, many doubts and apprehensions, myths and prejudices, are discussed and clarified to the satisfaction of adoptive parents. For example, adoptive parents are advised not to adopt children from their near relations as they will live in constant fear of losing the child at a later stage of child development and at times be subjected to blackmail like natural parents forcing the adoptive parents to transfer all the property in the name of a minor child. Thus independent adoption is discouraged in favour of agency adoption.

Definite negative bias toward illegitimacy by adoptive parents was observed by the worker. The adopters feel that the undesirable characteristics of natural parents will be reflected in the child as a hereditary factor when the child grows up. Therefore, most of the adoptive parents express their desire to have a beautiful, fair complexioned and intelligent child from educated and well-to-do natural parents.

After giving them all the relevant information regarding adoption — adopters have to be mentally prepared to accept a child who is not their own child still more than their own, and their ability to accept and live with a difference as they will be undergoing an entirely different preparatory experience of parenthood than the normal biological phenomenon of pregnancy and birth.

The role of a social worker in adoption is that of an intermediary, especially in a hospital setting where both the parents, adoptive as well as natural, come for professional advice. Natural mothers, whether married or unmarried, who want to abandon their unwanted babies in the hospital

are offered the kind of services that are most helpful and understanding in establishing rapport with the client.

Out of 76 placements, 57 (75%) were children born out of wedlock. Eighteen (23.6%) were of married parents. Unmarried mothers had to abandon their babies irrespective of the sex of the child because of the social stigma attached to unmarried motherhood in Indian culture. Among the children of married mothers, 11 were females and 7 males which shows that it is not always the case that married mothers abandoned their female babies only. Four married mothers left their female babies because the child born was the third or fourth daughter in the family and parents were expecting a son. Their disappointment in not getting a son compelled them to abandon their daughters in the hospital. Seven were widows — this includes those who were already pregnant when they become widows and were already having children to look after and those who became pregnant after several years of widowhood. Culturally there is a deep seated attitude of disapproval in Indian Society regarding extra marital relationships and widows becoming pregnant after the death of their husbands. One was physically handicapped and could not look after her newly born child. Two were already pregnant when they got married. Their husbands agreed to give the babies in adoption because their behaviour was not in conformity with the accepted norms of society. Four had extra-marital relationships when husbands were away for a long time. One mother was picked up from the roadside and was severely retarded; her marital status could not be ascertained.

As soon as a child is left abandoned in the hospital it is taken care of by the paediatrician of the hospital. Thorough medical check-up is done before the child is declared medically fit to be given for adop-

tion. Early placement of the child is desired because of cross-infection in the nursery and for the sake of individual maternal care which the child needs at the tender age.

TABLE 5

DAY-WISE DISTRIBUTION OF BABIES AT THE TIME OF PLACEMENT

No. of Days	No. of Babies
2- 5	24
6- 9	16
10-13	7
14-17	5
18-Above	21
Outside Birth	3
Total	76

Table 5 shows that 31.5 per cent of children were placed with families as early as 2 to 5 days after birth. Twentyone per cent were held up for 6-9 days because of some important medical examination and observation, 27.6 per cent cases stayed for 18 days and above due to prolonged illness, Four per cent were born outside the hospital and left abandoned in the hospital,

Placement of girls took longer time and babies whose mothers could not take a decision also took longer time for placement. This is more so with married women. Some were told very late about the adoption facilities in the hospital.

Adopting parents were explained the medical history of the birth of the child. Risks in relation to birth history were clearly explained, but at the early stage no absolute and specific prediction could be made as to how the child would grow.

Observations and Suggestions

Adoption in a broader sense is a relatively new concept in Indian Society, which needs a more comprehensive approach for the total development of the child's personality. The real meaning of adoption lies in restoring to the child the security of a permanent home — thus adoption is a two way process, a home for the child and a child for the home.

Mean age of adoptive fathers was 38.71 per cent and that of adoptive mothers 34.34 per cent. Along with age, the health, vitality and maturity of the parents were also taken into consideration. There should be a maximum age beyond which children should not be placed with adoptive parents.

Educational standard and profession of adoptive parents were given more emphasis than income, though financial stability was given due importance. As preference was given to the education of both the parents, 82.9 per cent and 86.8 per cent respectively were well educated. The underlying idea was the higher the learning, the better the outlook of parents towards adoption.

Those adoptive parents who preferred to keep adoption secret were 20 (26.3%), despite being told that adoption can never remain a secret. In all the cases, adoption was with mutual consent though in some cases it was kept a secret from in-laws and other family members.

Significantly large number of babies given in adoption were male 45 (59.2%). This is in confirmity with the age-old custom of Hindus where the son will become heir to the property and will carry on the name of the family after the father's death. In spite of this, highly educated couples preferred to take girls in adoption. In many cases counselling intervention was necessary on behalf of female babies to change the mind of adoptive parents.

Unmarried motherhood is considered to

be a social stigma and an unacceptable behaviour in Indian society. That was the main reason for not telling the social history of natural parents to adoptive parents. The percentage of married women who left their babies under economical and social pressure was 23.6. All these mothers need counselling and skilful handling of their problems at the hands of qualified, mature and experienced personnel.

In 1955, at the National Conference on Adoption in the United States, the desirability of early placement was viewed from social and psychological angles, i.e. to minimise the effect of separation from natural parents, to establish the relation with adoptive parents as early as possible and to allow greater integration into the family through love and care.

Early placement of the child, as pointed out in this study, was done mainly to avoid cross-infection in the hospital nursery. Thus, a need for team-work approach from all disciplines is essential. The role of experts such as paediatricians, psychiatrist, psychologist, social workers, lawyers and other child welfare agencies should be more communicative and well co-ordinated.

Agencies through which children were placed for adoption never supplied the full information to the Department about adoptive parents. They never thought it obligatory on their part to furnish the full information to the department even about the welfare of the child once the child was taken away from the hospital. The hospital should not be considered a supplier of babies to other agencies. However, parents who want to adopt direct from the hospital should be helped.

According to the Child Welfare League of America, adoptive parents should be given information regarding natural parents. They also emphasise that the child should be helped to understand adoption. A frank handling of the child's adoptive status at

an early age is desirable. The child should not learn it in a traumatic way from his friends and relations.

In the absence of any factual data it may be stated that Indian parents want to keep silent on this subjects. Only one adoptive mother in the study told her son about adoption. The rest of the educated adoptive parents when advised by the social worker felt they should tell the child but hesitations and reservations were expressed in communicating with children on this topic.

Legal protection to the child is a must. Adoptive parents who expressed reluctance to undergo court formalities were altogether rejected. In this study 89.5 per cent of children were given in adoption through Hindu Adoption and Maintenance Act of 1956 and 10.5 per cent through Guardian-ship and Ward Act of 1890.

Children are given in adoption through the court of the Districts Sessions Judge. During court hearing no confidentiality is maintained. Many adopters while attending the court, felt that adoption cases should be heard in a separate chamber.

A common problem confronting all adoptive parents is a birth certificate. The requirement of the birth certificate is a must when the child starts going to school and parents are in a fix how to get it. Adoptive parents do not want the school authorities to know that the child is an adopted one. As per recommendation of the 1955 National Conference on Adoption in America, a new birth certificate should be issued at the time of the final court order showing the adoptive parent as natural parent with

the old record permanently sealed and at the direction of the court a new birth certificate should be issued by the Directorate of Vital Statistics. This recommendation can hold good in the Indian setting also.

So far as follow-up services are concerned, adoptive parents are advised to bring the child to the hospital or keep the worker informed about the welfare of the child by writing letters and sending photographs. Although implementation of follow-up services are desired, home visits cannot be undertaken in the absence of conveyance facilities.

Court orders on adoption should be made part of the hospital record of the baby. On the basis of long work experience the worker has felt that adoptive parents need services in terms of guidance and counselling long after legal adoption is done. Explanation and discussion on various kinds of topics are needed as the child grows older, especially his questions regarding his natural parents, his adoptive status, interference from other near relations, dispute over property are some of the delicate problems over which adoptive parents would like to consult the worker. For this purpose, proper record has to be maintained.

Adoption is a "Special Situation" where all efforts should be concentrated to make it a success, its value lies in restoring to the child all that he had lost immediately after his birth. Thus a comprehensive secular law on adoption is an urgent need for the welfare of abandoned children to make adoption effective and meaningful.

REFERENCES

- Ali Baig, Tara
1979 "Steeped in Myth and Prejudice," *The Hindustan Times Weekly Sunday*, May 27.
- Arnolfi
1963 *We Adopted it.*
- Balse, Maya
1980 "Born to others", *The Hindustan Times Sunday*, December 14.
- Delhi Administration
1980 "Evaluation Report on Foster Care Services in Delhi" *Indian Council of Child Welfare News Bulletin*, March 1980, Vol. 28. No. 10: 102.
- Kellmer, Pringle,
M. L.
1967 "Adoption Facts and Fallacies Problem of Rootless Children's Welfare," *The Hindustan Times*, December 26, 1980 (P.T.I. Feature).
- Rayner, Leis
1970 *Adoption of Non-white Children*, A British Adoption Project.
- Schapiro, Michael
1956 *The study of Adoption Practice*, child welfare league of America.
- Witten Born,
J. Richard
1957 *The Placement of Adoptive children*