A SOCIOLOGICAL STUDY OF TRANS-RACIAL PLACEMENTS OF CHILDREN AND FAMILY SOCIALISATION PROCESSES IN DURBAN AND JOHANNESBURG.

A DISSERTATION SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MAGISTER ARTIUM IN SOCIOLOGY, IN THE SCHOOL OF SOCIAL SCIENCES AND DEVELOPMENT STUDIES IN THE FACULTY OF HUMANITIES AT THE UNIVERSITY OF DURBAN-WESTVILLE.

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DECLARATION

I hereby declare that this research report is original work and has not been submitted for a degree at any other University.

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ABSTRACT

The main objectives of the study have been to investigate the welfare policy in South Africa as it relates to childcare, compile the profile of trans-racial families, to examine the socialisation processes within trans-racial families. To compile a profile of people who give away their children for adoption or foster care, identify the needs and challenges confronting trans – racial families, as well as establish the support networks available to trans-racial families.

The study has therefore established that the childcare policy of the Department of Welfare is based on the concept of permanency planning. The premise is that a child's most important bonds are those made with his parents and that they should take care of him or her. Preventive services aimed at preserving the family unit must be emphasised.

The family is the institution in which the basic moral and social being of the individual personality is formed. It is here that the child learns that he is dependent on the co-operation of others for the satisfaction of his own needs and for the realisation of his own goals.

However, when the social and living conditions in a family are poor, other alternatives have to be considered. In South Africa, like in other countries the first alternative is to place the children in care. There are various places of care. In South Africa, children in need of care can either be placed for adoption in a residential care or in a foster home.

Adoption is a permanent arrangement, whereby a married or single parent places a child in their care permanently. There is a legal binding. Alternatively a child can be placed with a family of a different race. This is another way of providing a child or an infant of a different race or/and culture with new legal parents.

The study has also established that all adoptive parents who participated in this particular study were white, mostly females. The majority of the parents were married. Most of them have also acquired tertiary education. Most of them were also employed, and they live in racially integrated communities.

Of all the twenty families that were interviewed twelve of them had no children of their own. Most of the families reported to be Christians.

There were thirty-five children amongst the families that participated in the study. There were eighteen females and seventeen males. Nineteen children were African, twelve were coloured, three were Indian and only one child was half-Indian and half coloured. Most families reported that their children were outgoing, but shy. Most of the children attend integrated schools, and there are other adopted children at the school. Most of the children are comfortable with blacks and whites.

Six of the parents who gave away their children for adoption and foster care were in their late twenties. Whereas three were still teenagers. One was in her early twenties, five were in their mid twenties and only two were in their early thirties. Seven of the birth parents were blacks, another seven coloureds, two Indians and only one was white. The main reason for giving their children away for adoption and foster care was due to financial constraints.

Support networks are very essential for adoptive families to function properly and this give them an opportunity to share their burdens with other parents. Many adoptive parents who participated in this study belong to the Rainbow Support Group in Johannesburg, and most adoptive families also rely on the support of their families and friends.

DEDICATION

This work is dedicated to my nephew Zamani Rutendo Mona, whose birth I witnessed with great anticipation and enthusiasm.

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CHAPTER 1

1 RATIONALE FOR THE STUDY

1.1 INTRODUCTION

South Africa's first democratic Government inherited social, economic, political and cultural problems when they took office in 1994. This was due to the impact of the apartheid system on the society. Many related problems emerged, these include inter alia, crime, HIV/AIDS, poverty, unemployment, discrimination/racism, xenophobia, unwanted pregnancies and violence.

There is also a historical lack of public confidence in the criminal justice system and a widespread reluctance to report crime. Since then it has become clear that the problems of violence and crime are endemic and deeply rooted both in history and in the process of transition. The whole country was affected by this. Therefore, a study on trans-racial placements of children is desperately needed in this country so as to rectify the injustices and imbalances of the past.

The study is especially needed in the provinces of KwaZulu-Natal and Gauteng, because during the late 80s and early 90s political violence was more prevalent in these provinces than anywhere else in the country. The KwaZulu-Natal Province also has the highest HIV/AIDS rate. Political violence in KwaZulu-Natal continued until the provincial elections in June 1996. (Mercury, 4 July 1996). Johannesburg is the most violent city in the world. As a result of this, and other related social problems, there is an increasing number of abandoned, homeless and orphaned children, some of whom are under the care of welfare institutions. These institutions are confronted with financial constraints and shortages of facilities to house these children. This background helps to contextualise the need for the study, since it focuses on trans-racial placements as a possible solution to the problem of homelessness and institutionalisation of children.

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When the primary relationship between the natural mother and her own child has broken down there will be a need for alternative placement. Perhaps the most successful alternative placement is adoption. Children need a family in order for them to develop physically and psychologically into healthy adults. Institutions such as hospitals and children's homes provide shelter, food and clothing, but not a parent's personal interest and enduring love. In fact, personnel in institutions often change. Institutionalised children, therefore, lack a stable caregiver and the necessary security, mental and emotional stimulation. They tend to become apathetic or rebellious and bond only superficially. Obviously, it is better for a child to grow up in a family than in an institution.

In the past, legal provisions in South Africa ensured that a child would only be placed in a family of its own ethnic group. In 1991, the Childcare Act 74 of 1983 was amended. It is now possible to legally place a child in foster care or adoption with any family if it can be shown that this will be in the child's best interest. A child's placement in a family of different ethnic group is cross-cultural placement.

Trans-racial placements provide both enrichment and challenges for the foster or adoptive family. Such families go through many new experiences and report on the overwhelmingly positive experiences. Many of these children had failed to thrive prior to their placement with a family. Social workers and the families have observed a remarkable recovery of these children once they had their own family. It would appear that the presence of other children in the family is an asset and contributes to the child's sense of well being. Parents often report that the trans-racially placed child is so much easier than their own. The joy and the love they receive by far outweighs the efforts which they put in.

Newborn babies are available for adoption where the birth mother has signed her consent to adoption before a commissioner of child welfare.

1.2 RECENT PLACEMENTS OF THE JOHANNESBURG CHILD WELFARE SOCIETY.

According to the Johannesburg Child Welfare Society, 3 820 intake enquiries were received in 1999. An average of 318 per month. Amongst these children, thirty-six healthy abandoned babies were adopted, five died of Aids, twenty-two others are HIV

positive and an additional nineteen have serious illnesses. The common ones are cerebral palsy, tuberculosis and foetal alcohol syndrome.

The social workers were able to find the relatives of twenty-six children, and were able to reunite them with biological families. Twenty-eight babies were placed in foster care, while intervention is in progress with their families with a view to re-uniting them with their babies.

Forty-one abandoned children who are suffering from serious health problems are difficult to place. An additional thirty healthy abandoned children are ready for placement in adoptive homes. Such homes are unfortunately not readily available (Johannesburg Child Society, annual report 1998/1999, 12).

Newborn babies are available for adoption where the birth mother has signed her consent; abandoned babies and toddlers are also available for adoption, where there is no trace of the natural parents at all. There were 14 children placed trans-racially in 2001.

1.3 RESEARCH OBJECTIVES

At the end of the research study the researcher hopes to: -

* Present a profile of the policy and the role of child welfare agencies, regarding trans-racial placements of children.
* Present a social profile of trans-racial and foster families, (i.e. their structural composition and social functioning).
* Present a profile of people who give away their children for adoption.
* Identity the needs and challenges confronting trans-racial placements, in terms of family socialisation.
* Determine the nature of support networks available to trans-racial families.

1.4 ASSUMPTIONS OF THIS STUDY.

Trans-racial adoption may not be the best option regarding the problem of homelessness in children. This action, the researcher believes is much better than letting children wander around the streets or keeping them within their dysfunctional

families. A child with a different culture from that of his or her parents is better off than a child without a culture at all. The family plays a very crucial role when it comes to the socialisation process. What a child goes through in the family at an early age will determine the character of the child when he is grown up. In other words our personalities are shaped by our early experiences.

1.5 THEORETICAL FRAMEWORK

A theoretical framework will be developed by utilising George Herbert Mead's (1934) idea of social interaction within social institutions. According to Mead (1934) institutions represent the organised interactions among diverse individuals. Such organisation of action, he argued, is dependent on "mind" and "self" (Mead, 1934:55). The social relations that the participants enter into during the performance of the activities are organised around interests that all share. Mead (1934) pointed out that through the "mind"'s capacity to imagine alternative lines of activity and the "I"'s capacity to take a stand against the attitude of the "generalised other", institutions are continuously being modified and reconstructed. The family as a primary socialisation agent can be interpreted according to Mead's (1934) idea of institutional socialisation. In a family, the individuals interact with one another and continuously make compromises and changes to suite everyone's interests. The reconstruction of a family could be seen when a new member joins the family (Baldwin, 1986:155-156). The study will utilise this theoretical basis and examine the impact of trans-racial placements and socialisation within the family.

1.6 RESEARCH METHODS AND APPROACH

The study will be conducted in the Durban and Johannesburg Metropolitan areas, because these are areas which have been severely affected by political violence as well as HIV/AIDS. As a result there are many homeless children who need care.

The following approach will be used:

* A systematic identification and review of relevant literature.
* Consultation with authoritative sources of information by means of networking with social workers.

* Data will be collected by means of an interview schedule with the trans-racial adoptive/foster parents. The researcher will also utilise the information that is already gathered by the Durban and Johannesburg Child and Family Welfare societies.
* To provide the opportunity for in-depth analysis in respect of qualitative and quantitative data, individual family cases will be studied intensively using the qualitative case study method.
* This is qualitative case study, where in-depth interviews will be conducted. The sample consists of twenty trans-racial families.

1.8 DEFINITION OF CONCEPTS

The following concepts need to be defined at this stage. Other concepts will be defined as they appear in the text.

1.8.1 TRANS-RACIAL ADOPTION

According to a report of the Durban Child and Family Welfare Society (1997:14), trans-racial adoption is a way of providing a child or an infant of a different race with legal parents.

1.8.2 A CHILD

Any person, whether an infant or not, who is under the age of eighteen years, or a person who is over the age of eighteen years but under the age of twenty-one (The Child Care Act No 33 of 1960).

1.8.3 PARENT

The father or the mother of a child born of or legitimised by a lawful marriage, or the mother of a child not so born or so legitimised and in relation to an adoptive child, includes an adoptive parent (Republic of South Africa Government Gazette Vol. 196, 1981:4).

1.8.4 FOSTER CHILD

Any child who was placed in the custody of a foster parent or the management of an institution, in terms of Section 270 of the Criminal Procedure Act 1977 (Republic of South Africa Government Gazette Vol. 196, October 1981:4).

1.8.5 FOSTER PARENT

Any natural person, except a parent or guardian, in whose custody a child was placed in terms of Section 270 of the Criminal Procedure Act, 1977 (Republic of South Africa Government Gazette Vol. 196, October 1981:4).

1.8.6 A FAMILY

An organic entity which maintains some form of identity and structure whilst at the same time is continually evolving and changing (Dallos, 1991:7).

1.8.7 SOCIALISATION

The process by which individuals acquire the knowledge, skills and character traits that enables them to participate as effective members of society (Berns, 1985:30).

1.8.8 PERMANENCY PLANNING

The systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or care-takers and the opportunity to establish life-time relationships. (Maluccio and Fein, 1983:197).

1.8.9 RESIDENTIAL CENTRE

A child welfare service that provides 24 hours care for a child in a residential facility designed as a therapeutic environment (The Child Welfare League of America, 1982:35).

1.8.10 PLACE OF CARE

Any building or premises maintained or used, whether for profit or otherwise, for the reception, protection and temporary or partial care of more than six children away from their parents (Republic of South Africa Government Gazette Vol. 196, October 1981:14).

1.8.11 DEVIANCE

Norm-violating behaviour that tends to be induced by association with delinquent groups, social or economic deprivation, discrimination and other pressures emanating from outside as well as within the family. Deviant behaviour may be of a law violating nature or it may simply violate significant community values and norms (Wood & Geismar, 1989:33).

1.8.12 NEGLECT

Failure to provide for the child's needs when these are within the means of the caregiver (Loaning, 1991:333).

1.8.13 RACE

A large division of human beings distinguished from others by relatively obvious physical characteristics presumed to be biologically inherited and remaining relatively constant through numerous generations (Walter, 1984:31).

1.8.14 ETHNICITY

The word comes from the ancient Greek ethos, which seems to refer to a range of situations in which a collectivity of humans live and act together, and which is typically translated today as "people" or "nation" (Jenkins, 1997:9).

1.8.15 <u>CULTURE</u>

Refers to the ways of life of the members of a society, or of groups within a society. It includes how they dress, their marriage customs and family life, their patterns of work, religious ceremonies and leisure pursuits (Giddens, 1989:31).

1.9 SUMMARY

The first chapter of this study is very important since it outlines the structure and the aims of the research. There are different forces that are involved in the process of trans-racial adoption that the researcher would like to unfold. The researcher's curiosities have also helped in laying the foundation of the study. The researcher's aim of engaging in a study of this kind is to find possible solutions towards a particular problem; therefore assumptions about the study are made so as to find some insight into the problem. As a scientific study, sociological research should always involve a certain theoretical framework related and relevant to the study. The theory chosen in this study is very relevant in that it emphasises the importance of interaction within social institutions, which is very important for every family to be functional and to fit in into the larger community. The methods that the researcher is going to use have also been outlined. The area or location is also relevant to the study. Different concepts utilised in this study have also been clearly defined so as to make it possible for the reader to understand and to be able to follow the logic of the study.

CHAPTER 2

2 THE SOCIAL CONTEXT OF THE FAMILY AND LEGISLATIVE MEASURES

2.1 INTRODUCTION

The detailed identification of the family as the primary socialisation agent in the society is essential. Different structures and forms of the family are important as they determine the personality of the children. Whether or not there will be a need for a child to be placed for adoption or in a home is determined by the structure and the normal functioning of the family. If the family is dysfunctional, there will definitely be a need for children to be placed in institutions and families where they will be cared for. The factors that contribute to influencing this kind of decision will be discussed in detail.

The meaning of a family will be discussed in this chapter. Different types of South African families will be described in detail, the conditions in South African communities, the behaviour of children in malfunctioning families and its consequences and eventually the placement of a child.

Other aspects that will be discussed include the challenges facing South African families, the rights of young people and children, legislative measures: Child Care Act No: 74 of 1983 and its implementation, the Child Care Amendment Act 96 of 1996 and the Child Care Amendment Bill 14 of 1999, International instruments and the current welfare policy in South Africa and Issues arising from policy.

2.2 CHALLENGES FACING SOUTH AFRICAN FAMILIES

Apart from the day-to-day variations and adaptations necessary for family life, it is also evident that families may be faced at times with massive demands for change, such as when people arrive during births and marriages, and depart as a result of death.

Lastlett (1972:102) discussed that in the past the domestic group was universally and necessarily larger and more complex than it is today in industrial cultures. In the

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South African context there is a vast difference between the nuclear and extended families. Nuclear families tend to exist in modern societies, where one would find a household constituting the father, mother and one or two children. Whereas in traditional societies we tend to find extended families. A household would consist of a father, mother or in some instances more than one mother, many children and grandparents.

Families have been particularly affected by the social, economic and political, policies of the past, the inequitable distribution of resources, social changes, migration patterns, the growing subculture of violence and changes in the traditional roles of women and men. Past policies such as influx control and the migratory labour system, in addition to divorce and desertion, and a lack of housing have redefined household structures in South Africa. (White Paper for Social Welfare, 1997:58).

The White Paper of 1997 for Social Welfare, goes on to state that, a major contributor to family problems and breakdown in family functioning, is the increasing economic stress facing households. Those living below the poverty line as well as poor single parent families, which are predominantly female-headed households, are the worst affected. Family dysfunction sets in when poverty is combined with environmental stress and feelings of powerlessness and frustration. This in turn could contribute to social problems which affect the capacity of the family to function optimally.

The conventional family is built around husband, wife and children and its relationship between husband and wife is mediated by their relationship to children and the interaction between mother and child is influenced by their relationship with husband or father. The loss or loosening of marital ties affects children as well as parents. The increase in divorce rate and in the number of children born outside marriage has led to the growth of single-parent households (Gorolman, 1969:82).

Children's reactions include anger with the departing or dying parent, guilt in that they suspect the disruption to family life is their fault and regression to earlier patterns of behaviour, as normal childhood development is halted and routine ways of acting thrown into disarray. Children are hostile to change and conservative in their relations with parents. As the missing parent in the case of divorce or temporary absence is usually the father, children's reactions are complicated by how they are treated by

their mothers, who themselves may be anxious and in their own distress, less able to support their children. It is also common for mothers to become initially restrictive and authoritarian. (Chandler, 1991: 137-139).

The well being of children depends on the ability of families to function effectively. Because children are vulnerable they need to grow up in a nurturing and secure family that can ensure their survival, development, protection and participation in family and social life. Not only do families give their members a sense of belonging, they are also responsible for imparting values and life skills. Children grow up in a wide range of family forms and structures, with different needs, roles, divisions, functions and values.

Families are faced with many new demands and challenges as they attempt to meet the needs of their members. Internal family problems such as alcohol and drug abuse, communication and relationship problems, marital conflict, lack of preparation for marriage and family violence as well as family breakdown have been noted as some of the problems facing families (Gorolman, 1969:85).

Children are also traumatised by violence in communities and natural disasters. Increasingly, women have had to join the labour market for economic reasons and have had to rely on childcare outside of the home.

A large sector of South African families lives in unhealthy, unsafe, disadvantaged communities. Over-crowding, a lack of housing and basic amenities such as sanitation and recreational facilities, and a lack of public transport have serious consequences for the stability and security of families. A lack of knowledge about life skills results in insecure and unstable family life. The conditions prevailing in communities, coupled with extreme poverty and a lack of family support network, are some of the causes of the growing numbers of individuals and families who are living on the streets, particularly in urban centres. (White Paper for Social Welfare, 1997:61).

According to the White Paper for Social Welfare (1997:62) there are an estimated 9 949 000 children up to the age of nine years who are in need of early childhood development services. Children under the age of six are particularly vulnerable and in

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need of such services. They constitute 13% of the total South African population. Two-thirds live in rural areas. African children make up 83%, coloured children 7,3% white children 7,6% and Indian children 1,9% of the total number of children in this age group. About 60% of children of pre-school age live in impoverished circumstances. A total of 90% of Africans live in poorly resourced rural areas.

According to Wood and Geismar (1989:28), extreme dysfunction is seen as being the direct result of societal neglect rather than of family failure, and with the existence of the economic problem, a family's chances of being classified as multi-problem are enhanced.

It is very common in our society for people to isolate the dysfunctional family. In South Africa for instance, people in informal settlements tend to socialise with those who are also living in similar conditions. There is also a general feeling amongst the community that these people are thieves and involved in different kinds of crime. Unemployment rate is also extremely high which results in poverty.

Poverty brings in its wake unhappiness, frustration, and lack of skills to deal with the complexities of life and a deficiency in education needed for upward mobility. (Geismar, 1963:62). The incorporation of deviant attitudes and behaviour on the part of one or more family members impinges critically upon the performance of familial tasks and roles to the point where minimum functioning standards are not being met.

Deviance is defined as norm-violating behaviour that tends to be induced by association with delinquent groups, social or economic deprivation, discrimination and other pressures emanating from outside as well as within the family. Deviant behaviour may simply violate significant community values and norms. (Wood and Geismar, 1989:33)

Eventually, all these problems in a family lead to the parents or the state considering the placement of a child. Adoption is a child protection service, and an effective means of permanency planning for children whose families of origin are unable to care for them. The adoption service requires the expertise of a qualified social worker, functioning within a statutory adoption system.

2.3 THE RIGHTS OF CHILDREN AND YOUNG PEOPLE.

According to the constitution of the Republic of South Africa all children have the right to:

* A name and a nationality from birth.
* Family care, the care of parents or correct alternative care when they are removed from their families.
* Basic food, shelter, basic health care services and social services.
* Be protected from abusive labour practices.
* Not to have to, or be allowed to do anything that: -

1. Is wrong for a child of that age.
2. Puts the child's well-being, education, physical health, mental health, spiritual health, moral development or social development at risk.
3. Not to be detained except if there is no other way to deal with the situation, and then;

    * the child may only be detained for the shortest time.
    * must be kept away from people over the age of 18.
    * must be treated in ways that are right for a child of that age.
    * Have a lawyer, at the state's expense in civil cases if it would be unfair not to do so.
    * Not be used directly in wars and to be protected during wars. (The National Action Plan for the Promotion and Protection of Human Rights, 1998:132, December)

2.4 LEGISLATIVE MEASURES.

2.4.1 THE CHILD CARE ACT NO: 74 OF 1983 AND ITS IMPLEMENTATION.

According to Paul (1994:18-20) the Child Care Act No: 74 of 1983 is the main legislative Act. This, together with the Child Care Amendment Act No: 96 of 1996, currently control the welfare of children in South Africa.

The Child Care Act No: 74 of 1983 demonstrated a total shift from the concept of a "child in need of care" as indicated in the previous legislation, the children's Act No: 33 of 1960, to that a parent or guardian being found " unable or unfit" to have custody of the child.

According to the definition provided in this child care Act, a child is " any other person under the age of 18 years". When a child is presented before the commissioner of Child Welfare at the court enquiry, the focus is on the inability of the parents to provide adequate care for the child. Section 14(4) of the Act outlines conditions under which a child may be considered to be at risk or to require the protection of the Act. Such a child can be removed to alternative care when the court establishes that the parent or guardian of the child is unfit or unable to care for the child. The court's assessment of the parent's suitability is based on proving whether: -

1. The child has no parent or guardian.
2. The child has a parent/guardian or is in the custody of a person who is unfit to care for the child, in that the person: -

   * Is mentally-ill to such a degree that he or she is unable to provide for the physical, mental or social well-being of the child,
   * Has assaulted or ill-treated the child or allowed him/her to be assaulted or ill-treated,
   * Has been responsible for the seduction, abduction or prostitution of the child,
   * Display habits and behaviour which may seriously injure the physical, mental or social well-being of the child,
   * Fails to maintain the child adequately,
   * Neglects the child or allows him/her to be neglected,
   * Cannot control the child so as to ensure proper behaviour such as regular school attendance,
   * Has abandoned the child, and
   * Has no visible means of support.

If the commissioner of child welfare is satisfied that the child is at risk, he/she may order that: -

* The child be returned to his/her parents or guardian under the supervision of a social worker on condition that the parents comply with the requirements determined by the court.
* The child be placed in the custody of suitable foster parents.
* The child be sent to a children's home.

However, the intensive service delivery required cannot always be adequately met by agency-based social workers. There are several obstacles such as administrative and welfare policies regarding the rendering of reconstruction services, as well as a shortage of personnel. These factors make the implementation of permanency planning for children in care difficult to achieve.

2.4.2 THE CHILD CARE AMENDMENT ACT 96 OF 1996 AND THE CHILD CARE AMENDMENT BILL OF 1999.

According to the National Dow, the child care Amendment Act 96 of 1996, which came into effect on 1 April 1998, aligned the Child Care Act 74 of 1983 with the Constitution and the International Convention on the rights of the child. The law was significant in transforming the child and youth care system in terms of setting out of the rights of the child in residential facilities and in providing reunification services between children in alternative care and their families/communities. The statute provides for legal representation for children in children's court inquiries, in consideration of the best interest of the child. Further, this statute regulates the adoption of children, the medical treatment of children, and the notification in respect of injured children.

The Child Care Amendment Bill 14 of 1999 was passed by Parliament in March 1999. The Bill amends the Child Care Act of 1983 in that it provides for the right to appeal against orders made in the children's courts or refusal by the courts to make an order for the placement of a child in alternative care. The law also empowers the Minister to establish and maintain facilities for children awaiting trial or sentencing and to impose

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severe penalties for sexual exploitation of children. (South African Human Rights Commission, 2nd Economic and Social Rights Report 2000: 228)

UNIVERSAL DECLARATION OF HUMAN RIGHTS

Article 3

* Every one has the right to life, liberty and security of the person.

UN CONVENTION ON THE RIGHTS OF THE CHILD.

Article 6

* States parties recognise that every child has the inherent right to life.
* States parties shall ensure to the maximum extent possible the survival and development of the child.

Article 19

* States parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligence treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardians or any other person who has the care of the child.
* Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 34

* States parties undertake to protect children from all forms of sexual exploitation and sexual abuse. For these purposes, state parties shall in particular take all appropriate national, bilateral and multinational measures to prevent:
* The inducement or coercion of a child to engage in any unlawful sexual activity.
* The exploitative use of children in prostitution or other unlawful sexual practices.
* The exploitative use of children in pornographic performances and materials.

Article 37

States parties shall ensure that:

* No child shall be subjected to torture of any kind, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without the possibility of release shall be imposed for offences committed by persons below eighteen years of age.
* No child shall be deprived of his or her liberty unlawfully or arbitrary. The arrest, detention or imprisonment of a child shall be in conformity with the bun and shall be used only as a measure of a last resort and for the shortest appropriate period of time.
* Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner that takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interests not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, except in exceptional circumstances.
* Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before account or other competent, independent and impartial authority, and to a prompt decision on any such action.

(The UN Convention on the rights of the child, 1989)

The child care policy of the Department of Welfare is based on the concept of permanency planning. The premise is that a child's most important bonds are those made with his parents and that they should take care of him. Preventive services aimed at preserving the family unit must be emphasised and it is therefore the Department's policy that:

* Services aimed at preserving the family unit should receive high priority.
* Treatment programmes must focus primarily on the family as a unit instead of on children and parents separately.
* Removal of a child from parental care can be regarded as a last and extreme situation, or when all other forms of assistance have been attempted and failed, and the parental home holds a serious and imminent threat to the child's physical, mental, social or moral well-being and safety.
* Removal from parental care is such a serious intervention in the lives of parents and children that recommendations in that regard must be made by a professional team.

However, when a child has to be removed from his parental home through statutory intervention and must be placed in substitute care, it is the Department's policy that: -

* Responsibility for their care, including their financial support rests with the Department and must therefore, conform to the standards and norms set by the Department.

* Children must never be removed from their parent's care without clear goals and time-limited treatment plans being clearly understood by all the parties concerned. Written contracts which must also clearly set out the undertakings and responsibilities of all parties concerned namely, social workers, foster parents and clients.

* As long as the child's return to his family remains the goal, the parent must remain the focal point and services rendered to them must be on a continuous, purposeful and out-reached basis.

* The child's placement in substitute care must occur in such a way that factors such as distance, language, culture, and religion. social status or restriction on contract will not cause estrangement between himself and his parents.

* Consideration of family placement should receive first priority.

* When long-term placement or extension of the validity of an order in terms of Section 16(2) of the Act, has to be considered, the parents must have the opportunity to state their case and be heard.

* A child may not be withheld from his/her parents' cause for reasons other than those for which he has originally been removed, unless new circumstances have developed which pose an imminent threat to the child's safety.

* When, due to the passage of time and the child's bonding with his/her substitute care-givers, or for other reasons, it is no longer in the child's interest to strive for his return to his parents, the emphasis must shift to long-term substitute care which will promote permanency in the child's life.

* When the child's return to his/her parents is no longer the goal the nature and aim of services rendered to the parents must be adjusted accordingly (Paul, 1994:21-24).

The Child Care Policy, as detailed above regarding permanency planning for children in substitute care, appears idealistic, but it does hold great optimism for the future. Permanency planning requires dramatic changes in social policies, as well as work practice. A great deal of hard work and collaboration among diverse community agencies, professionals, formal and informal helping systems not forgetting parents who form a very important resource for achieving the permanent plan is required. (Maluccio et al, 1996: 61).

From these documents the following emerged as welfare and residential child care policy in South Africa.

The family is the most fundamental social unit in South African society and should be protected and supported.

Children should be socialised and cared for as far as possible within the family context. If a child is removed from parental care, he/she should be returned as soon as circumstances permit.

A child should be regarded as part of a family unit, even after he/she has been removed from parental care. Therefore, brothers and sisters who are removed should be placed together and children should be placed as near as possible to their parent so that contact can be maintained.

If substitute care has to be found for a child, the care should be offered in a context which resembles that of a normal family, whether it is offered as a foster home or a children's home.

if substitute care has to be found for a child, the care should be offered in a context which resembles that of the child's own family in terms of its race, religion, culture and language.

Individualised and multidisciplinary treatment should be offered to children in children's homes.

Treatment of children should be synchronised with rehabilitation of their families. Children's homes should be situated in the large centres and semi-urban areas.

2.8 SUMMARY

The term family, as commonly used denotes a picture of a household in which a married couple (or single parent) live together with their own or adopted children. Family life is always a picture of harmony, the negative side of the family is found in patterns of domestic violence. Children are often the most vulnerable in this situation. The abuser is usually the male within the household. This situation is very unfortunate, since it is the responsibility of the parents to take care of the children and protect them from harm. The rights of the children are therefore protected by the laws laid down by the government. In this instance the welfare policy protects the rights of the children. This policy sees to it that if children are not safe within their natural families they are placed in other care families, even with families of a different race and/or culture, that is trans-racially.

CHAPTER 3

3 THE FAMILY AND SOCIALISATION: A LITERATURE REVIEW

3.1 INTRODUCTION

The purpose of this literature review is to provide baseline information for this study. This literature was therefore divided into four sections. The first deals with the analysis of the family as a primary socialisation agent, the disintegration of family life in South Africa and its effects on children, teenage pregnancy, the illegitimate child, poverty and perspectives on child abuse. The second refers to places of care, adoption, permanency planning and trans-racial placements as a possible solution to the problem of institutionalisation of children, as well as the socialisation process and characteristics of natural parents. The third outlines the social and political aspects of adoption and its relevance to the study, and finally the fourth examines the biological and health effects associated with adoption. The bulk of the literature reviewed is from American publications, with some additional literature from the United Kingdom and South Africa.

3.2 THE FAMILY AS A PRIMARY SOCIALISATION AGENT.

Schurink and his co-workers (1993:62) in their study on street children discovered that the family has undergone various structural and functional changes in South Africa during the past five decades as a result of various changes in society, related amongst others to industrialisation and urbanisation.

Despite this, the family is still regarded in most communities as the key institution in the community. The reason for this can be traced back to the central function that the family fulfils in all communities, namely, nurturing socialisation. The child is totally helpless and dependent at birth and although he already has a number of reflexes and natural abilities and potential, he is not able to care for himself or to develop his own potential. The family is the institution in which the basic moral and social being of the individual personality is formed. It is here that the child learns that he is

dependent on the co-operation of others for the satisfaction of his own needs and for the realisation of his own goals.

It is therefore, important for parents to make it a point that their children grow up in a warm and loving environment. This is however almost impossible in most South African families due to urbanisation. This results in the disintegration of the family as women are left alone to fend for their children, whilst the fathers are way in the cities.

3.3 DISINTEGRATION OF FAMILY LIFE IN SOUTH AFRICA AND ITS EFFECTS ON CHILDREN.

In a study on victimisation, conducted by Schurink, Snyman, Knigel and Slabbert (1992:180), it was established that, the South African divorce rate is one of the highest in the world. Perhaps not all children are severely harmed by their parents' divorce, but certainly for young children it can be a traumatic experience. One consequence of an unhappy family life or an incomplete, deprived family is that the children may decide to leave the parental home voluntarily.

Finer (1972:427), pointed out that, one of the main personal problems in one-parent families is the parents' social isolation. They suffer from loneliness, not only of surroundings, but also of unshared difficulties. They carry the entire burden of responsibility for the social, emotional and moral upbringing of the children, and for that part of their education which has to take place outside school. However devoted the lonely parent may be to his or her child, the unrelieved company of children may become debilitating, both mentally and emotionally.

This kind of behaviour may lead to the child feeling unloved and neglected by his own parent. According to Schurink (1993:77), family disintegration has an adverse effect on a child. Whatever the family structure, the child has a continuous need for love, security, new experiences, acknowledgement and appreciation. When these basic needs are not satisfied a child's ability to maintain a satisfactory living standard will be influenced negatively. For instance, in situations where the mother abuses alcohol, she does not show interest concerning her child's welfare, and a child who has lost a parent by death, is even more vulnerable to various negative effects.

In a study conducted by the Human Sciences Research Council (1995:93), it was observed that, in family conflicts, violent means were easily used to discipline children, especially the teenagers. Older siblings were often expected to discipline younger siblings on behalf of parents who had to be away from home for long periods. Apart from the age categorisation, gender was used to discriminate between those who had authority and those who were on the receiving end. Relations in the family were structured in a hierarchical, patriarchal way.

It is generally accepted that the family is the institution primarily responsible for the socialisation of children. However, if there is instability, abuse, poverty and lack of love and affection the family may be forced to split and the young children may resort to delinquent behaviour such as engaging in premarital sex.

3.4 TEENAGE PREGNANCY.

In her study on teenage pregnancy in selected coloured and black communities, Preston-Whyte (1991:7), noted that, levels of teenage fertility in South Africa seem to be between that of the developing and developed countries. South African teenage fertility trends have changed slowly over time. Black women start reproducing at a very young age some 53% of first births occur during the teenage years. Preston-Whyte (1991:14), also maintains that conditions of poverty, unemployment, poor and overcrowded housing were reflected in the biographical background of the girls studied.

In a survey of the attitudes and practices related to premarital and extramarital sex and cohabitation in the coloured community as a whole, September (1987), factors of poor housing and overcrowding as important causes of teenage pregnancies were stressed.

The Physical and Social environmental of the home are critical determinants of later attitudes and behaviour. One may be tempted to say that, poverty and lower-class status provide the background for early sexual involvement and teenage pregnancy. Therefore, as the engagement of teenagers or unmarried people in sexual intercourse is unacceptable, what is the position of the illegitimate child in such a community?

According to state law in South Africa, an illegitimate child is one born out of wedlock, who has not been legitimised by his parent's subsequent marriage or by adoption. (Burman & Preston-Whyte, 1991:29). A valid marriage must be performed by a state marriage officer. Burman & Preston-Whyte (1991:42) went on to state that, illegitimacy is rising in South Africa, but the picture is complex and little information is available.

The pattern remains that of the women being responsible for raising the children with no or little assistance from a usually absent father. The mothers of illegitimate children do not form the only female-headed household. Divorcees, abandoned or separated wives and widows are all included in this category. The problems of female-headed households have attracted a great deal of attention in the international literature as the category of household most likely to suffer from deprivation. This is a primary source of concern about illegitimate children in societies where unmarried mothers are mainly to be found in such households. Unmarried mothers and their children suffer material deprivation additional to that of female-headed households, which frequently, results in their being placed in the most disadvantaged group in that category.

According to Teichman (1982:4), about eight or nine per cent of people in Britain are born out of wedlock. Quite a few people born out of wedlock are legitimised before they grow up, either by the subsequent marriage of their parents or by adoption. Of those who remain illegitimate, many suffer from one degree of social, legal and financial disadvantages. Even in the quite recent past the stigma of illegitimacy was very heavy and the disabilities very great. Teichman (1982:6) went on to point out that, illegitimacy is widely regarded as a suitable subject for sociological research. The more modest kind of research on this topic concentrates on the effects, especially the economic effects, of illegitimate birth. Attempts to explain illegitimacy are made by medical sociologists, deviance theorists and criminologists. When research looks at effects, it is liable to concentrate on the child rather than on the mother, and when it looks for causes it tends to concentrate on the mother rather than on the child.

In most instances the illegitimate child's birth is not planned and the mother is usually still a child herself, therefore the mother as well as the child may face economic hardships as a result.

Kammerer (1989:15), in his study on the unmarried mother, outlined possible causal factors of illegitimacy as follows: -

* Negative home conditions,
* Negative environment,
* Negative companions,
* Early sex experience,
* Mental abnormality,
* Sexual suggestibility,
* Heredity,
* Recreational disadvantages,
* Educational disadvantages,
* Physical abnormality,
* Abnormal sexuality,
* Mental conflict,
* Sexual suggestibility by one individual, and
* Assault, rape and incest.

Vincent (`1962:197), in his study on unmarried mothers, discovered a pattern which showed a trend for unmarried mothers who kept their children to come from broken homes, more frequently caused by the death of one or both parents. These women had a higher number of siblings and half-siblings, they also came from unhappy and mother-dominated homes. They had less self-confidence and experience in heterosexual relations, and more negative attitudes concerning sex, than those who released their children.

According to Marsden (1969:86), illegitimacy has a number of different, sometimes multiple causes, rooted in the society in which a mother is born, her personal circumstances and her psychological make-up.

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Therefore, one may say that a positive home environment plays an important role in determining the children's behaviour in the future. The more a family is stable, the lesser chances of children giving birth to illegitimate children.

According to Pochin (1969:3), a high proportion of pregnant girls have stepfathers or stepmothers, relations with whom vary from excellent to not being on speaking terms. Parental disharmony is fairly frequently found in the history of unmarried mothers. This kind of home environment has a very negative effect on the illegitimate child, because the child is already an outcast and this kind of situation only helps to aggravate the situation.

Research has shown that children born out of wedlock are more often in an unfavourable situation than children born in wedlock. Pringle (1975:126-128), found that in South Africa children born out of wedlock are often 12 months behind with regard to reading ability, change schools more often, school perseverance is irregular, their general knowledge is limited and their parents show little interest in education. These aspects can lead to certain personal problems for the child. The above-mentioned problems can be overcome if illegitimate children grow up in a loving and simulating environment. Children's feelings of anxiety, worry, grief, loneliness, anger, guilt and rejection are sometimes worsened by factors such as economical problems, high-density living conditions, social isolation and misconduct in the family.

According to Burman & Preston-Whyte (1991:42), the socio-legal systems of South Africa, in common with most other countries, tend to operate in many respects on unwritten assumption that the family norm is a married couple and their children. As a result, many of the provisions of the welfare system discriminated against the unmarried. For example, where urban African housing stock was provided, houses were not available to those without a civil law marriage certificate. State grants for child maintenance were available only for the first illegitimate child of a woman, irrespective of how many she might have had, and the legal system currently discriminates against an illegitimate child in disallowing any claim for support against any paternal relative rather than the father himself.

Therefore this results in poverty, more especially if the unmarried mother is unemployed, and has more children to look after and in most instances the living

conditions are very bad and there is also overcrowding. Against this background it is imperative for the researcher in this study to analyse the effects that poverty has on the children and the family.

3.6 POVERTY AND ITS EFFECTS ON THE FAMILY.

Orcutt (1974:128), defined poverty as an economic condition and, by extension, a social condition as well, but it is not a disease or a diagnostic entity, though people suffer from it. Poverty involves experienced and perceived deprivation, and objective criteria presume this. Poor people do not have available to them the goods, services and opportunities in the quantity and quality that one considers the norm for the culture. The experience of poverty may also include little hope of gaining access to the " good life," as defined by the culture.

According to the White Paper on Reconstruction and Development (1994), poverty in South Africa has a strong race dimension. Nearly 95% of South Africa's poor are African, 5% are coloured and less than 1% are Indian or White. Africans have nearly twice the unemployment rate (38%) of coloureds (21%), more than three times the unemployment rate of Indians (11%), and nearly ten times the unemployment rate of Whites (4%).

Poverty in South Africa has a strong rural dimension. A total of 75% of South Africa's poor live in rural areas, concentrated in the former homelands and TBVC states. Compared to the poor in urban and metropolitan areas the rural poor suffer from higher unemployment rates, lower educational attainment, much lower access to services such as water and electricity, as well as lower access to productive resources.

The White Paper (1994) went on to state that poverty in South Africa has a strong gender and age dimension. Female-headed households have a 50% higher poverty rate than male-headed households. In addition, women suffer from substantially higher unemployment rates than men, and suffer particularly from the lack of access to services in rural areas. As a result poor rural women spend more than four hours a day fetching water and wood. Finally, over 45% of the poor are children below 16 years.

The apartheid era has left a legacy of poverty and inequality in South Africa. In spite of the wealth of the country, a large share of the population has not been able to benefit from South Africa's resources. Many of the poor live in substandard housing; most have no access to piped water, electricity or modern sanitation. About 75% of the rural population is poor, compared to about 41% of the metropolitan population.

The White Paper (1994), observed that, the household size and poverty are closely related. Large households with many dependants are much more likely to be poor. Among Africans, the poverty rate among children is even worse, more than 70%. An important factor in these high child poverty rates is the high poverty rates among large families with many children. As a result, over 45% of the poor are children below 16, although they make up only 38% of the population.

Berthoud (1976:105-106), in his study on the disadvantages of inequality, found that, the need of feeding children may stretch from earnings too far. The need to care for them may prevent women from working to increase the household income or, in the case of unsupported mothers, they may prevent any earnings coming from the home at all. They can stand in the way of the search for adequate housing or sometimes they may reduce the flexibility of their fathers in seeking work. It is also unfair for the children to suffer because their fathers cannot obtain a better job, and because they cannot understand their situation, they may sometimes suffer more than their parents from any hardship they have in common. Hardship in childhood may lead to a permanent injury to health, prosperity and happiness.

Berthoud (1976) also outlined and formulated the theory of the cycle of economic deprivation. The theory states that deprived people are descended from deprived parents, and in turn their descendants will be deprived.

The second theory is that whoever the person and whatever his abilities or determination, society imposes external structural barriers that prevent people brought up in one class from progressing to a higher class. The third theory, closely, associated with the label " cycle of deprivation", suggests that being brought up in a deprived home prevents the full development of a child's potential abilities, so that he is not in a position to take advantage of schooling. Parents in deprived families are

themselves not interested in education, and as a result their children are not encouraged to go to school.

Orcutt (1974:129-133) examined the relationships that exist between culture and poverty. The cultural system is a separate entity, which consists of ideas, language, problem-solving techniques, and artefacts. The "culture of poverty" is described as both an adaptation and a reaction of the poor to their marginal position in a class-stratified, highly individualised, capitalistic society. It represents an effort to cope with feelings of hopelessness and despair which develop from the realisation of the improbability of achieving success in terms of values and goals of the larger society.

At the family level the major traits described are the absence of childhood as a specially prolonged and protected stage in the life cycle, early initiation into sex, or consensual marriage, a relatively high incidence of the abandonment of wives and children, a trend toward female or mother-centred families, and consequently a much greater knowledge of maternal relatives, a strong predisposition to authoritarianism, lack of privacy, verbal emphasis upon family solidarity which is only rarely achieved because of sibling rivalry and competition for limited goods and maternal affection. In South Africa, black people are the ones who are more deprived economically than the other race groups. Women are at a disadvantage as most of them are unemployed. Many of this people live in informal settlements or in townships where the environments are not suitable for bringing up children. The father who is supposed to be the breadwinner may become frustrated and take out his frustration on the children. He may also neglect his wife and children. Therefore, in the next sub-section we shall examine the causes and effects of child abuse.

3.7 PERSPECTIVES ON CHILD ABUSE.

In South Africa, until 1988, child abuse and child sexual abuse were of interest only to a small esoteric group of paediatricians in the Durban area and a topic of isolated medical seminars. (Don Africana Library Project, 1997/98:10), it was practically unknown in the rest of South Africa, and the police seldom encouraged the investigation of the problem. Virtually no official records were kept. The Department of Welfare's official register was not up to date because, according to the minister "

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handling of child abuse was very difficult because it was mainly perpetuated by people who were psychiatric cases."

It was not until January 1987, well into the second state of emergency declared on 12 June 1986, that the first child protection unit was established by the police in Durban. This was followed by one in Cape Town in December 1987 and one in Johannesburg in February 1988. Media coverage began to increase.

The Don Africana Library Project (1997/98), also highlighted that in 1996 a study conducted jointly by the Human Sciences Research Council and Child Protection Unit (CPU) of the South African Police Services, found that there had been a 60% rise in the reported number of child rape cases between July 1994 and June 1995.

Crimes against children were increasing at a rate of almost 29% a year, and if this trend continued it was projected that the CPU would be dealing with more than 1 million cases a year by the year 2000. It was also established that abused and neglected children who did not receive adequate counselling and treatment often grow to be maladjusted adults with substance abuse problems and suffering from mental illness. These adults were also more likely to batter or abuse their own children. The child protection unit said in December 1996 that 11 167 cases of child rape had been reported between January 1996 and early December 1996, an increase of 11% in 1995. Child abuse is at least characterised by severe physical abuse, sexual abuse, emotional abuse and neglect.

3.7.1 PHYSICAL ABUSE.

According to Hutchings (1988:91), non-accidental physical injury may include severe beatings, burns, immersion in scalding water or human bites, with resultant bruises and broken bones, scars or serious internal injuries.

It is important to note that these injuries are inflicted by adult family members who are responsible for the well-being of the children, Iverson and Segal (1990:11), mentioned that early authors described perpetrators of physical abuse with a variety of characteristics including impulsivity, immaturity, depression and poor emotional control and inadequacy.

This implies that, children who are found in this kind of people's care are at a great risk, as they are not suitable to take care of the children. This kind of abuse normally takes place within the family.

Strauss and Gelles (1980:22) mentioned the importance of the family to the early learning process of violent behaviour and point out that violence in the family is common practice in our society. The emotional and moral meaning of violence is also learned in the family. The authors postulate that there are three lessons unintentionally learned by children that have grown up in violent families. The first lesson is that, those who love you the most are those who hit you, there is a moral rightness in hitting other members of the same family and violence is permissible when other things do not work.

3.7.2 SEXUAL ABUSE WITHIN THE FAMILY.

According to Robertson (1989:6), extended families in South Africa consist of grandparents, parents and children. In the past these family members who lived together and the children led protected lives. Today we find nuclear families consisting of mother, father and children. The family has always been viewed as protector of all the members of the family, especially of the children.

The most commonly reported perpetrator is the father or stepfather. This is probably due to the fact that the father or stepfather spends a large amount of time in close proximity to the children and also has the greatest access to them. Any breakdown in family life will affect all the close family members. Unsuspecting and innocent children in such families are naturally at great risk if this breakdown occurs.

In the incest family, the relationship between husband and wife is deteriorating, perhaps even disintegrating, (Robertson, 1989:23). This means that the father will probably become sexually frustrated and perhaps quite lonely. He will turn to the daughter in the family as a substitute wife, and because the child is afraid of the breaking up of the family, she allows it to take place. The mother also in most instances will choose to go along with it for the sake of the family. Sexual abuse is the exploitation of a child for the sexual gratification of an adult, according to Hutchings

(1988:91). It may range from exhibitionism and fondling to intercourse or the use of a child in the production of pornographic materials.

In a study conducted by Marais (1990:76) on incest in South Africa, it was discovered that, generally, incest occurs within two types of families. The first has been called the "emotionally isolated family". Such families bind themselves together with ropes of mutual dependence and secrecy, and when one member tries to break away the bonds are ruthlessly tightened. The emotionally isolated family is often so intent on presuming the myth of being a " perfect" family that real feelings are not recognised. The second type of family is patriarchal and authoritarian. Such families are rigid in their interactions, and that include the sphere of sexuality. That contrasts with the popular belief that families in which incest takes place are chaotic and sexually restricted.

It is not easy for the other members of the society to interfere in this kind of families or even to suspect that there could be something going wrong. One may also say that family members are also emotionally abused to a certain extent by threats of moving out by the father. This makes the children even more vulnerable.

3.7.3 <u>EMOTIONAL ABUSE.</u>

Emotional abuse includes excessive, aggressive or unreasonable parental demands that place expectations on a child beyond their capabilities. (Hutchings, 1988:91). Emotional abuse can show itself in constant and persisted teasing, belittleing or verbal attacks. It also includes, failure to provide the psychological nurturance necessary for the child's psychological growth and development.

3.7.4 <u>NEGLECT.</u>

Polansky et al (1985:33), view neglect as resulting largely from mother's personality deficits, such as "infantilism" and "apathy futility". Loneliness and isolation characteristic or neglectful mothers may be largely a result of personality characteristics.

Victimisation of children is a subject which has strong emotional undertones. Some people shy away from the topic, but recently, most people seem to be deeply concerned about the plight of this relatively powerless and innocent category of victims. What is even more disturbing is that most of these crimes take place within the family, and unless the silence is broken and the members receive counselling, this kind of abuse will carry on until the damage is not easy to repair anymore. Mothers who are dependent on their husbands are more vulnerable, because if they are left alone to fend for the children they do not find it easy to cope.

3.8 OVERVIEW OF THE FAMILY AS A PRIMARY SOCIALISATION AGENT.

This first section of the literature review, is very important, because it highlights the importance of the family as a primary socialisation agent. It was observed that, in order for the children to grow up to be responsible adults with some sense of duty in their societies, they need to acquire certain skills from an early age. For instance learning to deal with frustrations. If there is violence and instability in the family, this leads to the disintegration of the family. In South Africa, urbanisation has had a very negative effect because the social bonds of the family become loose; the mother's energy is diverted into finding ways or solutions of fending for the children. In turn, the children may feel neglected and begin engaging in premarital sex, which results in illegitimate children. The economic hardships are worsened by the unplanned additional member in the family. This may lead to poverty. This leaves the parents, more especially the father or the bread-winner frustrated as all the family members are looking up to him for food, clothes, shelter and education. This frustration may be taken out on innocent children, who may be abused physically, sexually (in cases of daughters), and emotionally and they and the mother may even be abandoned. In some instances where the mother is alone, she may abandon her children.

As a result the authorities may be forced to commit the children to care. Children in care are generally placed with foster parents or placed in community homes, which is a residential establishment managed by a local authority. Therefore, in the next section, we are going to examine different types of places of care that are available and other alternatives that exist so as to find solutions to the problem of homelessness in children.

When the social and living conditions in a family are poor, other alternatives have to be considered. In South Africa, like in other countries the first alternative is to place the children in care. It is therefore this section's aim to examine in detail different types of care that exist. The possibility of permanency planning and adoption procedures in South Africa will also be discussed. Trans-racial adoption as another alternative will also be reviewed, the characteristics of parents who give away their children and their circumstances will also be discussed and eventually the socialisation process of trans-racial families will be dealt with in detail so as to determine whether this is really a positive solution to the problem of child neglect and homelessness.

Society has an obligation to provide protection to children, and through its legal system it delegates responsibility of such protection to other institutions, either on a temporary or a permanent basis, should the family be found unable to fulfil such functions. The philosophy and principles of any state welfare policy are embodied in its legislative measures.

The Child Care Act No: 74 of 1983 was introduced in practice in 1987, due to apartheid policies. It reflected in some measure, the changing philosophical concepts of childcare. Firstly the Act was aimed at encouraging permanency planning by encouraging the prompt and decisive return of the child in group care to the community and secondly it emphasised the unfitness or the inability of the parents to care for a child, and the child to be " in need of care".

Hoffman (1994:41) is of the view that, although the Child Care Act of 1983 provided for all population groups, its application was still racially based with different population groups still functioning under the jurisdiction of the different Houses of Parliament.

Children in need of care can either be placed for adoption in a residential care or in a foster home. Many different types of establishment are subsumed under the "residential" category. In South Africa the term " group care" is generally applied to

children who are legally removed from their parents or guardians and placed in an institution recognised by the Child Care Act (1983) as a place of safety, a children's home or a school of industry.

According to Colton (1988:20) childcare means looking after children who are temporarily or permanently deprived of normal home life. If a child needs to be removed from home, the approach is to encourage periods in care for a short time, and to provide a permanent home for the child by reinforcement to the family of origin, or by an alternative long-term placement.

As it is the society's responsibility to insure that children grow up in a healthy and loving environment by removing them from abusive parents into places of safety, it is again vital for us to examine whether these places of care, in this instance being the foster home and the residential care, are suitable for the well being of the children. The next sub-section will deal with the social and living conditions in foster care and residential care. An analysis of the children in circumstances placed in this manner will also be examined.

3.9.1 <u>PLACES OF CARE.</u>

In South Africa, children in need of care can either be placed for adoption in residential care or in a foster home.

3.9.1.1 FOSTER CARE.

According to the South African Government Gazette of the 28th October 1981, if it appears to any commissioner on any sworn declaration, or if it appears to any court in the course of its proceedings that there are reasonable grounds for suspecting that a particular child has no parent or guardian, or whose parent or guardian is unable or unfit to have the custody of the child and that it is in the interest of the safety and welfare of that child that he be taken to a place of safety pending an enquiry in terms of Section 12, the said commissioner may issue a warrant authorising any policeman, probation officer or authorised officer to search for the child and to remove him to a place of safety mentioned in the warrant. The foster care agency typically sees families at the point when placement of a child or children is under consideration or

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has already taken place, privately or by the order of a court. In their internal reactions to the stressful situation, parents almost universally experienced a profound sense of failure and fear of loss. One of the sources of great apprehension is connected with failing in one's duty and that this apprehension arises in large part because one dreads the reactions of other persons. The child also experience difficulties in the sense that she may have fear of annihilation, feelings of helplessness, rage, distrust and worthlessness. The environmental disintegration brings some sense of personality disintegration in the child. (Klihe & Forbush, 1972:2-4).

Change is very scary and people are not always comfortable with having to change their life-style or the kind of life they are used to. The same applies to children. Having to be removed from a home into foster care is not something that a child looks forward to enthusiastically. It is difficult to make valid generalisations about foster homes because they vary so much. Some are more like temporary lodgings, others are almost like adoption homes in their social and emotional aspects, differing only in their financial and legal status. (Rowe, 1982:143).

3.9.1.2 RESIDENTIAL CARE.

In South Africa, residential care orders are made in terms of Section 15 (1), (c) and (d) of the Child Care Act. These sections give the institution temporary custody to the child. Residential care is a child welfare service that provides 24-hour care for a child in a residential facility designed as a therapeutic environment. (The Child Welfare League of America, 1982:35). Within this setting, are integrated treatment services, educational services and group living on the basis of an individual plan for each child who cannot be effectively helped in his or her own home, with a substituted family or in less intensive group setting.

According to Colton (1988:17), children in residential care can be said to have in common a family context that has been judged inadequate in attaining certain aspects in a child's development. The inadequacy may be defined by society through one of its agencies of control or by the families themselves. Once a child is judged to be " in need of care", he or she will be placed in a facility to provide the child with an environment which can be organised to exclude certain influences, and hopefully, to introduce more positive opportunities for the child to develop his or her potential. It is

therefore important to determine whether the institutionalisation of children is a positive step towards rehabilitation of children from dysfunctional families.

Giles (1990:71), in his study on residential centres, discovered that all forms of residential group care, be it children's homes, schools or hospitals, share common features. The negative effects of these settings on inmates are primarily those associated with institutionalisation. Giles (1990:94) defined institutionalisation as the process whereby children in long-term care acquire new skills which enable them to cope with the demands of living within the institution and at the same time lose or fail to develop other skills or attitudes which they will need after their discharge.

The purpose of residential service should be to provide group care and treatment for children whose needs cannot be adequately met in a family, and to offer opportunities for a variety of experiences, through a group living programme and treatment services that can be selectively used in accordance with an individualised plan for each child, to foster normal maturation. If the residential care centre fails to provide these needs, other alternatives should be considered before irreparable damage is done, for instance, permanency planning may be a positive step forward towards the goal of bringing up children in a healthy and loving environment.

3.10 PERMANENCY PLANNING.

Although much has been written about the concept of permanency planning, it remains a broad and ambiguous term. Maluccio, Fein and Olmstead (1986:31), defined the term as, referring to the idea of moving the child as soon as possible out of temporary substitute care and returning him or her to the family as the preferred alternative or to an adoption home as the second priority, or if necessary to another permanent alternative such as a family with legal guardianship.

Permanency planning can thus be seen as a process of taking prompt, decisive action to maintain children in their own homes or place them permanently with substitute families.

In South Africa, this was incorporated in the Child Care Act of 1983. Permanency planning specifies that plans should be made for the child before removal to a

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children's home and specifies the time limits when these plans should be achieved. This means that social work agencies should make clear child care plans before removal of the child to a children's home. The family and the child if possible must form part of the decision making team. The child and his family should be prepared psychologically before the child leaves the home.

Carmen & Small (1988:62) are of the view that permanency planning should be regarded as encompassing attention not only to children in foster care but also to those who may be at risk of placement. It is seen, in other words, as a guiding metaphor for all services addressed to children, including group childcare services.

The experience of living within a family setting is an essential condition for development of one's identity, sense of continuity, and feeling of belonging, as well as development of relationships useful throughout the life cycle.

According to the report of the committee of inquiry into the foster care of the children (1990:11), the point of departure in permanency planning, is that a child needs stability, security and a permanent, meaningful relationship, with those caring for him or her, for his or her healthy growth and development and that the child's parental home is the natural and obvious place for him or her to find that.

Therefore, the first step towards ensuring permanency in a child's life is to promote, the quality of the care he is given and to prevent the child from experiencing the trauma of removal from his parental home. Adoption is one positive step towards permanency planning. The child becomes a permanent member of his adoptive family. The adoptive parents and other members of the adoptive family welcome the child and treat him as an equal partner.

3.11 ADOPTION.

In South Africa a child may be adopted by a married couple if neither of them is a parent of a child, and both of them have attained the age of 25 years. A child may not otherwise be adopted by more than one person. A child may be adopted by any person who has attained the age of 25, who is a widower or widow or unmarried or divorced person, a married person whose spouse is a parent of the child, a mentally ill

person or a habitual criminal, a married person who is separated or living apart from his spouse and such separation is likely to be permanent.
(Government Gazette, 28 October 1981).

3.12 TRANS-RACIAL ADOPTION.

According to the Durban Child Welfare Society (1997:14), trans-racial adoption is a way of providing a child or an infant of a different race with new legal parents. It ends the legal relationships between the child and the birth parents and establishes a new one with the adoptive parents.

Jones (1987:70) in her study discovered that black children adopted trans-racially would have a great shock when they left the security of their white, middle-class environment and went out into the world. The majority of parents who adopted black children do not have positive feelings about the child's background. Some parents even have racist attitudes, whites claiming to be unprejudiced. Apartheid heightened racial consciousness and ushered in a condition of ethnic consciousness. (Banton, 1988: 54).

Raising of a child from another culture or race requires adoptive parents to be knowledgeable about the sensitive issues involved in such adoptions.

Multiracial families have one clear advantage over adoptive families in which parents and children come from the same general background. In the family of mixed background there can never be any doubts about whether to tell the child about his or her adoption.

In 1923 the Adoption of Children's Act did not provide for any specific prohibition against trans-racial adoptions, but owing to the then existing socio-political climate, no such adoptions are known to have taken place. (Joubert 1993, Mosikatsana, 1995, Zaal, 1994). Jones (1987:72) also established that many black or mixed race children in white families experience difficulties in accepting their skin colour and their background. Some children go through a stage of wanting to be white or denying their skin colour, and many adopters of black children find their children seem to resent attempts to interest them or involve them in black culture.

According to Dallos (1991:7), a family can be defined as an organic entity which maintains some form of identity and structure whilst at the same time continually evolving and changing. Apart from the day-to-day variations and adaptations necessary for family life, it is also evident that families may be faced at times with massive demands for change, such as when people arrive during births and marriages and depart by leaving and death.

The adoptive family life is even more complicated. For instance, Valentine (1988:73), in her study on infertility and adoption, discovered that adoptive families often face crises which are different from those experienced by biological families. Adoptive families face those crises alone and with little preparation. Families experience a high degree of stress when a new stage of development is eminent. The stress emanates from the conflict between the impetus to progress, the fear of the unknown, and comfortableness of the present stage of development.

The main problem in the adoptive family is one of unanticipated crisis. Few are prepared by life experiences or coping mechanisms to respond to the infertility crisis. Infertile couples frequently express feelings of guilt and unworthiness, lack of self-esteem, diminished sexuality and associated depression. While there may be unique family stresses experienced by the adoptive family that the family with birth children does not experience, research suggest that adoptive parents are as accepting and as competent as other families. (Valentine, 1988:78).

Adolescence has always been identified as the most difficult time for the adopted family. Sorensky et al (1975:81), identify early adolescence as the time when the adopted child is able to conceptualise the biological link between generations.

Adolescence is a stressful time for all families, compounded in adoptive families by the need of the adopted child to develop some biological continuity. Adoptive parents may be threatened by this curiosity. They may fear that seeking information about the birth parents is a rejection of them as parents.

Rowe (1982:262) is of the view that adoptive families may need help at some time. It may well be that social workers will need to find an unfastening way to help all adoptive families anticipate a need for consultation. In times of crises there are questions that arise for the individuals involved that they cannot face and deal with effectively by themselves.

3.14 OVERVIEW OF PERSPECTIVES ON CHILDREN IN NEED OF CARE.

This second section of the literature review deals with the practical aspects of adoption. It was discovered in this section that when the institution of the family as a primary socialisation agent has failed to provide a safe, caring and loving environment for the children other measures need to be taken. The government of South Africa has always been sensitive to the needs of children. This is indicated by the legislation outlined in this section which protects the rights of children.

Children in need of care in South Africa are those whose natural parents have failed to meet the expectations of the society. These children are therefore removed and placed in residential care or foster homes.

Permanency planning emphasises that before a decision is made to remove a child from his or her parents, the situation has to be analysed carefully so as to avoid taking away a child who could be better-off with his parents or to avoid keeping a child with abusive parents who are not fit to care for the child.

Adoption gives the child a second opportunity to happiness and a healthy upbringing. This kind of placement does not necessarily have to be with parents of the same race but according to the South African law these children can be placed with any family which is deemed suitable for raising an adopted child. Institutionalisation is generally not favourable compared to adoption because a child in an institution does not always receive the necessary attention that he needs, as there are usually many of them. The adoptive family gives the child the opportunity to be raised by two parents normally who show interest in all that the child does.

It is therefore, important for the socialisation process to run smoothly, in order for the children to be well integrated into society. The parents or those who are responsible

for the children in institutions are therefore expected to transfer the norms and values of the society to the children. The next section will therefore deal with homosexual adoption, the meaning or race, culture, ethnicity and nationality.

3.15 SOCIAL AND POLITICAL ASPECTS OF ADOPTION.

South Africa is considered to be a Christian Society, and it is therefore not surprising that homosexual marriages are not legal in the country. Therefore, homosexual couples cannot adopt a child together. The apartheid government employed racist methods in order to discriminate against people on the basis of their skin colour. This kind of practice was also discovered in matters where placement of children was concerned. It is therefore, this section's aim to determine the extent of the negative effect that this racist practice had on the process of trans-racial placements of children, South African families were also categorised according to their race. The people who were considered to be more superior were White, Indians, Coloureds and Blacks were the most inferior race group. This also had a negative effect on the families and it also affected the socialisation process within the families in the society.

South Africa has diverse cultures, not only across racial lines, but also within the black communities people come from different cultural background. The analysis of this aspect is essential, so as to examine, how the new member integrates into the new cultural system in a trans-racial family.

Ethnic awareness is also essential, because sooner or later the adopted child realises that he is from a different background, and so it is imperative to determine how the child learns to accept that he is different and how the whole family deals with this problem. Nationality is also another important aspect in this study, as the trans-racial families emerge from the same or one community, sharing a common history and are all under one government, this helps to bring togetherness amongst them.

3.16 ADOPTION, LESBIANS AND GAY MEN.

Adoption laws do not allow two unmarried people to adopt a child together, so this makes it difficult for lesbian or gay couples to adopt. However, the law allows an unmarried, divorced or widowed person to adopt, so one partner in a lesbian or gay couple may be able to adopt a child, but this means that both partners will not be the

guardians of the child.   (The AIDS Law Project and the AIDS Legal Network, 2001:257).

3.17 THE CONCEPT OF RACE.

Balibor & Wallerstein (1991:199-192), in their study of race, national, class ambiguous identities, said that what we mean by race is essentially such an international status group.   There is a basic division between whites and non-whites.   Race is, in the contemporary world, the only international status-group category.   It has replaced religion, which played that role since at least the eighth century AD.   Rank in this system, rather than colour, determines membership in the status group.   Racism therefore, is simply the act of maintaining the existing international social structure, and is not neologism for racial discrimination.   It is not that they are separate phenomena.   Racism obviously utilises discrimination as part of its armoury of tactics, a central weapon, to be sure, but there are many possible situations in which there can be racism without discrimination, in any immediate sense.   Perhaps there can be even be discrimination without racism, though this seems harder.   What is important to see is that these concepts refer to actions at different levels of social organisation.

Racism refers to action within the world area.   Discrimination refers to actions within relatively small-scale organisations.   Racism in South Africa has played a critical role in displacing people, both psychologically and physical.   Racism is therefore used as a tool by those in authority to discriminate against people.   One race group is considered more superior to other race groups.

3.18 THE MEANING OF " CULTURE" IN TRANS-RACIAL FAMILIES.

Successful cross-cultural adoption is conceived as a result of the individual's transcendence of primary perception of the world. The process of cross-cultural adaptation is not a simple phenomenon.   It involves the life history of a person, transcending the substitution of one culture for another.   It involves the conscious as well as the unconscious changes in the individual.   A model of cross-cultural adaptation characterises the stages of adaptation process as contact, disintegration, pre-integration, authority and double-swing. (Kim and Gudykwist,1987:140-142).

3.18.1 THE FIRST STAGE: " CONTACT".

Despite contact with a different culture, one fails to recognise the new realities. One's original world view persists; one sees one's own reality in the second culture. The differences one sees may not be threatening but intriguing.

3.18.2 THE SECOND STAGE: " DISINTEGRATION".

One experiences in this stage bewilderment and conflict due to the discrepant world views of the first and second culture. Being overwhelmed by cultural differences, one experiences " culture shock."

3.18.3 THE THIRD STAGE: " PRE-INTEGRATION."

This stage is marked by one's attempt to find a solution to a difficult situation. At this stage, culture similarities and differences are rejected through stereotyping, generalisation, and judgmental attitudes

3.18.4 THE FOURTH STAGE: " AUTHORITY"

One's outlook becomes increasingly flexible at this stage. One gains the ability to experience new situations in a new way.

3.18.5 THE FIFTH STAGE: " DOUBLE-SWING".

This stage is marked by "attitude, emotions, and behaviours that are independent but not independent of cultural influence". One is fully able to accept and draw nourishment from both cultural similarities and differences. One is independent, yet simultaneously interdependent.

Every culture has its own unique patterns of behaviour which seem strange to people from other cultural backgrounds. For instance, a black child who is adopted by white parents would naturally experience problems in integrating with his new family, perhaps age also play a crucial role in this aspect, because if a child is adopted when

he or she is still an infant he or she will not experience problems of having to learn the expectations of a new culture.

3.19 ETHNIC AWARENESS.

An ethnic awareness is based on the belief shared by its members that, however distantly, they are common descent. Ethnic membership does not constitute a group, it only facilitates group formation of any kind, particularly in the political sphere. On the other hand, it is primarily the political community, no matter how artificially organised, that inspires the belief in common ethnicity. (Jenkins, 1997:10).

He went on to state that, ethnicity is about cultural differentiation. Ethnicity is centrally concerned with culture-shared meaning - but it is also rooted in, and to a considerable extent the outcome of, social interaction. Ethnicity is no more fixed or unchanging than the culture which it is a component of the situations in which it is produced and reproduced. Ethnicity as a social identify is collective and individual, externalised in social interaction and internalised in personal self-identification. (Jenkins, 1997: 13-14).

3.20 NATIONALITY.

Nationhood is a political concept. Each nation state has some form of government created by or through legislation. The concept of nationhood is used to give people a sense of common identity, citizenship and unity. (Balibor & Wallerstein 1991:71-72).

The apartheid government in South Africa had by law proclaimed the existence of four groups of " peoples", each with a name. Europeans, Indians, Coloured, Bantus. Each of these legal categories is complicated and contains multiple possible sub-groups within it. The sub-groups combined under one legal label are sometimes curious from the vantage point of an outsider. None the less, these labels have the force of law and have very specific consequences for an individual. Each resident of South Africa was classified into one of these four categories and as a result had different political and social rights. For example a person was required to live in a residential area assigned by the state of his/her category and in some cases sub-categories.

3.21 OVERVIEW OF SOCIAL AND POLITICAL ASPECTS OF ADOPTION.

Adoption laws make it very difficult for lesbian and gay men who intend to adopt since they do not allow unmarried people to adopt a child together. Racism has played a crucial role in displacing people. both psychologically and physically. Black people acquired a sense of inferiority which proves to be very difficult to dispel later.

Until recently in South Africa literature often contained stereotypes about blacks. Images linking white to purity and black to evil remain prominent in children's stories. This can be very harmful to the self-esteem of a trans-racially adopted child.

Culture is made up of values and norms held by a group of people. In order for an individual to be accepted by the society he or she has to adhere to the expectations laid down by that particular society. Ethnic differences are learned at an early age. Children may learn at an early age that one ethnic group is considered more superior than the other. The concept of nationhood is very essential, more especially in South Africa because it is a diverse and multi-cultural society. In most instances the only thing that the people share is nationality. This can be used in a positive way to bring them together. HIV/AIDS is considered to be mostly a disease of poverty, which affects mostly black people in South Africa. The next section will therefore deal with the aspects of childlessness and HIV/AIDS and its effect on adoption.

3.22 BIOLOGICAL AND HEALTH EFFECTS ASSOCIATED WITH ADOPTION.

As in many other situations, there are also several reasons why couples would like to adopt children. Childlessness or infertility is one of them. Therefore, it is this section's aim to explore some of the reasons of childlessness and adoption. Children and adoptive parents with chronic diseases such as HIV/AIDS are often discriminated against. The researcher also hopes to analyse the negative impact that this disease has on the matter of adoption.

3.23 THE ASPECT OF CHILDLESSNESS AND ADOPTION.

According to Triseliotis (1970:83), childlessness is a symptom of various conditions and not a diagnosis. The reasons for which couples may be childless vary. Some may even choose to have no children whilst some may have had several unsuccessful

pregnancies. Therefore, childless couples are affected in different ways by this problem. Obviously those who do not choose to be childless but are in any case will be devastated by the realisation.

To be involuntarily childless can be one of life's great disappointments. To learn that one cannot be a parent biologically is bound to be a blow to one's hopes, but it need not be a blow to one's self-respect. It can happen to anyone and there are many thousands of people in a similar situation. It may be that out of every ten couples one is involuntarily childless. Most childless couples go through periods of great emotional distress and feelings of anger, guilt, depression and worthlessness are very usual. (Rowe, 1982:24 & 28).

Therefore it is important for couples who intend to adopt to overcome these negative feelings before they consider adopting, so that they can be capable and responsible parents for their adopted child. Rowe (1982:29), is of the view that until adoptive parents are comfortable about discussing the success and failure of adoption placements, they cannot be comfortable with an adopted child, for the child is a constant reminder of something they are trying to forget. This unresolved conflict will colour their attitudes towards the child, and may make them harsh and rejecting parents or over-protecting and spoiling.

3.24 HIV/AIDS AND ITS EFFECTS ON ADOPTION.

Chronic diseases such as HIV and AIDS in childhood can limit growth and the social, emotional and intellectual development of the child. The education of such children may be interrupted. As a result of chronic diseases, social interactions are often impaired, while the negative attitudes of adults and children can also have a detrimental effect. Chronic diseases differentiate children from their peers during adolescence when peer group relationships are important. The difficulties of coping with chronic diseases can also lead to increased economic and psychological stress for parents and children. (Government Gazette, 1997:60). This illness could also pose a problem for couples who intend to adopt as they in most instances would prefer a healthy baby. It is also a problem for child and family welfare agencies in South Africa.

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3.24.1 HIV TESTING AND ADOPTION.

The Child Care Act does not say whether or not HIV testing should take place before an adoption. This means that different welfare organisations may have different HIV testing polices. Child Welfare's policy is that everyone involved in an adoption arranged through a child welfare agency is tested for HIV, that is, the adoptive parent or parents, the child and where possible the birth parents.

If adoptive parents test HIV positive, child welfare does not allow the couple to adopt the child. If the child tests HIV positive this information is given to the possible future parents and they can decide whether or not to adopt the child. One of the reasons that children being adopted are tested for HIV is to make sure that, if they test HIV Positive, this is known at the time of the adoption. After that it is not possible to cancel the adoption because a child is living with HIV or Aids. (The AIDS Law Project and the AIDS Legal Network, 2001:258-259).

The burden of caring and treating children who are HIV positive could be reduced if there could be provision of anti-retroviral drugs for the HIV positive women.

3.24.2 MOTHER-TO-CHILD TRANSMISSION.

Recent research has shown that giving an anti-retroviral drug called AZT to mothers before they give birth, greatly decreases the risk of passing HIV on to the baby (called mother-to-child transmission - MTCT).

In South Africa, there has been a lot of interest in the Thailand Study, because it used a shorter course of AZT and was thus cheaper. Studies in Uganda and South Africa using an even cheaper drug, Nevirapine, showed that this drug is also effective in reducing MTCT. (The AIDS Law Project and the AIDS Legal Network, 2001:16).

Current research also strongly indicates that suppressing HIV Viral activity and replication with anti-retroviral therapy (ART) or Highly Active Anti-retroviral Therapy (HAART) combinations prolong Life and prevent opportunistic infections. (Report of

the Joint Monitoring Committee on the Improvement of the Quality of life and Status of Women (JMCIQLSW, 2001:13).

3.25 OVERVIEW OF BIOLOGICAL AND HEALTH EFFECTS ASSOCIATED WITH ADOPTION.

The Researcher discovered that in order for the adoption to be a success, adoptive parents need to be in a healthy physical, mental and emotional state. All negative and positive aspects of adoption need to be confronted and understood very well. The inability of adoptive parents to reproduce a child of their own should not be allowed to interfere in their relationship with their adopted child. HIV and AIDS is also a problem for couples who intend adopting and the social workers. As the life of the child may end soon after adoption. Adoptive parents always feel that it is safer to adopt a healthy child who may stay with them until adulthood and who may not put their lives at risk. A child who is ill may also be isolated by his peers in the society. The fact that Child Welfare's policy is that everyone involved in an adoption arranged through a Child Welfare Agency is tested for HIV places a huge amount of responsibility on these agencies and proper counselling should take place. Nevirapine has been proved to be effective in reducing MTCT.

The apartheid government was every successful in introducing and implementing the homeland and migrant labour system because this encouraged families to be separated and it had an enormous impact on the family as a primary socialisation agent. This led to violence, poverty, negligence of children, illegitimacy, as a result of premarital sexual relations and abuse of children.

Children in need of care in South Africa are placed in various places so as to provide them with the necessary care. These children are placed in residential care or foster homes, or are adopted. Social and political aspects also play a great role in adoption. For instance adoption by lesbian and gay couples is not allowed since homosexual marriages are not legal in South Africa. Racism, culture, ethnicity and nationhood are also influential factors.

Childlessness is one of the reasons that encourage adoptive parents to adopt. There is not yet a known cure of HIV/AIDS and this is a problem for many prospective adoptive parents and children who need to be adopted. Welfare organisations have different HIV testing policies. Prevention of mother to child transmission, could be a possible solution to the high rate of infant mortality, since research has proven that Nevirapine is safe for HIV positive pregnant women.

CHAPTER 4

4 THEORETICAL PERSPECTIVE AND METHODOLOGY

4.1 INTRODUCTION

The purpose of this chapter is to highlight the relevance of theory and methodology in a sociological study. According to Ritzer (1996:4) a theory is a set of interrelated propositions that allow for the systematisation of knowledge, explanation, prediction of social life and the generation of new research hypothesis. All intellectual fields are profoundly shaped by their social settings. This is particularly true of sociology, which is not only derived from that setting as its basic subject matter. In this study the researcher has chosen the symbolic interactionist theory of George Herbert Mead.

Research methods are the actual techniques of investigation used to study the social world. They include the use of questionnaires, interviews, participant observation or fieldwork within a community being studied, together with the interpretation of official statistics and historical documents. (Giddens, 1989:676).

For the purposes of this study, the researcher conducted in-depth interviews which is qualitative research.

4.2 THEORETICAL PERSPECTIVE.

The researcher has chosen the theory of George Herbert Mead (Symbolic Interactionism). Mead's (1934) contribution to sociological understanding was his theory concerning the self as a social product and his attempt to capture the interactive and dynamic process by which the self is formed (Farganis , 1996: 356).

The purpose of this theory is to help us to establish whether trans- racial placements encourage interaction amongst people of different races.

The term "symbolic interaction" refers to the peculiar and distinctive character of interaction as it takes place between human beings. The peculiarity consists in the

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fact that human beings interpret or "define" each other's actions instead of merely reacting to each other's actions.

Mead (1934) claims that language allows us to become self- conscious beings, aware of our individuality and the key element in this process is the symbol. A symbol is something which stands for something else. The language "English" is a symbol by which we communicate with other people.

Each of us is a self- conscious being, because we learn to be able to "look at" ourselves as if from the outside, seeing ourselves as others see us. All interaction between human individuals involves an exchange of symbols. When we interact with others we constantly look for 'clues" about what type of behaviour is appropriate in the context and about how to interpret what others intend. Symbolic Interactionism directs our attention to the detail of interpersonal interaction, and how that detail is used to make sense of what others say and do.
(Giddens, 1989: 715 - 716).

According to Mead (1934) Infants and young children develop as social beings first of all imitating the actions of those around them. Play is one way in which this takes place. In their play small children often imitate what adults do. It is only at this stage that children acquire a developed sense of self. Individuals develop self-consciousness by coming to see themselves as others see them. A further stage of development occurs when the child is about eight or nine. This is the age at which children tend to take part in organised games, rather than unsystematic "play". It is not until this period that children begin to understand the overall values and morality according to which social life is conducted. (Giddens, 1989: 71 - 72)

Herbert Blumer was Mead's student , who became a major interpreter of Mead's work. He views symbolic interaction as a uniquely human process in that it requires the definition and interpretation of language and gestures and the determination of the meaning of the actions of theories as well. For humans to interact they must be able to understand the meaning of the remarks and the actions of others and shape appropriate responses. Individuals attempt to fit their actions and mesh their behaviours with those of others with whom they interact. As a result, social life is a

fluid and negotiated process rather than one that is determined by macro - structures like economic class or bureaucratic organisation. (Farganis, 1996: 357).

Human interaction is mediated by the use of symbols, by interpreting, or by ascertaining the meaning of one another's actions. From the standpoint of symbolic interaction, social organisation is a framework inside of which acting units develop their actions. Structural features, such as culture, social system, social stratification or social roles set conditions for their action but do not determine their action. People do not act toward culture or social structure, they act toward situations.

In modern society with its increasing crisis- crossing of lines of action, it is common for situations to arise in which the actions of participants are not previously regulated and standardised (Farganis, 1996: 365).

4.3   JUSTIFICATION FOR ADOPTING THE SYMBOLIC INTERACTIONIST THEORY.

The researcher finds symbolic interationism a very suitable theory for her study.

I.   The theory offers insights into ways of understanding human interaction.

II. It provides us with a greater understanding of other people who come from different social backgrounds.

III. It equips the study with analytical resources to explain strategies used by different people in order to accommodate others in their lives.

IV. We also have a greater understanding of how people adjust themselves so as to fit into a particular culture or race group.

V. By adopting the symbolic interactionist approach the study will be able to reveal divergence in interpersonal interaction.

VI. The theory will also assist us in understanding why many adoptive parents prefer adopting infants to older children.

VII. The theory will shed an understanding on how parents who have adopted trans-racially adjust their behaviour and start learning about the culture and traditional practices of the child they have adopted.

4.4 METHODOLOGY

4.4.1 QUALITATIVE RESEARCH

The method adopted in this research is entirely qualitative. Qualitative research methodologies seek to learn about the social world in ways which do not rigidly structure the direction of inquiry (Walker, 1985: 46).

These methods allow the researchers to get close to the data and provide opportunities for them to derive their concepts from the data that are gathered . (Burgess, 1984). They allow the researchers to explore the meaning in social situations.

Qualitative research is more like a conversation about insights into people's views of the world. "Less is more": often as few as 20 informants participate in a study. Sample design is flexible and usually evolves as the sample progresses. Individuals are often selected as you go along. The aim is to work longer and in greater depth with a few informants. (Reproductive Health Research Methods Course , 31st July to 3rd August 2000).

It is maintained that qualitative research is sensitive to the human situation. It involves an empathic dialogue with the subjects studied and it may contribute to their emancipation and empowerment. It is a uniquely sensitive and powerful method for capturing the experiences and lived meanings of the subjects' everyday world.
Interviews allow the subjects to convey to others their situation from their own perspective in their own words. Qualitative interviews are not in themselves progressive or oppressive, the value of the knowledge produced depends on the context and the use of the knowledge . (Kvale, 1996: 70 - 72).

Qualitative interviews can for example, be used to investigate the welfare policy in South Africa as it relates to child care, the profile of trans-racial families, the

socialisation processes, the profile of people who give away their babies for adoption and the support networks available to cross-cultural families. The knowledge obtained will be used to motivate other people to adopt trans- racially.

4.4.2 PURPOSIVE SAMPLING

Sample design in qualitative research is usually purposive. That is, rather than taking a random cross- section of the population to be studied, small numbers of people with specific characteristics or experiences are selected to facilitate broad comparison between certain groups that the researcher thinks likely to be important (Walker, 1985 : 30).

There are many situations in which it may be necessary to conduct interviews in a relatively small number of compact groups or areas. That is, it may be impossible to identify individual population elements, whereas groups of elements can be specified (e.g. trans-racial families).

4.4.3 LOCATION

Both the sites that were used in this study are in urban areas, that is Johannesburg and Durban. The reason being that people in urban areas are in a better position economically and socially than people in rural areas. They are therefore more likely to adopt children than people in rural areas.

People in rural areas are also still very traditional and many of them do not practice adoption or fostering. Placements of children in rural areas do take place but only within the extended family and the information is usually not recorded as it is not done legally. A large enough sample was therefore only available in the urban areas.

4.4.4 ACCESS

Many parents who have adopted and are fostering in Johannesburg go through the Johannesburg Child Welfare Society. Therefore, in order to gain access to the participants, permission had to be obtained from the social workers who work very closely with these families. The same procedure applies to the Durban Children's Home where three trans-racial families were obtained through networking with the social workers.

Permission to interview the families was granted without delay after the researcher had explained to the social workers what the study was about. A list of six names was then given to the researcher, in Durban.

This was obviously not sufficient as the aim was to interview at least twenty families. Seventeen participants were obtained through networking with adoptive parents in Johannesburg and the other three families were obtained through the Durban Children's Home in Durban. Gaining access to the families in Johannesburg was not difficult as many of them belong to the Rainbow Support Group and are very close friends.

4.4.5 PROCEDURE

Once the names and contact information of the adoptive and foster parents were obtained the researcher then contacted the families to arrange for the interviews. Seventeen families were interviewed in Johannesburg and only three families were interviewed in Durban. Fifteen families were interviewed in their family settings, three families in restaurants and two families were interviewed at their work place.

The researcher received directions from the adoptive parents as well as the physical addresses. An interview schedule and a tape recorder were used to capture the information that was provided by the participants. The interviews took approximately an hour each. It should be stated that the co-operation and eagerness of the adoptive parents to participate was amazing and encouraging for the researcher.

4.4.6 INTERVIEWS

The physical location of the interview needs careful thought as it may affect what the informant says. In this study an interview schedule was used to gather information. People who have adopted or are fostering children of a different race were interviewed.

The interviews were conducted in an informal setting. The researcher put the questions across to the participants using an interview schedule. The participants were allowed to talk freely about various aspects of the topic. The objective of this study was to develop in-depth information, as a result only twenty trans- racial families participated.

The researcher emphasised the fact that names and addresses would not be recorded and that confidentiality of their answers and opinions would be respected. Each family was informed before the interview that the research was being conducted for academic purposes.

An attempt was made to express the questions in easily understandable language. The grouping of different question types together generally help to facilitate the administration of the schedule.

4.4.7 ISSUES ABOUT THE RESEARCHER

The researcher recognises that the research can never be neutral. The researcher is a critical part of the research process. In interviewing the researcher serves as a kind of "instrument" in data collection. He or she cannot fulfil qualitative research objectives without using a broad range of own experience, imagination or intellect. He or she also recognises the complexity of the relationship between the researcher and informant and potential power issues which may affect the interview. (Reproductive Health Research Methods Course, 31st July to 3rd August 2000).

4.4.8 ETHICAL ISSUES

4.4.8.1 ETHICAL ISSUES BEFORE THE STUDY

Ideally , the majority of the ethical balancing act has to be completed before any data are collected. As with any other task, the more thorough the preparation, the more successful the outcome (Dane, 1990: 38 - 39). In this particular study, the researcher provided the participants with all the necessary information concerning their participation.

4.4.8.2 ETHICAL ISSUES DURING THE STUDY

Part of the researcher's responsibility is to represent herself accurately, as it is realised that her identity and affiliations may affect someone's decision to participate.

In order to avoid behaviour change in participants , settings which are familiar to the participants were used. The researcher also remained neutral to avoid biasness and leading of the respondents.

4.4.8.3 ETHICAL ISSUES AFTER THE STUDY

Sensitive and confidential information about the participants was collected. It was therefore , desirable to ensure the anonymity of the participants. To maintain anonymity the researcher developed a system of identification codes for each family.

4.4.9 RELIABILITY

Reliability is described by Polit and Hungler (1987) as the degree of consistency with which one measures the information. As the researcher was the only person conducting the interviews, the information obtained was consistent and thus fulfilled one of the aims or reliability.

4.4.10 <u>VALIDITY</u>

This refers to the extent to which an instrument reflects the concept being examined. (Burns & Grove, 1995: 570), As the interview tools were based on the literature and on the theory this contributed to content validity.

4.5 PROBLEMS ENCOUNTERED IN THE RESEARCH PROCESS

As the study proceeded the researcher encountered difficulties :

I.   The research demanded a lot of time, energy and effort.

II. Serious constraints with regard to accessing trans-racial families in Durban were experienced due to the lack of co-operation by the social workers at the Durban Child and Family Welfare Society.

III. The researcher also travelled long distances, sometimes at night to interview families.

IV. Initially, some families were not comfortable with talking to a stranger about their lives and were suspicious of the researcher and asked her to confirm that she was indeed referred by the social workers.

4.6 SUMMARY

This chapter has provided a perspective on the theoretical framework and methodology used in undertaking the study. George Herbert Mead's symbolic interactionist theory was used to emphasise the importance of interaction in the society. The data was collected from adoptive and foster parents in Durban and Johannesburg. In-depth interviews were conducted with twenty families who have adopted or are fostering a child of a different race. Ethical issues were also discussed, as well as the problems that the researcher experienced during the undertaking of the study.

CHAPTER 5

5 AN ANALYSIS AND INTERPRETATION OF DATA

5.1 INTRODUCTION

All data techniques involve summarising data. We begin with raw data to simplify complexity, which is in any case the joint task of theorising and analysing. Each stage in the process of analysing involves the "loss" of information but a "gain" in our ability to understand social processes. (Rose and Sullivan, 1993 : 67).

The intention of this chapter is specifically to analyse and interpret the data collected during in-depth interviews. This chapter will present the findings of the study. The data obtained from the interviews were tabulated and analysed using database and spreadsheet software . This format has been used for purposes of clarity and ease of reading, rather than to make statistical generalisations. The data also conform to the topics covered in the literature review.

Questions from the interview schedule have been grouped together, and will be discussed in that order. An attempt was made by the researcher to make the data more understandable for the reader by illustrating the findings using tables and each table is followed by a discussion. Tables are however not a necessity for open - ended questions. In this instance the researcher used the questions that were posed to the participants as headings.

There were eighteen females and thirteen male participants in the sample. Thus the female participants outnumbered the male participants. This chapter focuses on the analysis, interpretation and discussion of the data. The study was primarily qualitative. In analysing qualitative data, the methods of analysis tend to be less structured.

Qualitative analysis involves making sense of the data through a process of identification of patterns and themes. (Marlow, 1993 : Patton , 1990)

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5.2.1 TABLE OF AGE OF ADOPTIVE PARENTS.

Age Group	Frequency	Percentage
25 – 29	1	3%
30 – 39	12	39%
40 – 49	14	45%
50 – 59	4	13%
TOTAL	31	100%

As may be seen from this table, none of the parents was under twenty-five at the time the interviews were conducted. The maximum age was fifty-six. The table also indicates that fourteen (45%) of the sample was between the age of forty and nine-nine. This indicates that these are the most likely people to adopt children of a different race. The least likely people to adopt trans- racially are those aged between twenty-five and twenty-nine (3%). As indicated above only one such individual in the study has adopted trans- racially.

The second most likely group to adopt trans-racially are those aged between thirty and thirty-nine. This could be attributed to the fact that many younger people in their twenties have not yet made commitments and probably have not even attempted having children of their own. Whereas, with older people it is very likely that they would have attempted to have their own biological children, but have failed. Which eventually leads to them resorting to other alternatives such as trans- racial adoption.

5.2.2 TABLE OF GENDER OF ADOPTIVE PARENTS

Category	Frequency	Percentage
Female	18	58%
Males	13	42%
TOTAL	31	100%

All thirty-one cases in the sample group have been included in this presentation on gender distribution. A total of eighteen (58%) females participated in the study and

only thirteen (42%) of the males participated. This confirms the fact that females are more likely to adopt across the colour line than males.

5.2.3 TABLE OF RACE CATEGORY OF ADOPTIVE PARENTS

Race	Frequency	Percentage
White	31	100%
TOTAL	**31**	**100%**

It is evident from table 5.2.3. that all people who participated in the study were white. This confirms the assumption that white people in South Africa are more economically and socially at an advantage compared to black people. This is not the only reason we have this kind of situation. Tradition and cultural beliefs of the black people discourage them from adopting children.

In black culture blood ties are important for both the living and the dead. Roots and identity go hand in hand. When the child is included into a family with rigid views on adoption the results must be watched. A low socio - economic status contributes to the above and people are also trapped in family expectations i.e. commitments to the extended family, parenting of a brother's child, etc.

Inadequate recruiting procedures and staff turn- over, where staff have several duties adoption work becomes a luxury. (Pakati, 1997:12).

5.2.4 TABLE OF FREQUENCY DISTRIBUTION OF MARITAL STATUS OF ADOPTIVE PARENTS

Marital Status	Frequency	Percentage
Married	22	71%
Single	8	26%
Separated	1	3%
TOTAL	**31**	**100%**

Marital stability is an important criterion for the adoption couples selected by the child welfare society. The remarkable marital status of the adoptive parents has to be noticed. The table indicates that twenty-two (71 %) of the adoptive parents are

married. Single parents were eight (26%) and only one (3%) was separated at the time.

5.2.5 <u>TABLE OF WHETHER IT WAS THE ADOPTIVE PARENTS' FIRST MARRIAGE OR NOT</u>

Number of Times Married	Frequency	Percentage
First marriage	20	87%
Second marriage	2	8%
Third marriage	1	5%
TOTAL	**23**	**100%**

The table above indicates that three (13%) adoptive parents had been married before and were divorced. One adoptive father was divorced twice and was in his third marriage. Previous marriages might have failed as a result if infertility. Two adoptive fathers were in their second marriages. It is interesting to notice that all three adoptive parents who were married before were males. These findings demonstrate the level of stability that is required for one to be an adoptive parent.

5.2.6 <u>TABLE OF HIGHEST EDUCATIONAL LEVEL OF THE ADOPTIVE PARENTS.</u>

Educational Level	Frequency	Percentage
Standard 8	2	6%
Matric	5	16%
Tertiary	24	77%
TOTAL	**31**	**100%**

Table 5.2.6. indicates that with respect to the educational achievement of the adoptive parents, twenty-four (77,%) had managed to secure tertiary education. By contrast two (6%) adoptive parents have failed to secure a matric. Whereas five (16%) other adoptive parents only managed to obtain a matric.

5.2.7 TABLE OF CURRENT EMPLOYMENT STATUS OF ADOPTIVE PARENTS

Category	Frequency	Percentage
Employed	22	71%
Unemployed	4	13%
Self-employed	5	16%
TOTAL	**31**	**100%**

It is interesting to notice that twenty-two (71%) of the adoptive parents were employed, only four (13%) were unemployed and five (16%) were self- employed. The researcher feels compelled to mention that all but one people who were unemployed were women. This demonstrates the fact that the male is still seen as the head of the family and is expected to provide for the family. This is not only expected by his family but by the community as well.

The types of work that are performed by the adoptive parents are divided into three categories. The overall measure of socio- economic status was developed by asking them about their monthly income, education, employment status and the type of occupation that they are involved in.

5.2.8 WHAT TYPE OF WORK DO YOU DO?

Highest prestige ratings.

* Engineers
* Architects
* Cinematographer
* Accountant
* University professor
* Scientist (researcher)
* Physiotherapist
* Audit manager

Second highest ratings

* Computer consultants
* Librarian
* Artist
* Day care centre owner
* Disease management controller
* Communications manager
* Travel agency manager
* Recruitment consultant

Third highest ratings

* Teachers
* Fire fighter
* Industrial plastics
* Administrator
* Electrical controller

It is evident from the information above that people with similarities tend to attract one another. In the highest prestige rating group, the university professor and the researcher were husband and wife. In the second category, the disease management controller and the communications manager were also a married couple. Whereas in the third category one of the teachers and the fire fighter were also a married couple. Those in the higher ranks also earned huge incomes compared to those in the lower rank. The status of the families which belong to the highest prestige group is also higher in the society.

5.2.9 TABLE OF COMBINED PERSONAL MONTHLY INCOME.

Income	Frequency	Percentage
R4 000 – R5 000	1	5%
R5 000 – R6 000	1	5%
R6 000 – R7 000	2	11%
R7 000 – R8 000	1	5%
R8 000 – R9 000	0	0%
R9 000 – R10 000	1	5%
R10 000 – R11 000	1	5%
Above R11 000	12	63%
TOTAL	**19**	**100%**

With regard to combined personal income table 5.2.9. demonstrates that twelve families (63%) earn above R 11 000 per month. (There is only one family which earns between R 4 000 and R 5 000 per month). This is a very interesting finding as this family has the highest number of adopted and foster children as well as biological children. In this instance the child welfare society and the community assist the family with finances, clothes, food , toys , books etc. No response was obtained from one single parent as he declined to provide the information, therefore there is no data available for this family. It is apparent that on average the families with high incomes are more likely to adopt children than those with lower incomes.

5.2.10 TABLE OF NUMBER OF BIOLOGICAL CHILDREN PER FAMILY

Number of Biological Children	Frequency	Percentage
Four	1	5%
Three	3	15%
Two	1	5%
One	3	15%
None	12	60%
TOTAL	**20**	**100%**

Table 5.2.10. indicates that twelve (60%)of the families which participated have no children of their own. One family has four (5%) children, three families have three (15%) children, the other three families had only one (15%) child each and one family had two (5%) children.

Two families cited infertility as a reason for not having biological children. The other ten families with no biological children said that it would not make sense for them to have their own biological children as South Africa has many homeless children who need stable families.

5.2.11 TABLE OF RELIGIOUS AFFILIATION OF THE FAMILIES

Religion	Frequency	Percentage
Christian	13	65%
Buddhists	1	5%
Jewish	2	10%
None	4	20%
TOTAL	**20**	**100%**

Table 5.2.11 shows that thirteen (65%) of the families which participated are Christians. Four families (20%) indicated that they were not religious. One family said they were agnostic, one said they were humanists and two others said they just were

not religious and there was no specific reason attached to it. There was one (5%) family which was Buddhist and two (10%) were Jewish.

Religious families also pointed out that going to church was a source of spiritual upliftment. It also gives them a chance to socialise with other people who provide them with moral support and this gives them strength to handle difficulties.

5.2.11.1 Bar **chart 5.1 : Birth status of children placed trans-racially**
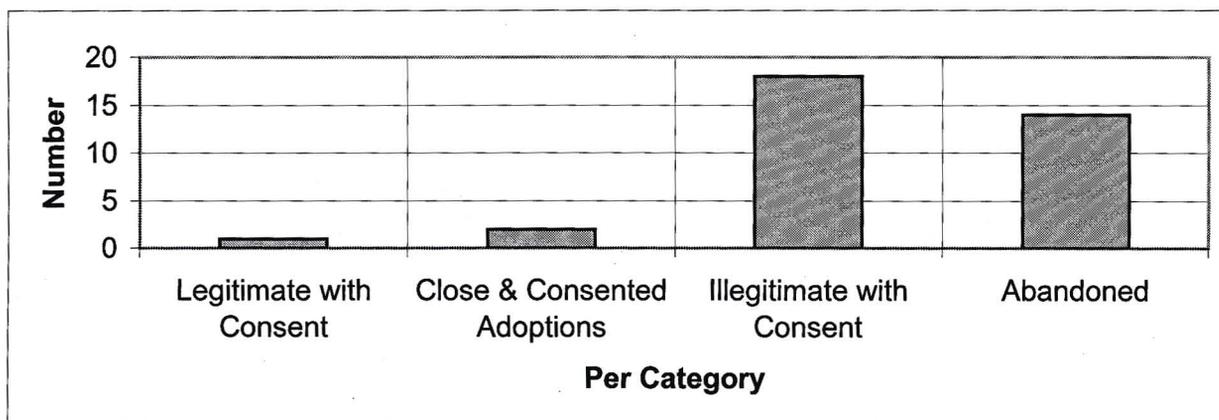
The data in bar chart 5.1. indicates that there are thirty-five adopted and foster children placed in the families that participated in the study. One child was considered to have been legitimate with consent, which means it was a planned pregnancy and the birth parents consented for adoption. Eighteen children were said to have been illegitimate with consent, which means that the pregnancies were not planned, but the patents consented for adoption.

Fourteen children were said to have been abandoned, and therefore their birth parents did not consent for the adoption. With the other two children it was close and consented adoptions.

Illegitimacy is rising in South Africa, but the picture is complex and little information is available. The pattern remains that of the woman being responsible for raising the child with little or no assistance from a usually absent father. The woman may subsequently marry the father or another man. She may place the child with relatives, foster parents, and adoptive parents or in a home (Burman & Preston - Whyte , 1991;29).

If the child is to be adopted, the mother's consent is usually required, and that of the child if he or she is older than ten years and capable of understanding the situation . The court is not obliged to notify the father of the court proceedings, because he is not the natural guardian (Sub Sections 18 (4) (d) and (e) of the Child Care Act 74 of 1983).

5.2.12 <u>TABLE OF WHERE WAS / WERE THE CHILD/CHILDREN BORN?</u>

Province	Frequency	Percentage
Gauteng	32	91%
KwaZulu-Natal	3	9%
TOTAL	**35**	**100%**

All thirty-two (91%) children whose families participated in the Gauteng Province were also born in the Gauteng Province. The other three (9%) children were born in Durban in the KwaZulu-Natal Province. This evidence shows that people who give their children away for adoption tend to stay in one place and do not move around a lot.

5.2.13 <u>TABLE OF PLACES WHERE THE CHILDREN CAME FROM.</u>

Category	Frequency	Percentage
Hospital	7	20%
Church	1	3%
Children Homes/Residence Care	3	9%
Directly from birth parents	4	11%
Salvation Army	1	3%
JHB Child Welfare Society	17	48%
Durban Child & Family Welfare Society	2	6%
TOTAL	**35**	**100%**

Table 5.2.13. Indicates that seven (20%) children were adopted from hospitals, one (3%) child came from a church, three(9%) children came from the children's homes, two in Johannesburg and one in Durban. Four (11%) of the children came from the birth parents, except for one child who was brought to the adoptive parents by the

grandmother. One (3%) child was adopted from the Salvation Army. The majority of the children seventeen (48%) came from the Johannesburg Child Welfare Society. The other two (6%) of the children came from the Durban child and family welfare society.

5.2.14 TABLE THROUGH WHOM DID YOU ADOPT/FOSTER?

Category	Frequency	Percentage
Johannesburg Child Welfare Society	13	65%
Durban child & Family Welfare Society	2	10%
Private Institution	5	25%
TOTAL	**20**	**100%**

Thirteen families that participated in the study used the services of the Johannesburg Child Welfare Society to adopt and foster. Two families in Durban adopted through the Durban Child and Family Welfare Society. Five families went privately. One adoptive parent experienced problems with the Johannesburg Child Welfare Society and felt that he was being discriminated against because of his sexual orientation (he is gay) . The other family which went privately also experienced problems with the Johannesburg Child Welfare Society because of the ill health of the adoptive mother. The other three families just wanted privacy and confidentiality. One family which used the services of the Johannesburg Child Welfare Society also used the services of the (G.P.A.) to adopt one of their children.

5.2.15 <u>TABLE OF YEARS IN WHICH THE CHILDREN WERE ADOPTED.</u>

Year	Frequency	Percentage
1991	3	9%
1993	2	6%
1994	5	14%
1995	4	11%
1996	3	9%
1997	6	17%
1998	3	9%
1999	6	17%
2000	3	9%
TOTAL	**35**	**100%**

It is evident from table 5.2.15. that in 1991 there were only three (9%) children placed trans- racially amongst the families which participated. The majority of the children twelve (34%) were placed in 1997 and 1999. This could be due to the fact that prior to 1990 there were still a lot of racial tensions in the country. And former President Nelson Rolihlahla Mandela was released from prison in 1990.

5.2.16 <u>TABLE OF AGE /GROUPS OF CHILDREN PLACED TRANS - RACIALLY.</u>

Age Groups	Frequency	Percentage
6 – 7 months	2	6%
1 year – 2 years	3	9%
3 years – 4 yours	7	20%
5 years – 6 years	11	31%
7 years – 8 years	6	17%
9 years – 10 years	3	9%
11 years to 12 years	2	6%
18 years	1	3%
TOTAL	**35**	**100%**

It is evident from table 5.2.16 that the majority of the children, eleven (31%) were between the ages of five and six. Only three (9%) children were above the age of 10. This could mean that most adoptive parents prefer adopting younger children to older ones.

5.2.17 TABLE OF NUMBER OF ADOPTED CHILDREN PER FAMILY.

Study Number	Frequency	Percentage
Family 001	1	6%
Family 002	12	34%
Family 003	1	3%
Family 004	3	9%
Family 005	1	3%
Family 006	1	3%
Family 007	1	3%
Family 008	1	3%
Family 009	1	3%
Family 010	2	6%
Family 011	1	3%
Family 012	1	3%
Family 013	1	3%
Family 014	1	3%
Family 015	1	3%
Family 016	1	3%
Family 017	1	3%
Family 018	1	3%
Family 019	1	3%
Family 020	1	3%
TOTAL	**35**	**100%**

Table 5.2.17 indicates that family 002 had twelve (34%) children in their care. It is also very important to note that most of these children in this family were not adopted but were being fostered. It is also very interesting to point out that this family receives a lesser amount of income compared to all the families who participated in the study.

5.2.18 TABLE OF GENDER OF CHILDREN PLACED TRANS- RACIALLY

Category	Frequency	Percentage
Females	18	51%
Males	17	49%
TOTAL	**35**	**100%**

The table above indicates that there is not too much variation in terms of the gender of the children who are placed for adoption. As the table indicates that eighteen (51%) of female children were placed trans-racially and seventeen (49%) of male children were placed trans-racially.

5.2.19 TABLE OF LEVEL OF EDUCATION OF THE ADOPTED CHILDREN.

Educational Level	Frequency	Percentage
Not yet	9	26%
Pre-school	14	40%
Primary school	7	20%
Secondary school	2	6%
High school	1	2%
Special school	2	6%
TOTAL	**35**	**100%**

The table indicates that all parents who have adopted children in this study are making an effort to educate them as well. The only nine (26%) children who were not attending school were still toddlers. Only one (2%) of the children were already in high school. The other two (6%) were at a special school. seven (20%) of the children were at a Primary school and the other two (6%) were at a secondary school. The majority of the children fourteen (46%) were at pre- school.

5.2.19.1 __Bar Chart 5.2. Adopted and foster children's age at the time of placement.__

Bar Chart 5.2. Adopted and foster children's age at the time of placement.
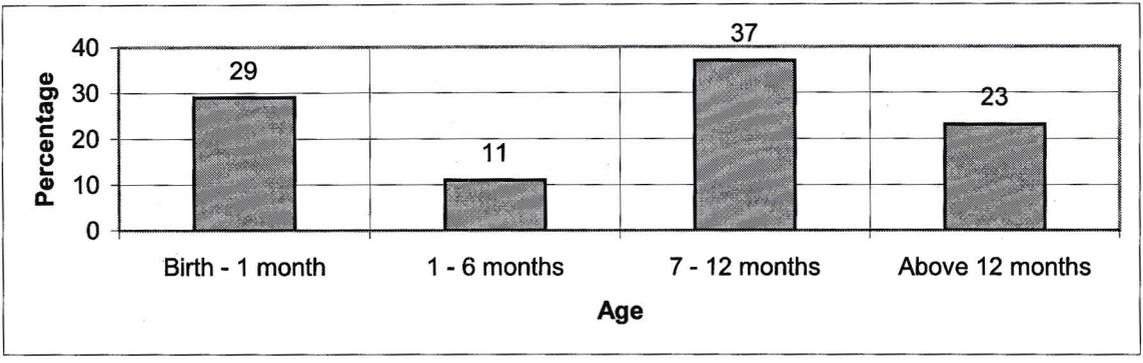
Bar Chart 5.2. shows that the majority of the children thirteen (37%) were placed with their adoptive families when they were between seven to twelve months. Ten (29 %) children were placed between birth and one month. Eight (23%) children were above one year at placement and only four (11%) were between one month and six months.

5.2.19.2 __Bar Chart 5.3. Race of trans-racially placed children.__
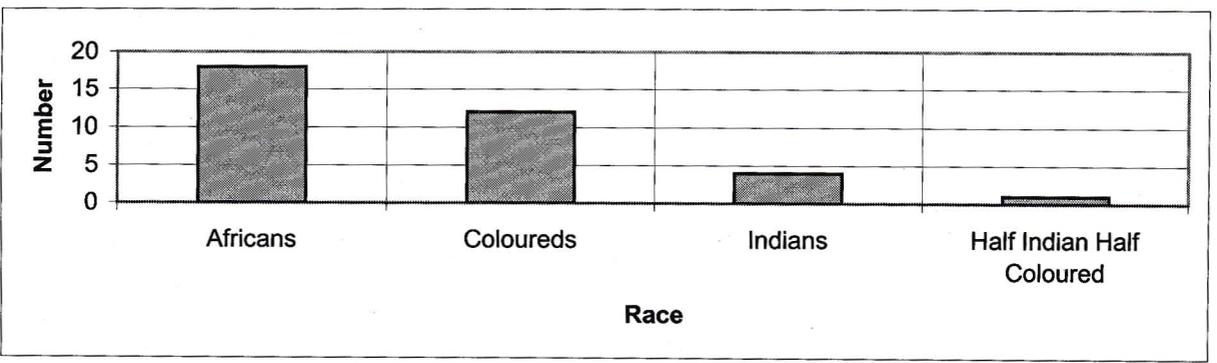
Bar chart 5.3. shows that nineteen (54%) children placed trans-racially in this study were Africans, whereas twelve (34%) were coloured, only three (8%) Indian children were placed with white families. One (3%)child who is half coloured and half Indian was also placed with a white family.

5.3 ANALYSIS AND INTERPRETATION OF OPEN-ENDED QUESTIONS.

The purpose of this section is to analyse the open-ended responses from the adoptive parents. Questions were posed to the adoptive parents who then responded by giving detailed information. The questions that were put across to the adoptive parents will be used as headings and then followed by the responses.

5.3.1 QUESTIONS : WHAT WERE YOUR REASONS FOR WANTING TO ADOPT/ FOSTER?

* **INFERTILITY**

Three families decided to adopt because they could not have their own biological children. One of these families went into a programme with the private social worker to prepare them.

* **WORKED IN A CHILDREN'S HOME BEFORE AS A VOLUNTEER.**

Four adoptive parents were volunteering in children's homes. One adoptive parent was volunteering on week-ends at the Princess Alice Children's Home. She was responsible for feeding the babies, stimulating them and then started taking the child that she adopted and another child out. She then grew attached to the two boys. One day when she got to Princess Alice she found that the other baby was adopted and she was heart-broken. She then decided that she was going to adopt the one that was still there.

The other adoptive parent had also worked at a children's home and knew that there was a need. He has a lot of respect for children and the conditions in children's homes do not allow the children to develop to their full potential.

The third adoptive parent also worked at a children's home and bonded with the child he adopted. The fourth adoptive parents under this category has also for the past ten years been involved with children's organisations in Soweto and Diepsloot and grew attached to the idea of taking care of children. She has also always wanted to adopt and not necessarily a white child.

* **THERE ARE MANY HOMELESS CHILDREN AND BECAUSE OF THE NEED**.

One family under this category felt there was a great need and they have always been interested in adopting and fostering children since the adoptive mother was a little girl. They fostered before they had biological children. They continued fostering even

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after they had had their own biological children. They feel there are too many children out there without someone who is stable, loving and caring. God said this was their work and they have accepted it as their responsibility to take in homeless children.

The second family also felt there are too many children who are homeless. All the children that they adopted were fostered first and once they had been with them they would not let them go.

Three families under this category said they have always loved children and felt there are many children in this country who have no one to look after them.

The fourth adoptive parent just loves children and feels that as we have many abandoned/homeless children she sees no need to have biological children.

The fifth parent did not feel the need to have her own child when there are so many homeless children.

* **THEY JUST WANTED A CHILD**.

One family just wanted to adopt a child from the time that their own son was three years old and could not adopt at that time because they were told that the adoptive mother was too old.   She was 32 at the time. It was just the choice they made as they are not infertile.

* **A STRONG BOND DEVELOPED DURING THE FOSTERING AND THEY WANTED A COMPANION FOR THE OTHER CHILD**.

With their first adopted child, they just fell in love with the little boy they adopted and a strong bond developed between them and him. With their second child they wanted a companion for the little boy.

* **THE CHILD WAS BROUGHT BY THE MAID**.

Another family said the child was brought by the maid into their home and they fell in love with him. The child was with his grandmother (the maid) most of the time. He started spending week-ends with them because the maid used to go home on week-ends. The adoptive father then suggested to the grandmother that the child needed a stable caregiver. They fostered the child first and eventually the maid gave in to the idea of adoption.

* **THEY FELT THEIR FAMILY WAS INCOMPLETE**.

One couple felt their family was not complete and had a lot to offer the child and also realised that they could gain a lot from having another child.

* **THE CHILD WAS DUMPED ON THEIR DOOR-STEP**.

Another family reported that the child was basically dumped on their door-step and the birth mother was struggling and could probably have placed the child in a home.

* **CHANCES OF GETTING MARRIED WERE SLIM.**

Another reason given by a single parent was that she just realised that her chances of getting married were slim.

5.3.2 **QUESTION : WHY HAVE YOU CHOSEN A CHILD OR CHILDREN OF A DIFFERENT RACE?**

The following responses were received to the above question :

* **NOT A CONSCIOUS DECISION AND RACE WAS NEVER AN ISSUE.**

Seventeen adoptive parents were not concerned about the race of the child. It just happened that the children who needed them were of a different race.

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* **THERE ARE NO WHITE BABIES TO ADOPT.**

Three adoptive parents confessed that they only adopted black babies because there are basically no white babies to adopt.

5.3.3 QUESTION : DID YOU CONSULT ANYONE ABOUT YOUR NEED TO ADOPT OR FOSTER?

Category	Frequency	Percentage
Yes	12	60%
No	8	40%
TOTAL	**20**	**100%**

It is interesting to note that twelve (60%) of adoptive parents consulted someone about their intention to adopt. Only eight (40%) decided not to consult their friends or family members. One can then assume that it is important for many adoptive parents to share their feelings about adoption as they realise that this may in the long run interfere with their adopted children's lives if not done properly.

5.3.4 QUESTION : IF THE ANSWER IS YES, WHOM DID YOU CONSULT AND WHAT WAS THEIR RESPONSE?

Family 001   They consulted their extended families who did not agree, because they already had children of their own. It was not a race issue.

Family 003   They discussed it with the birth grandparents. The grandmother was scared about the idea at the beginning.

Family 005   They consulted with the Catholic Women's Association and they were positive about it.

Family 008   She consulted with her family who were very supportive.

Family 009	She consulted with her family about her intention. They were also supportive.
Family 010	They consulted with friends, family and colleagues. They knew couples who had adopted cross-culturally and the people were supportive.
Family 011	They talked to the biological mother for her consent.
Family 012	Talked with close friends and African-American friends in the United States.
Family 013	Consulted with friends and family. The adoptive father's mother was concerned. Some people thought that as a gay parent he would not be a suitable parent.
Family 014	She consulted with family and friends and their church minister. The responses were mixed from extremely positive to apprehensive, but not about trans-racial placements.
Family 015	They told their families who were happy for them.
Family 020	They consulted friends who have also adopted and were very supportive.

5.3.5 QUESTION : HOW IMPORTANT IS IT THAT ADOPTIVE OR FOSTER PARENTS SHOULD KNOW ABOUT THE BACKGROUND CIRCUMSTANCES OF THE CHILD? PLEASE EXPLAIN.

The following were responses :

* **IT IS VERY IMPORTANT**.

Eighteen families felt that is it extremely important for the adoptive or foster parents to know the background circumstances of the child because when the child starts asking

questions about his or her origin then the adoptive or foster parents can truthfully answer the questions. They feel that the children also have the right to know about their origin. They feel that as much information that is available should be passed on to the adoptive parents.

* **IT VARIES FROM CASE TO CASE**.

One adoptive parent felt that it varies from case to case because it could be important for some people and yet for others it might not be important. It is good to know and she does know, but it is not crucial to her. Even if there was no information, she still would have adopted.

* **NOT REALLY IMPORTANT**.

One adoptive family felt that it is not important as long as the child is healthy. Only for medical reasons it is important. Very few adopted children have a background that is known. Some are abandoned and their history is non-existent.

5.3.6 QUESTION : WHAT ADJUSTMENTS DID YOU HAVE TO MAKE IN YOUR LIVES AS A RESULT OF HAVING A CHILD/CHILDREN OF A DIFFERENT RACE IN YOUR FAMILY?

Family 001	It was not a major adjustment since they have had children in the house for quite a number of years. It was the practical things, providing space and making financial arrangements for the future.
Family 002	They did not have to make any adjustment. The children came in and became part of their family. Everybody just slotted in.
Family 003	There were no real adjustments.
Family 004	They had to become more aware of racial issues and had to cut ties with racist friends. (Mostly Afrikaans speaking people)

Family 005	They did not have to make major adjustments as the adoptive mother's brother is married to a coloured woman. They already had contact with people of a different race.
Family 006	There were things that they had to learn all over again after 15 years. There were also a few new practical arrangements that they had to make. The adoptive mother hired a maid and the maid helped to bring the child up.
Family 007	After 40 years of just thinking about herself all the time it was suddenly a whole new lifestyle. Her life started revolving around the adopted child.
Family 008	Her life started revolving around the child.
Family 009	Getting a full-time domestic worker, as she is a single working mother. She needed someone to look after her child during the day.
Family 010	They do not sleep as much as they want to. They do not go to the movies anymore and they also went on maternity and paternity leave.
Family 011	Had to find a room for the adopted child and re-arrange holidays.
Family 012	Went to America to meet the adoptive mother's family.
Family 013	He used to go out a lot, but is now just happy to be at home.
Family 014	She had to make work adjustments and had to get equipment. Their social life changed drastically. She used to go out a lot. Her hobbies also had to change.
Family 015	Had to make time for the child.

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Family 016	The adoptive father goes out less now, and visits various places such as McDonalds with the adopted child.
Family 017	Socially, she had to change as she used to go out a lot.
Family 018	She went on maternity leave, and had to get additional home help. She made purchases.
Family 019	She had to find a room for the child.
Family 020	They were quite unprepared because they thought the mother would change her mind.

5.3.7 QUESTION : HOW LONG DID YOU HAVE TO WAIT BEFORE PLACEMENT WAS MADE?

Category	Frequency
No waiting time	4
One day	1
Three weeks	2
One months	4
Two months	4
Three months	1
Four months	1
Five months	1
Other	2
TOTAL	**20**

It is evident from the table above that fifteen (75%) of families had to wait for a period of two months or less. This indicates that there are many children in need of care who are ready for adoption.

5.3.8 QUESTION : FROM YOUR EXPERIENCE, HOW WOULD YOU SAY TRANS-RACIAL ADOPTION IS DIFFERENT FROM CONVENTIONAL/ ORDINARY ADOPTION OR FOSTERING?

* **THERE IS NO DIFFERENCE**.

Nine adoptive families felt that there was no difference at all since it is just taking on the responsibility of a child's life, and they are all children. The adoptive parents only need to be aware of the diversity in race. It also depends on where one lives. The racial issue becomes more important when the child is older. People also do notice and pass remarks. One adoptive family felt that there was no difference since the adoptive father and the adopted child are both a mixture of Indian and Coloured.

* **THERE IS A DIFFERENCE**.

Eleven adoptive families felt that there is a difference because, being in South Africa and being black and white is the only difference. They feel people have their own views about it. With children of a different race their adoptive parents would have to learn their culture. One adoptive family has chosen to learn Zulu and feel it is important to learn at least one African language. When they go out as a family people ask questions because of the colour difference. Some people ask the adoptive parents if it is their maid's child. The screening and training is also different. If it is same-race adoption it is not obvious but if it is trans-racial then there is no disputing about the difference between themselves and the adopted child.

5.3.9 QUESTION : FROM YOUR EXPERIENCE IN BRINGING UP A CHILD OF A DIFFERENT RACE CAN YOU IDENTIFY ANY SPECIFIC ASPECTS WHICH YOU CONSIDER A CHALLENGE TO YOU?

* Three adoptive families felt that the racial issue was a challenge to them, and many people are not keen on the idea. Which makes it a stumbling block.

* One adoptive family felt that finding the right words to explain to the child was a challenge.

* Five adoptive families said they had not yet reached the stage where the adopted children ask why they do not look like them. They do however acknowledge the fact that it will come when the children are older. People say the children will loose their culture.

* One adoptive family said that the challenges are still to come. The adoptive child has already told the adoptive mother that brown babies should have brown mothers. One child told him this at school.

* One adoptive parent said she has not experienced it personally and has never had issues with culture and race because of the background that she comes from.

* Four adoptive families felt it was a challenge because they wanted to learn an African language but they are not yet fluent. Understanding different cultures in South Africa and socialising with other families who have adopted trans-racially.

* One adoptive family's response was just no.

* One adoptive father who is gay felt that the biggest issues could be gender and exposing the child to her Xhosa culture. It is difficult to find Xhosa schools in Johannesburg.

* One adoptive mother felt that the child's hair was a bit challenging as it is different from hers. Another challenge that she is facing is not being overly sensitive and protective. Finding an environment where she feels she is not too different.

* One adoptive father felt challenged by the lobola practice since he does not have any black friends and only hopes that his son does not marry a black woman.

* One adoptive parent found the idea of having to answer questions from strangers a challenge.

5.3.10 <u>QUESTION : WHAT ARE YOU DOING IN ORDER TO PREPARE YOURSELF FOR THE CHALLENGES THAT MIGHT CONFRONT YOU IN FUTURE WITH REGARD TO THE CHILD'S BACKGROUND?</u>

* Eight adoptive families said they were learning a lot about black culture.

* One adoptive parent kept all the information that she received from the birth mother. For instance: photos and information about the extended family.

* Two said they were part of the rainbow group and people come and talk to them about racial and cultural issues.

* One adoptive family said they had written a story about adoption and they try and explain the story to the child.

* Another adoptive parents said he was exposing his family to diversity of South Africa and learning Xhosa. Reading up on traditional issues. Explaining to other people about his situation. He also visits the Sangoma for ancestral purposes.

* One adoptive parent said she has done a lot of research to prepare the child for racist confrontations. She also prepares the child by giving her the information to say to people who might challenge her in future. This she believes will enable her to defend herself.

* Four adoptive families said their children have known all along that they were adopted and they also try and be open.

* One said she was developing parenting skills, learning Zulu and was part of a support group (rainbow group). She is also saving money for a private school. She is giving her children a strong sense of self-worth.

* One adoptive parent said he was dealing with it as it comes along and discusses with other people about adoption issues.

5.3.11 QUESTION : HAVE YOU HAD ANY RACIST EXPERIENCES?

* Ten adoptive families said they have not personally had any negative experiences, and often people ask questions about the children. They are also very conscious about where not to take their trans-racially adopted children. One adoptive parent even said that she would not for instance take her children to a school like Vryburg High School. (There were racial tensions at the school at the time.)

* With another adoptive family, the adoptive father's father has not spoken to them in three years. He said if they decided to go ahead and adopt a child of a different race they should not come to his house anymore.

* One adoptive family had one negative experience in Graskop in the Mpumalanga Province. There were many tourists and a group of Afrikaner men verbally attacked them. They said they were the kind of white people who love black people. They then went to the police station and the black policeman that helped them asked if they were asking him to go and arrest people just because they called the child a kaffir. The adoptive mother who is American by birth could not understand why the policeman was letting the racist men get away with their racist attack.

* Two adoptive parents terminated friendships, because they were being racist to their adopted children. They thought it was not healthy for the children. One white male told one of the adoptive parents that when their adopted child is older he can wash his car. They then decided to terminate the friendship as they considered this to be racism.

* One adoptive parent said he had one negative experience but was not prepared to talk about it. He also tries not to react to it and tries to explain to the child so that he understands.

* One adoptive father said the extended family was racist, but tries not to react to it. Except that he does not communicate with the sister-in-law.

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* Another adoptive mother felt it was wrong for her friend to have assumed that her adopted child and her friend were not related to her, because they were of a different race.

* One adoptive mother actually had two negative experiences. An old man once walked passed in a shopping mall and asked why could she not have her own children. Another incident took place at the beach. Two men (white Afrikaners) said they wondered who the father of her adopted child was.

* One adoptive mother said an old white woman was shocked to realise that the baby that she had in the pram was black, because she thought the baby was white.

* One adoptive father said that the grandmother was racist and makes racist remarks in the child's presence.

5.3.12 QUESTION : HOW IMPORTANT DO YOU FEEL IT IS THAT YOUR CHILD OR YOURSELVES LEARN ABOUT HIS OR HER RACE?

* Five adoptive families felt that if the child wants to learn about his or her race they will read books. They are going to be brought up according to their adoptive parents' culture. They will not force it on them. The children will have to choose for themselves.

* Ten adoptive parents felt that it was extremely important for the and the children to learn about the children's black culture since it is still very rich and still alive.

* One adoptive mother said it was only important for the child but since he was abandoned and as a result do not know his culture they will both learn Zulu as it is widely spoken.

* One adoptive parent said it was very important since there will be a need to know in the future. There is always a question about origin, more especially when it comes to Namibians. It is also important not to demean origin. One has to be truthful.

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* One adoptive parent said it was important but will be difficult. They will visit Zambia, since the birth mother comes from there. She also knows the birth mother's culture and will research more on it.

* One adoptive parent felt that it was important but not critical. Most of his black friends from black families are not exposed to their black culture.

* Another adoptive parent felt that it was important, and that the Indian culture is more similar to white culture. They will learn about the Indian culture on the internet.

5.3.13 QUESTION : HOW WELL DO YOU KNOW YOUR ADOPTED CHILD'S CULTURE?

* Five adoptive parents who have adopted coloured children felt that they knew the culture of their adopted children very well since it is very similar to white culture.

* One adoptive mother who has adopted a little Tsonga girl said she knew a title bit and also read a book about Tsonga culture.

* One adoptive family who has adopted two children only know that the girl is Ndebele and the boy is Tswana.

* One adoptive family said their adopted child was Xhosa and they have Zulu friends who will be mentors. They are also open-minded and travel a lot in South Africa and in the U.S.A. and Europe.

* One adoptive family knew that the child was Pedi, and that the birth mother came from Polokwane.

* One adoptive parent said the child was Xhosa, and has a few books on Xhosa culture and makes an effort to learn more about it.

* Another adoptive family said the child was an Afrikaans speaking coloured and the birth mother has coloured colleagues. She knows a little bit about coloured culture. Culture also depends on one's socio-economic level.

* One adoptive family said the birth mother was Indian and the father was half Indian and half white. They do not know much about Indian Culture.

* Another adoptive mother said she does not know the culture of her adopted child as the child was abandoned. It could be Zulu culture as the child is a Khumalo.

* Two adoptive families said the children were Zulu and they have read Zulu books.

* One adoptive parent said the child was Indian and they know a little about Indian culture.

* One adoptive parent said one of the adopted children was Zulu, and the other two were coloured and since the coloured culture is similar to white she felt she knew the children's culture.

* One adoptive mother said she knew that the birth mother was Zambian and she knows about the culture.

* Two adoptive families do not know the culture of their adopted children since the children were abandoned.

5.3.14 <u>QUESTION : HOW WOULD YOU DESCRIBE THE RELATIONSHIP OF YOUR EXTENDED FAMILY TO YOUR ADOPTED CHILD?</u>

Category	Frequency	Percentage
Good	20	100%
Poor	0	0%
None	0	0%
Other	0	0%
TOTAL	**20**	**100%**

It is evident from the table above that all the families that participated in the study feel that their extended families have good relationships with their adopted children.

5.3.15 QUESTION : WHAT IS YOUR EXTENDED FAMILY'S VIEWS ABOUT TRANS-RACIAL PLACEMENTS?

* An adoptive parent said her family feels that it is better to be placed in one's own race group, but if it is not possible you do what is best for the child.

* One adoptive parent felt that personally her extended family would probably not do it. They are not anti trans-racial adoption. It is a cultural and not a racial issue as they are Jewish.

* One adoptive family said the adoptive father's family was very racist, in particular the brother. The adoptive mother's parents are supportive.

* One adoptive parent said the adoptive mother's family is very mixed in terms of race and they do not have a problem with it.

* One adoptive family said the adoptive mother said she could at least adopt a healthy child. It was never a race issue. (The child they have adopted is HIV positive.)

* One adoptive family said their extended families are happy because they can see the bond. Some are nervous about her identity.

* Two adoptive families said their extended families were apprehensive about the adoption but have accepted it now.

* Eleven adoptive parents' extended families were happy about it and have accepted the children.

* One adoptive family said the adoptive father's family was supportive and the adoptive mother's family was racist and not supportive.

5.3.16 QUESTION : WOULD YOU PLEASE TELL ME WHAT YOU KNOW ABOUT THE BIRTH PARENTS.

The following information was given :

* Age - 27

  Race - Black

  Birth Mother/father or Both-Birth Mother

  Employment Status - unemployed.

  Why they gave the child away for adoption - Could not afford to look after the child.

* Age - 28 and 30

  Race - Both coloured

  Birth mother/father or both - Both parents

  Employment status - Employed

  Why they gave away the child for adoption - Could not afford to look after the child and the birth father is married to another woman.

* Age -21

  Race - White Afrikaner

  Birth Mother/Father or Both - Birth Mother

  Employment status - Employed

  Why they gave the child away for adoption - It was a date rape.

* Age - 25

  Race - Black

  Birth Mother/Father or Both - Birth Mother

  Employment Status - Unemployed

  Why they gave the child away for adoption - Could not afford raising the child herself as she is unemployed.

* Age - 26

  Race - Coloured

  Birth Mother/Father or Both - Birth Mother

Employment Status - Employed

Why they gave the child away for adoption - She just could not afford looking after the child.

* Age - 34

  Race - Indian

  Birth Mother/Father or Both - Birth Mother

  Employment Status - Employed

  Why they gave the child away for adoption - She could not afford raising another child as she has other children and is also a single parent.

* Age - 27

  Race - Coloured

  Birth Mother/Father or Both - Birth Mother

  Employment Status - Employed

  Reason for giving the child away for adoption - She could not afford looking after the child.

* Age - 26

  Race - Coloured

  Birth Mother/Father or Both - Birth Mother

  Employment Status - Unemployed

  Why they gave the child away for adoption - Ill Health, she is HIV positive.

* Age - 29

  Race - Indian

  Birth Mother/Father or Both - Birth Mother

  Employment Status - Unemployed

  Why they gave the child away for adoption - She just could not afford looking after a child as she is unemployed.

* Age - 17

  Race - Coloured

  Birth Mother/Father or Both - Birth Mother

  Employment Status - Unemployed

Why they gave the child away for adoption - She just could not afford looking after the child.

* Age - 19
  Race- Black
  Birth Mother/Father or Both - Birth Mother
  Employment Status - Unemployed
  Why they gave the child away for adoption - She is HIV positive, has another child and is not financially capable.

* Age - 24
  Race - Black
  Birth Mother/Father or Both - Birth Mother
  Employment Status - Employed
  Why they gave the child away for adoption - She wanted the child to have both parents.

* Age - Both 20
  Race - Blacks
  Birth Mother/Father or Both - Both parents
  Employment Status - Students
  Why they gave the child away for adoption - They were not financially capable.

* Age - 26
  Race - Black
  Birth Mother /Father or Both - Birth Mother
  Employment Status - Unemployed
  Why they gave the child away for adoption - She was not financially capable and has two other children.

* Age - 17
  Race - Coloured
  Birth Mother/Father or Both - Birth Mother
  Employment Status - Employed

Why they gave the child away for adoption - They just could not afford looking after the child.

* Five families' response was that the children were abandoned and as a result just did not know anything about their background. One adoptive parent declined to respond to the question as he felt it was inappropriate.

It is evident from the information provided that six of the parents who gave their children away for adoption were in their late twenties. Whereas three were still teenagers. One was in her early twenties, five were in their mid twenties, and only two were in their early twenties.

It is also interesting to notice that seven of the birth parents were black, another seven coloured, and two were Indians and only one was white. The fact that there are more black and coloured people who give away their children for adoption could be attributed to the fact that many people of these two race groups cannot afford to look after their own children due to the high rate of unemployment and poverty. It is also appropriate to mention that during apartheid years black and coloured people were considered to be the most inferior race groups and this placed them at a disadvantage.

Out of sixteen birth parents whose background information was available to the adoptive parents thirteen of them were the birth mothers. This indicates that birth mothers were available throughout the process of placement or that they were available at the beginning of the process and worked closely with the social workers and adoptive families. With regard to employment status it is evident that eight birth parents were employed, whereas seven were unemployed and two were still students.

Fourteen birth parents indicated that they could not afford to raise the children themselves and that was the main reason for giving the children away for placement. Two birth mothers are HIV positive and another one indicated that she was raped on a date.

5.3.17 QUESTION : WHAT IS THE BACKGROUND OF THE ADOPTED/ FOSTER CHILD?

* Three adoptive families indicated that the children that they adopted were from poor families.

* Nine adoptive families indicated that the children were from families that were struggling to make ends meet.

* Four families pointed out that they did not know about the background of their adopted children.

* Three other families said their adopted children were from middle-class background.

* One family said the conditions that the children came from were not comfortable.

5.3.18 QUESTION : HOW DO YOU DEAL WITH THE CHILD'S CURIOSITIES ABOUT THEIR BACKGROUND?

* Eight adoptive families indicated that their adopted children have not yet started asking questions because they were still very young to understand.

* Twelve families said they tell them as much as they can down at their level.

5.3.19 QUESTION : HOW DO YOU DEAL WITH THE CHILD'S CURIOSITIES ABOUT GENDER? (THIS QUESTION WAS ONLY DIRECTED TO ONE ADOPTIVE PARENT WHO IS GAY)

Response: He is very open about it, he tells his adopted child about reproductive organs, the vagina and the penis.

5.3.20 QUESTION : HOW ARE GENDER ROLES ALLOCATED IN YOUR FAMILY?

* One single adoptive parent said that she has her family who are supportive.

* Seven adoptive families indicated that gender roles are allocated equally.

* Two families indicated that the adoptive mothers do most of the parenting since they work from home.

* Two adoptive families said as single parents they do everything themselves and if they cannot they get their male friends to help.

* Six adoptive families indicated that they do everything themselves as single mothers.
* One adoptive father said he does everything himself as a single parent.
* One family indicated that women were responsible for cooking, it is a male dominated family.

5.3.21 QUESTION : IS THERE A DOMINANT FIGURE IN YOUR FAMILY, AND IF YES WHY IS THAT SO?

* Seven families indicated that they were both equal .
* One family indicated that the adoptive mother was the most dominant because she is verbal and subjective. The father is not too active and he is objective.
* One family said the adoptive father is more dominant because he is the man.
* Nine adoptive mothers said they were dominant as it was just themselves alone with the children.
* Two adoptive families indicated that the adoptive mothers were more dominant because the men are busy working most of the time.

5.3.22 QUESTION : WITH REGARD TO THE CHILD'S PERSONALITY, WHAT WOULD YOU SAY THEY ARE LIKE? (BOTH AT SCHOOL AND AT HOME).

Category	Frequency
Confident, cheerful and happy	7
Very outgoing, but shy	9
Happy, energetic and clever	3
Active, has fast mind, articulate and adventurous	1
Friendly, likes to socialise and they are also living	4
Very bossy, but very confident, generous and stubborn sometimes	8
Friendly, well mannered, confident and sensitive	3
TOTAL	**35**

Table 5.3.22. reveals that with regard to the children's personalities most of them (nine) are very outgoing, but shy. The shyness could be due to the fact that most of them are from dysfunctional families and as a result of poverty they are suffering from

low self-esteem. Eight children were said to be very bossy, very confident, generous and stubborn sometimes.

5.3.23 QUESTION : WHAT KIND OF SCHOOL DO THEY GO TO? (IS IT AN INTEGRATED SCHOOL)

Category	Frequency	Percentage
White	1	5%
Integrated	15	75%
Still at home	4	20%
TOTAL	**20**	**100%**

With regard to the kind of school that the children go to, it was indicated that most of the children (fifteen) attend integrated schools. Which means there are boys and girls at the schools and these are multi-racial schools. Only one child was said to be attending a whites only school. Four other children were still toddlers at the time of the interviews.

5.3.24 QUESTION : ARE THERE OTHER ADOPTED CHILDREN IN THE SCHOOL THEY GO TO?

Category	Frequency	Percentage
Yes	8	40%
No	4	20%
Do not know	4	20%
N/A	4	20%
TOTAL	**20**	**100%**

Table 5.3.24. indicates that eight (40%) children attend schools where there are other adopted children. However four (20%) children attend schools where there are no other adopted children. With regard to the other four children, the adoptive parents did not know whether there are other adopted children in the schools that they go to. And with the other four children this was not applicable to them since they were still at home during the time of the interviews.

5.3.25 <u>QUESTION : WITH WHICH RACE DO THE CHILDREN MOSTLY IDENTIFY WITH ?</u>

Category	Frequency	Percentage
Blacks	2	10%
Coloureds	0	0%
Indians	0	0%
Whites	6	30%
Blacks and Whites	4	20%
All races	8	40%
TOTAL	**20**	**100%**

Eight (40%) were said to be associating with all races. Six children (30%) were only associating with white people. Four (20%) other children were said to be associating with both blacks and whites. On the other hand two (10%) children were said to be associating with black people.

5.3.26 <u>QUESTION : WHAT WOULD YOU SAY THE POSITIVE AND NEGATIVE ASPECTS OF TRANS-RACIAL ADOPTION ARE?</u>

A. POSITIVE ASPECTS.

Category	Frequency
It is an example of racial harmony	1
Everybody is different, whether it is opinions about politics or religion	1
Learning the African culture and inter-acting with people of a different race	10
The children benefit instead of being left in an institution	2
A family looking for a child and a child looking for a family, it is good they get to meet	4
She would never have been a parent	1
Many people can adopt, such as the single, gay people and we have many abandoned children who need homes	1
TOTAL	**20**

With regard to the positive aspects of adoption, ten families indicated that learning the African culture and inter-acting with people of a different race was a positive aspect.

Four families indicated that as there is a family looking for a child and a child looking for a family, this is a positive aspect because they get to meet. One family indicated that it is an example of racial harmony. And another family said people get a chance to learn and accept one another's differences, whether it is opinions about politics or religion. Two families pointed out that the positive aspect is that the children benefit instead of being left in an institution. One single adoptive mother indicated that for her the positive aspect is that this gives her an opportunity to become a parent. Another couple indicated that the positive aspect for them is that it gives people an opportunity to become parents, more especially those who would not otherwise have children, such as gay and single people. They also say there are many abandoned children in the country who need homes.

B. NEGATIVE ASPECTS.

Category	Frequency
First six weeks of lack of sleep	1
The racial issue, suffering discrimination and the children alienated from their roots	7
There are no negative aspects	7
People say her child will grow up being alienated he will not grow up in a black dominated environment	1
Continuous questions from people about their different races	2
Adoptive parents do not receive enough support from their families and friends and if they were to cut ties as some adoptive parents have done this would be negative	1
If the adoptive parents allow it the adopted child could loose his or her identity	1
TOTAL	**20**

With regard to the negative aspects seven families indicated that the racial issue, suffering discrimination and that children are alienated from their roots was a negative aspect for them. Seven other families indicated that there were no negative aspects. Two families said continuous questions from people about their different races was a negative aspects. One single adoptive mother explained about the comments that people make about her adopted child. They feel the child will grow up being alienated

and he will not grow up in a black dominated environment. One adoptive parent indicated that the negative aspect is that adoptive parents do not receive enough support from their families and friends. And cutting ties with them would be negative. Another adoptive parent indicated that if the adoptive parents allow it the adopted child could lose his or her identity.

5.3.27 QUESTION : WHAT IS YOUR RESIDENTIAL AREA LIKE?

Category	Frequency
Predominantly white, they live in an area where there are many human rights activists	1
Not very mixed, they live in an area where there are many journalists	1
Not integrated, there are mostly Jewish people	1
There are mostly white people	5
It is fully integrated there are whites, Chinese, Coloureds, Blacks etc.	12
TOTAL	20

Most families (twelve) indicated that they live in fully integrated communities. There are whites, Chinese, Coloured, blacks and other races in their communities. However the other families indicated that there are mostly white people in their communities. One other family said that they lived in an area where there are predominately white people and human rights activists. The other one said they lived in an area that was not very mixed and that there are many journalists in their area. And one other family indicated that the area was not integrated and there were mostly Jewish people in the area.

5.3.28 QUESTION : WHAT SUPPORT NETWORKS ARE AVAILABLE TO YOU AND YOUR FAMILY?

Category	Frequency
The counsellor from the JHB Child Welfare, rainbow support group, friends and family who love their adopted child	2
The rainbow group	3
Gets a lot of physical support, e.g. clothes, toys, food from strangers and the adoptive father's family is emotionally supportive	1
Their family and the rainbow group	1
Their family and friends	4
Their friends who have also adopted	1
Friends, family and a domestic worker	2
The rainbow support group and friends who have also adopted trans-racially as well as the adoptive father's mother	3
Family, friends, church and the Adoptive parent's Association	1
Gay parents' support group, rainbow support group, S.A. Human Rights Commission and the Commission on Gender Equality, they have good policies	1
They have a full-time domestic worker who looks after the child during the day. Their friends are also very supportive, they do not have support from the adoptive mother's family since they are overseas.	1
TOTAL	**20**

With regard to the support networks that are available to them, adoptive families indicated that they obtain support from various sectors in the community such as the counsellor from the Johannesburg Child Welfare, Rainbow Support Group, friends, families, domestic workers, church, the adoptive parents' association, gay parents' support group, South African Human Rights Commission and the Commission on Gender Equality.

5.3.29 QUESTION : WOULD YOU RECOMMEND TRANS-RACIAL ADOPTION TO OTHER PEOPLE?

Please tell me more about this:

Category	Frequency
Yes, because of the need and it is in the best interest of the child	2
Yes, if a couple does not have children	5
Yes, at this stage there are no white babies to be adopted and all children are the same people should not look at the colour	1
Yes, it will help loosening up the cultures. It is also good for the children to be in a normal family rather than in an institution	1
Yes, but trans-racial adoption is not for everyone, it also depends on the reason for doing it	5
Yes, it is better than for the child to stay in a home. Race should not be used as an obstacle	3
Yes, trans-racial adoption is wonderful	3
TOTAL	**20**

Table 5.3.29 indicates that all the adoptive families would recommend trans-racial adoption to other people. Two families indicated that they would because of the need and it is in the best interest of the child. Five other families said they would more especially if a couple does not have children. Another adoptive parent indicated that she would since there are no white babies to adopt. One other adoptive parent said that trans-racial placements would assist in loosening up the cultures, and that it is also good for the children to be in a normal family rather than in an institution. On the other hand five families pointed out that they would but it is important for people to realise that trans-racial adoption is not for everyone. Three other families indicated that it is better for a child to grow up in a home rather than in an institution. Three other families said that they would as trans-racial adoption is wonderful.

5.4 SUMMARY

The maximum age of adoptive parents was fifty-six. It was also confirmed that females are more likely to adopt that males. White people are the most likely to adopt. Most parents who participated in the study were married and most of them were still in their first marriage. The majority of the adoptive parents value education as most of them did manage to secure tertiary education. The majority of the adoptive parents are employed. Christianity is valued and adopted children come from various places such as hospitals, church, children's homes, churches, children's homes, directly from birth parents, the salvation army, the Johannesburg child welfare society and the Durban child and family welfare society. Adoptive parents started adopting as early as 1991. The youngest children placed trans-racially were between birth and one month. There is not too much variation in terms of the gender of the children who are placed for adoption. Reasons for adopting vary, from infertility to just wanting a child. Choosing a child of a different race was not a conscious decision for many.

Three adoptive parents confessed that they only adopted black babies because there are basically no white babies to adopt. The majority of the adoptive parents feel that it is important to consult someone about their intention to adopt, that waiting period for a child is not too long. The majority of the families feel that it is extremely important for the adoptive parents to know the background circumstances of the child. There were some adjustments within the family so as to accommodate the adopted child. With regard to the questions pertaining to their colour five adoptive families felt the challenges are still to come. Ten adoptive families said they had not personally had any negative experiences with regard to racist behaviour. The majority of the adoptive parents feel that it is important for them to learn about the child's cultural side. With regard to the profile of parents who give away their children for adoptive it was identified that the majority of them are in their late 20's, coloured, unemployed, birth mothers and they basically gave away their children for adoption because they could not afford looking after the children themselves.

The majority of the adopted children come from families who are struggling. Gender roles are generally shared equally. The mothers were found to be more dominant as it was mostly just them and the children at home. The majority of the children attend

integrated schools, and there are other adopted children in their schools. The children identify with both blacks and whites. With regard to the positive aspects of adoption the majority of the adoptive families felt that the African Culture and interacting with people of a different race was more positive. The racial issues seemed to be a problem for many. The majority of the adoptive families live in fully inter-grated areas. The support networks available to the adoptive parents are the Johannesburg Child Welfare Society, the Rainbow group, their families and friends and the domestic workers, Durban Child and Family Welfare Society, Human Rights Commission and the Commission on Gender Equality.

CHAPTER 6

6 SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 SUMMARY

The objectives of the study, assumptions, theoretical framework, research methods and terminology utilised in the study were clearly outlined. The family is the primary socialisation agent in the society and the researcher highlighted the importance of the family, and the effect that social, economic and political policies of the past have had on the family. The research has also revealed that the dysfunctional family is isolated in the society. Family dysfunction is aggravated by poverty and environmental stress. The conventional family is built around husband, wife and children but however due to the external factors this structure has changed and now the family is characterised by mostly a single mother and children or in some extreme cases just children alone. The laws that protect the rights of the children have been clearly discussed. The child care policy of the Department of Welfare was also discussed.

The impact that the homeland and migrant labour system have had on the country was indicated. Various alternatives that are available for children in need of care have been outlined. Social and political aspects play a very important role in adoption and various aspects regarding this have been discussed such as, lesbian and gay adoptions, racism, culture, ethnic and nationhood have also been analysed.

Infertility has been cited as one of the reasons why some couples choose to adopt this topic has been discussed in detail. HIV/AIDS poses a dilemma for people who intend adopting or fostering and this topic has also been tackled. Available anti-retrovirals such as Nevirapine and how this assists expectant mothers has also been indicated.

The structural composition and social functioning, the profile of people who give away their children for adoption, the challenges facing adoption families, as well as the support networks available to these families have been identified and determined. The information gathered was also analysed and interpreted.

6.2 CONCLUSION

The democratically elected government of South Africa has produced probably the best constitution in the world, so as to respect, protect, promote and fulfil the rights of others in the Bill of Rights. Trans-racial adoption as a way of providing a child or an infant of a different race or/and culture with new legal parents could be a possible solution to the problem of homelessness of children. The success or failure depends on the attitude of the adoptive parents.

Adoptive parents who participated in this study are comfortable with the decision and action that they have taken in adopting trans-racially, and they are satisfied with the structural functioning of their families.

As already indicated the Child Care Policy of the Department of Welfare is based on the concept of permanency planning. The family is still seen as the most fundamental social unit and should be protected and supported.

However, as the study has established caring for children in their natural families is not always possible. There are no legal barriers on adoption in South Africa. Children can be placed in residential care, foster care, or they can be adopted.

Economic and social standards are still closely related to race, as a result all the parents that participated in the study were white. Most of the children in the study attend integrated schools, and they interact with people of different races. The success of trans-racial adoption also depends on the support that the family receives from family members, friends and the community.

6.3 RECOMMENDATIONS

In the light of all the information that has been gathered , reviewed and analysed it is appropriate to make the following recommendations:-

* People should be encouraged to use condoms for every sexual act. Both male and female condoms. This will protect them not only from unwanted pregnancies but also against sexually transmitted infections, such as HIV.

* Social - workers should be well- trained and they should also be encouraged to recruit black adopters.

* It is very important for social - workers and child care workers to be well- educated about human rights issues and they should be familiar with the Constitution so as to avoid unnecessary discrimination and misunderstandings.

* There is gender imbalance in the welfare institutions, which should be addressed.

* A policy of what constitutes family should be re- explored.

* To avoid unnecessary inconvenience with regard to the adoptive parents who would like to keep the adoption private, social - workers should assist them by respecting their wishes.

* Adoptive parents also have to be ready as much as possible to stand in solidarity with their adopted child. The attitude of strangers will play an important role in their lives.

* Adoptive parents should also make an effort to learn about the culture and language of their adoptive child, as this will enable them to be prepared when the child starts asking questions. As children will soon start to request information on their origin consequently adoptive parents should be prepared to give out this information when the time comes.

* All adoptive parents should belong to a support group as this will assist them with handling complicated issues that usually confront them.

* Adoptive parents have to be conscious about how society will treat their adopted child and them, since they will encounter some discrimination as a result of being his parents. (Adoptive parents should avoid being in denial)

* To a great extent the success of trans-racial adoption depends on the parents absolute willingness to acknowledge the way their family differs from other families.

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* The history of oppression and discrimination that black South Africans have had to endure requires that white parents adopting a black child must make a sustained effort to understand what their child may come up against outside the home, and prepare him or her thoroughly for this.

* The black child needs to take pride in his or her blackness, therefore the adoptive parents will have to take steps to help him or her connect with the black heritage.

* Take an interest in black affairs, and discuss them with him or her when they are old enough

* If adoptive parents do not have black friends, the researcher would strongly suggest they start cultivating some. As some studies show that black youngsters adopted by whites form the most secure and healthy racial identities when their families' network of friends is integrated.

* In one trans- racial family, the adoptive mother is teaching her adopted child to develop a clever way to answer annoying questions about who was what in her family.

* Before adoptive parents consider such an adoption they should live in an integrated area and have friends and/or a lifestyle which includes adults and children from their child's race or culture.

* To avoid misunderstandings with their families, it is important for the adoptive parents to explain their intention and the reasons for this.

* As much information as possible should be given to the adoptive parents by the Child Welfare Agencies or birth parents.

* Adoptive parents should be open to their adopted children, as soon as he is old enough to notice that he or she is different from his parents they have to talk about it.

* It would be perhaps advisable for prospective adoptive parents to work in a children's home as volunteers so as to become familiar with the surroundings that the children were brought up in.

* Voluntary counselling and testing (VCT) should be encouraged, as this will enable expectant mothers to make informed decisions with regard to termination of pregnancy if they are HIV positive.

* Prevention of mother to child transmission (PMTCT) should be encouraged and anti- retroviral drugs (Nevirapine) should be provided to HIV positive pregnant women, since there are people who are willing to take care of orphaned children,

* The practice of compulsory HIV testing of parents and children before an adoption violates the right to privacy.

* The results of the HIV test are usually used to discriminate, either against the adoptive parents or against the child to be adopted.

* This practice should be challenged in the constitutional court, so that our courts can decide whether to allow compulsory HIV testing for adoptions.

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11 APPENDIX A

ADOPTIVE / FOSTER PARENT INTERVIEW TOOL

A SOCIOLOGICAL STUDY OF TRANS- RACIAL PLACEMENTS OF CHILDREN AND FAMILY SOCIALISATION PROCESSES IN JOHANNESBURG AND DURBAN.

INTRODUCTION

Thank you for agreeing to participate in my study. My name is Tiny P. Mona. I am a Sociology Masters student at the University of Durban - Westville, and I am conducting a study on trans-racial placements of children in Johannesburg and Durban for academic purposes. The study is funded by the National Research Foundation. The information you provide will be treated with utmost confidentiality and will only be used for the purpose of this study. Your name will not appear on this interview form, and the information you will provide will not be used against you.

I.   SOCIO- DEMOGRAPHIC INFORMATION: ADOPTIVE / FOSTER PARENTS.

1.   Age of adoptive / foster parents.

Age (Years) Mother	1
Date of Birth (dd/mm/yyyy)	
Age (Years) Father	2
Date of Birth (dd/mm/yyyy)	

2.   Sex

Female	1
Male	2

3. Race

Father	1
Mother	2

4. Marital Status

Single	1
Married	2
Divorced	3
Separated	4
Widowed	5
Cohabiting	6

5. Is this your first marriage?

Yes	1
No	2

6. Highest Education Level

Adoptive/Foster Mother	1
Adoptive/Foster Father	2

7. What is your current employment Status?

Adoptive/Foster Mother	1
Adoptive/Foster Father	2

8.   What type of work do you do?

_____

_____

9. Combined Personal Income

Below R2 000	1
R3 000 – R4 000	2
R4 000 – R5 000	3
R5 000 – R6 000	4
R6 000 – R7 000	5
R7 000 – R8 000	6
R8 000 – R9 000	7
R9 000 – R10 000	8
R10 000 – R11 000	9
Above R11 000	10

10. Number of biological children per family.

One	1
Two	2
Three	3
Four	4
Five	5
None	7
Above	6

11. Religious Affiliation of the families.

Christian	1
Hindus	2
Muslims	3
Buddhists	4
Other (specify)	5

II.   SOCIAL BACKGROUND OF CHILDREN PLACED TRANS-RACIALLY.

12.   Birth status of children placed trans-racially.

Legitimate with consent	1
Illegitimate with consent	2
Orphaned	3
Abandoned	4
Other (specify)	5

13.   Where was the child born?

Gauteng	1
Mpumalanga	2
North-West	3
Limpopo Province	4
Western Cape	5
Free State	6
Eastern Cape	7
Northern Cape	8
KwaZulu Natal	9
Other (specify)	10

14.   Where did the child come from?

Hospital	1
Church	2
Children's home/Residential Care	3
Directly from biological parents	4
Child Welfare	5
Police Station	6
Other (specify)	7

15. Through whom did you adopt/ foster

Johannesburg Child Welfare Society	1
Durban Child & Family Welfare Society	2
Privately	3
Other (specify)	4

16. In which year was the child adopted / fostered?

_____

_____

_____

17. What is the number of adopted / foster children in your family?

One	1
Two	2
Three	3
Four	4
Other (specify)	5

18. What is/are the age groups of adopted/foster children?

| Age | 1 |
| Date of birth (dd/mm/yyyy) | 2 |

19. What was the age of the adopted / foster child at adoption?

_____

_____

_____

_____

20. What is the sex/gender of the adopted / foster child / children?

Female	1
Male	2

21. What is the race of the adopted / foster child/ children?

Black	1
Coloured	2
Indian	3
White	4
Other (specify)	5

22. What is the child's level of education?

None	1
Pre school	2
Primary school	3
Secondary school	4
High school	5

III.   DECISION - MAKING ABOUT ADOPTION / FOSTERING

23.   What were your reasons for wanting to adopt/ foster?

_____

_____

_____

24.   Why have you chosen child/ children of a different race?

_____

_____

_____

25.   Did you consult anyone about your intention to adopt?

Yes	1
No	2

26.   If the answer above is yes, whom did you consult and what was their response?

_____

_____

_____

_____

27.   How important is it that adoptive / foster parents should know about the background circumstances of the child? Please explain.

_____

_____

_____

_____

28. What adjustments did you have to make in your lives as a result of having a child of a different race in your family?

_____

_____

_____

_____

29. How long did you have to wait before placement was made?

_____

_____

_____

_____

30. From your experience, how would you say trans- racial adoption / foster parenthood is different from ordinary adoption/fostering?

_____

_____

_____

_____

31. From your experience in bringing up a child/ children of a different race and /or culture can you identify any specific aspects, which you consider a challenge to you?

_____

_____

_____

_____

32. What are you doing in order to prepare yourself for the challenges that might confront you in future with regard to the child/ children's background?

_____

_____

_____

_____

IV.   RACE AND CULTURAL ISSUES FACING TRANS- RACIAL FAMILIES

33.   How do you deal with racism?

Have you had any racist experiences?

_____

_____

_____

_____

34.   How important do you feel it is that your child or yourselves learn about your child's black cultural side?

_____

_____

_____

_____

35.   How well do you know your adopted/ foster child/children's culture?

_____

_____

_____

_____

36.   How would you describe the relationship of your extended family to your adopted/ foster child/ children?

Good	1
Poor	2
None	3
Other (specify)	4

37.   What is your own family's view about trans- racial placement?

_____

_____

_____

_____

V.   CIRCUMSTANCES WHICH LED TO THE FINAL REMOVAL OF THE CHILD FROM THE CUSTODY OF HIS/ HER BIOLOGICAL PARENTS.

38.   Would you please tell me what you know about the natural / biological parents.

_____

_____

_____

39.   What is the background of the adopted / foster child/children?

_____

_____

_____

_____

40.   How do you deal with the child/ children's curiosities about their background?

_____

_____

_____

_____

41.   How do you deal with the child/children's curiosities about sex/gender?

_____

_____

_____

_____

VII.   SOCIALISATION WITHIN THE FAMILY AND AT SCHOOL.

42.   How are gender roles allocated in your family?

_____

_____

_____

_____

43. Is there a dominant figure in your family, and if yes why is that so?

_____

_____

44. With regard to the child/children's personalities what would you say they are like? (Both at school and at home)

_____

_____

_____

_____

45. What kind of school do they go to, is it an integrated school?

_____

_____

_____

_____

46. Are there other adopted children in the school they go to?

Yes	1
No	2
Do not know	3

Please tell me more about this.

_____

_____

_____

_____

47. With which race do they mostly identify?

Black	1
Coloured	2
Indian	3
White	4
Other (specify)	5

48. What would you say the positive and negative aspects of trans- racial / cross-cultural adoption/fostering are?

a) Positive aspects

_____

_____

_____

b) Negative aspects

_____

_____

_____

49. What is your residential area like, is it an integrated area?

Please tell me more about this.

_____

_____

_____

50. What support networks are available to you and your family?

_____

_____

_____

51. Would you recommend trans-racial placement to other people, please tell me more about this?

_____

_____

_____

Thank you for sharing your perspectives with me. The information you have provided is very helpful. Do you have any questions for me? If so, please feel free to ask me.