

CHILD ABANDONMENT AND PROTECTION OF ABANDONED CHILDREN IN LESOTHO: PREVENTION STRATEGIES

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Abstract

Abandonment creates risks for the wellbeing of children, while compromising their prospects for social adjustment and advancement. This implies pressure on a country's fiscal base through probable lifelong dependence on public resources. The need for prevention of child abandonment in Lesotho and elsewhere can therefore not be overstated. This article, based on research in progress, discusses possible dangers of child abandonment and neglect, using attachment theory as its theoretical grounding. It considers findings based on two samples (professionals and adoptive mothers) and offers recommendations for the prevention of child abandonment and the protection of abandoned children, with specific reference to Lesotho.

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THE CONTEXT OF CHILD ABANDONMENT IN LESOTHO

Possible factors contributing to child abandonment in Lesotho are varied and complex. For instance, it may be partly attributable to high rates of poverty which beleaguer the country. Lesotho was ranked 160/187 in terms of poverty in a recent United Nations Development Programme [UNDP] Human Development Index (UNDP, 2013). Furthermore, according to World Food Programme [WFP], 67% of Lesotho's population lives on less than US\$1 a day (WFP, 2013). In addition to this, social security for people below 65 years of age cannot be guaranteed (see Sefako, 2009).

HIV may also account for increased abandonment of children since the onset of the disease. Prevalence of HIV in Lesotho is estimated at 23% by the Lesotho National AIDS Commission & Ministry of Health and Social Welfare (NAC & MHSW, 2010). HIV has weakened extended family systems resulting in an increased burden of care for adults willing and able to mitigate its impact on affected children (UNICEF, 2006). Furthermore, while the national response to HIV in the country has been concerted, it has hitherto been arguably weak with regard to the protection of vulnerable children (FIDA-Lesotho & LCN, no year; Government of Lesotho, 2011; NAC & MHSW, 2010; Tamasane, 2011). Absence of reliable social security, economic constraints and/or possible HIV infection, endemic in Lesotho, may lead people to abandon babies and children.

Lesotho's legal framework may offer further impetus for child abandonment. The Penal Code Act (Penal Code Act, Number 6 (2012)) a Lesotho Statute, does not provide for abortion on social grounds (FIDA-Lesotho & LCN, no year). The Act does not list age or economic incapacity on the part of mothers as justification for abortion (Penal Code Act, 2012 Section 45 (1); (2)). The potential repercussion of such a law is an increase in unplanned and unwanted babies, many of whom may ultimately be neglected or abandoned. Moreover, the law amplifies the chances of unwanted babies being born with HIV as a consequence of mothers failing to protect babies from the virus prenatally. A possible culmination of this scenario is that children go to care facilities, which are already described as overwhelmed and under-resourced (Tamasane, 2011).

In addition to the prohibition of abortion on social grounds in Lesotho, there is no formal system for relinquishing of parenting rights known to the authors, one of whom has substantial experience working within the child welfare system of Lesotho. This possibly explains unwanted babies being abandoned in numerous life-threatening circumstances (see FIDA-Lesotho & LCN, no year) and has relevance to the topic of this article.

Statutory provisions for relinquishing parenting rights can be described as elusive. The sole clause in the relevant law alluding to renunciation of parenting rights and

responsibilities reads: “[a]n adoption order shall only be made with the consent of parents or guardian of a child.” The foregoing clause is, however, immediately followed by one which dispenses with such consent on account of a concerned parent or guardian having previously abandoned the child in question, among other reasons (Children’s Protection and Welfare Act, 2011 Section 58 (1); (2)). While this section suggests that parenting responsibilities are transferable, the circumstances and the procedure through which this may be done remain unclear in the law.

Factors which may promote child abandonment, as well as inadequate services as illustrated above suggest the need for revision of prevailing mechanisms of care provision for all groups of vulnerable children. This article, based on research in progress, discusses possible risks of child abandonment and considers strategies which may be put in place to prevent abandonment of children and to protect abandoned children in Lesotho.

THEORETICAL FRAMEWORK

Attachment theory is used to underpin the arguments in this article. In addition to being the result of efforts of a multidisciplinary team, the theory possesses two principal strengths. Firstly, it is one of few bodies of work developed solely on research conducted on children (Bowlby, 1966, 1969). Additionally, it was refined under research conditions in an African setting among the Ganda of Uganda in the 1960s (Ainsworth, 1963, 1967 in Bowlby, 1969).

The theory focuses on the carer-child relationship. According to it, attachment denotes the strength of relationships between children and their carers. It is understood to develop from around seven months of age and is determined by the quality of interaction between children and carers (Bowlby, 1966, 1969, 1973; Cassidy, 2008; Howe, 1995, 2005; Prior & Glaser, 2006; Wilson, 2009). It ranges from secure to disorganised (Bowlby, 1969, 1979; Cassidy, 2008; Samantrai, 2004), with “secure attachment” being the most functional while “disorganised” represents the least functional relationship quality.

Attachment quality is thought to be predictive of future relationships. Childhood experiences, specifically those that occur in carer-child relationships, are believed to be “coded” into “internal working models” of self, others and relationships (Cassidy, 2008; Lawler, Shaver & Goodman, 2011; Mennen & O’Keefe, 2005; Roberson, 2006; Samantrai, 2004). Internal working models refer to children’s cognitive structures regarding self and others (Cassidy, 2008; Mennen & O’Keefe, 2005; Roberson, 2006). These models are subsequently employed by children to decipher social actors related to the children. According to the promulgator of the theory, Bowlby (1966), “extra-parenting” has the capacity to mend children’s damaged internal working models (Bowlby, 1966).

Severe malfunction in children as a result of attachment deficiency is known as “reactive attachment disorder” (RAD). RAD, said to be under-researched and contested, is defined by the DSM-IV diagnostic manual as “markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before age five and is

associated with grossly pathological care” (American Psychiatric Association, 2000 in Wilson, 2009:25). It is not common to all children with weak attachment to their carers.

Implied by the theoretical model therefore is the notion that, when carers are consistent in conveying love and concern to children, children view themselves as worthy of such love, whereas when love and affection are withheld, children become suspicious about social players around them, impeding their affective capacity and related social functioning. Internal working models are believed to be enduring throughout life, although they are not completely interminable (Cassidy, 2008; Howe, 2005; Mennen & O’Keefe, 2005).

In this article the theory was critically evaluated as focusing somewhat narrowly on the relationship between children and just one carer or parent, despite the fact that few children can be said to have single parents (Mturi & Nzimande, 2006). Thus the theory may be said to overlook the possibility of two or more concurrent attachment figures. But the demerits of the theory, while noteworthy, do not overshadow its strengths.

LITERATURE REVIEW

Risks associated with child abandonment

The lack of an established parental rights relinquishment strategy, as alluded to above, suggests initial establishment of bonds between babies and children to their carers and subsequent severance of such bonds (Bowlby, 1966). In the case of Lesotho, severance is reportedly through baby dumping, leaving in the care of otherwise incapable grandparents, and neglect, all of which are practices that also occur in the South African context as well (Mturi & Nzimande, 2006).

Severance of child-carer bonds has far-reaching implications. For instance, Rheingold (1956 in Bowlby, 1966) and Levy (1937 in Bowlby, 1966) both conducted studies on institutionalised children in Europe (samples of 29 and 122 respectively), reporting that the children displayed signs of mental retardation. Delinquent behaviour, incapacity to form affective bonds, stealing, egotism, socially unacceptable sexual behaviours, as well as poor cognitive development were some of the other developmental challenges noted among samples of babies and children who experienced poor or disrupted carer bonds (Bowlby, 1966; Howe, 2005; Kobak & Madsen, 2008; Mennen & O’Keefe, 2005; Prior & Glaser, 2006; Roberson, 2006). As adults, people with such histories were found to be more likely to engage in self-destructive behaviour such as suicide and addiction (Bowlby, 1966, 1979).

The probability of maltreatment before abandonment cannot be discounted in these situations. Assuming that abandonment is a possible culmination of adverse social circumstances, including absence of support to carers, it is possible that carers are likely to have been overwhelmed by their carer role, increasing the probability of maltreating their babies and children prior to abandonment. This possibility was found to apply to families/care givers in families not wanting mental patients returned to their care (Engelbrecht & Kasiram, 2012) because of the burden of care.

Abandonment and maltreatment both have negative effects on children. As in the case of abandonment, research findings confirm a positive correlation between maltreatment and the failure of affected children to attach securely to subsequent carers (Howe, 2005; Kobak

& Madsen, 2008; Mennen & O'Keefe, 2005; Prior & Glaser, 2006; Steele, Hodges, Kaniuk, Hillman & Enderson, 2003; Wilson, 2009). For example, in a meta-analysis of 13 studies, Morton and Browne (1998 in Mennen & O'Keefe, 2005) discovered that maltreated children in 11 of the 13 studies were more insecurely attached compared to control group children.

Social incompetence is another form of maltreatment that negatively affects children. According to Chapman (2002), Howe (2005) and Lawler *et al.* (2011), previously maltreated children displayed age-inappropriate communication strategies such as aggressive behaviour below age of five years and tantrums even at ages 10 years and above. Additionally, Chapman (2002) revealed that maltreated children – some below the age of three years – had a tendency to use profanities, while Wilson (2009) described their behaviour as erratic and uncontrollable. Moreover, they were alleged to suffer from an enduring fear of social closeness (Howe, 2005; Kobak & Madsen, 2008). In adulthood, criminality and promiscuity are said to be common in this group of people (Mennen & O'Keefe). Intergenerational progression of maltreatment has also been noted among families with maltreating histories (e.g. Morton & Brown, 1998 in Mennen & O'Keefe, 2005; Steele *et al.*, 2003). A study by Van den Dries, Juffer, Ijzendoorn and Bakermans-Kranenburg (2009) further found that maltreatment has a negative correlation with academic performance.

From this review of the literature, it may be deduced that failure to re-establish bonds is problematic on two counts. Firstly, it can lead to counter-rejection by subsequent carers (Chapman, 2002; Engelbrecht & Kasiram, 2012). Secondly, it implies that such children may never be reliable carers (Bowlby, 1966; Howe, 1995, 2005). This synopsis is predictive of intergenerational transmission of social incapacity. Ideally therefore abandonment should be avoided.

Protection of abandoned children in Lesotho

There is a gap in the literature with respect to Lesotho on this topic. Nonetheless, the authors use sources of information that are specifically relevant to this issue.

There are inadequacies, specifically with regard to legislation, at the epicentre of child protection in Lesotho. Firstly, the Act as it applies in Lesotho does not make a clear distinction between fostering and adoption. Moreover, it is not specific on the circumstances under which a child may be fostered or adopted (Children's Protection and Welfare Act, 2011 Sections 51-65). Third, it says nothing about review or revocation of foster care as well as specific conditions under which adoption orders may be revoked (Children's Protection and Welfare Act, 2011 Section 55 (5)). Lastly, the effect of child abandonment and/or maltreatment on parenting rights is unclear in the law. This creates uncertainty as to how the issue may be addressed, particularly subsequent to supposed rehabilitation of parents or guardians. This means the Act gives tremendous discretionary powers to the diversity of child protection professionals, who often do not reach consensus on its interpretation.

The law also seems to overlook the profound psychological dimension of abandonment and maltreatment. Firstly, it fails to make psychological assessment of either children or

prospective parents a prerequisite for fostering or adoption, and makes no provision for pre- or post-adoption counselling or support for concerned parents or children (Children's Protection and Welfare Act, 2011 Sections 51-65).¹ Thus, the legal framework for protection of children in Lesotho may be described as insensitive to the challenges posed by a history of abandonment and maltreatment.

Adoption services too are equally inadequate in Lesotho. These services are government based and weak on post-adoption support. The available literature from outside the country on adoption suggests that families may require complex services before adoption can be initiated and after it has been legalised (Bevc, Jerman, Ovsenik & Ovsenik, 2003; Dyer *et al.*, 2004; Okpaluba, 2008; Purewal & Van den Akker, 2007; Steele *et al.*, 2003; Van Delft & Van Delft, 2008). In the light of the challenges that abandonment poses for children as explained above, adoption without adequate pre- and post-adoption services may in effect compound the harm to hitherto abandoned and/or maltreated children.

The government department responsible for facilitation of foster care and adoptions is challenged on several levels. A study by Nono (2007), a previous employee of the same department, found that staff felt overloaded with work and were chronically demoralised, while some lacked the requisite training for the job. The department was also found to suffer high staff turnover.

It is not clear why, against this backdrop, this government department remains the sole adoption agency in the country. This comment is made because the law charges the department with "facilitat[ing] assessment of a potential foster and adoptive parent" (Children's Protection and Welfare Act, 2011 Section 54 (1)). Hence, according to the law, the department may delegate this responsibility to external qualified people, companies and organisations, thus reducing its load.

Hence, despite empirical evidence alerting us to the seriousness of the matter, the law and related services for protection of abandoned and otherwise maltreated children in Lesotho are weak and seem to lack sensitivity in the way in which they purport to protect these categories of children.

RESEARCH METHODOLOGY

The study design was qualitative in nature as expounded by Babbie and Mouton (2006); Fouché and Delport (2002) as well as Terreblanche, Durrheim and Painter (2006a). It was also explorative in that it entered territory that had not previously been subject to dedicated research, particularly in the African context of Lesotho (Leedy & Ormrod, 2001). Two samples were selected: purposively selected professionals with knowledge and experience of the topic, and adoptive mothers.

The sample of six professionals comprised social workers and a development planner. All these participants worked in child protection. Unstructured questionnaires were

¹ According to the Act, "supervision" of an adopted child is made a requirement only in the case of inter-country adoption (Section 61 (4)).

employed to collect data from professionals. The first author as researcher chose to administer the questionnaires to maximise the response rate, specifically in that the sample was relatively small (N=6), a high response rate was important.

The sample of 16 adoptive mothers comprised mothers of children with probable histories of abandonment and/or neglect, and they were sourced using snowballing. Fourteen mothers had one adoptee each, while two had two and three adoptees each (16 mothers and 19 adoptees). An interview guide was used for data collection among adoptive mothers to glean rich data on issues pertaining to challenges prior to and after adoption, and on the behaviour of adoptees.

Ethical clearance for the study was granted by the University of KwaZulu-Natal, RSA. As prescribed by the Research Ethics Committee of the University, ethical issues were discussed beforehand and all participants confirmed their informed consent for participation in writing. With the sample of adoptive mothers, where necessary, services were offered or respondents and their families referred for ongoing services to other resources/professionals.

FINDINGS²

The findings are divided into two sections. The first covers previously abandoned and/or maltreated children, now adopted, while the second considers whether social services in Lesotho are in a position to provide care for the children in question. The data collected from adoptive mothers and child protection workers are presented below. Data collected from two samples are presented, allowing for triangulation to enhance reliability and trustworthiness of findings (Rubin & Babbie, 2013). Furthermore, data are presented in their original form to enhance dense description, thereby promoting confirmability, as discussed by Rubin and Babbie (2013).

Under services, data from both samples are presented side by side. Data from adoptive mothers followed a common trend and core themes emerged during data analysis using the data-analysis steps suggested by Terreblanche, Durrheim and Painter (2006b). To increase readability and ensure that data are presented in as interesting a format as possible, only two case studies are presented below, but they are representative of the findings in all 16 interviews with adoptive mothers. Granted, the choice of two case studies may be regarded as subjective, but the authors believe that this allowed for creative reporting and consistency in aligning the case studies with professional services received.

Three critical concerns are highlighted in the findings.

- Abandonment and/or maltreatment could increase chances of maladaptation later in the lives of affected children. For instance, aggression and violent behaviour

² To protect participants' identity no identifying characteristics such as places of residence, schools or occupation of adoptive mothers will be stated in this section or elsewhere in the article. All names are pseudonyms.

including intimate partner abuse as well as poor choice of friends and intimate partners emerged in almost all interviews with adolescent adoptee parents (8/10). One of the case studies below is a classic example.

- A trend of poor academic performance and poor life decisions was also common throughout interviews with adoptive mothers whose adoptees had attained puberty, with three exceptions (7/10). Poor academic performance is common to both case studies.
- People who come forward to provide care for the children are sometimes not aware of their unique needs, this being an expressed concern discussed in the literature about the absence of pre- and post-adoption services in the country.

Section one: Challenges of neglected and abandoned children reported by adoptive mothers

CASE STUDY ONE: BEAUTY, 21 YEARS OLD

Beauty's mother, Anna, came from an unstable home characterised by domestic violence. Anna's mother left the family when Anna was 14. At this time Anna's father worked away from home. As the first born of four children, Anna assumed the care of her siblings aged between two and 10 years. Anna fell pregnant with Beauty at the age of 16 and dropped out of school as a result.

There is reason to believe that Anna had a difficult pregnancy as her mother was away and her father reportedly voiced his disappointment at the pregnancy to relatives (in the absence of Anna). In addition, there is no evidence that Anna ever received support or kept in touch with Beauty's father during this time.

Beauty lived with her biological mother, Anna, for the first year of her life and went to her adoptive family at the age of one year. Although Anna's father earned a more-than-reasonable working-class income, it is believed that he did not give Anna much financial or other support for Beauty's care.

The interview with Beauty's adoptive mother suggests that Beauty may have been neglected before adoption. The adoptive mother revealed that, upon arrival at her adoptive home, Beauty looked underweight, was generally inactive and silent. She did not respond to communication or stimulation despite her age. Beauty also seemed to eat more than could reasonably be expected for someone her age. Beauty's adoptive mother described the first few days of Beauty's arrival as follows:

"I think she could crawl but she did not like to do it much ... up to this day she is a lazy person. [After her arrival] she preferred to lie in one place without looking at me. When I tried to play with her she would breathe in heavily and make an unhappy face as if about to cry ... But this did not last a week. But food, she would eat. She never seemed to be satisfied. The clothes that they brought her with were pitiable. I had to buy her everything from scratch."

After the initial problems of adjusting to a nurturing environment, Beauty seemed to grow up well until she reached her teens. Beauty's teen years were replete with self-

destructive behaviour and signs of poor self-esteem reflected in her choice of intimate partner and friends. At 15 years she fell pregnant. The relationship with her partner was reportedly tenuous, however, and ended before her son reached the age of one year. Beauty's adoptive mother suspects that the relationship may have been abusive. The adoptive mother is of the opinion that this could be the reason for Beauty's first attempted suicide. She attempted suicide twice during her teens. Academically, she struggled and repeated classes three times.

Thus Beauty's behaviour in her teens was generally a matter of concern. Describing her teens, her adoptive mother said:

"[Around the time] she generally had trouble accounting for her whereabouts. I was constantly asking around for her, and she habitually came home after dark. My helper said she walked around with shady characters, but you can't take everything these people tell you. One day, while looking for her, I found her in a room full of drunken girls and boys filled with cigarette smoke."

It would seem Beauty had complex psychological problems. She attempted suicide for the second time within a year of the first. After the second suicide attempt Beauty was diagnosed with clinical depression. Her conduct then and currently can be described as age inappropriate. This is how her adoptive mother described her.

"She is spoilt! She is demanding ... and I will always bend to her requests. I guess we are partly to blame. Beauty carries the most expensive phone, which gets stolen every year [and replaced by ourselves]."

Her adoptive mother is not aware of Beauty ever using toxic drugs but "highly suspects that she may have, at some point or other". At the time of the study Beauty, aged 21, was in her first year of tertiary education.

CASE STUDY TWO: PRECIOUS, 17 YEARS OLD

Precious's biological mother is unknown. Precious was found abandoned on the side of a busy street by labourers on their way to work. Her adoption was finalised when she was four months old, before which she lived in the children's ward of a public hospital. Considering the paucity of resources in health care and social services (Tamasane, 2011) in Lesotho, it is unlikely that Precious received adequate care during her first four months of life. Indeed, the social worker reported to the adoptive mother that mothers accompanying their babies in the children's ward where Precious was held prior to adoption breastfed Precious "when there was need".

Subsequent to adoption, Precious's adoptive mother, a high-ranking official, took time off work to nurse her. They shared a bed; the adoptive mother bathed, dressed and generally took care of Precious. In Precious's adoptive mother's words,

"I focused all my energies on this project ... By the time I went [back] to work, she would cry when I leave. She would react to the sound of my voice even if I was in a different room. She knew me and seemed to like me. We were generally

happy together. [Parenting] brought an end to my social life. I had no friends as I would go straight home after work."

Precious's adoptive mother focused all her energies on caring for Precious. According to her, she read widely on the subject of parenting and even attempted to breastfeed Precious. She recalls, however, that Precious resisted the attempt vigorously. Refusal to be breastfed can be considered a manifestation of fear of closeness (Bowlby, 1966; Chapman, 2002) on the part of Precious, attributable to nursing from different sources prior to adoption. Here, possible concerns for attachment disorganisation arise. Nonetheless, the child is said to have developed satisfactorily, and mother and child's relationship was described as strong.

However, this was not to be for long. Precious's adoptive mother worked in a small town and when Precious was due to start preschool, she was sent to a bigger town, where preschools are thought to be more advanced. Precious stayed with her grandmother for the next two years.

It was around this time, aged two years, that her adoptive mother noticed changes in Precious's behaviour. Precious became aggressive and threw tantrums. She rarely went to sleep of her own accord and had to be coaxed to sleep. She was generally more energetic than could be expected for her age. Precious was diagnosed with hyperactivity disorder at the age of two. The adoptive mother says this of the adoptee:

"From as early as two or three, she would slap people ... and she was destructive ... she [broke all] my ornaments by age 5 ... [In my presence], she would hit her head very very hard against a wall ... if I walked out ... she would resume playing. It was not easy to get her to sleep. Her tantrums were [fierce]. It was a struggle."

Precious's first day at primary school at the age of five was equally astounding. She did not protest at all about being left at a new environment. In fact, she signalled with her hands that her mother could leave. Again, Precious's age- and context-inappropriate display of independence is a possible symptom of attachment disorganisation, as described by Cassidy (2008) and Samantrai (2004).

Her lower primary school years can be described as eventful. In addition to being diagnosed with ADHD and being put on anti-aggression medication, Precious was a habitual liar and a kleptomaniac, stealing things at school and at home. She avoided school work and is suspected of truancy, although she was never caught. An incident in which she requested money from her adoptive parents with the apparent intention of truancy was aborted when her adoptive mother's intimate partner caught her out. In Grade 5 she was suspended from school for bad conduct. She performed poorly academically and was frequently in trouble for aggressive behaviour.

The pattern continued into high school. In addition to performing poorly, she destroyed property and addressed teachers in a derogatory manner. She threw tantrums when being brought to order both at school and at home and challenged rules and authority. She repeated the first year in high school. Recently, Precious's adoptive mother found a cell

phone that she had lent to Precious brutally destroyed, possibly with a small stone or a sharp object. She suspects it was the subject of one of Precious's violent outbursts.

Precious's adoptive mother is not aware of any intimate friend her daughter ever had in the past or presently.

Section two: Service provision

Under services, the issue of whether social services are adequately equipped to provide care for abandoned and otherwise maltreated children will be considered. Respondents in this section were six professionals.

Data from key informants in the relevant government department in Lesotho were conflicting. The department simultaneously oversees quality and renders services nationwide. With respect to services, one director said her department assesses parents for suitability for fostering and adoption in line with the applicable Statute; it prepares them psychologically and gives them skills for parenting children with special needs.

An adoption social worker of the same department, however, raised some reservations concerning the quality of services given to prospective adoptive parents, specifically with respect to preparation for adoptive parenting. She conceded that, while they do prepare prospective adoptive parents to the best of their ability, more could be done and added:

“We talk to them and tell them about the required documentation for adoption ... and that it takes some time [for the adoption process to be concluded]. We don't really talk to them in depth about [adoptive] parenting.”

The above findings were supported by adoptive parents who adopted recently and those who adopted in the past. An adoptive mother who adopted in 1992, whose teenage child had acute externalising behaviour, mentioned being overwhelmed and unprepared for adoptive parenting and lack of services after the placement:

“No one ever told me what to expect. I asked for a baby ... and she was delivered to my door step. I know I asked for a baby, but I could never have been prepared for this. It was too much. I was constantly in tears [during my child's teen years].”

And an adoptive mother who adopted in 2009 said about her preparedness:

“[Name of social worker] talked to us once, but he didn't say anything about parenting per se ... I'm learning as I go...”

Another area where improvements were said to be in order, according to the adoption social worker, was in conducting follow-ups for adoptive parents. She stressed, however, that her department was doing all in its power to get an update on how adopted children based in the country were faring. In her words,

“We recently commenced with follow-ups for [adopted] children based [in the country]. [The problem, however,] is there are many children and we can't

reach them all. We are still [conducting follow-ups] on those who were adopted during [name of social worker who has since left the department]’s time.”

Furthermore, the adoption social worker revealed that “there are always more children than people who want to adopt”. This information was corroborated by a separate social worker, based at a care facility, who postulated that “if nothing is done in respect of these children, we will have problems as donors are not forthcoming [anymore].”

DISCUSSION

Both sets of data presented confirm that measures for prevention of abandonment in Lesotho are lacking, while strategies for protection of affected children are weak. Of particular concern is that the findings suggest that women are denied the right to abort, as it is assumed that “being disappointed in the pregnancy and not being offered financial support” in Beauty’s case and being abandoned on the roadside in Precious’s case both indicate that abortion may have been contemplated as an option without follow-through action. Adoption availability could have prevented these children from being abandoned. While abortion as a contemplated action was not specifically explored in the interviews, it is possible that increased incidents of abandonment in Lesotho (Tamasane, 2011) are attributable to the absence of legal provision in Lesotho. Indeed, there is no safe system for relinquishment of parenting responsibilities. As such, children who end up in care facilities, fostered or adopted are most likely to have been abandoned, neglected and/or otherwise variously maltreated, as implied in the findings in the study.

The findings concur with attachment theory and the literature on the repercussions of abandonment and maltreatment. For instance, Beauty’s apparent lack of self-esteem is attributable to a deformed internal working model, as described by Cassidy (2008), Lawler *et al.* (2011) and Roberson (2006), among others. Possibly, she regards herself as not worthy of love, explaining her reason for remaining in a hostile relationship. This type of relationship probably corresponds to the one she had with her biological mother in her first year of life. Such insecurity was also evident in Precious, where it was noted that she did not have any close friends, although this is an important social need in one’s teens.

Fear of social closeness, a trait considered to be associated with poor early-life carer-child relationships (Howe, 2005), and part of attachment theory, is also evident in the findings. Beauty’s inexplicable decision to remain in an abusive or turbulent relationship is interpretable as fear of giving or receiving love, perhaps related to her founding relationship. Precious’s lack of previous or current intimate partner known to her mother could be a manifestation of the same quality. It is reasonable to speculate that Precious may either have intimate friends with whom she does not feel emotionally connected enough to introduce to her mother, or that she chooses not to have them. Although not reported in this article, it is noteworthy that 7/10 of adoptees whose adoptive mothers participated in the study had been or were in contentious relationships. This could, possibly be reflective of dysfunctional interpretation of love that the adoptees have, perhaps owing to faulty attachment relationships. In terms of attachment theory,

disrupted attachment bonds can result in failure of affected children to establish and maintain healthy relationships (Bowlby, 1966; Howe, 1995).

Beauty also seems to lack the competence required to deal with life stressors such as intimate partner rejection. This is believed to have been the cause of her first suicide attempt. In this respect Beauty's behaviour is consistent with the findings of Bowlby (1966, 1979), who submitted that poor carer-child relationships can lead to both depression and suicide later in life.

Precious's behaviour is concordant with that of Beauty. Beauty was considered by her adoptive mother to have been maltreated before adoption, thus straining carer bonds. Her extreme aggression is therefore attributable to the inadequate and eventually severed carer bond prior to adoption compounded by severed carer bond after adoption as suggested by Bowlby (1979), Howe (2005), Kobak and Madsen (2008), Lawler *et al.* (2011) as well as Prior and Glaser (2006). It is common knowledge that cell phones are highly valued by teenagers, who depend on them for networking socially. The act of intentional destruction of her cell phone in Precious's case is therefore deemed tantamount to self-destructive behaviour. Thus Precious can be considered to be both aggressive and self destructive.

Precious's life is characterised by tantrums, even in her teen years, and she was uncontrollable from an early age to her teenage years. This is in consonance with Chapman's (2002) and Wilson's (2009) observations. Tantrums beyond the age at which they can reasonably be expected is cited as common in children with past maltreatment, according to the attachment theory by Chapman (2002), Lawler *et al.* (2011) and Mennen and O'Keefe (2005).

Poor academic performance was consistently cited by adoptive parents with both Beauty and Precious portraying signs of severe learning incapacity. Authorities in the field of carer-child relationships are in agreement that poor carer-child relationships can adversely affect babies' and children's cognitive development and academic performance, in accord with attachment theory (e.g. Howe, 1995, 2005; Mennen & O'Keefe, 2005; Roberson, 2006; Samantrai, 2004).

The reports that Precious was serially breastfed by different women could have compounded the child's susceptibility to attachment disorder as discussed by Howe (1995, 2005). In addition, the change of environment to attend preschool away from her adoptive mother may have exacerbated the problem and reversed gains made in respect of attachment, as evidenced in the child dismissing the mother when first entering school.

The case studies are clearly illustrative of the risk of failing to equip and subsequently support families that come forward to care for and protect children. Precious's aggressive behaviour fits the description of reactive attachment disorder, which could have been rectified through "extra parenting", as discussed by Bowlby (1966), subject to appreciation of the concept by her adoptive mother and proper professional diagnosis. Precious's adoptive family could therefore have benefited from pre-adoption attachment sensitisation in view of Precious's lengthy stay in a non-nurturing, inconsistent

environment such as a hospital ward. Precious's adoptive mother's resourcefulness and enthusiasm about parenting suggests that she would have been amenable to pre- and post-adoption support, if this had been available.

Services seem to lack the capacity to equip prospective parents with the necessary tools and support. While social services attempt to do their best in this respect, government services, specifically social services, are said to be overburdened, as established by Nono (2007) and noted in the study. Furthermore, as illustrated, it is not a provision of the Children's Protection and Welfare Act to provide training to prospective carers or to ascertain their mental wellbeing prior to entrusting hitherto abandoned or maltreated children to their care. The law, while stipulating that adoption can be revoked, does not provide for oversight of relevant parents and is vague regarding conditions for revocation. Thus children in adverse circumstances are "killed twice": first by the adults responsible and then by the social services underpinned by law.

CONCLUSION AND RECOMMENDATIONS

The need for law reform emerges strongly in this study. Given the increase in incidents of abandonment in Lesotho as described in Beauty's and Precious's case, it is myopic and socially costly to legally deny women the right to abort, when deemed necessary. Hence, it is proposed that abortion on social grounds be legalised as a matter of urgency. This would counter the need to abandon, as unwanted babies would not be born. Secondly, follow-up of families in whose care children with histories of abandonment are placed should be made a provision of the law. This is in the light of contentions by attachment theorists and researchers that these children may experience difficulty in re-establishing subsequent bonds. Furthermore, the law should make it a requirement for prospective foster and adoptive parents and children to undergo psychological assessment and for the prospective parents to receive parenting training prior to fostering or adoption. Parenting training is especially crucial in view of the fragility of the internal working models of children with adverse histories as well as of the conclusion by Bowlby and others that internal working models can be mended through "extra parenting". The effect of legally proven abandonment and maltreatment should be made clear by the law. Lastly, age-appropriate children should be psychologically prepared for changes in parenting arrangements before fostering or adoption to avoid confusion. Evidence to that effect should form part of documentation presented to courts in application for parenting rights. Again, this should be made clear by the law.

For religious and other concerns, not all women may wish to abort in the event of an unplanned pregnancy. Hence, a concrete system for relinquishing parenting should be established and widely publicised to give parents who have the need a platform to do so in a dignified manner and without threat to the life or safety of babies and children. Relinquishment should ideally take place as soon after birth as possible. Hence, it may prove valuable to provide supportive services to women, particularly young ones, to make sound decisions pertaining to whether to keep or not to keep unplanned babies. It is therefore suggested that safe facilities or baby deposit banks be established nationwide. The church, a vehement proponent of life rather than abortion, could be

lobbied to provide such facilities. The law should also unequivocally state the legal implications of use of the proposed facilities (i.e. relinquishing parenting rights).

The foregoing recommendations are informed by attachment theory. Based on this theory it would be in the best interest of babies not to form bonds with biological mothers at all, if these are going to be extinguished later. Also, it can be problematic for babies to be left at the deposit banks and claimed by biological mothers later in life. Thus, in accord with attachment theory, it is proposed that the law should stipulate that relinquished parenting may not be reinstated except in the absence of alternative parents.

It could also prove valuable to entrust screening of prospective adoptive and/or foster parents, preparation for parenting, and post-adoption/fostering support to external organisations whose qualifications and standards may be determined by the department responsible for the protection and welfare of children in Lesotho. It is believed that this would speed up the processes, thereby expediting permanency in children's lives. Quality of service provided by such organisations could thus be improved.

Structures such as the recently established Local Government Councils can be utilised to strengthen child protection services. While it is recognised that these councils lack the requisite ethical and professional foundation, they comprise child protection committees and, with the right training from the relevant government department, they could assist parents who need to relinquish parenting rights by dispensing information and making referrals. This would improve accessibility of services for parents and possibly expedite receipt of care for children in need, promoting chances for secure attachment with alternative parents.

It could also be useful to reinforce and increase accessibility of social protection for new parents, specifically young ones. Providing access to resources for the added responsibility of parenting may dissuade parents from abandoning babies. Additionally public day-care facilities, currently absent in Lesotho (Tamasane, 2011), could relieve indigent parents of the onerous task of caring for babies. Financial and practical support for parents can enhance relationships with babies, effectively facilitating secure attachment.

Cultivating the sensitivity of prospective parents to the unique needs of previously abandoned children should not be underrated. Thorough preparation and counselling of prospective foster or adoptive parents is therefore imperative. These families need to appreciate the sensitivity of parenting children with histories of both adversity and inconsistency. Such families may need to be assisted to overcome their unresolved conflicts beforehand in order for them to be able to repair the internal working models of children. Hence, attachment sensitivity training for prospective alternative parents is also recommended.

Lastly, empirical research into the wellbeing of adoptive and foster families with specific reference to Lesotho is indicated. The current absence of evidence in this regard is a concern, as there is likely to be reliance on practices and evidence from elsewhere, which may not always be contextually relevant. Documentation and mapping of local

practices and challenges would also facilitate programme monitoring and evaluation, increasing chances for improvement where necessary.

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