ADOPTION EDUCATION LLC

SPECIAL REGIONAL CONSIDERATIONS

ETHIOPIA

1. History of International Adoption
2. Logistics
3. General Health Issues of the Population
4. Special Considerations for Children Adopted from Ethiopia

TO ACCESS THE QUIZ FOR ETHIOPIA:
After reading this course, please sign back on to www.adopteducation.com. Go to the table of contents and click on the last page (#4) for the region you wish to take the quiz for. Click the NEXT arrow at the bottom of the page to begin question 1 of the quiz.

Copyright 2006-2008, Adoption Education, LLC
No copying, publishing or redistribution of this course is permitted without the express, written consent of Adoption Education, LLC

Adoption Alert

U.S. DEPARTMENT OF STATE
Bureau of Consular Affairs
Office of Children's Issues

May 26, 2009

Adoptions of Abandoned Children Halted by Ethiopian Court

On May 4, 2009 the Ethiopian First Instance Court temporarily stopped accepting cases involving abandoned children referred by orphanages in Addis Ababa, citing a substantial increase in the number of children being brought for adoption. The number of abandoned children from orphanages in Addis Ababa has grown dramatically in recent months and Ethiopian authorities have become aware of possible cases of unethical practices associated with some of them.

Neither the Ministry of Women's Affairs (MOWA) nor the First Instance Court had been accepting abandonment cases from any orphanage in Addis Ababa pending an inquiry. However, on May 23 the Court confirmed that while the investigation into cases of abandoned children continues, it has begun accepting cases of abandoned children referred from Addis Ababa government orphanages. These include the following orphanages:

- Kebebe Tsehay Orphanage
- Ketchene Orphanage
- Kolfe Youth Center

Please continue to monitor adoption.state.gov for updated information on Ethiopia.

ETHIOPIA

History of International Adoption

The growing interest in Ethiopia comes at a time when the leading countries for international adoption - China, Guatemala and Russia - are, respectively, tightening eligibility requirements, under scrutiny for corruption in their respective adoption systems, or closing the borders to American agencies.

Ethiopia, with a population of 76 million, has an estimated five million orphans. Ethiopia has more orphaned children than it knows what to do with and there are few resources to care for them. Many African countries have outlawed or impeded the adoption of their children by foreigners. For Ethiopia, it is preferable for children to be brought up in their own culture. However, extended family or community members are unable to care for many of these children. Ethiopia instead has welcomed foreign families who are willing to provide homes for children who have lost one or both parents to AIDS, malaria, tuberculosis or starvation, or who come from families too destitute to feed and clothe them.

Interest in Ethiopia has grown since actor Angelina Jolie adopted an Ethiopian baby girl in 2005. Statistics on international adoptions to the U.S. from the U.S. State Department showed that Ethiopia made the top five for the first time, after China, Guatemala, Russia and Korea. Adoptions from Ethiopia rose 66% for fiscal 2006 (441 in FY05, to 732 in FY06). It was the only country in the top eight to show an increase over one year, also outpacing Kazakhstan, Ukraine and Liberia.

Fiscal Year	Number of Immigrant Visas Issued
FY 2007	1,255
FY 2006	732
FY 2005	440
FY 2004	289
FY 2003	135
FY 2002	105
FY 2001	158
FY 2000	95

Logistics

The Ethiopian Adoption Program is a growing, stable program. The process is relatively affordable compared with adoptions in other countries.

There are very few agencies licensed to work in Ethiopia, and most do support or directly run the orphanages they work with. The U.S. Embassy in Addis Ababa or the Ministry of Labour and Social Affairs (MOLSA) has a list of adoption agencies authorized to provide adoption services. If adoptions are attempted by outside means, the children will not be eligible to receive permission to exit the country.

The government office responsible for adoptions in Ethiopia is the Adoption Team in the Children and Youth Affairs Office (CYAO), which is under MOLSA. Private adoptions are permitted in Ethiopia, but discouraged by MOLSA because they take place under local adoption rules and may bypass the process and protections put in place by the Government of Ethiopia relating to international adoption. Americans who enter into private adoptions that bypass the CYFAD will not be able to take the child out of Ethiopia, and will not be able to obtain a U.S. immigrant visa.

Copyright 2006-2008, Adoption Education, LLC
No copying, publishing or redistribution of this course is permitted without the express, written consent of Adoption Education, LLC

The children available for adoption are:

- Male and female
- As young as two months old, at time of referral, up through school age
- Healthy as well as special needs
- Twins and sibling groups available
- Tend to be a mixture of African and Arabian descent
- The children are tested for HIV, Hepatitis B, Tuberculosis and Venereal Disease prior to being placed
- HIV positive children are eligible for adoption
- Many children have resided in a local orphanage, community care or in the hospital of birth prior to being matched with a family.

Adoption Procedures

Ministry Of Women's Affairs (MOWA) identifies orphans in need of a permanent family placement through international adoption. In general, Ethiopian orphans identified for intercountry adoption have been abandoned by their parents or have lost their parents to disease or other misfortune. MOWA places abandoned or orphaned children in orphanages or foster homes, pending adoption. When a child is abandoned, by law it comes into the custody of the government. When a child is found to have two HIV/AIDS-infected parents, or one living HIV/AIDS-infected parent, the government routinely declares that the child is an orphan and assumes legal guardianship of the child.

It is common practice for the Government of Ethiopia to require that a child be resident in an orphanage for three months before they can be adopted.

MOWA has responsibility for all activities regarding children in the country, including welfare, foster care, domestic and intercountry adoption, and investigation of neglect and abuse. When an orphaned or abandoned child comes into the custody of the government, the police and MOWA create the child's dossier.

Adoptions are final. All Ethiopian adoptions are full and final and irrevocable under Ethiopian law.

Parents have the option of traveling to Ethiopia to receive their child or having their child escorted to the nearest major U.S. airport. There are no residency requirements for prospective adoptive parents.

Time Frame

Adoption agencies will advise adoptive parents approximately how long an adoption can take.

General Health Issues Of The Population

Ethiopia is among the 20 most populated countries in the world, the second most populous region in Africa, with a population of approximately 77 million. As well, it is on of the oldest countries in the world with a recorded history of over 3000 years and was the home of the Queen of Sheba.

Ethiopia is also one of the poorest countries in the world. Only 6 per cent from the central government expenditure is allocated to health and 16 per cent to education. Almost half of its gross domestic product comes from agriculture, and around three quarters of the country's workforce are employed in this sector. Frequent periods of drought limit agricultural productivity, which affects the manufacturing sector, which is heavily dependent on inputs from the agricultural sector. Over 90% of large-scale industry, but less than 10% of agriculture, is state-run.

Seventeen years of civil war in Ethiopia, which lasted from 1974 until 1991, bankrupted the country and left millions of children without family. The numbers continue to increase as the diseases of poverty cause premature deaths of parents.

The infant and maternal mortality rates in Ethiopia are among the highest in the world. According to statistics from UNICEF, in 2005 the infant mortality rate was 109 per 1000 live births. The infant mortality rate is defined as the number of infants, who die during the first year of life per 1,000 live births. In 2000, the lifetime risk of maternal death was 1 in 14.

Malnutrition affects a large portion of the population. Children in particular are highly affected by malnutrition. From 1998-2005, 15% of infants were born with low birthweight (less than 5.5 pounds). From 1996-2005, 38% of children under 5 years of age were moderately or severely underweight (below minus two standard deviations from median weight for age of reference population), 11% were moderately or severely wasting (below minus two standard deviations from median weight for height of reference population) and 47% were moderately or severely stunting (below minus two standard deviations from median height for age of reference population).

UNICEF reports that malnutrition is responsible for more than half of all deaths among children under age five. The number of chronically malnourished children has decreased since 1996, but remains alarmingly high.

Rates of access to safe drinking water and adequate sanitation have been improving in recent years, helping reduce the number of deaths due to diarrhea, which currently accounts for around 20 per cent of under-five mortality. However, there is a wide difference between urban and rural areas for access to clean water and sanitation facilities. In 2004, 81% of the urban population had access to clean water and 44% had access to adequate sanitation facilities. In contrast, 11% of the rural population had access to clean water and 7% had access to adequate sanitation facilities.

Immunization rates for the major vaccine-preventable diseases are around 80-90 per cent. However, children in Ethiopia continue to die from childhood diseases that could easily be prevented through immunization and basic health services. Ethiopia had been polio-free for three years, but 19 cases were reported between December 2004 and October 2005.

Ethiopia has the largest HIV/AIDS infected population in the world. Most people do not know that they are infected because they have no visible symptoms they can easily recognize. However, almost all will develop AIDS and die within the next 10 years or so.

The HIV/AIDS prevalence rate is 4.4 per cent, and the spread of the virus has slowed. Approximately 1.5 million people are living with HIV, some 120,000 of them children. Twelve per cent of all children living in Ethiopia are orphans. More than half a million of these children were orphaned as a result of AIDS.

The major avenue of transmission of HIV infection in Ethiopia is heterosexual intercourse and the practice of multiple sexual partnerships, particularly in urban areas. Illegal medical practices and harmful traditional practices are also potential routes of transmission. It is believed that 30 to 40 percent of babies born to HIV-positive mothers are likely to contract the virus.

Children working and living on the street are vulnerable to the danger of contracting diseases like sexual transmitted diseases, HIV/AIDS and other acute and chronic health problems. Girls are even at a greater risk when they are exposed to rape, sexual assault, pregnancy and prostitution. Children are also victims of harmful practices such as circumcision, abduction and early marriage, physical punishment and labor exploitation.

Efforts in the past 20 years to control tuberculosis had been showing some success. However, HIV infection weakens the immune system of otherwise healthy adults. As a consequence of the spread of HIV, there has been a recent rapid rise of the number of TB cases in Ethiopia. Probably, one-half, of all adults carry a latent TB infection that is suppressed by a healthy immune system. When HIV weakens the immune system, it can no longer keep TB suppressed. This is not, however to say that people cannot contract TB without being HIV positive. The number of TB cases is projected to increase. According to data from the Ministry of Health Disease Prevention and Control Department in Ethiopia, the number of TB cases was estimated by taking into account the compounding effect of AIDS. The number of TB cases estimated at approximately 50,000 in 1984, increased to nearly 82,680 in 1989 and further increased to approximately 126,830 in 1994. By 2014, the number of TB cases is expected to increase to about 238,820.

Most bodies of water have been found to contain parasites and some parasites are very easily spread through casual contact and shared surfaces. Infection with parasites was common, and those most often found in orphanages include Giardia, tapeworms, roundworms and pinworms. In addition, Ethiopia has had outbreaks of acute watery diarrhea, possible cholera, typhoid, or other bacterial diarrhea in the recent past, and the conditions for reoccurrences continue to exist.

Malaria is prevalent in Ethiopia outside of the highland areas. Pregnant women are particularly vulnerable to malaria and they will often die soon after the baby is born if they are exposed to malaria in late pregnancy. Children are extremely vulnerable to malaria as well. It is estimated that at least 800,000 children in Africa die every year due to malaria.

Special Considerations For Children Adopted From Ethiopia

Before the adoption
Two elements distinguish Ethiopia's adoption system, according to dozens of experts. One is the existence of transitional homes for orphans that are paid for by American agencies, which are located in the countryside and in the capital. These provide services and staffing rare in the developing world.

The other is that adopting families are encouraged to meet birth families and visit the villages where the children were raised. In years to come, this priceless experience will give your child tangible information about his/her ancestry, family photographs for your child and could yield important medical and psychological information about family genetics. Some adoption agencies provide DVDs or photographs that document the children's past.

Most of the children are healthy by third world standards because medical care is so scarce that children with serious illnesses generally do not survive. Children are well cared for in orphanages or hospitals, but are in great need of a loving family environment.

The health of the children in need of adoption varies significantly based on the child's prior care environment. Some babies and children will be robust and in good overall health. Other children have suffered from severe malnutrition and perhaps a variety of infectious diseases (e.g., tuberculosis and/or malaria). Some children come from a loving family that suffered a tragedy, or a caring orphanage where they received proper nutrition and education. Other children come from a rural area where their birth family experienced poverty, deprivation and lack of medical care. These children may have never had the opportunity to attend school, let alone receive sufficient nutrition for proper growth and development. Families adopting from Ethiopia must be open to the range of these possibilities.

After the adoption
For children with living birth relatives in Ethiopia, adopting families are encouraged to maintain contact with the birth families, especially if you have met their birth family.

When a child who is of one race or ethnic group is placed with adoptive parents of another race or ethnic group this is referred to as transracial or transcultural adoption. In the United States these terms usually refer to the placement of children of color or children from another country with Caucasian adoptive parents.

For Caucasian prospective adoptive parents adopting from Ethiopia they should be able to answer these questions:

1. What should you do to prepare for adopting a child of a race or culture different from yours?
2. After adoption, what can you do to help your child become a stable, happy, healthy individual, with a strong sense of cultural and racial identity?

Your agency can recommend books, articles, websites and support groups than can help you answer these questions.

Sources: UNICEF, CDC, U.S. Department of State, Report - AIDS in Ethiopia, Fourth Edition, October 2002 (Ministry of Health Disease Prevention and Control Department, Addis Ababa, Ethiopia)