



# ADOPTION EDUCATION, LLC

## SPECIAL REGIONAL CONSIDERATIONS

### GUATEMALA

1. Introduction
2. History of International Adoption
3. Logistics
4. General Health Issues of the Population
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### TO ACCESS THE QUIZ:

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## GUATEMALA

### Introduction <sup>1</sup>

Guatemala is located in Central America. It is bordered by Mexico to the north and west, the Pacific Ocean to the southwest, Belize to the northeast, the Caribbean to the east, and Honduras and El Salvador to the southeast. Guatemala is heavily centralized. Transportation, communications, business, politics, and the most relevant urban activity takes place in Guatemala City, the capital of Guatemala. Guatemala City has about two million inhabitants within the city limits and more than five million within in the urban area.

Guatemala is mountainous, except for the south coastal area and the vast northern lowlands of Petén department. Two mountain chains enter Guatemala from west to east, dividing the country into three major regions: the highlands, where the mountains are located; the Pacific coast, south of the mountains; and the Petén region, north of the mountains. All major cities are located in the highlands and Pacific coast regions; by comparison, Petén is sparsely populated. These three regions vary in climate, elevation, and landscape, providing dramatic contrasts between hot and humid tropical lowlands and colder and drier highland peaks. Guatemala's location between the Caribbean Sea and Pacific Ocean makes it a target for hurricanes.

According to 2007 estimates, the population of Guatemala was 12,728,111. The majority of the population is Ladino which make up a combined total of 59.4%. Ladino is also called Mestizo (mixed Amerindian and Spanish), and Whites (primarily of Spanish, but also those of Italian, British and Scandinavian descent). Amerindians populations include the K'iche 9.1%, Kaqchikel 8.4%, Mam 7.9% and Q'eqchi 6.3%. 8.6% of the population is "other Mayan" making the indigenous community in Guatemala a majority in the population, 0.2% is indigenous non-Mayan, and 0.1% is "other".

There are also smaller communities present in Guatemala. The Garífuna, who are descended from Africans and indigenous peoples from St. Vincent's, live mainly in Livingston and Puerto Barrios, and other blacks and mulattos. There are also Arabs of Lebanese and Syrian descent, and Asians, mostly of Chinese descent. There is also a growing Korean community in Guatemala City and in nearby Mexico, currently numbering about 10,000. Guatemala's German population is credited with bringing the tradition of a Christmas tree to the country.

Despite the Gross Domestic Product (GDP) per capita at US\$5,000, Guatemala still faces many social problems and is among the 10 poorest countries in Latin America. The distribution of income remains highly unequal with approximately 29% of the population living below the poverty line and just over 400,000 (3.2%) unemployed. The World Bank considers three quarters of the population of Guatemala to be living in poverty.

In recent years the exporter sector of nontraditional products has grown dynamically representing more than 53 percent of global exports. Some of the main products for export are fruits, vegetables, flowers, handicrafts, cloths and others. Tourism has become an increasing source of revenue for Guatemala.

Spanish is the official language and as first and second language it is spoken by 93 per cent of the population. However, it is not universally spoken among the indigenous population, nor is it often spoken as a second language. Twenty-one distinct Mayan languages are spoken, especially in rural areas, as well two non-Mayan Amerindian languages, Xinca, an indigenous language, and Garifuna, an Arawakan language spoken on the Caribbean coast. According to Decreto Número (Decree Number) 19-2003, twenty-three languages are recognized as National Languages. It is common for indigenous Guatemalans to learn or speak between two to five of the nation's other languages, including Spanish.

50-60% of the population is Catholic, 40% Protestant, and 1% follow the indigenous Maya faith. It is common for traditional Mayan practices to be incorporated into Catholic ceremonies and worship, a phenomenon known as syncretism.

The government runs a number of public elementary and secondary-level schools. These schools are free, though the cost of uniforms, books, supplies, and transportation makes them less accessible to the poorer segments of society. Many middle and upper-class children go to private schools. Only 69.1% of the population aged 15 and over are literate, the lowest literacy rate in Central America.

## History of International Adoption

The major reasons that children in Guatemala are available for adoption are due to endemic poverty, high fertility rates, and the stigma of unwed motherhood. U.S. citizens began adopting children in significant numbers from Central and South America in the 1980s. Since 1992, U.S. families have adopted more children from Guatemala than from any other country in Central or South America, while in the 1980s, Colombia was the leader.<sup>2</sup> After Guatemala's long civil war ended with a peace treaty and new laws in 1996, adoptions to other countries began to increase each year.<sup>3</sup>

By the late 1990s, reports were circulating that some Guatemalan adoptions involved intermediaries who were buying, defrauding, coercing, and kidnapping babies for the purposes of adoption. Because of concerns that some babies being offered for adoption were not knowingly relinquished by their birthparents, in 1998 the U.S. Embassy began requiring DNA testing of a birthparent and the relinquished child, to determine whether the person signing the child away was in fact the child's mother.<sup>3</sup>

In 2000, UNICEF commissioned the Latin American Institute for Education and Communication (ILPEC) to conduct a study of *Adoption and the Rights of the Child in Guatemala*. The ILPEC report concluded that these direct and private adoptions were what they called a "labor market" conducted for financial gain, not for the child's best interests.<sup>3</sup> A copy of the study can be found here [http://www.iss-ssi.org/2007/Resource\\_Centre/Tronc\\_DI/documents/Guatemala-UNICEFILPECENG.PDF](http://www.iss-ssi.org/2007/Resource_Centre/Tronc_DI/documents/Guatemala-UNICEFILPECENG.PDF).

On November 26, 2002 Guatemala ratified the Hague Convention on Intercountry Adoption, a treaty created to end adoption trafficking, which entered into force in Guatemala on March 1, 2003. Several developed countries (including Canada, Germany, the Netherlands, Spain, and the United Kingdom) filed official objections to Guatemala's accession to the Convention, citing Guatemala's widespread questionable adoption procedures.<sup>3</sup>

Despite its record of questionable practices, the United States remained the lone developed country allowing adoptions from Guatemala after 2002. This was due to the fact that the United States had signed but not yet ratified the Hague Convention, and therefore did not use reported violations of the Hague convention to halt adoptions from Guatemala. For several years 97 percent or more of all children adopted from Guatemala went to American parents.<sup>3</sup>

However, by the fall of 2004, reportedly after lobbying by wealthy Guatemalan adoption attorneys, including one who had been married to a constitutional court justice, the Guatemalan Constitutional Court overturned the Hague ratification, and private adoptions resumed.<sup>3</sup>

A statement by the US Department of State (DOS) in September 2006 confirmed that after the Convention requirements are in force in the US, the DOS "will not be willing to approve adoptions from Guatemala unless the nation's adoption process is changed to comply with the Hague standards".<sup>4</sup>

In August 2007, the U.S. Embassy in Guatemala began requiring a second DNA test, to ensure the child being adopted was the same child who had been relinquished—and hadn't been replaced with another child in the meantime. The Embassy already required one DNA match between a relinquishing parent and prospective adoptive child as part of the immigrant visa process for Guatemalan children adopted by American citizens. This new procedure applied to adoption cases finalized by Guatemalan authorities and submitted to the Embassy on or after August 6, 2007. If the result of the DNA examination results in a negative match, the case will be terminated immediately.<sup>3</sup>

On Dec. 11, 2007, the Guatemalan government passed new adoption legislation intended to meet Hague Convention requirements, including mandating a new central adoption oversight bureau and adding regulatory safeguards. As part of this law, as of January 1, 2008, Guatemala ceased new adoptions to the U.S., as the U.S. was not yet a full party to the Convention. More than 2,000 adoptions to the U.S. that were already "in process," with referrals and documents already under review, were allowed to continue, albeit under stricter scrutiny. Guatemalan officials have been interviewing birthmothers in person, and in some cases re-testing to see whether the prospective adoptive children's DNA matches that of women whose babies have been kidnapped. Officials report finding a very small percentage of kidnapped babies; some experts believe that many of the birthmothers who are agreeing to relinquish their children have been paid.<sup>3</sup>

The U.S. State Department had already announced, on January 9, 2008, that it would not allow any more American adoptions from Guatemala until Guatemala's adoption procedures were fully Hague-compliant, in which only a handful of licensed agencies would be permitted to handle adoptions, and in which children in need of adoption would be referred to those agencies by a central authority (not privately) after social services had tried to find that child a home within his or her family or community, keeping the child's best interests in view.<sup>3</sup>

Early in 2008, Guatemala established a central adoption authority, the National Adoption Council. As of early June 2008, however, regulations that would fully implement the Hague Convention remained in an early draft stage. While some pending cases have been released, having gone through Guatemala's current review process, many of the estimated 3,000 in-process cases remain in limbo, and many agencies had placed a temporary hold on their adoption programs.

The Guatemalan National Council on Adoption (CNA) announced in September 2008 that CNA will not accept any new adoption cases at this time. The halt is to enable CNA to work on establishing guidelines to use in accrediting adoption agencies and to focus on completing transition cases. More information about CNA's decision may be found on its website, <http://www.cna.gob.gt>.<sup>5</sup>

## **ADOPTION FROM GUATEMALA TO THE UNITED STATES**

<b>FY 2008</b>	4,123
<b>FY 2006</b>	4,728
<b>FY 2006</b>	4,135
<b>FY 2005</b>	3,783
<b>FY 2004</b>	3,264
<b>FY 2003</b>	2,328
<b>FY 2002</b>	2,419
<b>FY 2001</b>	1,609
<b>FY 2000</b>	1,518
<b>FY 1999</b>	1,002
<b>FY 1998</b>	969
<b>FY 1997</b>	788
<b>FY 1996</b>	427
<b>FY 1995</b>	449
<b>FY 1994</b>	436
<b>FY 1993</b>	512
<b>FY 1992</b>	418
<b>FY 1991</b>	521
<b>FY 1990</b>	257

**NOTE:** All statistics given correspond with the U.S. Government fiscal year, which begins on October 1 and ends on September 30.

**SOURCE:** US Department of State, Intercountry Adoption, [http://adoption.state.gov/news/total\\_chart.html](http://adoption.state.gov/news/total_chart.html)

As of July 2009, there is an estimated 900 waiting adoptive American families who remain in limbo. The children they wait for are all over the age of 18 months with many having reached their 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> birthdays without a permanent family. Most of the children are living in institutions. A recent survey by Joint Council on International Children's Services revealed that the vast majority of U.S. families no longer have an agency working with them. These families are essentially working within a foreign country with foreign governmental entities on their own.<sup>6</sup>

## Adoption Alert

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

<http://adoption.state.gov/news/guatemala.html>

**Note:** *Due to frequent changes in the adoption procedures in Guatemala, the information on these pages may not be up-to-date. Please check with your agency for the most current regulations or use the link above to the U.S. Department of State's webpage.*

### Notice for Guatemala "hogar" adoption cases

In Guatemala, a number of private child care facilities or "hogares" have traditionally provided care for children. Some of these hogars were closely associated with the intercountry adoption process and provided care specifically for children awaiting adoption. Allegations of adoption irregularities have prompted Guatemalan officials to conduct a wide-ranging investigation that has included many of these facilities. A number of hogars have been investigated to determine if they were properly licensed, if the operators had appropriate documentation for the children in their care, and if there were illegalities in the adoptions arranged by the hogars. Some of the hogars have been accused of baby stealing and selling. These investigations have had a direct impact on processing of adoptions for children destined for the United States. It should be noted that the Embassy is not informed when these investigations are undertaken and is not a party to the legal process. Therefore, the Embassy is not formally notified of the legal status or the outcome of the investigations or of any legal determinations that may result. The information below is a summary of what we have learned informally.

The United States recognizes the responsibility of the Guatemalan government to ensure the protection and wellbeing of its citizens, particularly of Guatemalan children who are its most vulnerable citizens. We have and will continue to urge the Guatemalan government to conduct its investigations as expeditiously as possible and to ensure that any decisions made are with the best interests of the children as the foremost criteria.

### Casa Quivira

According to our records, adoptions petitions are still pending for 16 of the original 46 children who were taken into custody from Casa Quivira. For several of the cases, the Solicitor General's Office (PGN) has identified irregularities and will have to be processed as abandonment cases through the CNA. The Guatemalan government has agreed that these cases (if all requirements have been complied with) can be processed as transition cases and will not have to wait for the new procedures to be drafted and implemented.

A decision was issued by Judge Mena earlier this year determining adoptability of the children including those already adopted and living in the United States. However, some errors were found in the final resolution and the Office of the Solicitor General (PGN) appealed the judge's decision. An appeal hearing by the Sala on August 12 did not lead to a final resolution on the adoptability of the children. A legal representative for some of the parents urged a swift resolution to the cases.

### Semillas de Amor

In March of this year, the Guatemala judiciary scheduled hearings for more than 50 Semillas de Amor cases to determine the eligibility of the children for adoption, including some who were already adopted and living in the United States. On the last day of closing arguments, a petition was filed with the Court of Appeals (Sala) asking the presiding judge to be removed.

On September 10, we learned that the Sala ruled against the removal request, allowing the original judge to resume her proceedings at the same place where they were stopped, which was the last day of closing arguments. This will likely result in a more prompt resolution of these cases, since the hearings do not have to start over again from the beginning. However, we cannot predict how soon the judge will announce her final decision.

## **Santa Lucia de las Flores**

The Embassy has learned that Asociacion Santa Lucia de la Flores Silvestres has been under investigation by the Guatemalan Attorney General's office since last year. The Embassy has been in contact with some of the prospective adoptive parents. We understand there were at least five children identified for adoption by American citizens being cared for at this home. Many of the children taken from this orphanage are now living in various private hogars until a judge decides on their cases.

## **Asociacion Primavera**

On August 13, the Embassy learned about an action by Guatemalan authorities involving 16 children from the hogar Asociacion Primavera. We have since learned that the children were transferred to the following private hogares: Casa Alegria, Casa Bernabé, and Amor del Niño. As a result of the investigation, the judge in Esquintla who approved the abandonment cases from Hogar Primavera is now under criminal indictment.

## **Rosalinda Rivera's Hogar**

On May 6, 2008 an action was taken against a hogar on 11 Avenida 7-51, zona 11, Quinta Samayoa, Guatemala City. Rosalinda Rivera was apprehended at this location and 9 infants were removed from her custody. Ms. Rivera did not provide the necessary paperwork to prove this was an authorized home. The children are all living in new hogars awaiting a decision on their case.

## **U.S. Not Processing Guatemalan Adoptions**

**March 6, 2009**

The Department of State advises potential adoptive parents and adoption service providers not to initiate new adoptions from Guatemala because the Department cannot process such adoptions from Guatemala to completion at this time. The *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption* (Hague Adoption Convention) entered into force with respect to the United States on April 1, 2008. Effective April 1, 2008, newly initiated intercountry adoptions between the United States and other Convention countries must comply with the Convention's standards.

Guatemala acceded to the Hague Adoption Convention in March 2003. While Guatemala passed legislation designed to implement the Convention in Guatemala, it has not yet established the regulations and infrastructure necessary to meet its obligations under the Convention. As a result, the Department of State cannot issue the documentation required by the Intercountry Adoption Act (IAA) for issuance of an immigrant visa for Convention adoption cases.

The Department has advised USCIS of its finding. USCIS has decided to not approve any new filings of Form I-800, *Petition to Classify Convention Adoptee as an Immediate Relative*, for adoptions from Guatemala at this time.

On Tuesday, December 11, 2007, the Guatemalan Congress passed legislation intended to implement the Government of Guatemala's obligations under the Hague Convention on Intercountry Adoption. This new legislation created the *National Council on Adoptions* as the Guatemalan Central Authority for intercountry adoptions and established many new safeguards for children and families in the process of intercountry adoption from Guatemala. It aims to reform the Guatemalan adoption system and child welfare system.

The legislation does contain provisions that allow for the completion, under previous adoption laws, of adoptions cases that were in process prior to December 31, 2007. The National Council on Adoptions has informed prospective adoptive parents involved in more than 893 transition adoption cases that their adoption will continue to be processed under the previous laws. It has also informed the Department of State that it will not process any other new adoption cases until the new legislation has been fully implemented.

The CNA is still finalizing the legal steps and establishing the new administrative procedures to process adoptions under the Hague Convention. An important next step in this process will be to establish the accreditation criteria that

will be used to authorize or license adoptions agencies that wish to facilitate intercountry adoptions from Guatemala. At this time, the Government of Guatemala has not indicated when it is likely that this process will be completed.

The Department will continue to monitor the adoption practices of Guatemala. We cannot predict whether or when we will be able to start processing new adoptions from Guatemala. We will update this Adoption Alert with any information.

With regard to currently pending adoptions (those initiated in Guatemala before 12/31/2007), the U.S. Embassy in Guatemala remains committed to processing adoptions under previous rules. The Embassy is working closely with the government of Guatemala to complete those cases as soon as possible.

## General Health Issues in the Population

Guatemala's civil war, which officially ended in 1996, resulted in 34,000 refugees, and one million internally displaced persons, half of whom were children. Guatemala provides one of the least supportive environments for children's development across Central America. This is due to the high percentage of Guatemalan families living in poverty and the lack of public welfare, education and social service programs.<sup>7</sup>

In 2000, over half of the population (56.2%) lived in poverty. This percentage is higher than any other Central American country. Over 81% of the poor and 93% of the extreme poor live in the countryside. Sixty-eight percent of children under age six live in poverty.<sup>7</sup>

Over three million children suffer from malnutrition. This rate is 50% higher than any other Latin American country and is among the worst in the world. Guatemala's 1995 National Survey on Maternal and Infant Health found 50% of children under five who reach adolescence suffer from chronic malnutrition that leads to stunted growth.<sup>7</sup>

Guatemalan women have one of the highest fertility rates in all of Latin America. In 2000, the rate was 4.8 births per woman and then decreased to 4.2 in 2007. The fertility rate is higher in rural areas than in urban areas. In contrast, the adolescent fertility rate (births per 1,000 women, ages 15-19) was 118 in 2000 and dropped to 107 in 2007.<sup>7</sup>

Despite decreasing rates, the under-five mortality rates and infant mortality rates continue to be among the highest in Central America. The under-five mortality rate is defined as the probability of dying between birth and exactly five years of age expressed per 1,000 live births. The rate was 168 in 1970 and drastically reduced in 1990 to 82.<sup>8</sup> The under-five mortality rate continued to drop in 2000 (52) and in 2007 (39).<sup>6</sup> The infant mortality rate is defined as the probability of dying between birth and exactly one year of age expressed per 1,000 live births. This rate decreased from 60 in 1990 to 29 in 2007.<sup>8</sup>

Life expectancy at birth rose from 68 years in 2000 to 70 years in 2007.<sup>6</sup> The top causes of death for all ages in 2002 were: chronic obstructive pulmonary disease (8%), HIV/AIDS (7%), lower respiratory infections (6%), violence (5%) and perinatal conditions (5%).<sup>9</sup>

In 2005, 100% of routine EPI vaccines were financed by the government. The immunizations in the EPI (Expanded Program on Immunization) include those against TB, DPT, polio and measles, as well as protecting babies against neonatal tetanus by vaccination of pregnant women. In 2007, 97% of 1-year-old children were immunized against TB, 94% were immunized against DPT, 82% were immunized against Polio, 93% were immunized against Measles, 82% were immunized against HepB and 82% were immunized against Hib.<sup>8</sup>

Nearly 30% of the population in the cities is illiterate and this number is higher at over 50% for the indigenous populations in rural areas. Guatemala has one of the highest illiteracy rates in Latin America. Only 60% of students who start the first grade complete the sixth grade and only 39 per cent complete it at the right age. Only 6% of children graduate from high school. Although attendance in school is technically required, elementary education is not accessible to many of the poor and rural families. Many poor families cannot afford the expense of uniforms and school supplies. In addition, many school-aged children are required to work to help support the family. Recent numbers show that 23 per cent of children and young people between the ages of 7 and 16 were part of the country's labor force.<sup>7,8</sup>

Based on data from 2005, prevalence of current tobacco use is 14.4% among adults 15 years of age and older. The prevalence differs greatly by sex – 24.5% for males and 4.1% for females. For adolescents ages 13-15, the prevalence based on 2002 data was 16.5%. The prevalence did not differ as much by sex – 19.6 for males and 12.3 for females.<sup>10</sup>

In Guatemala, alcohol consumption to the point of intoxication can result in spousal abuse, especially among Indians and poor ladinos. It is believed that the main reason for social violence was men's consumption of alcohol, caused by intra-family conflict, family disintegration, parental example, poverty and lack of employment. The unrecorded alcohol consumption in Guatemala is estimated to be 2.0 liters pure alcohol per capita for population older than 15 for the years after 1995.<sup>11</sup>

Drug abuse is prevalent in Guatemala. Use is increasing especially among Mestizo, black, and Garifuna young people. Among teenagers, lifetime prevalence oscillates between 2% and 5% for cocaine consumption and between 4% and 7% for cannabis use. According to the United Nations Office of Drug Control Programs, about 6% of the population abuses marijuana, 3% uses inhalants, and 3% uses tranquilizers. Level of education determines drug of choice; marijuana is used by those with the lowest educational achievement and tranquilizers are used by those with the highest level. Guatemala is also a transit country for cocaine and heroin shipment and a minor producer of illicit opium poppy and cannabis (mostly for domestic consumption). Money laundering and corruption are also serious problems.

Guatemala has a concentrated and accelerating HIV/AIDS epidemic with an estimated 38,000 to 130,000 people currently living with HIV/AIDS and a national prevalence of HIV infection among adults of about 1%. From 1984 to 2003, only 6588 AIDS cases were reported, and the country recognizes underreporting as a major concern. The epidemic is concentrated among sex workers and men who have sex with men. Recent HIV/AIDS epidemic estimates indicate that the people in the most vulnerable groups (sex workers and men who have sex with men) comprise 36% of the total estimated number of people living with HIV/AIDS. More men than women have AIDS, but the number of cases among women has increased significantly in recent years. About 75% of HIV infections are attributed to heterosexual transmission. The cumulative percentage of cases among children in Guatemala of 4% as of June 2002 was only exceeded in Latin America by Honduras, Argentina and Uruguay. Guatemala shares with Honduras and Nicaragua a high prevalence of HIV infection among people with tuberculosis of 8%. The epidemic is located mainly in urban areas and is spreading across the southern coast. Guatemala City has higher transmission rates, with 70% of all cases occurring within the Metropolitan Region, as well as other urban areas and along the main transport routes.<sup>12</sup>

The rate of HIV co-infection with tuberculosis (TB) is growing. The current rate of new TB infections is 34 per 100,000 people and a 2006 study cited by UNAIDS found that HIV prevalence among new TB patients in Quetzaltenango tripled from 4.2 to 12 percent between 1995 and 2002. TB is the most frequent opportunistic infection associated with HIV/AIDS in Guatemala.<sup>13</sup>

## Special Considerations for Children Adopted from Guatemala

### Before the Adoption

Most Guatemalan children placed with American families reside in foster care prior to adoption. Adoptive parents usually travel to receive their child, but occasionally children may be escorted to the United States. Adoptive parents often meet their child's foster parents. This meeting can be extremely valuable, as it can ease the transition for the child and prepare the adoptive parents for future questions from their child ("who took care of me before I came home?"). Adoptive parents should be forewarned that foster care is not uniformly loving and attentive. As in the United States, foster parents vary in their motivation and ability to care for children. A few private orphanages place children for international adoption as well.

Information on birth families is limited. However, photographs are sometimes available. Birth mothers are commonly described as "domestico" (or maid) in legal documents; many are illiterate. Frequently, the relinquished child is the third or fourth in the family; the older children remain with the parent(s). Although referrals are usually offered within a few days or weeks of birth, legalities usually delay placement of the child for 7-9 months.

### After the adoption

No particular medical problems have been identified in Guatemalan children after adoption. Physical condition and developmental skills reflect the type and quality of care received by the child prior to adoption. Medical problems (parasites, anemia, tuberculosis, etc.) occur in small numbers of children. Experts still disagree on the validity of vaccine records from Guatemala; efficacy of administered immunizations likely depends on their source, which may not be known with certainty. Although uncommon, serious unrecognized medical conditions have been found in Guatemalan adoptees, such as pervasive developmental delay, autism, hearing impairment, fetal alcohol syndrome, and cerebral palsy.

Guatemalan adoptees display similar overall patterns of growth and developmental delays as seen in other groups of internationally adopted children, although not as severe. A study was conducted that compared the health of children adopted from Guatemala who resided in orphanage and/or foster care before adoption. Among children who were matched for age, gender, and interval from adoption to evaluation, those who had resided in foster care had better growth and cognitive scores than children who had resided in orphanages before adoption. Younger children had better growth and development (cognition, language, and activities of daily living skills) than older children, regardless of location of residence before adoption.<sup>14</sup>

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