



# ADOPTION EDUCATION, LLC

## SPECIAL REGIONAL CONSIDERATIONS

### THE PHILIPPINES

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

### TO ACCESS THE QUIZ FOR THE PHILIPPINES:

After reading this course, please sign back on to [www.adopteducation.com](http://www.adopteducation.com). Go to the table of contents, go to the Philippines and click on the last section - Special Considerations. Go to the final page of this section to take the quiz. Click the NEXT arrow at the bottom of the last page to begin question 1 of the quiz.

## INTRODUCTION <sup>1</sup>

The Philippines, officially known as the **Republic of the Philippines**, is an island country located in Southeast Asia. Its capital city is Manila. The Philippines comprises 7,107 islands in the western Pacific Ocean, sharing maritime borders with Indonesia, Malaysia, Palau, the Republic of China (Taiwan), the People's Republic of China (China), and Vietnam. With a population of 90 million people, the Philippines is the world's 12th most populous country.

About two-fifths of the Philippine population lives in urban areas, while three-fifths of the people live in rural areas, although the proportion of people living in towns, and cities is steadily increasing. Most people live in urban areas, while farmers, and agriculturalists lived in rural towns, and villages. The majority of the people follow an old-age tradition in addition to the latest contemporary life styles, and fashion trends.

There are 80 languages spoken with Filipino and English as the two official languages. Filipino, which is based on Tagalog, is the national language. English is also widely used and is the medium of instruction in higher education. The Philippines is the third largest English-speaking country in the world.

The name Philippines was derived from King Philip II of Spain in the 16th century. Spanish explorer Ruy López de Villalobos used the name Las Islas Filipinas (The Philippine Islands) in honor of the Prince of Spain during his expedition to the Philippines, originally referring to the islands of Leyte, and Samar. Despite the presence of other names, the name Filipinas (Philippines) was eventually adopted as the name of the entire archipelago.

Before the arrival of Europeans in 1521, the Philippines was settled by Austronesian (Malayo Polynesian) peoples. The Philippines became a Spanish colony in the 16th century, as an extension of the Viceroyalty of New Spain. In 1896, rebellion led to the Philippine Revolution that won independence from Spain during the Spanish-American War of 1898. American occupation led to the Philippine-American War which ended in 1902. The Philippines became a territory of the United States in the 20th century. A Commonwealth government was established in 1935, which allowed self-governance. The country gained its independence from the United States on July 4, 1946 after World War II. Martial law was declared in 1972, which led to the insurgencies of the New People's Army, and the Moro National Liberation Front. Liberal parties led the People Power Revolution of 1986, which would bring the Philippines back to democracy.

It is a multi-ethnic country. Most ethnic groups in the Philippines identify themselves based on their language, and background. The majority of Philippine nationals are descended from the Austronesian (Malayo Polynesian) people who settled in over a thousand years ago from southern Taiwan, genetically most closely related to the Ami tribe. Filipinos to this day are composed of various Malayo Polynesian ethnic groups, including the Visayans, the Tagalog, the Ilocano, the Moro, the Kapampangan, the Bicolano, the Pangasinense, the Igorot, the Lumad, the Mangyan, the Ibanag, the Badjao, the Ivatan, and the Palawan tribes. The Negritos, including the Aetas and the Ati, are considered as the aboriginal inhabitants of the Philippines though they are estimated to be fewer than 30,000 people (0.03 percent).

The Philippines is one of two predominant Roman Catholic countries in Asia, the other being East Timor. More than 90 percent of the population are Christians with about 80 percent who belong to the Roman Catholic Church. Between 5-10 percent of the population are Muslim. Buddhism in the Philippines is largely confined to the Filipino Chinese, Chinese, Japanese, Indian, Korean, and Vietnamese communities. Philippine traditional religions are still practiced by several aboriginal and tribal groups, often incorporated into Christianity and Islam.

The Philippines has one of the most sophisticated cellular phone industries in the world, and one of the highest concentrations of users. There is an estimated 41 million cellular phone users, the reason that the Philippines has been named as the "*Texting Capital of the World*".

Philippine culture is a mixture of Eastern, and Western culture. The Hispanic influences are derived from that of Spain, and Mexico and are most evident in literature, folk music, folk dance, language, food, art, and religion. American influences are evident in the use of the English language, and in contemporary pop culture, such as fast-food, music, film, and basketball. Other Asian ethnic groups such as the Chinese and Japanese have been settling in the Philippines since the colonial period, and their influence are evident in the popularity of gambling games such mahjong, jueteng, Filipino martial arts, and other Asian cuisine. Muslim Filipinos living in the Philippines celebrate their own custom, and tradition. These groups follow a Philippine Islamic culture, and other Muslim recreation such as the Kali, Kulintang, and Gamelan.

## **HISTORY OF INTERNATIONAL ADOPTION**

Religious organizations provided the care for poor and abandoned children in the early days of the Philippines during the 1800's. The first government orphanage was established in 1917, under U.S. auspices. The Civil Code of the Philippines of 1950 provided for childless couples, including alien residents, to adopt. Most adoptions were handled by the courts when the Civil Code took effect. The Rules of Court took effect on January 1, 1964 which laid out new procedures for adoption.<sup>2</sup>

The Child and Youth Welfare Code of December 10, 1974 eased the limitation that only childless couples could adopt. The code also states that the Department of Social Welfare must do a case study of the child to be adopted, the natural parents and the prospective adopting parents.<sup>2</sup>

In 1976, the Council for the Welfare of Children put in place rules and regulations on foreign adoption. If a suitable home could not be found in the Philippines, than adoption of a Filipino child by someone from another country would be allowed. The secretary of the Department of Social Welfare and Development had the authority to approve placements and travel to another country.<sup>2</sup>

The Intercountry Adoption Act of 1995 or Republic Act No. 8043 was enacted to establish the rule governing the inter-country adoption of Filipino children. The law specifically provides for the creation of an Inter-Country Adoption Board (ICAB) which shall act as the central authority and policy-making body in matters relating to inter-country adoption. As a matter of policy, inter-country adoption will only be considered after all possibilities for adoption of the child in his home country shall have been exhausted. In allowing aliens to adopt Filipino children to provide every neglected and abandoned child with a family and the opportunities for growth and development, the newly enacted law has adopted stringent measures to ensure full protection of Filipino children. The maximum number that may be allowed for adoption shall not exceed six hundred (600) a year for the first five (5) years, from the effectivity of the law in 1995.<sup>3</sup>

President Gloria Macapagal-Arroyo signed a law making the process of adopting a child shorter and simpler. Under Republic Act 9523, the time period before a child is considered abandoned has been shortened from six months to three. The authority to declare a child abandoned and free from adoption has also been transferred to the Department of Social Welfare and Development (DSWD) from the courts. Under the law, a certification from the DSWD is required before a child can be adopted. RA 9523 amends three earlier adoption-related laws, namely: RA 8552, the Domestic Adoption Act of 1998; RA 8043, the Inter-Country Adoption Act of 1995; and Presidential Decree (PD) 603, the Child and Youth Welfare Code.<sup>4, 5</sup>

## ADOPTION FROM THE PHILIPPINES TO THE UNITED STATES

<b>FY 2009</b>	281
<b>FY 2008</b>	292
<b>FY 2006</b>	260
<b>FY 2006</b>	248
<b>FY 2005</b>	268
<b>FY 2004</b>	199
<b>FY 2003</b>	211
<b>FY 2002</b>	218
<b>FY 2001</b>	219
<b>FY 2000</b>	171
<b>FY 1999</b>	194
<b>FY 1998</b>	198

**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)

## LOGISTICS <sup>6</sup>

Philippines is party to the *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (Hague Adoption Convention)*. Therefore all adoptions between The Philippines and the United States must meet the requirements of the Convention and U.S. law implementing the Convention.

**NOTE:** *Since May 1, 2009, the Inter-Country Adoption Board (ICAB) in the Philippines has set a moratorium on accepting new applicants wanting to adopt children within the age range of 0-2 years old with or without medical/developmental concerns.* For more information, please visit the website of ICAB: <http://www.icab.gov.ph/>.

To bring an adopted child to United States from The Philippines, the prospective adoptive parents must be found eligible to be an adoptive parent by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS). In addition to these U.S. requirements for adoptive parents, The Philippines also has the following requirements for adoptive parents:

- **Residency Requirements:** U.S. citizens interested in completing a full and final adoption of a Filipino child while they are living in the Philippines must be residents of the Philippines for at least three years prior to the filing of the adoption petition, and maintain such residence until the adoption is finalized. U.S. citizens living in the Philippines do not need to possess a certificate of legal capacity to adopt. However, prospective adoptive parents must obtain a letter from the U.S. Embassy's American Citizens Services section stating that they do not issue certificates of legal capacity. Prospective adoptive parents who meet these residency requirements should file a petition for adoption with the Philippine Court to begin the adoption process and submit the letter from the American Citizen Services in lieu of certificates of legal capacity.

The Philippine Government may waive these requirements if the prospective adoptive parent (or parents) is a former Filipino citizen who seeks to adopt a relative within the fourth degree of consanguinity as defined by Philippine law, or the prospective adoptive parent is a person who seeks to adopt the legitimate child of his/her Filipino spouse.

- **Age Requirements:** Based on the Inter-Country Adoption Law of the Philippines (Republic Act No. 8043), the adoptive parent must be at least 27 years of age and at least 16 years older than the child to be adopted at the time of application, unless the adopter/adoptive parent is the biological parent of the child to be adopted or the spouse of such parent. The maximum age gap between the adoptive parent and the child to be adopted must not exceed 45 years.
- **Marriage Requirements:** If prospective adoptive parents are married, they must file jointly for adoption.
- **Income Requirements:** There are no minimum income requirements set by The Philippines. Prospective Adoptive Parents must prove financial stability.
- **Other Requirements:** Prospective adoptive parents must not have ever been convicted of a crime involving moral turpitude. Prospective adoptive parents must be in a position to provide proper care and support and to give necessary moral values and example to all his/her children, including the child to be adopted. Prospective adoptive parents agree to uphold the basic rights of the child as embodied under The Philippines laws and the U.N. Convention on the Rights of the Child.

Because the Philippines is party to the Hague Adoption Convention, children from the Philippines must meet the requirements of the Convention in order to be eligible for adoption. For example, the Convention requires that the Philippines attempt to place a child with a family in-country before determining that a child is eligible for intercountry adoption. In addition to the Philippine requirements, a child must meet the definition of a *Convention adoptee* to be brought to the United States.

*Note: The adoption of relatives is common in Philippine culture.*

#### **Eligibility Requirements:**

- **Relinquishment Requirements:** A child is “committed” by way of the “Deed of Voluntary Commitment,” a document used by The Department of Social Welfare and Development (DSWD) asking for signature from the biological parents prior to matching the child with a prospective adoptive parent. The document must have the consent of the birth parent(s), releasing the child to DSWD for subsequent adoption. In the event that the child is abandoned or neglected and no parent is available to sign the “Deed of Voluntary Commitment,” the DSWD, (upon the petition filed by the head of a licensed and accredited child caring agency or child placing agency or institution managed by the national government, local government unit, non-government organization, or by a provincial, city or municipal Social Welfare Development Officer who has actual custody for the child), shall issue a certification declaring the child legally available for adoption.
- **Abandonment Requirements:** Under the new law, RA 9523, the declaration of abandonment of a child is no longer judicial in nature. In lieu of a court order, the DSWD issues a certification declaring a child legally available for adoption. The time period before a child is considered abandoned has been reduced to three months.

## The Process

Because The Philippines is party to the Hague Adoption Convention, adopting from The Philippines must follow a specific process designed to meet the Convention's requirements.

*Note: If you filed your I-600a with The Philippines before April 1, 2008, the Hague Adoption Convention may not apply to your adoption. Your adoption could continue to be processed in accordance with the immigration regulations for non-Convention adoptions.*

The first step in adopting a child from The Philippines is to select an adoption service provider in the United States that has been accredited. Only these agencies and attorneys can provide adoption services between the United States and The Philippines. A list of accredited adoption agencies can be found here: [http://www.icab.gov.ph/index.php?option=com\\_contact&catid=19&Itemid=32](http://www.icab.gov.ph/index.php?option=com_contact&catid=19&Itemid=32)

The second step is to apply to be found eligible to adopt (Form I-800A) by the U.S. Government, Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS). Once the U.S. Government determines that you are "eligible" and "suitable" to adopt, you or your agency will forward your information to the adoption authority in The Philippines. The Philippine's Adoption Authority is the Inter-Country Adoption Board who will review your application to determine whether you are also eligible to adopt under Philippine law.

At the third step, if both the United States and the Philippines determine that you are eligible to adopt, and a child is available for intercountry adoption, the central adoption authority in the Philippines may provide you with a referral for a child. The Philippine's Central Authority for adoptions prepares a report that determines if: the child is "legally available for adoption," the envisaged placement is in the best interest of the child, the birth parent or legal custodian has freely consented in writing to the adoption, and no payment has been made to obtain the consent necessary for the adoption to be completed. Each family must decide for itself whether or not it will be able to meet the needs of the particular child and provide a permanent family placement for the referred child.

The next step after accepting a referral to a child, is to apply to the U.S. Government, Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS) for provisional approval to adopt that particular child (Form I-800). USCIS will determine whether the child is eligible under U.S. law to be adopted and enter the United States.

After this, your adoption service provider or you will submit a visa application to a Consular Officer at the U.S. Embassy. The Consular Officer will review the child's information and evaluate the child for possible visa ineligibilities. If the Consular Office determines that the child appears eligible to immigrate to the United States, he/she will notify the Philippines' adoption authority (Article 5 letter). Because The Philippines is party to the Hague Adoption Convention, prospective adoptive parent(s) may not proceed with the adoption or obtain custody for the purpose of adoption until this takes place.

*Remember: The Consular Officer will make a final decision about the immigrant visa later in the adoption process.*

The final step is the process for finalizing the adoption (or gaining legal custody) in The Philippines which generally includes the following:

- **Role of the Adoption Authority:** The Department of Social Welfare and Development (DSWD) issues a certification declaring a child legally available for adoption.
- **Role of The Court:** The Regional Trial Courts are responsible for domestic adoptions in The Philippines. This is where prospective adoptive parents file adoption petitions.
- **Role of Adoption Agencies:** The adoption agency facilitates the pre-adoption counseling, submission of application for adoption, home study, child assignment, and application for child's overseas adoption to the Philippine Government.
- **Adoption Application:** To start the Philippine adoption process, prospective adoptive parents or their accredited FAA must contact the Philippine Inter-country Adoption Board (ICAB).
  1. The prospective adoptive parents file an application with the ICAB through a United States adoption agency.
  2. The Department of Social Welfare and Development (DSWD) should endorse to the ICAB a child who has been previously committed to the Philippine Government.
  3. The Inter-Country Adoption Placement Committee matches the child with a person or couple interested in adopting and refers its proposal to ICAB for approval. If the match is approved, the US adoption agency shall be sent a notice of matching proposal.
  4. The prospective adoptive parents shall notify their adoption agency of his/her decision within 15 days of receipt of the matching proposal. **Note: The Philippine Inter-Country Adoption Act prohibits contact between the prospective adoptive parents and child's parents /guardians or custodians.**
  5. The ICAB shall issue the Placement Authority within five working days upon receipt of the prospective adoptive parents' acceptance of the matching proposal.
  6. The child appears at the Embassy for his/her immigrant visa interview.
  7. The adoptive parents must escort the child from The Philippines to the United States.
  8. Upon assuming custody of the child, the adoptive parents enter a six-month trial period where the accredited adoption agency in the United States monitors the child's welfare.
  9. After completion of the trial custody period, the adoptive parent should file a petition for adoption before the court in the United States.
  10. The final U.S. adoption decree should be submitted to ICAB within a month after its issuance.
- **Time Frame:** Adoption processing depends upon many variables, including the availability of children to be matched with prospective adoptive parents, the number of prospective adoptive parents on the waiting list, and the caseload of social service agencies and the courts.

### **Bringing Your Child Home**

Now that your adoption is complete (or you have obtained legal custody of the child), there are a few more steps to take before you can head home. Specifically, you need to apply for several documents for your child before he or she can travel to the United States:

**Birth Certificate** - You will first need to apply for a new birth certificate for your child, so that you can later apply for a passport. Your name will be added to the new birth certificate.

**Philippines Passport** - Your child is not yet a U.S. citizen, so he/she will need a travel document or Passport from Philippines.

**U.S. Immigrant Visa** - After you obtain the new birth certificate and passport for your child, you also need to apply for an U.S. visa from the United States Embassy for your child. After the adoption (or custody for purpose of adoption) is granted, visit the U.S Embassy for final review and approval of the child's I-600 petition and to obtain a visa for the child. This immigrant visa allows your child to travel home with you. As part of this process, the Consular Officer must be provided the "Panel Physician's" medical report on the child if it was not provided during the provisional approval stage.

### **Children Available for Inter-Country Adoption** <sup>7</sup>

In the Philippines, Filipino children need to be made socio-legally free for adoption prior to any kind of alternative family placement. Children available for intercountry adoption placement are those who cannot be placed with an adoptive family in the Philippines. The children available for adoption have either been abandoned, parents' rights have been relinquished, or may have some medical condition that the biological parents are unable to afford. The children reside in public or private facilities.

Relative Adoption as applies to inter-country adoption refers to the adoption of Filipino child/ren by relatives residing abroad within the fourth (4th) degree of consanguinity. This means that the child must be the prospective adoptive parent's grandchild, great grandchild, great-great grandchild, brother, sister, niece, nephew, grandniece, grandnephew, aunt, uncle, or first cousin. A child who is any other relation (i.e. a first cousin's child) would not be eligible to be adopted through a relative adoption in the Philippines.

In addition, all children have to be cleared for intercountry adoption by the Competent Authority - Programs and Projects Bureau of the Department of Social Welfare and Development (PPB DSWD)-Central Office.

Prospective adoptive parents can not specify their gender preference. Children of either sex are usually available but there may be longer waiting period for girls because of the Filipino culture. Filipino families hold on to their daughters since they are generally more submissive, less difficult to parent and can be relied upon to care for their family of origin even as the parents grow old.

The children are typically full Filipino in heritage, with dark hair and eyes and brown/olive complexions. Children range from Asian in appearance to a mixture of Asian/Malaysian/Hispanic. The allowable age of Filipino children for Intercountry Adoption (ICA) is below 15 years old. The general ages of children cleared for intercountry adoption usually ranges from 6 months to 10 years old.

A child who is above 15 years old may be processed for ICA when the following circumstances prevail:

- a. When the child is a part of a sibling group where one or more is below 15 years old;
- b. If the application for adoption of a child was filed (in cases of relative adoption) before the child reached the age of 15;
- c. Special Home Finding was initiated before the child's 15th birthday; and
- d. Other situations where the intent to adopt was manifested before the child reached 15.

Special Needs or Hard to Place children include:

- a. Older children whose age range is 6 to 15 years old
- b. Children belonging to a sibling groups of 3 or more
- c. Children with major medical/physical problems
- d. Children with major developmental/neurological delay/handicap

## **GENERAL HEALTH ISSUES OF THE POPULATION**

### **Population**

According to the 2007 census, the total population of the Philippines was 88,574,614.<sup>8</sup> The annual population growth rate from 1990-2007 was 2.1 percent, down from 2.6 percent during the time period 1970-1990.<sup>9</sup> However there remains a constant concern about the Philippines' high population growth rate and it being a limiting factor for broad-based growth and reduction of poverty.<sup>11</sup> The poverty incidence increased to 26.9 percent for families in 2006 compared to 24.4 percent in 2003. This is however lower than the 27.5 percent poverty incidence in 2000. In terms of poverty incidence among population, out of 100 Filipinos, 33 were poor in 2006, compared to 30 in 2003 and 32.9 in 2000.<sup>12</sup>

### **Birth and Fertility**

The crude birth rate is defined as the annual number of births per 1,000 population. This rate has been dropping since 1970 – 40 in 1970, 33 in 1990 and 26 in 2007. However, the life expectancy at birth has dramatically increased since 1970 – 57 years in 1970, 65 years in 1990 and 72 years in 2007.<sup>9</sup>

Fertility in the Philippines has declined steadily over the past three decades, especially in the first twenty years during which a decline of one birth every decade was observed (from 6.3 births per woman in 1970 to 4.3 births in 1990). The decline during the last 17 years has been rather slow, from 4.3 births per woman to 3.3 births per woman in 2007. The decline in fertility is brought about by, among other things, longer birth intervals, increased use of contraception and the desire for fewer children. Overall, fertility in the country remains considerably high compared with the levels observed in other Southeast Asian countries such as Brunei, Indonesia, Singapore, Thailand, and Vietnam. Women in these countries have on average less than 2.5 children per woman.<sup>9, 10</sup>

Nearly half of all pregnancies every year are unintended, resulting in women having one-third more children than they desire, one-third being born less than two years apart, and 15 percent ending in abortion. For completed pregnancies, the majority (60 percent) of deliveries are home-based, two-thirds of them attended by an unskilled attendant.<sup>11</sup>

### **Maternal Deaths and Neonatal Deaths<sup>11</sup>**

The Philippines is one of 55 countries accounting for 94 percent of all maternal deaths in the world. The vast majority of maternal deaths are due to hemorrhage, hypertensive diseases, sepsis, obstructed labor and problems related to abortion. These conditions are treatable if deliveries are attended by skilled health workers able to identify and treat them. They would also be less prevalent if mothers had only their desired number of children, spaced by at least two years.

Maternal deaths are closely linked with neonatal deaths. For every maternal death, there are 20 neonatal, infant and child deaths. Forty percent of deaths among the under-fives (17 per 1000 live births) occur within 28 days of delivery. In fact, half of neonatal deaths occur during the first two days of life. Progress to curtail neonatal deaths is dismal, with death rates among this age group showing only the barest decline over the past 20 years.

### **Infant Mortality**

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. In 2007 the rate was 23 as compared with 43 in 1990. Significant decreases were also observed in the under-five mortality rate. 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. This rate has drastically been dropping over the past 27 years – 89 in 1970, 62 in 1990 and 28 in 2007.<sup>9</sup> Acute respiratory infection (ARI), diarrhea, and malaria are common causes of childhood illness and death.<sup>10</sup>

Reasons for the decline in both rates could be seen from preliminary results of the 2008 National Demographic and Health Survey (NDHS) indicate some improvement in maternal care. About 91 percent of women with at least one live birth in the five years prior to the 2008 NDHS had received antenatal care from a health professional compared to 88 percent of the women based on the 2003 NDHS. Vaccination coverage also improved in the last five years. The percentage of children 12-23 months who received, at any time before the survey, full vaccination against six preventable diseases namely, tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles, increased from 70 percent in 2003 to 80 percent in 2008.<sup>10</sup>

### **Mortality**

The crude death rate is defined as the annual number of deaths per 1,000 population. This rate has been decreasing since 1970 – 11 in 1970, 7 in 1990 and 5 in 2007.<sup>9</sup> As deaths due to preventable diseases have been in a decline, life-style diseases have begun to dominate in the leading causes of death, particularly heart diseases; vascular system diseases; malignant neoplasm; diabetes mellitus; chronic lower respiratory diseases.<sup>11</sup>

In a study conducted by the Food and Nutrition Research Institute in 2003, it was found that 90 percent of Filipinos have one or more of these risk factors: smoking, obesity, hypertension, high blood sugar and abnormal blood cholesterol levels. Among the risk factors found, smoking was the most common risk factor, with 12.1 percent of women and 56.3 percent of men smokers. Obesity based on waist-hip ratio is more common than obesity measured by BMI. Prevalence of obesity and overweight using the hip-to-weight ratio is 12.1 percent for men and 54.8 percent for women.<sup>11</sup>

Cancer is the third leading cause of death in the Philippines. Of the total number of deaths recorded in 2005, the three most common sites of cancer among men were in the trachea, bronchus and lung (24.4 percent); prostate (8.2 percent); and, colon (6.4 percent). The combined share of these sites to the total number of males who died due to cancer is about 39.0 percent. On the other hand, the three most common cancer sites among women were in the breast (22.4 percent); trachea, bronchus and lung (9.3 percent); and, uterus (6.4 percent). The combined cases reported in these areas in 2005 accounted for about 38.2 percent of the total number of female deaths caused by cancer. Only 34.9 percent of cancer patients were medically attended prior to death. The remaining 65.1 percent patients eventually die without medical attention.<sup>10</sup>

Accidents and injuries fall under “other leading causes of death”. This group are among one of the neglected disease conditions of public health importance. The mortality rate from accidents gradually increased from 18.7 deaths per 100 000 populations in 1980 to 23 per 100 000 in 1996. An abrupt increase has been observed since then, reaching a level of 41.3 per 100 000 in 2004, almost double the 1996 rate. Among the causes, 36 percent are assaults, followed by deaths from transport accidents, at 25 percent.<sup>11</sup>

UNICEF estimated that the number of children (aged 0–17) orphaned due to all causes of death, was 1,800.<sup>9</sup>

## **HIV/AIDS**

There is a hidden threat from HIV and AIDS. Although the prevalence is still below 0.1 percent of the population, there was a 20 percent increase in the number of reported cases from 2004 to 2006.<sup>11</sup> Based on UNICEF statistics from 2007, the estimated number of people (all ages) living with HIV, 2007 was 8,300. For mother-to-child transmission, the estimated number of women (aged 15+) living with HIV, 2007 was 2,200. In 2007, there were fewer than 200 deaths.<sup>9</sup>

## **Illicit Drugs**

The domestic methamphetamine production has been a growing problem in recent years despite government crackdowns. The Philippines is a major consumer of amphetamines and a longstanding marijuana producer mainly in rural areas where Manila's control is limited.<sup>13</sup> Since 2004, the Philippines has had the highest estimated annual methamphetamine prevalence rate (6 percent) globally, which recently was reported as either stable or slightly declining (2006). Although treatment admissions for methamphetamine have steadily dropped by almost half (6,195 in 2003 to 3,256 in 2006), they still account for 68 percent of new treatment admissions.<sup>14</sup> Shabu, a powerfully addictive meth stimulant, is the drug of choice of over 90 percent of Filipino drug users.<sup>15</sup>

## **TB<sup>11</sup>**

Tuberculosis is still among the leading causes of morbidity and mortality in the Philippines; the country has the eighth highest TB incidence in the world and the third highest in the Western Pacific Region. Tuberculosis continues to be among the ten leading causes of mortality, causing a significant number of deaths across the country.

The burden of disease of TB is disproportionately high for the poor, elderly and male population, although death is highest among older persons. Since TB principally affects the productive age group, it is estimated that the country loses approximately \$540 million (in US dollars) annually due to premature deaths from TB.

In recent years, effective case-finding, disease management using the directly observed treatment short-course (DOTS) strategy, and partnership with the private sector have made inroads into the prevention and control of the disease.

## **Other Communicable Diseases**

Mosquito-borne diseases, such as malaria, dengue and filariasis, are an ever-present danger in endemic areas. Although malaria is no longer a leading cause of death, it remains among the leading causes of morbidity in the country, particularly in rural areas. High-risk groups include

upland subsistence farmers, forest-related workers, indigenous peoples and settlers in frontier areas and migrant agricultural workers.<sup>11</sup>

Dengue fever also remains a threat, with cyclical outbreaks every three to five years. Early in 2008, there was a resurgence in the number of cases. A total of 7,880 dengue cases were admitted to various sentinel hospitals nationwide from January 1 to March 29, 2008, 20.6 percent higher than during the same time period in 2007 (6,532). Cases had exceeded and reached the alert threshold in weeks 1, 8 and 9 and went above the epidemic threshold on the 2<sup>nd</sup> to 7<sup>th</sup> week. Ages of cases ranged from less than one month to 87 years, with the median age of 12 years. The age group with a case-fatality ratio greater than 1 was the 1-10 years age group. The majority of the cases were male (53 percent).<sup>11</sup>

In 2000, Malaria was the eighth leading cause of morbidity in the Philippines. Data averaged over ten years showed that more than 90 percent of malaria cases nationwide are found in 25 of the 65 endemic provinces. These areas are among the poorest in the country and have a high percentage of indigenous peoples. These areas report significantly higher deaths caused by malaria and face challenges of access to health care for prompt and effective treatment and shortages of anti-malarial drug supplies, especially in the peripheral health centers. The 40 remaining provinces, accounting for about 10 percent of reported malaria, are considered epidemic prone.<sup>16</sup>

### **Nutrition Issues in Children**<sup>11</sup>

Good nutrition remains a challenge in the Philippines. Using the National Center for Health Statistics/WHO Standards, only 68 percent of children under five have the normal weight for age. In 2005, the prevalence of underweight pre-school children (0-5 years) was 24.6 percent, 26.3 percent were stunted, 4.8 percent were wasted and 2.0 percent were overweight. In its report, *State of the World's Children 2004*, the United Nations Children's Fund (UNICEF) reported that 20 percent of infants have a low birth weight, while according to the 2003 NDHS, 13 percent are babies of low birth weight.

Exclusive breast-feeding is on the decline, with only 33.5 percent of children exclusively breast-fed up to the age of six months.

Other nutritional challenges faced by the Filipino child include anemia, vitamin A deficiency and iodine deficiency. The prevalence rates for anemia among children aged 6-12 months and 6-11 years of age are on the rise, and presently are at the high levels of 66 percent and 37.4 percent, respectively. The level of vitamin A deficiency among children aged six months to five years increased from 35 percent in 1993 to 40 percent in 2003. There are an estimated 1.5 million schoolchildren aged 6-12 years who are at risk of mental retardation due to iodine deficiency.

### **Health Care**<sup>11</sup>

Private providers are predominantly located in highly urbanized areas in the Philippines. The private sector consists of a wide range of privately operated facilities. These include pharmacies, physicians in solo or group practices, small hospitals and maternity centers, diagnostic centers, employer-based outpatient facilities, secondary and tertiary hospitals, traditional birth attendants and indigenous healers.

Ongoing reforms in health service delivery are aimed at improving the accessibility and availability of basic and essential health care for all, particularly the poor. Public primary health facilities are perceived as being low quality, hence they are frequently bypassed.

Pharmaceutical challenges remain due to asymmetric information, income distribution and the inadequacy of the regulatory system. This is due to various factors such as massive campaigns and lucrative incentives from multinational drug firms, prolonged patent rights cases and a lack of appropriate public understanding regarding generics.

## **SPECIAL CONSIDERATIONS FOR CHILDREN ADOPTED FROM THE PHILIPPINES**

### **Before the Adoption** <sup>17, 18</sup>

Generally, the health and development of the children is good. Due to the effects of institutionalization, some children will have some mild developmental delays.

Most children who are placed into care immediately after birth are done so voluntarily by their birth parents. Many of the birth parents give significant information about the child's backgrounds including why they could not parent the child. Children at older ages enter care either voluntarily by their birth parents or involuntarily through the child welfare system. For these children, information about their history and their birth parents may be limited.

There are three types of placement options for Filipino children entering into care. The first are Government-run Child Caring Agencies, called "Reception and Study Centers for Children," or RSCCs. As compared to private agencies, they are typically larger, with fewer staff. There are about 20 of these RSCCs located in the different provinces throughout the Philippines. RSCCs are typically located on a few acres of ground, with an administrative building, several cottages, a dining room, and maintenance buildings. There may be up to 100 children at an RSCC.

The children residing at a RSCC are divided by ages and genders into different cottages. Siblings may not be together in the same cottage. The staff work on a shift basis, and the cottage parents may or may not live with the children in the cottage. Children attend school at the local public school, and may either walk or be given money to take public transportation.

The children are relatively unsupervised while playing and sleeping and their opportunities to relate to adults in a meaningful way are limited. Adults are there to supervise and monitor, not to converse with, guide, problem-solve, comfort, or nurture.

The second type are privately-run Child Caring Agencies or CCA, which may or may not be religiously affiliated. There are several hundred of these CCAs throughout the country. Many of the laypeople who run private agencies have affiliations with Christian organizations throughout the world. Those organizations provide financial and in-kind contributions to the orphanages.

Private Child Caring Agencies vary greatly in their design and structure. Some are as small as a private home, caring for a dozen children. Others are large compounds, caring for up to 250 children. Usually children can be kept together with their siblings. In many of the houses, children of both sexes can live in the same building, but will sleep in different bedrooms. Depending on the location, the children may attend the local public school, a private school, or a school located within the compound. They may have permanent cottage-parents, who function essentially as foster parents, or three shifts of child care workers.

As compared with RSCCs, CCAs typically have more resources to offer children in their care. The children are usually better clothed, fed, and have access to better medical care. Private agencies often benefit from the services of foreign volunteers, so the children have had interactions with those outside their immediate circle of caregivers and peers. The daily schedule of children in a

private Child Caring Agency is similar to that of a government agency, but the level of supervision and interaction with adults is quantitatively and qualitatively greater.

Last, there are foster homes which are under the supervision of the private CCAs. Only 5 percent of the children reside in foster homes.

Regardless of the placement option only a small percentage of the children are eventually placed for adoption. This is true in other countries. Often birthparents may view their current inability to parent to be a temporary one, and place the children in care until they can resume parental responsibilities. However, this “temporary” situation may go on indefinitely. Or, birthparents may realize that they will never be able to care for their children, but still may be unwilling to terminate their parental rights.

The children who are referred for adoption therefore originate from a limited group and are primarily from Private Child Caring Agencies (CCA). These CCAs are committed to adoption as one solution for children needing families, and have designated staff and financial resources to the adoption process.

Generally, children cleared for inter-country adoption have been tested and also received immunizations against common childhood ailments while under the care and custody of Child Caring/Child Placing Agencies. To date, visa medical examinations include: blood testings, stool examination, urine test, skin test for allergies, Tuberculin test for Primary Complex or pulmonary Tuberculosis, Hepatitis B (if requested) and HIV. However, Filipino children are not subjected to AIDS tests unless there are factors (e.g. child's birthmother is a prostituted woman with multiple partners, drug user, etc.) that would logically require the AIDS test to be done because it will be in the child's best interests.

School age children in the Philippines routinely learn English; therefore, older children may have some English language skills.

## **After the Adoption**

According to Philippine law, after the adoptive parents escort the child to the United States and assume custody of the child, they enter a six-month trial period where the accredited adoption agency in the United States monitors the child's welfare. Three post placement visits with reports and pictures are sent to the Philippines that period. After the adoptive parents complete the trial custody period, they file a petition for adoption before the court in the U.S. The final U.S. adoption decree should be submitted to the ICAB within a month after its issuance.<sup>6</sup> ICAB will issue their *Consent to Adopt* so that the adoption can be finalized under United States laws.

The ICAB has established post adoption service in cooperation with the local Child Caring Agencies and the Central Authorities/Foreign Adoption Agencies or Government Adoption Agencies. This program enables the exchange of communications/photos between and among, the adoption triad members as well as facilitate the returning adopted child/ren and their adoptive parents visiting the country of birth of the adoptee (Motherland Tour), assisting in looking into the child's records, visiting the Child Caring Agency where the adoptee came from, tracing or even seeking a reunion with birthparent/family.<sup>18</sup>

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