



ADOPTION EDUCATION, LLC

SPECIAL REGIONAL CONSIDERATIONS

UKRAINE

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UKRAINE

Introduction ¹

Ukraine is the second largest country in Europe. Ukraine borders Russia to the east, Belarus to the north, Poland, Slovakia and Hungary to the west, Romania, Moldova (including the breakaway Pridnestrovie) to the southwest, and the Black Sea and Sea of Azov to the south. The city of Kiev is both the capital and the largest city of Ukraine.

From the 14th century on, the territory of Ukraine was divided among a number of regional powers, and by the 19th century, the largest part of Ukraine was integrated into the Russian Empire, with the rest under Austro-Hungarian control. Ukraine emerged in 1922 as one of the founding republics of the Soviet Union, after a chaotic period of incessant warfare and several attempts at independence (1917–21) following World War I and the Russian Civil War. The Ukrainian Soviet Socialist Republic's territory was enlarged westward shortly before and after World War II, and again in 1954 with the Crimea transfer. In 1945, the Ukrainian SSR became one of the co-founding members of the United Nations.

Ukraine became independent again after the dissolution of the Soviet Union in 1991. This began a period of transition to a market economy, in which Ukraine was stricken with an eight year recession. The economy stabilized by the end of the 1990s. Since 2000, the country has enjoyed steady economic growth averaging about seven percent annually.

Since the collapse of the USSR, Ukraine continues to maintain the second largest military in Europe, after that of Russia. Following independence, Ukraine declared itself a neutral state. The country has had a limited military partnership with Russia, other CIS countries and a partnership with NATO since 1994.

*Note: The **Commonwealth of Independent States (CIS)** is a regional organization whose participating countries are former Soviet Republics.*

According to the Ukrainian Census of 2001, the country is home to 46.4 million people, 77.8 percent of whom are ethnic Ukrainians. Other significant ethnic groups are Russians (17.3%), Belarusians (0.6%), Moldovans (0.5%), Crimean Tatars (0.5%), Bulgarians (0.4%), Hungarians (0.3%), Romanians (0.3%), Poles (0.3%), Jews (0.2%), Armenians (0.2%), Greeks (0.2%) and Tatars (0.2%). The industrial regions in the east and southeast are the most heavily populated, and about 67.2 percent of the population lives in urban areas. The Ukrainian language is the only official language in Ukraine, while Russian is also widely spoken and is known to most Ukrainians as a second language.

The dominant religion in the country is Eastern Orthodox Christianity, which has heavily influenced Ukrainian architecture, literature and music. Gender roles also tend to be more traditional, and grandparents play a greater role in raising children than in the West.

The tradition of the Easter egg, known as pysanky, has long roots in Ukraine. These eggs were drawn on with wax to create a pattern; then, the dye was applied to give the eggs their pleasant colors, the dye did not affect the previously wax-coated parts of the egg. After the entire egg was dyed, the wax was removed leaving only the colorful pattern. This tradition is thousands of years old, and precedes the arrival of Christianity to Ukraine.

According to the Ukrainian constitution, access to free education is granted to all citizens. Complete general secondary education is compulsory in the state schools which constitute the overwhelming majority. Free higher education in state and communal educational establishments is provided on a competitive basis. Due to the Soviet Union's emphasis on total access of education for all citizens, which continues today, the literacy rate is an estimated 99.4 percent.

History of International Adoption

Adoptions from Ukraine are relatively recent. Ukraine first appeared on the list of “top 20” sending countries in 1998 (at #11, with 180 children). Since then, the number of Ukrainian children adopted in the United States has sky-rocketed. The reasons for this rise are complex. Closures in other countries prompted some families to investigate Ukraine. Some parents prefer the opportunity to “choose their own child,” and some perceive the legal process as less cumbersome than in other countries. More than one child may be adopted at the same time. Prior to 2008, there were no firm age restrictions for adoptive parents.

Since the establishment of the Children Adoption Centre at the Ministry of Education of Ukraine, about 10,000 children have been adopted by foreigners from 1996-2002. As Ukrainian adoption became more popular, more concerns have arisen regarding corruption. In February 2003, Ukraine opened an investigation of foreign adoptions. An initial inquiry revealed forged documents and other fraudulent material. Between September 2005 and December 2006, Ukraine adoption authorities suspended acceptance of new applications from prospective international adopters, citing more than 500 outstanding post-placement reports since 1996.

As of mid-December 2006, the new national adoption authority of Ukraine (the State Department for Adoptions and Protections of Rights of the Child, known as SPDAPRC) announced the acceptance of adoption applications from non-Ukrainian prospective adoptive parents.

On December 18, 2007 the Ministry for Family, Youth and Sports issued Decree #4939 approving the number of new adoption dossiers from foreign citizens that can be accepted by the Ukrainian State Department for Adoption and Protection of the Rights of the Child (SDAPRC) during calendar year 2008.

According to this Decree, the total number of the dossiers that can be accepted from all foreign citizens during calendar year 2008 is 1,453 dossiers. This number is a grand total and will not be subdivided by country or by specific categories of children. Decree #4939 cancels Decree #4137, which was the basis for the Embassy’s public notice of December 12, 2007²

On April 21, 2008 the President of Ukraine signed law #258-VI, *On Legislative Amendments to Ukraine's Laws (regarding adoptions)*. The Law came into full effect on April 24, 2008 upon its publication in the official newspaper of Ukraine’s Parliament. This new law introduces the major changes to current Ukrainian legislation concerning age and marital status of prospective adoptive parents.² This is discussed in more detail in the next section, LOGISTICS.

At least 36,000 homeless children remain in Ukraine.

NUMBER OF IMMIGRANT VISAS ISSUED TO ORPHANS COMING TO THE U.S. FROM UKRAINE

FY 2008	490
FY 2007	613
FY 2006	463
FY 2005	824
FY 2004	793
FY 2003	692
FY 2002	1,094
FY 2001	1,240
FY 2000	658
FY 1999	321
FY 1998	176

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

SOURCE – Intercountry Adoption, Office of Children’s Issues, US Department of State,

<http://adoption.state.gov/country/ukraine.html#statistics>

Logistics ²

According to a resolution that came into effect on December 1, 2008, the Ukrainian Adoption Authority, the SDAPRC, will now have the right to refuse to register your dossier if, at the time of the dossier's submission to the SDAPRC, the central database of Ukrainian children available for intercountry adoptions will not contain any children complying with the recommendation in your home study. Given the statistics published by the SDAPRC and available on the website of the U.S. Embassy in Kyiv at: http://kyiv.usembassy.gov/amcit_adoptions_notice_0119_eng.html, there are currently no healthy children (or children with minor, correctable health problems) under three and very few under six years old. Therefore, if you are recommended for a healthy child or a child with minor/correctable health problems under six years of age, the SDAPRC is very likely to refuse even to accept and register your dossier.

Ukraine is not a party to the *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption* (the Convention). Therefore the entering into force of the Convention for the United States on April 1, 2008, has not changed intercountry adoption processing for Ukraine.

To bring an adopted child to the United States from Ukraine, prospective adoptive parents must be found eligible to adopt by the U.S. government. The U.S. government agency responsible for making this determination is the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

In addition to these U.S. requirements for adoptive parents, Ukraine also has the following requirements for adoptive parents:

- **Residency Requirements:** There are no residency requirements for intercountry adoption from Ukraine.
- **Age Requirements:** Under a Ukrainian law which came into effect on April 24, 2008, prospective adoptive parents must be at least 21 years old, and at least 15 years older, but not more than 45 years older than the adopted child. If only one of the adoptive parents complies with these age requirements, the adoption can be completed in the eligible parent's name only. If the child is being adopted by a relative, the age difference is not considered.
- **Marriage Requirements:** Foreign citizens must be married in order to be eligible to adopt from Ukraine.
- **Income Requirements:** While there are no specified income requirements, prospective adoptive parents are required to submit documentation identifying their income/financial standing.

Ukraine has specific requirements that a child must meet in order to be eligible for adoption. You cannot adopt a child in Ukraine unless he or she meets these requirements, and is listed on the database of adoptable children available for intercountry adoptions maintained by the central adoption authority in Ukraine, the SDAPRC.

The SDAPRC will give priority for submission of documents and scheduling appointments to the following adoptive parents: ³

- biological relatives of the adopted child;
- those who are applying for adoption of biological siblings of their previously adopted children;
- adoptive parents applying for adoption of the children suffering from one of the health problems posted on the US Embassy in Ukraine's website (http://kiev.usembassy.gov/amcit_adoptions_eng.html). These children are also not subject to one-year registration term at the central database for intercountry adoptions.

In addition to these requirements, a child must meet the definition of an *orphan* under U.S. law for you to bring him or her home back to the United States.

The SDAPRC, the central adoption authority in Ukraine, maintains the database of adoptable children available for both domestic and intercountry adoptions, and will help prospective adoptive parents meet and identify an eligible child to adopt. If the prospective adoptive parents are eligible to adopt, and the SDAPRC approves their application, they will receive an appointment (invitation) to visit the SDAPRC. At this appointment SDAPRC officials will show them information about orphans eligible for intercountry adoption, and issue a letter of referral. This letter will allow them to visit an orphanage to meet and establish contact with a child, and check his or her medical records. In addition to the referral letter, the prospective adoptive parents receive their documents (bound, numbered, sealed, and signed by an official in charge of SDAPRC) along with a separate sheet specifying the number of pages and the prospective adoptive parents' registration file code.

As of December 1, 2008 the SDAPRC will allow only three appointments to each adoptive family to look at the children's files. If you have not chosen a child after the third appointment, your adoption dossier will be returned to you immediately. You will need to submit a notarized statement to request a second/third appointment with your dossier to the SDAPRC and then they officially have ten business days to respond with the date of your second/third appointment. The SDAPRC also limits the number of adoption referrals issued to each family to two referrals.

SDAPRC officials will not meet with prospective adoptive parents who arrive without an appointment or on a day other than when their appointment is scheduled. Ukrainian law does not allow adoption intermediaries. No private interpreters or facilitators are allowed to interpret during the meetings between the prospective adoptive parents and the SDAPRC. The private interpreters can be used at later stages of the adoption process.

After the parents have identified and accepted a child for adoption, the file for the case is presented to a judge in the region where the child lives. The power to approve or deny an adoption lies solely with the judge, who bases his or her decision on a review of various case-specific documents during the court hearing. Adoptive parents must attend the hearing. If one parent cannot be present (e.g., major surgery, disability), a judge may permit the parent to provide a power of attorney to the attending parent.

The judge's decision is announced and issued the day of the hearing. However, it will not take effect for 10 days. During the 10 days the adoption can be appealed. If an appeal application is submitted, an additional 20-day period is granted for the appellant to file his/her complete appeal. This additional time can be shortened or waived if the court finds that delaying the final court decision would be contrary to the child's best interests. Once the final decision takes effect, the adoptive parents have full parental rights and legal responsibility for the child.

Note: *Due to frequent changes in the adoption procedures in Ukraine, the information on this page may not be up-to-date. Please check with your agency for the most current regulations.*

General Health Issues In The Population

Ukraine's health status has been changeable, due to the country's unstable socioeconomic situation, with periods of improvement followed by periods of drastic deterioration. The collapse of the Soviet Union has had a major impact on demographic and health indicators in the Ukraine. Since 1990, Ukraine's population has fallen by 5.6 million, from 51.6 million⁴ to 46 million⁵ (based on July 2008 estimates). The birth rate fell by almost 40% between 1990 (12.7 live births/1000 population) and 2001 (7.7) but has been slightly increasing since.⁴ The birth rate for 2008 is estimated at 9.55.⁵ In 2001, the total fertility rate ranked lowest in Europe at 1.1 children born/women⁴ and in 2008 the estimated rate of 1.25 continues to be low.⁵ At the same time, the proportion of births to unmarried mothers increased, from 11.2% in 1990 to 18.0% in 2001, especially affecting teenage mothers. The share of births to teenage mothers occurring outside marriage is still relatively low, at 24.3% (2001); however, the children involved face an increased risk of poverty.⁴

The age structure of the population is changing because of an increase in the number of elderly people and a decrease in young people. The proportion of the population 65 and over has been on the rise over the last 18 years, from 12.4 in 1990⁴ to 16.1% in 2008 (estimated).⁵ The proportion of the population under age 15 has been declining steadily over the last 18 years, from 21.4 in 1990⁴ to 13.9% in 2008 (estimated).⁵

In the first half of the 1990s, Ukraine experienced a severe mortality crisis with male life expectancy at birth falling by 4.4 years between 1990 and 1995; among women, life expectancy fell by 2.4 years. While there was some improvement after 1995, mortality rates rose again after 1998, coinciding with the 1998 Russian economic crisis, which had implications for many major Russian trading partners. The fluctuations in life expectancy in the Ukraine in the 1990s were driven largely by cardiovascular diseases and external causes of death, which affected predominantly young and middle-aged men. By 2002, male life expectancy had fallen to 62.2 years, about 2.5 years lower than it had been in 1980 and 11.6 years lower than among women. In 2002, the main causes of death in the Ukraine were diseases of the circulatory system followed by neoplasms, injury and poisoning, and respiratory diseases, at respectively, 59%, 12%, 11% and 4%.⁴ Based on estimates from 2008, the male life expectancy has remained constant at 62.2 years.⁵

While women have been relatively less affected in terms of mortality than men, their health is also compromised. Most attention has been given to reproductive health. Maternal mortality, while falling since 1992, remains high, at 21.8 per 100,000 live births in 2002. Ukraine has a very high proportion of pregnancies terminated through abortion, despite a considerable decline over the past years, from 155 per 100 live births in 1990 to 82.8 in 2002, and abortion makes a major contribution to maternal mortality. In 2000, about one fifth of all maternal deaths in Ukraine were related to abortion (4.9 per 100,000 live births), with the rate having declined further to 2.8 per 100,000 in 2002. The fall in abortion rates has been attributed, in part, to new initiatives in reproductive health. However, abortion continues to be an important method of birth control in Ukraine, with access to modern contraceptives remaining difficult, despite increasing demand.⁴

Infant mortality fell from 13.0 infant deaths per 1,000 live births in 1990 to 10.3 infant deaths per 1,000 live births in 2002.⁴ Based on 2008 estimates, the infant mortality rate fell again to 9.25.⁵ Trends in infant mortality have to be interpreted with caution, though. Until 1996, Ukraine used the restricted Soviet classification of a live birth, thus underestimating the rate of infant deaths compared to the rate if the WHO definition were applied. The WHO definition of a live birth was adopted in 1996, by decree of the Ministry of Health, although it is still incompletely applied.⁴

Ukraine has experienced a resurgence of communicable diseases, such as diphtheria, tuberculosis and cholera, due to a combination of factors such as weakened prevention and control program in the early stages of independence and deteriorating socioeconomic conditions. For example, in the mid-1990s, the re-emergence of cholera was largely because of a break down of sanitation, due to interruptions to the electricity supply. In 1995, 400 people living in Nikolayev were diagnosed with cholera and another 300 showed symptoms; outbreaks were also reported in Kherson and Odessa.⁴

In addition, Ukraine is facing a number of new problems. The emergence of HIV, which is now estimated to have reached a prevalence of 1% in the adult population, is the highest in all of Europe.⁴ Based on a 2001 estimate, 360,000 Ukrainians are believed to be living with HIV/AIDS.⁵

The sustained economic crisis in the Ukraine since independence has created conditions that make the country vulnerable to the further spread of HIV, such as spread of intravenous drug use, growth in commercial sex work, a general increase in unprotected sexual activity among young people, an increase in unemployment and a fall in living standards, accompanied by a limited state budget that prevents the government to address effectively the problem of HIV. In the mid-1990s the first large-scale epidemics occurred among intravenous drug users in southern Ukraine. Since then, reported infections have risen exponentially. An estimated 70% of reported HIV cases are among intravenous drug users, most of them young people. Data from diagnostic testing suggest that among injecting drug users about 10% are HIV positive. Prevalence rates vary among regions, from 18% in Kharkov to 64% in Odessa in 2000. The most affected areas are in the south and east of the country which had about 70% of all people living with HIV/AIDS by the end of 2002.⁴

Women account for a growing proportion of new HIV diagnoses, with proportions rising from 24% in 1996 to 38% in 2001. The majority of these cases had contracted the virus from their sexual partners. HIV prevalence among pregnant women has also risen sharply, from 0.5 per 10,000 pregnant women in 1996 to 16.7 in 2000. By region these numbers also rose sharply – in Odessa from 15 to 35; in Kiev from 0 to 20; and in Nikolayev from 15 to 75. This has also led to an increased number of new HIV cases among children, with over 4,000 children under the age of 13 having now been diagnosed with HIV.⁴

Although the number of reported cases of AIDS is still relatively low, reflecting the long incubation period and possibly underreporting, there was a reported incidence rate of 17.2 per million in 2001.⁴ However, the number of cases is now increasing rapidly and based on a 2003 estimate, 20,000 deaths were attributed to AIDS.⁵ It has been projected that in the absence of a comprehensive response to the epidemic, over 1.4 million Ukrainians may be living with HIV/AIDS in 2010 with as many as 95,000 Ukrainians likely to die of AIDS in that same year.⁴

Tuberculosis is another important problem facing the Ukraine. Although coverage with BCG (bacilli Calmette-Guerin” vaccine, given to try to prevent TB disease) has been increasing since 1993 to around 97% by the end of the 1990s, reported case notification rates have more than doubled since independence, from 32.2 per 100,000 in 1991 to 66.5/100,000 in 2000, with an estimated case notification rate of 91.3 per 100,000 in 2002. The situation is especially critical in the prison population, which accounts for about 30% of all tuberculosis patients in Ukraine. It has been estimated that of a prison population of now 200,000 about 14,000 have active TB, which equates to a prevalence rate of 7000 per 100,000. Moreover, 40% of deaths in prisoners are reported to be due to TB. At the same time, drug-resistant tuberculosis is also increasing rapidly, which poses a substantial additional burden to the health care system as it is vastly more difficult and costly to treat. A study from Chernihov suggests that about 50% of new tuberculosis patients have resistance to at least one drug; multi-drug resistant tuberculosis appears to be present in 10–15% of new cases.⁴

In Ukraine, smoking accounts for a considerable part of the burden of disease – particularly among men – with recent estimates suggesting that in 2000 about 100,000 deaths in Ukraine might have been attributable to smoking, 67% of which were among men aged 35–69.⁴ The overall prevalence of current smoking among the adult population (15 years and older) of Ukraine is 41%. When examining the prevalence by sex, smoking prevalence among Ukrainian men is among the highest in the world at 67%, and it is still increasing, especially among poorly-educated and lower-paid men in smaller settlements. Smoking prevalence among women at 20% is increasing as well, but the highest rates are among the more highly educated and more affluent women in large cities. Though the rates of smoking differ greatly between men and women, the ratio of current smokers to former smokers is the same for men and women and is about 5:1. The average number of cigarettes smoked per day by male smokers is 16, and by female smokers the average is 11 per day.⁶

Smoking starts at a very early age in Ukraine. Smoking initiation among males starts earlier and develops faster than among females. The most intensive period of taking up smoking for men takes place from 5 to 20 years old with its peak at the age of 15. For women the most intensive uptake of smoking takes place between 14 and 20 years old with its peak at age 17.⁶ Based on a national sample surveyed in 2005 by the Global Youth Tobacco Survey, the youth prevalence of current tobacco use for ages 13-15 years was 26%, with little difference between males (29.8%) and females (22.2%). For this survey, current tobacco use was defined as having consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.⁷

Ukraine is one of the six European countries with the highest registered alcohol consumption. According to the Ukrainian parliamentary committee on public health, more than 6.5 million citizens of working age have problems with alcohol. There are 670,000 chronic alcoholics registered in Ukraine. Only 10% of Ukrainian men and 21% of women abstain from drinking. Ukraine's annual consumption of pure alcohol per capita is 11.5 liters, but including black market alcohol a better estimate is 13 liters. Some 4% of the population consumes more than 50 grams of pure alcohol daily.

Data was collected by the World Health Organization (WHO) in 2003 on the rates of heavy episodic drinking among the total adult population. Heavy episodic drinking is defined as at least once a week consumption of five or more standard drinks in one sitting. For the total population, the rate was 9.6%, by sex it was 19.5% for males and 3.7% for females. For young adults aged 18-24 years old the rate was 8.5% for the total population, 13.4% for males and 4.9% for females.⁸

A report that was released by the International Center for Alcohol Policies (ICAP) says the consumption of illicit or noncommercial alcohol is widespread in many countries worldwide and contributes significantly to the global burden of disease. "Noncommercial alcohol" is defined in this report as traditional drinks produced for home consumption or limited local trade, unregistered and counterfeit products, and non beverage—or surrogate—alcohols. The report, 'Noncommercial Alcohol in Three Regions', finds a significant portion of alcohol produced, sold, and consumed around the world is not reflected in official statistics. This report included recently published results of a series of national surveys in the former Soviet republics which revealed that, along with legal alcohol, noncommercial alcohol was purchased by 60% of men and 51% of women in Ukraine. Unrecorded or noncommercial alcohol consumption exceeded recorded alcohol consumption (10.5 vs. 6.09 per capita consumption in liters, respectively).⁹

Drug abuse is widespread and is increasing, particularly among women. The number of unregistered drug abusers is estimated at two to three times higher than 65,000, the number of officially registered addicts. Opium poppy straw extract continues to be the main drug of choice. Marijuana and synthetic drugs (i.e., Ecstasy) are growing in popularity among young people. Hard drugs such as cocaine and heroin have been too expensive for the average Ukrainian citizen users, but heroin use is on the rise as prices begin to fall. Most drug abusers are multi-drug users of mostly marijuana and home-produced morphine derivatives.

Most recently, the numbers of drug addicts have grown by 1.5-times, according to Pavlo Balatskiy, the Deputy Chief of Department for Combating Illicit Drug Trafficking of the Ministry of Internal Affairs of Ukraine. In 2008, 173,594 drug users were on record at the Ministry of Internal Affairs of Ukraine as compared with 152,000 in 2007.¹⁰

On April 26, 1986, the nuclear reactors in Chernobyl, Ukraine caught fire, and radioactive fission products were released into the atmosphere for seven days, until the smoke and fire were finally contained. The radioactive plume was detected in Ukraine, Belarus, Russia, Scandinavia, the Netherlands, Belgium and Great Britain. The isotope iodine-131, tellurium-iodine-132, cesium-137, and cesium-134 were deposited throughout these areas. Although this accident occurred over 20 years ago, the consequences are still emerging among children throughout Belarus, Ukraine and parts of the Russian Federation.

The most dramatic effect of the Chernobyl disaster on child health has been a dramatic increase in the number of cases of papillary thyroid cancer. This cancer is typically more aggressive at presentation than other forms of thyroid cancer. Among exposed children without thyroid cancer, there appears to be an increase in benign thyroid nodules, hypothyroidism, autoimmune thyroiditis and increase in circulating thyroid antibodies.

Little information is available to assess the risks to children born after the disaster. Some of the children placed for international adoption likely were born to parents who were themselves irradiated as children. An increase in the incidence of hematopoietic malignancies has been found in children born after the accident to irradiated parents. The full sequelae and long-term health risks of this “second generation” of Chernobyl victims are not completely known at present.

Children at highest risk include:

1. those exposed in utero,
2. those living in radioactivity contaminated territories,
3. those evacuated from resettlement zones,
4. those influenced by radioactive iodine emitted by the accident, and
5. those born to liquidators of the accident

Few international adoptees fall into these categories. Although the risks are not well-defined, children adopted from Ukraine deserve regular scrutiny for thyroid problems and hematopoietic problems.

Special Consideration For Children Adopted From Ukraine

Before the adoption

Children reside in government-run orphanages. Foster care is virtually unknown. “Baby homes” provide care for children under 3 years of age. Children are then transferred to orphanages where they reside until age approximately 7 years. After age 7, children become the responsibility of the Ministry of Education, which supervises orphanage care until age approximately 17 years. At each transfer point, children are evaluated by a team of specialists to determine the appropriate placement (e.g. special needs facility, educational program, etc.).

Ukrainian children who have been registered with the Kyiv-based State Department for Adoptions and Protection of Rights of the Child for one year are available for international adoption. The one-year waiting requirement may be waived only if children suffer from a disease listed with the Ministry of Public Health Protection. According to the State Department for Adoptions and Protection of Rights of the Child, only 16% of all adoptable Ukrainian children are under five years old and relatively healthy. At the same time, 50% of all the U.S. prospective adopting families have indicated specific interest in this category of children.³

After the adoption

Registration Commitment – The prospective adoptive parents must commit, in writing, to register their child with the Ukrainian Embassy or Consulate in the United States within one month of the completion of the adoption. The parents also agree to complete the post-adoption progress reports. This document must be prepared in duplicate and should include the following commitments:²

- to register the adopted child with the respective Consulate or Embassy of Ukraine (indicating the name and full address of the Consulate/Embassy);
- to provide the adopted child with the opportunity to keep their Ukrainian citizenship until 18 years old;
- to submit annual reports on the adopted child to the Consulate or Embassy of Ukraine at least once a year for the first three years after the adoption and once every three years afterwards, until the child’s 18th birthday;
- to provide an opportunity to the representatives of the Consulate/Embassy of Ukraine to communicate with the adopted child;
- to inform the Consulate/Embassy of Ukraine about any change of address of the adopted child.

All adoptive parents are strongly urged to comply with the wish of Ukraine and complete all post-adoption requirements in a timely manner. Their adoption agency may be able to help them with this process. Their cooperation will contribute to that country's history of positive experiences with American parents.¹

A recent review of the health of 76 children adopted from Ukraine found frequent infections (Giardia in 38%, tuberculosis in 25%, hepatitis B in 9% and medical problems (middle ear disease in 20%, iodine deficiency in 10%. Strikingly, at least 15% had fetal alcohol syndrome (depending on criteria used for diagnosis).

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¹ Ukraine, Wikipedia, <http://en.wikipedia.org/wiki/Ukraine>

² Intercountry Adoption, Office of Children's Issues, US Department of State, <http://adoption.state.gov/country/ukraine.html>

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