ADOPTION EDUCATION, LLC

SPECIAL REGIONAL CONSIDERATIONS

BRAZIL

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

VIETNAM

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

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

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BRAZIL

WARNING - ADOPTION NOTICE - http://adoption.state.gov/news/brazil.html

History of International Adoption

Adoption in Brazil can be a complicated process, sometimes involving long waits. Prior to 2001, the number of adoptions completed by American citizens was higher than the years to follow. The decrease in adoptions to American citizens is due to the Brazilian government placing priority for intercountry adoptions to those countries that have already ratified the Hague Adoption Convention, which the U.S. had not. More recently, the number of adoptions is higher due to the fact that almost all cases of adoptions granted to American citizens are of sibling groups of children.

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

FY 2006	66
FY 2005	66
FY 2004	69
FY 2003	30
FY 2002	26
FY 2001	32
FY 2000	24
FY 1999	64
FY 1998	90
FY 1997	91
FY 1996	103
FY 1995	146
FY 1994	149
FY 1993	161
FY 1992	138
FY 1991	175
FY 1990	228

SOURCE – US Department of State, http://travel.state.gov/family/adoption/stats/stats_451.html

The State Judiciary Commission of Adoption (CEJA) is the division of government responsible for intercountry adoption in Brazil. Each Brazilian state maintains a CEJA that acts as the central adoption authority, and is the sole organization authorized to approve foreign adopting parents.

In October 1990, Brazil promulgated a new Federal Statute for the protection of children and adolescents. In accordance with this law, priority in adoptions is given to Brazilian citizens. Other major terms of the law include:

- Adoption by proxy is prohibited;
- A child being adopted will only be allowed to depart Brazilian territory once the adoption has been finalized;
- Adoption requires the consent of the birth parents or of the legal representative of the potential adoptee. Consent will be waived with regard to a child or adolescent whose birth parents are unknown or who have been stripped of their parental rights;
- International adoption agencies are allowed to act on behalf of the prospective adoptive parents.

Furthermore, an adoption home study evaluation is required to determine the suitability of the applicant(s) to become adoptive parent(s). The home study must be performed by a professional social worker who is authorized by local authorities in Brazil to perform such work. In general, home studies done in the U.S. are acceptable as long as the adopting parent(s) present a Portuguese translation authenticated by the Brazilian Embassy and/or Consulate in the United States.

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Logistics

The following types of children are most commonly available to U.S. citizens without Brazilian citizenship:

- Single, healthy children, age 5+
- Sibling groups of any number and of all ages
- Special needs children of all ages

The Government of Brazil requires that prospective adoptive parents meet the following conditions:

- Persons over the age of 21 may adopt, regardless of marital status;
- The adopting party must be at least 16 years older than the potential adoptee;

Brazilian law requires prospective parents to live in Brazil with the child for a cohabitation period of at least 15 days for children under two years of age and at least 30 days for older children.

General Health Issues of the Population

With an estimated 170 million inhabitants, Brazil has the largest population in Latin America and ranks sixth in the world. In Brazil, 54 million people live below the poverty line. The child mortality rate has fallen to 29 per 1,000 live births, but remains disproportional to national production capacity and available technology. Maternal mortality continues to be a problem, although its magnitude is unclear due to a lack of consistent data despite 96 per cent of deliveries taking place in hospitals. Pre-natal care is considered to be of low quality and of unequal access to different segments of the population and regions of the country. The fight against HIV/AIDS requires special actions focused on children and youth. With 97 per cent enrollment in primary school, the educational challenge is that of quality: 1.1 million children and adolescents aged 12 to 17 are still unable to read and write; 11 per cent of children are completing eight years of primary school by age 15.

The consumption of alcohol by its population has been growing in the last decade. Contributing this is that Brazil has few regulations concerning alcohol consumption and the small number of laws that already exists are rarely enforced. There is also the extreme tolerance of Brazilian society regarding alcohol consumption and even alcohol abuse. The lack of a consistent national policy regarding substance abuse prevention is another factor. A crucial aspect of the increased alcohol consumption in Brazil is without doubt the high percentage of young people in its population and the fact that the country's economic-political situation is relatively favorable.

Brazil is the fourth largest producer of tobacco leaf in the world. According to the 1989 National Health and Nutrition Survey (PNSN) 65,000 persons reported overall prevalence of current smoking among adults at 32.6% (39.6%M, 25.4%F). Most city surveys report an overall prevalence of about 38-42%, with higher prevalence among men and young adults. Tobacco is today the second most used drug among youngsters in Brazil.

Many cities in Brazil are known for their street children. Estimates of their numbers in Brazil suggest that between 7 and 8 million children, ages 5 to 18, live and/or work on the streets of urban Brazil. These children live on the street, because home life is not good, they need to find other ways to get food, or they are orphans. Street children are subject to police brutality, rape, violence, and being forced into prostitution just for food or to stay alive. Street children face serious health problems ranging from malnourishment to lack of sleep, to no healthcare, to exposure to the elements. Accounts of drug misuse among street youths in Brazil are commonplace.

Special Considerations for Children Adopted from Brazil

Before the adoption

Children available for adoption reside in private and governmental institutions under the supervision of CEJA. The children are either abandoned or the parental rights have been taken away by a court. Little is usually known about the child's birth family, prenatal care, developmental history, emotional adjustment, behavior and, sometimes, birth date. Children can suffer from minor problems such as parasites, scabies, motor delays due to lack of stimulation, malnourishment, lice, diarrhea, upper respiratory and ear infections, poor teeth, rickets; however, medical records tend to deal with more serious problems. Although every effort is made to accurately report a child's health condition, some problems may be undiagnosed.

Brazilian law requires prospective parents to live in Brazil with the child for a cohabitation period of at least 15 days for children under two years of age and at least 30 days for older children.

Sources: UNICEF, CDC, U.S. Department of State, LIMIAR

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VIETNAM

History of International Adoption

WARNING - ADOPTION ALERT - http://adoption.state.gov/news/vietnam.html

Adoptions in Vietnam have gone through many changes since Operation Babylift in 1975. During Operation Babylift, 2,000 Vietnamese children and babies were evacuated from Saigon and brought to the United States. These children are now adults. After a long hiatus, relations were re-established and adoptions resumed in 1995. In the late 1990's and early 2000's, Vietnam was one of top 10 sending countries to the US. Adoptions to the US and other countries ceased in January 2003 as Vietnam worked on revamping their adoption system.

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

FY 2006	163
FY 2005	6
FY 2004	21
FY 2003	382
FY 2002	766
FY 2001	737
FY 2000	724
FY 1999	709
FY 1998	603
FY 1997	425
FY 1996	325
FY 1995	318
FY 1994	220
FY 1993	110

SOURCE – US Department of State, http://travel.state.gov/family/adoption/stats/stats_451.html

On June 21, 2005, the United States and Vietnam signed a bilateral agreement that laid the groundwork for intercountry adoptions between the two countries to recommence after a two-and-a-half-year hiatus. The agreement entered into force on September 1, 2005, and on January 25, 2006, the U.S. Embassy in Hanoi issued the first orphan immigrant visa to a Vietnamese child adopted by an American family under the agreement framework.

As part of its implementation of the new agreement, the Government of Vietnam is requiring all U.S. adoption service providers (ASPs) desiring to operate in Vietnam to be licensed by the Vietnamese Ministry of Justice's Department of International Adoptions (DIA). The DIA has indicated that, with extremely rare exceptions, it will accept adoption applications ("dossiers") ONLY through ASPs that have received such licenses.

Currently, adoptions are conducted at the orphanage and province level, with national oversight based out of Hanoi. Before the shutdown, adoptions were handled individually with each province. Vietnam now has a national licensing approval procedure for individual US adoption agencies.

Logistics

Overall authority for Vietnamese adoption policy rests with the Ministry of Justice's Department of International Adoptions (DIA) in Hanoi. In addition, however, the Public Security Department, Justice Department and People's Committee of the child's Vietnamese province of residence also have their own important roles in the process.

According to the Vietnamese "Law on Marriage and the Family," adoptive parents must be at least 20 years older than the children they wish to adopt. Only one single person or one married couple may adopt. S/he or they must meet all of the following requirements: have not had their parental rights restricted by authorities, have good ethical qualities, and have the capacity to care for, support, and educate the adoptive child. If married, both persons must meet all requirements.

Vietnam law permits adoption by married couples (one man, one woman) and single heterosexual persons. Vietnam law prohibits homosexual individuals or couples from adopting Vietnamese children.

Children up to and including the age of 15 can be adopted. Under Vietnamese law, a child over age nine must consent in writing to his/her adoption.

General Health Issues of the Population

Forty-one percent of Vietnam's total population are children aged between zero and 18 years. Many have benefited from Vietnam's increasing prosperity. However, 29% of the total population continues to live in poverty and around 95% of the poor live in rural areas. The growing socio-economic inequalities have left their youngest children from rural and ethnic minority communities far more vulnerable to death, disease, malnutrition and injury than their more affluent urban cousins.

There is still a high prevalence of chronic malnutrition among the under five population. According to statistics (1996-2004) 28% of the under five population were moderately underweight while 4% were severely underweight. Nine percent of infants born from 1998-2004 were of low birth weight.

Both maternal mortality and neonatal mortality remain relatively high, mainly in ethnic minorities and in remote areas. There is also a high rate of induced abortion in these areas.

Mortality due to infectious, vector-borne and communicable diseases continues although they now represent less than 25% of the causes of mortality (e.g. ARI and parasitic diseases in children, Hepatitis B, food borne related problems).

Drinking dirty water and poor sanitation account for most of the deaths and diseases among Vietnam's youngest children. Among the rural population, only 67% are using improved drinking water sources as compared with 93% of the urban population. Twenty-six percent of the rural population are using adequate sanitation facilities as compared with 84% of the urban population.

On the other hand, remarkable progress is being made in immunization coverage. Great strides are being made in maternal neonatal tetanus elimination, vitamin A capsules are widely distributed to children aged 6 to 36 months and the country now has immunization coverage of around 93%. In 2004 1-year-old children were immunized against Tuberculosis (96%), Diphtheria, pertussis and tetanus (92%), Polio (96%), Measles (97%) and Hepatitis B. Eighty-five percent of pregnant women received immunization for tetanus.

There is a steady increase in non-communicable diseases such as cardiovascular diseases, cancers and diabetes. New or re-emerging diseases such as tuberculosis, HIV/AIDS, dengue fever and Japanese encephalitis are on the rise.

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Vietnam has exceeded the targets for case detection and treatment success for nearly a decade, yet there are no signs of a decline in the overall annual TB incidence rate. More detailed, but preliminary, epidemiological studies suggest that

TB incidence rates have been falling among older adults (especially women) but rising among younger adults (especially men).

Vietnam is facing a rapidly growing HIV epidemic that is beginning to extend beyond initial concentrations in networks of injecting drug users and sex workers. The number of people living with HIV doubled between 2000 and 2005, from approximately 122,000 to 263,000. The number of AIDS-related deaths is growing and is estimated to have increased from 9,000 in 2003 to 14,000 in 2005. It is estimated that around 300,000 children in Vietnam are affected by this epidemic. This includes children with HIV positive parents and those orphaned by AIDS.

Natural disasters are a continuing threat in many regions and preventable injuries are estimated to be the number one killer of children between the ages of one and sixteen. Almost 30,000 children die from injury each year in Vietnam. Accidents are set to overtake infectious diseases as the most common causes of mortality - accounting for more than 20% of total mortality.

Drug abuse is a growing concern, the vast majority of the 97,000 registered drug users are under the age of 30.

Special Considerations for Children Adopted from Vietnam

Before the Adoption

In Vietnam children are often orphaned or relinquished by young women at birth due to poverty, cultural stigmas attached to unwed motherhood, or the lack of social safety nets. Many families find themselves unable to care for the basic needs of their child. Birthparents who leave their children do so with great difficulty. Often a large extended family is involved in the decision to place a child for adoption, wanting only the best for them. Most children are relinquished at birth.

Both boys and girls are available for adoption - from infants to older. Boys are more numerous. Minimal medical and social information is available on most children.

Upon entry to the orphanage each child is given a physical examination. Each child is tested for HIV and for Hepatitis B. Although the children are in a government-run orphanage, the level of care is relatively good where most receive individualized care by an orphanage nanny. Sometimes younger children are placed in the care of a foster family, during the early months of their lives. Once they reach a certain age, they are then brought back to the orphanage. However, the children adopted from Vietnam can be expected to have some of the typical developmental delays often associated with orphanage care.

After the Adoption

Giardia appears to be one of the more commonly occurring parasitic infections of children adopted from Vietnam. Every child adopted from Asia should have a stool sample specifically for Giardia as part of their initial health screening. It is recommended that a stool sample is done more than once. Giardia is not always present or easy to detect, especially if your child has some of the symptoms.

Sources: UNICEF, CDC, Stop TB Partnership, U.S. Department of State, other internet sources

[1] US Department of State, http://travel.state.gov/family/adoption/intercountry/intercountry_3939.html