

The etiological and demographic characteristics and health problems of the hospitalized adopted children in Bangladesh: Study on 54 cases

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Abstract- Objective: Worldwide, approximately 40,000 children per year are moved between more than 100 countries through adoption. By law, guardianship, not adoption, is permitted in Bangladesh. To the best of our knowledge, no scientific study on guardianship or adoption is ever reported from Bangladesh. Our study, for the first time, is reporting on some of the basic characteristics of adoption in Bangladesh.

Materials and methods: This cross sectional study was conducted on the hospitalized adopted children between September, 2009 and October, 2010 in the Institute of Child and Mother Health, Dhaka, Bangladesh. Total 54 adopted children, who were hospitalized due to different health problems, were included in the study.

Result: The mean (\pm SD) age of the studied adopted children was 4.29 ± 3.47 months.

Among them, 42 (77.8%) were female and 12 (22.2%) were male child. All adoption happened among un-related Muslim families. Infertility was the commonest (72%) reason for adopting a child. No adoption took place according to the existing guardianship law in Bangladesh, and none was legally documented. Financial insolvency and the death of the biological mother reasoned for allowing adoption in 50% and 29.6% of cases respectively. In about one-third of the cases, the biological parents received money from the adopting parents.

Acute respiratory tract infection, gastroenteritis and undernutrition were the major health problems of the adopted children.

Since Islamic law does not allow inheritance of wealth to the adopted children, all the adopting parents left the inheritance issue to be solved "in future".

Conclusion: The current guardianship law needs wide publicity, proper execution and strict monitoring. This law necessitates re-evaluation or possible adaptation into a full adoption law that can secure the future rights of the adopted children.

Index Terms- Adoption, Bangladesh, guardianship, infertility

I. INTRODUCTION

Every child deserves a home. Adoption is a process whereby a child is awarded to his adoptive parents and, in so doing, terminates the relationship between the biological parents and the child and permanently transfers all rights and responsibilities from the original parent(s) to nonbiological parents [1, 2, 3].

A guardianship, on the other hand, establishes a legal non-permanent relationship between a child and the guardian who isn't the child's parent, but it does not end the legal relationship between the child and the child's biological parents. A guardianship can be terminated or renewed at a later date [4, 5, 6]

Although the causes for adoption may vary in different society and country, the main causes include: infertility, untimely death of own children, single adults who like children, couples wanting a child of the opposite sex, death of parents, people who suffer from genetic diseases and choose not to have children of their own, and so on [7, 8, 9].

Adoption may be open or closed. A closed adoption prevents contact between the biological parents and the adopted person. On the other hand, open adoption allows varying degrees of contact; however they are not legally enforceable and may be closed at any time. [10]

So far, no published or unpublished data on the estimate of adoption in Bangladesh is retrievable from any government or non-government sources.

Guardianship law in Bangladesh:

Bangladesh is a Muslim country where there is no actual adoption law. Under the Guardianship and Wards Amendments Ordinances 1982, only guardianship of Bangladeshi children is permitted to its own citizens but not to non-Bangladeshi citizens. Since Bangladesh allows dual citizenship, Bangladeshi citizen who is also the citizen of another country, may become the guardian of a Bangladeshi children and can bring the child in the second country for adoption. The family court and the ministry of home affairs are the responsible authority for both intracountry and intercountry adoption in Bangladesh. [11, 12, 13, 14]

Procedure of guardianship in Bangladesh:

For a legal guardianship, the proposed ward must be below the age of 18 years; the biological parent must sign an irrevocable release of the child before a notary public, first class magistrate or the relevant family court in Bangladesh; and a 'no objection certificate' must be obtained from the home ministry [15].

Rational of the study:

To our knowledge, a systematic assessment of any aspect of adoption has not yet been reported in Bangladesh. Our study, for the first time, aimed at identification of etiological, procedural

and socio-demographic aspects of adoption and the health problems of hospitalized adopted children in Bangladesh.

II. MATERIALS AND METHODS

This hospital based, observational, descriptive, cross sectional study was conducted between September, 2009 and October, 2010 in the Institute of Child and Mother Health. This secondary-care level maternal and children hospital is located on the outskirts of Dhaka—the capital city of Bangladesh. Majority of the patients attending to this hospital belong to lower middle class and poor families residing in the sub-urban and rural areas. The studied patients were retrieved from the inpatient department of the hospital.

Eligibility requirements for enrollment included having the following: (1) an adopted child who had been placed permanently in the adoptive home and (2) voluntarily willing to participate in the study. Among 57 adopted children enrolled during the study period, 54 met the inclusion criteria. The excluded children were in fact abandoned children.

After obtaining verbal consent, detail information on demographic and health characteristics of adoptees and the adoptive parents and families, the etiological and procedural aspects of adoption and other relevant information were documented in a structured, pre tested questionnaire through in-depth interviews with the adopting parent(s). The core questions about adopting a child were asked to the adoptive mothers since, in all cases, they had been accompanying the adopted child in hospital. Information related to biological family was also extracted from the adopting parents; however, the obtained information could not be cross-checked since no biological parents were present in the hospital. Age of the children was calculated from the date of birth. Family income was defined as the interviewee’s report of the total income in taka (currency of Bangladesh) received by all household members in previous year. Parental education was determined from the parent’s response to the questions asking the last grade (class) in school.

Ethical clearance:

The study synopsis was ethically cleared by the Ethical Review Board of the Institute of Child and Mother Health. The ethical aspect of the study was in full compliance with the Helsinki declaration; all the obtained data were treated with highest possible confidentiality.

Statistical analysis:

Statistical analyses were performed with SPSS 15.0 for Windows (SPSS, Inc, Chicago, IL). As needed, descriptive and frequency analyses were done for selected variables.

III. RESULTS

By gender, 42 (77.8%) were female and 12 (22.2%) were male child; the male: female ratio was 1: 3.5. The mean (\pm SD) age of the adopted children at the time of study was 4.29 ± 3.47 months (range—half month to 18 months). Forty five (83.3%) of the children were under the age of six months at the time of adoption; of whom 32 (71%) were adopted before one month of age.

The mean (\pm SD) weight was 4.25 ± 1.66 kg (range 1.8 kg to 9.5 kg). Most (83.3%) of the adopted children had been suffering from various grades of malnutrition. Of them, 33.2% were moderately under weight, 20.4% were severely under weight, 20.4% were moderately wasted and 9.3% were severely wasted.

The mean (\pm SD) monthly income of the adopting families was 7882 ± 5341 taka (US \$ 104.4 ± 70.75). Most (94.5%) of the foster mothers were house-wives; and 61% had only elementary-level education. Of the foster fathers, 25 (46.3%) were employed in different offices, 18 (33.3) were small traders, and the rest 11 (20.4%) had varying fleeting professions.

All adoptions took place among un-related Muslim families. None of the adopting parents knew about the existence of any adoption/guardianship law in Bangladesh, but all knew that wealth-inheritance to adopted children is not allowed in Islam.

In about one-third (17 out of 54; 31.5%) instances, the biological parents received money from the foster parents; although all denied to disclose the amount of money.

Table 1 looks at the social and procedural aspects of the adoptions:

Table-1:

Parameters	Numbers and Percentage
Procedural aspect of adoption:	n=54
Legal procedure followed	0 (0%)
Personal settlement between the families	44 (81.5%)
Societal settlement	10 (18.5%)
Documentation of adoption:	n=54
No documentation	31 (63.2%)

Written in plain paper	13 (24.07%)
Written in judicial stamp (only cases of adoption through societal settlement)	10 (18.5%)
Reasons of allowing adoption by the biological parent: (response obtained from the adopting parents):	n=54
Death of the mother	16 (29.6%)
Financial insolvency and many children (≥ 5)	27 (50%)
Separation of the parents/abandoned mother	5 (9.3%)
Unwilling to reply	6 (11.1%)
Reasons of adoption by the adopting parent(s):	n=54
Infertility	39 (72.2%)
Untimely death of own child	7 (13%)
Couples wanting a child of the opposite sex	8 (14.8%)
Treatment taken for infertility:	n=39
“Kabiraji” (locally available, popular herbal treatment)	19 (48.7%)
“Tabij”(a kind of religious treatment)	12 (30.8%)
Qualified gynecologist in hospital	6 (15%)
Homeopathy	2 (5)
Health problems of the adopted children diagnosed in hospital:	n=54
Respiratory tract infections	24 (44.4%)
Gastroenteritis	22 (40.7%)
Malnutrition	18 (33.3%)
Septicemia	6 (11.1%)
Mixed problems	9 (16.7%)
Food of the adopted children less than 6 months of age:	n=45
Diluted cow-milk	26 (57.8%)
Inappropriately diluted formula milk	7 (15.5%)
Appropriately diluted formula milk	7 (15.5%)
Goat-milk	5 (11.11%)

Of 39 infertile women, 28 (72%) tried to have own child for a minimum 10 years. Only a small (15%) portion of them consulted qualified gynecologist for treatment; and the choice of treatment modality was decided by the husband in 31 (79.5%) cases followed by the father-in-law in rest of the cases. None of the husband of the infertile women was tested for male infertility. In most of the instances (37/ 95%), it was the foster mother who desired first to adopt. Ten infertile mothers (25%) stated that their husbands had already married again.

In response to a question regarding feelings for the adopted children, all foster mothers and 17 (31.5%) foster father expressed genuine love and passionate emotion; the rest of the fathers refused to comment.

During the process of adoption by personal contract or societal settlement, all the biological parents committed, either verbally or in written, not to 'claim' for the child in future.

All the adopted babies were either re-named or named for the first time by the adopted parents. None of the foster parents had the plan to disclose the biological identity to the adopted children in future.

Regarding future inheritance of wealth, all adopting mothers referred to the adopting father to resolve the issues. All the fathers left this issue to be resolved in future.

IV. DISCUSSION

Although only guardianship is permitted by law, unofficial adoptions are happening in Bangladesh. None of the studied adoption was legally documented. The arrangers considered the documentation on judicial stamps (a common practice among Bangladeshi rural communities) as 'legal-bound'; which is in fact no. An unexpected but interesting finding of this report is to offer and to accept money during adoption—a practice that might deem 'unethical'; but since half of the adoptions originated from financial insolvency to rear up many children, this kind of 'unprincipled' practice is not unusual. Bangladesh is a densely-populated country where about 1045 people live in one square kilometer area and about half of the population lives below international poverty line [16, 17].

The girl predominance among the adoptees can be explained by the fact that most poor families in Bangladesh consider male child as an 'income-generating possession for future security'. Therefore the biological parents, unless compelled by unmanageable circumstances, rarely allow their male child for adoption.

Infertility was the commonest and self-explanatory cause for adopting a child; although no national statistics on the prevalence of infertility could be retrieved from any source. The attention-grabbing fact is that only the women were labeled infertile; no male was tested for infertility although the later can be an equally important cause of 'female infertility'. Majority of the women did not consult a specialist medical doctor, rather, being governed by the husband or father-in-law, received various kinds of 'traditional' treatment for infertility. This gender-discrimination is quiet evident across all levels of Bangladeshi patriarchal society where women are dependent on men

throughout their lives—from their fathers through to husbands, brothers or sons [18]. This is again reflected by further marriage of some husbands on the plea of wife's infertility since traditionally, women are recognized mainly for their reproductive role. The insecurity in conjugal life perhaps led to the foster mothers to desire and to initiate the process of adoption in most of the cases.

The Death of the biological mother reasoned for about 30% of adoption—the figure is attuned with the country's high maternal mortality rate (320 deaths per 100, 000 births) [19].

Acute respiratory tract infection (ARI) and gastroenteritis were the top ranked illness among the hospitalized adopted children; these figures parallel the national statistics of childhood illness in Bangladesh [20]. Over three-fourth of the adopted children already developed various grades of undernutrition, primarily due to feeding with diluted cow's and or faulty preparation of the formula milk. With a bad start in the beginning of lives, these children have already entered in the pool of alarming childhood malnutrition in Bangladesh, where 41% of under-five children are underweight [21, 22]. A comparable representation has been reported from a wealthy country (Canada), where half of the adopted children had weight or height deficiency, caused by illness, nutritional, emotional, or sensorial deprivation [23]

Studies have revealed that adopted children might have higher risk for maladjustment, behavioral problems and suicidal attempts in future [24, 25, 26, 27, 28, 29]. No data on the fates and later consequences of Bangladeshi adoption cases are available.

According to Islamic law of inheritance, adopted children are excluded from inheritance of the non-biological parents [30, 31, 32]. Since Bangladesh is a Muslim country, the concern of wealth inheritance was considered by most of the foster fathers as 'an issue to be solved in future'. However, the uncertainty remains. It is also interesting to note that no mother was empowered to answer to this question signifying the male dominance in vital decision-making issues in Bangladeshi families

V. COMMENTS AND RECOMMENDATIONS

It is important to interpret our findings in the context of several research limitations. An important limitation is small, probably un-representative sample size, so the results may not generalize to the broader population of adoptive families. By the current study, not much is known about the varied reasons for adoption in the whole country. However, our study deliberately focuses on several important aspects of adoption in Bangladesh; and results of this study are expected to be considered as a nucleus for further, nationwide cross-sectional and cohort studies to grasp multiple spheres of adoption and its future consequences.

The current guardianship law of Bangladesh needs wide publicity (through mass media), proper execution and strict legal monitoring. Its re-evaluation or possible conversion into a full adoption law seems to be a time-demanding issue for the policy makers. The issues of future rights and wealth-inheritance need

careful and logical consideration so that in one hand, it does not become contradictory to Islamic law, on the other hand it can protect the rights of the adopted children.

The political leaders, law-enforcing agencies, civil society and agencies working on human-rights can be integrated during adoption—this can, to some extent, help in guarding the rights of the adopted children.

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