

Health Problems of Internationally Adopted Children with Special Needs

Article History
<p>Received: 15.11.2022 Revision: 30.11.2022 Accepted: 10.12.2022 Published: 20.12.2022</p>
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How to Cite the Article:
Gonzalo Oliván-Gonzalvo; (2022). Health Problems of Internationally Adopted Children with Special Needs. <i>IAR J. Med Sci.</i> 3(6), 50-54.
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Abstract: Background: In the last decade, there has been an increase in international adoptions of children with special needs. Due to the quality of medical care that children with special needs receive in the countries of origin, it has been reported that the diagnoses in the pre-adoption medical reports offer no guarantee of truthfulness. The objective was to describe the epidemiological and clinical characteristics of a cohort of internationally adopted children with special needs and to analyze the concordance between pre-adoption and post-adoption diagnoses. **Material and Methods:** Retrospective descriptive study that included all children with special needs adopted internationally during 2009-2020 evaluated according to a national protocol in a referral center. Variables were collected from pre-adoption medical reports and post-adoption evaluation records. **Results:** Fifty-eight children (62.1% male; mean age 36.4 months [range: 12-104]) from China (50%), Vietnam (22.4%), Russia (20.7%), Thailand (5.2%), and Uruguay (1.7%) were studied. In 96.5%, the diagnoses of the pre-adoption medical reports were confirmed in the post-adoption evaluation. In 31%, other disorders, none serious, were diagnosed in the post-adoption evaluation. The most frequent diagnoses in the post-adoption evaluation were neurological disorders (37.9%), growth delay (31%), musculoskeletal deformities (22.4%), and hematological diseases (22.4%). In 58.6%, two or more health problems were diagnosed. **Conclusions:** The pre-adoption medical reports were reliable regarding the reported diagnoses. At the post-adoption evaluation, other disorders were diagnosed in one-third of the children. In any case, no statistical significance was observed between the diagnoses reported in the pre-adoption medical reports and those observed in the post-adoption evaluation.

Keywords: Adoption, Child, Disabled persons, Disease, Spain.

INTRODUCTION

International adoptions in Spain have decreased considerably over the last decade. This is mainly due to the fact that most of the countries of origin have reformed their legislation to limit the profile of the adopters and because the Spanish Administration has also modified the processing of adoptions with some countries until they have guarantees that the process is completed correctly. This has caused a significant slowdown in legal procedures in ordinary international adoption processes. As a consequence of this situation, there has been an increase in the number of international adoptions of children with special needs whose adoption process is faster, with different schedules for each country.¹

Due to the socioeconomic and health conditions of the countries of origin in general and, in particular, to the quality of the medical assistance that children with special needs receive in the reception institutions, it has been reported that the data and diagnoses of the health status described in the pre-adoption medical reports do not offer an absolute guarantee of truth, so that diagnoses may be incorrect, imprecise, exaggerated or absent.²⁻⁵

Therefore, it is necessary to weigh as accurately as possible the uncertainties that could affect children's health proposed for international adoption due to special needs. This is one of the critical factors in the adoption decision, as adoptive families have become increasingly risk-averse over the past decade. Therefore, competent administrations, collaborating entities, and doctors in the field of international adoption must update their knowledge and professional practices to face the growing pressure from the countries of origin for the host countries to adopt children with special needs.^{2,3,6}

AIMS AND OBJETIVES

The objective of this study was to describe the epidemiological and clinical characteristics of a cohort of internationally adopted children with special needs and to analyze whether there are discrepancies between the health problems reported in the pre-adoption medical reports and those observed in the post-adoption evaluation.

MATERIAL AND METHODS

Retrospective descriptive study that included all internationally adopted children with special needs who were evaluated in a reference center during the period 2009-2020. Children with special needs were considered to be those classified as such in their countries of origin and those who had a certificate of disability in the pre-adoption medical report. All the children were evaluated in the first fifteen days after their arrival according to a nationally agreed protocol.⁷

The medical history (anthropometry, previous and current pathologies, laboratory and serological tests) of the pre-adoption reports and the anthropometric, clinical, and analytical records of the post-adoption evaluation were reviewed. Weight and height stunting was defined as weight and/or height for age and sex below 2 standard deviations (SD) from the World Health Organization (WHO) growth standards.⁸ Microcephaly was defined as a head circumference for age and sex below 2 SD with respect the WHO growth standards.⁸ To define neurodevelopmental delay in the post-adoption evaluation, the interpretation standards of the Haizea-Llevant and Denver II developmental screening tests were followed.⁹

The following epidemiological and clinical variables were collected: sex, age, country of origin, type of adoptive family (two parents/single parent), health problems in the pre-adoption medical report, and health problems in the post-adoption evaluation.

Informed consent was not required due to the retrospective design. The data was used in accordance

with Organic Law 3/2018 on the Protection of Personal Data and guarantee of digital rights, in force in Spain.

Statistical Analysis: An Excel® sheet was used to calculate the arithmetic mean and SD of age and the absolute frequencies and percentages of the qualitative data. For the comparison of the percentages of health problems reported in the records before and after the adoption, the two-tailed Z test was used, with a significance level of $p < 0.05$. Statistical analysis was performed with the Social Science Statistics v.2021® program.

RESULTS

During the period 2009-2020, 58 children (36 boys, 62.1%) with special needs adopted internationally were studied. The mean age at arrival was 36.4 months (range: 12-104 months). Regarding the countries of origin, 29 (50%) came from China, 13 (22.4%) from Vietnam, 12 (20.7%) from Russia, 3 (5.2%) from Thailand, and 1 (1, 7%) from Uruguay. 17.2% of the adoptive families were single parents. Children from China, Vietnam, and Thailand were listed as having special needs (green passage, list 2) in their countries of origin. Children from Russia and Uruguay had a certificate of disability in the pre-adoption medical report.

Table 1 describes the health problems of the 58 internationally adopted children with special needs and compares those reported in the pre-adoption medical reports and those observed in the post-adoption evaluation.

Table 1: Health Problems of Internationally Adopted Children with Special Needs (n = 58). Comparison between Those Reported in the Pre-Adoption Medical Reports and Those Observed in the Post-Adoption Evaluation

Health problem	Pre-adoption	Post-adoption	p
n (%)	n (%)	n (%)	
Growth delay	18 (31.0)	18 (31.0)	1
- Height	10 (17.2)	10 (17.2)	
- Weight and height	8 (13.8)	8 (13.8)	
Neurological disorders	16 (27.6)	22 (37.9)	0.234
- Microcephaly	10 (17.2)	12 (20.7)	
- Neurodevelopmental delay	5 (8.6)	9 (15.5)	
- Epilepsy	1 (1.7)	1 (1.7)	
Musculoskeletal deformities	12 (20.7)	13 (22.4)	0.818
- Congenital hand deformities	6 (10.3)	6 (10.3)	
- Congenital foot deformities	4 (6.9)	4 (6.9)	
- Acquired foot deformities	2 (3.4)	2 (3.4)	
- Pectus excavatum	0	1 (1.7)	
Eye diseases	10 (17.2)	12 (20.7)	0.638
- Visual disorders	8 (13.8)	9 (15.5)	
- Strabismus	2 (3.4)	3 (5.2)	
Heart diseases	10 (17.2)	10 (17.2)	1

- Congenital heart diseases	8 (13.8)	8 (13.8)	
- Valvulopathies	2 (3.3)	2 (3.4)	
Hematological diseases	6 (10.3)	13 (22.4)	0.078
- Thalassemia Minor	4 (6.9)	5 (8.6)	
- Iron deficiency anemia	2 (3.4)	8 (13.8)	
Cleft lip and palate	6 (10.3)	6 (10.3)	1
Infectious diseases	4 (6.9)	6 (10.3)	0.509
- HIV seropositivity	2 (3.4)	0	
- Cytomegalovirus seropositivity	1 (1.7)	1 (1.7)	
- Chronic hepatitis B	1 (1.7)	1 (1.7)	
- Intestinal parasitosis	0	4 (6.9)	
Digestive tract malformations	4 (6.9)	4 (6.9)	1
- Intestinal atresia (operated)	2 (3.4)	2 (3.4)	
- Anorectal malformation (unoperated)	2 (3.4)	2 (3.4)	
Ear, Nose, and Throat diseases	2 (3.4)	4 (6.9)	0.401
- Chronic adenoiditis (operated)	2 (3.4)	2 (3.4)	
- Tympanic membrane perforation	0	1 (1.7)	
- Otitis media with effusion	0	1 (1.7)	
Lung diseases	2 (3.4)	2 (3.4)	1
- Bronchopulmonary dysplasia	2 (3.4)	2 (3.4)	
Dental pathology	2 (3.4)	5 (8.6)	0.242
- Caries	2 (3.4)	3 (5.2)	
- Malocclusion	0	2 (3.4)	
Skin diseases	2 (3.4)	2 (3.4)	1
- Atopic dermatitis	2 (3.4)	2 (3.4)	

The health problems reported in the pre-adoption medical reports that most frequently led to international adoption through the special needs route were height growth delay, microcephaly, congenital deformities of the hand and foot (no cases had surgery), congenital heart disease (all cases had surgery), visual disorders, congenital cleft lip and palate defect (cleft lip was operated in all cases, while the cleft palate was only in two of the six cases) and neurodevelopmental delay.

The health problems reported in the pre-adoption medical reports were confirmed in the post-adoption evaluation in 56 (96.5%) children. The remaining two had a history of seropositivity for human immunodeficiency virus by vertical transmission and had received antiretroviral therapy; in the post-adoption evaluation, the serological study was negative.

In the post-adoption evaluation, 18 (31%) children were diagnosed with other health problems, none of them serious, not previously reported in the pre-adoption medical reports. These health problems were: iron deficiency anemia (6 cases), intestinal parasitosis (4 cases), neurological development delay (4 cases), dental pathology (3 cases), microcephaly (2 cases), eye diseases (2 cases), ear diseases (2 cases), pectus excavatum (1 case) and thalassemia minor (1 case).

No statistical significance was observed between the health problems reported in the pre-adoption medical reports and those observed in the post-adoption evaluation (Table 1). In 34 (58.6%) children two or more health problems were diagnosed (two problems in 13.8%; three in 24.1%; four in 17.2%; five in 3.4%).

DISCUSSION

The international adoption of a child with special needs is an option that requires more preparation and reflection on the part of the adopting family than an ordinary adoption procedure. In addition, in order to adopt a child with special needs, families must obtain a specific suitability certificate issued by the competent administration of the adopting country, must meet the eligibility requirements for the specific country where the child resides, must be mentally and emotionally prepared to assume these needs, and they must have the essential personal, social, and economic resources to care adequately.^{2,10-12}

What does the term special needs really mean in international adoption? The image that comes to mind for many international adoption families when they think of special needs is of children who may have extreme needs, require 24-hour medical care, or never become independent. While it is true that there are many children with serious needs waiting for adoptive

families, that is not the true picture of what most countries consider to be special needs. Each country can define special needs in different ways.^{5,13} They are generally children with congenital malformations, chronic diseases, delayed growth or psychomotor development, and physical, sensory, or intellectual disabilities, which can range from severe to mild, and who require a medical or surgical evaluation and treatment in a short period of time and specialized monitoring in the adoptive country. Some countries also include older children (e.g., from 4 years in Thailand, from 10 years in China, etc.) and groups of 3 or more siblings.^{2-5,12,13}

It is necessary to know that many of the health problems that these children present would not be classified as special needs in the host countries and that other diseases and anomalies can be solved or improved within the health system of the host country and achieve a quality of life normal or close to normal, ceasing to be children with special needs. However, it should be borne in mind that the opposite may occur and that children with a diagnosis initially acceptable to the family have a more serious health problem than expected or present a serious undiagnosed or previously suspected pathology.^{2-4,12}

In the studied cohort of internationally adopted children with special needs, regarding the epidemiological characteristics, a higher proportion of children of Asian origin, males, and single-parent adoptive families was observed than those reported in the global statistics of international adoption in Spain.¹⁴ No child was classified as having special needs because they were older than 4 years or belonged to a sibling group.

Regarding the clinical characteristics, it was observed that the percentage of children with congenital malformations (48.3%) was ten times higher than that reported in the global of internationally adopted children in Spain and other adoptive countries, not observing appreciable differences in the remaining health problems.^{7,15} It should be noted that 58.6% of the children were diagnosed with two or more health problems in the post-adoption evaluation.

In 96.5% of the children, the health problems reported in the pre-adoption medical reports were confirmed in the post-adoption evaluation. In a third of the children, other health problems not previously reported in the pre-adoption medical reports were also diagnosed, the most frequent being iron deficiency anemia, intestinal parasitosis, and delayed neurological development. In the post-adoption evaluation, the most frequent health problems were neurological disorders (37.9%), growth retardation (31%), musculoskeletal deformities (22.4%), hematological diseases (22.4%), eye diseases (20.7%), and heart diseases (17.2%).

CONCLUSIONS

In the studied cohort of internationally adopted children with special needs, pre-adoption medical reports were highly reliable regarding reported health problems. In the post-adoption evaluation, other health problems, none serious, were diagnosed in a third of the children. In any case, no statistical significance was observed between the health problems reported in the pre-adoption medical reports and those observed in the post-adoption evaluation.

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