



ADOPTION EDUCATION, LLC

SPECIAL REGIONAL CONSIDERATIONS

VIETNAM

1. History of International Adoption
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TO ACCESS THE QUIZ FOR EACH REGION:

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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 2009	481
FY 2008	748
FY 2007	828
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://adoption.state.gov/country/vietnam.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.

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