



ORIGINAL ARTICLE

International adoption from Ethiopia in a 5-year period[☆]



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KEYWORDS

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Abstract

Introduction: An increase in the number of internationally adopted children has been observed in the last few years. The country of origin that has experienced a greater increase is Ethiopia. The health of internationally adopted children from Ethiopia has not been extensively assessed to date.

The main objective of the study is to determine the prevalence of infectious diseases in children adopted from Ethiopia, and to assess their nutritional status.

Method: A prospective, observational cohort study was conducted using the medical records of 251 children adopted from Ethiopia to Spain in the period from January 1, 2006 to December 31, 2010.

Results: The mean age of the children was 7 months (range 1–120). Abnormalities were detected on physical examination in 56.6%. In 90% of cases the child was less than 5 years old. Half of the sample had a weight below the third percentile, with some degree of malnutrition in 65% of the children. HIV exposure was not uncommon (4.8%).

Conclusions: Low weight and acute gastroenteritis were the main findings in this cohort. Infectious diseases should be systematically assessed.

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PALABRAS CLAVE

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internacional;
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Adopción internacional de Etiopía en un período de 5 años**Resumen**

Introducción: La adopción internacional (AI) en nuestro país es un fenómeno reciente, siendo Etiopía uno de los países de origen más frecuentes.

El objetivo principal del estudio es determinar la prevalencia de enfermedades infecciosas en los niños adoptados procedentes de Etiopía y valorar su estado nutricional.

Método: Estudio de cohortes prospectivo, observacional. Se evalúa una cohorte de 251 niños adoptados en España procedentes de Etiopía (período del 1 de enero del 2006 y al 31 de diciembre del 2010).

Resultados: La edad media fue de 7 meses (90% de ellos menores de 5 años). Se detectó alguna anomalía en la exploración física en el 56.6%. La mitad de la muestra presentó un peso por debajo del tercer percentil, encontrándose algún grado de malnutrición en el 65% de los niños.

Desde el punto de vista infeccioso, el hallazgo más frecuente fue la afectación cutánea. El 15.1% de los pacientes presentaba diarrea en el momento de la exploración.

En las pruebas analíticas destacan: leucocitosis $> 15.000/\mu\text{L}$ en el 8.8% e hipertransaminasemia en el 29% de los pacientes. La serología de VIH fue positiva en el 4.8% de los casos, mientras que la PCR-VIH fue positiva en el 0.8%.

Conclusiones: Predomina la adopción en los 5 primeros años de la vida. El bajo peso fue el hallazgo más frecuente en esta muestra. Las enfermedades infecciosas deberían ser sistemáticamente descartadas, incluso con la utilización de PCR-VIH dado que la exposición al virus no es infrecuente.

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Introduction

In recent years, international adoption (IA) has increased in Spain, although the number of adoptions has decreased gradually after peaking in 2004. International adoption is a recent phenomenon in our country, and Ethiopia is one of the most frequent countries of origin. According to data from the Spanish Ministry of Health, the number of internationally adopted children has decreased in recent years between 2008 (3156 adoptions) and 2012 (1669 adoptions). Adoptions from Ethiopia have ranked third in Spain (following Russia and China), although at the international level Ethiopia ranked second as the country of origin of adopted children in 2008.¹ Children from IAs require specialised medical attention upon arriving to Spain, as their actual health and nutritional status are unknown (many of them have spent long periods in orphanages, where malnutrition is common). All children from IAs have been exposed to potential health risk factors, so most problems affecting their physical health, neurodevelopment and social adjustment at the time of arrival (or emerging at a later point) may result from a combination of these factors.²

Ethiopia is one of the three poorest countries in the world. Its per capita income is \$100, the life expectancy is 40.5 and the child mortality rate is 124.6 per 1000. There are serious deficiencies in health care, and endemic droughts occur in many regions leading to cyclical famines.

It is a misconception that these children have undergone full medical evaluations and are thus free from health problems. At any rate, there are few data on the health status of internationally adopted children in Spain.

Methods

We conducted an observational cohort study by reviewing the medical records of 251 children adopted from Ethiopia in Spain between January 1, 2006 and December 31, 2010. The children had been evaluated in Ethiopia during the preadoption stage.

The children and their corresponding reports were analysed independently by two doctors experienced in IA. The analysed variables were: age (official), weight, height, weight-for-height, weight-for-age, height-for-age, and head circumference-for-age. The basic laboratory tests used included: complete blood count, and liver (transaminases and bilirubin) and kidney (creatinine) function tests. The microbiology tests performed included: serology for hepatitis B and C; HIV, confirmed by 2 PCR assays in seroreactive patients (one at the country of origin and one on samples submitted for confirmation to Spain); and syphilis. All patients were evaluated at an adoption clinic in Addis Ababa.

All children underwent a full physical exploration, which included taking anthropometric measurements and finding their corresponding percentiles in the WHO growth charts. Based on this physical examination, additional evaluations were performed, such as a vision screening, cardiovascular assessment (with echocardiography if needed due to the presence of a pathological murmur) or neurological assessment (including a computed tomography of the brain when needed). All children were evaluated, irrespective of the presence or absence of disabilities.

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