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**Birth Families and Intercountry Adoption  
in Addis Ababa, Ethiopia**

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***Disclaimer:***

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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## List of Acronyms

<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child
<b>ART</b>	Antiretroviral Therapy
<b>CBC</b>	Community Based Care
<b>CRC</b>	Convention on the Rights of the Child
<b>FHI</b>	Family Health International
<b>GOE</b>	Government of Ethiopia
<b>HAPCO</b>	Federal HIV/AIDS Prevention and Control Office
<b>HIV/AIDS</b>	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
<b>IC</b>	Institutional Care
<b>ICA</b>	Intercountry Adoption
<b>MOLSA</b>	Ministry of Labour and Social Affairs
<b>MOWA</b>	Ministry of Women's Affairs
<b>MTCT</b>	Mother to Child Transmission
<b>OVC</b>	Orphans and Vulnerable Children
<b>RFC</b>	Revised Family Code of 2000
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNICEF</b>	United Nations Children's Fund

# Chapter 1

## Introduction

The aim of this study is to establish the circumstances in which birth families relinquish their children for intercountry adoption in Ethiopia. While adoption is often colloquially understood as the arrangements for the parenting and upbringing of an orphan who has lost both parents, seventy percent of children adopted by US citizens from Ethiopia have a surviving guardian from the birth family who has relinquished the child for the purpose of intercountry adoption<sup>1</sup>. Parents' and relatives' placement of children for intercountry adoption (ICA) will be situated within the context of HIV/AIDS, urban poverty, internal migration, and inadequate social protection, all of which contribute to the weakening of traditional social systems that previously provided care to orphans, most commonly within the extended family. At the same time, participants' perceptions of local options are undermined by the existence of institutional care and ICA placement, options for care that were idealized by participants with often-tragic consequences.

With the nearly universal ratification of the Convention on the Rights of the Child, states have become the duty bearers of the rights therein conferred to children, while conflict, diseases, the HIV/AIDS pandemic, and increased poverty have increased children's vulnerability to become orphans through the death of caretaker(s) or abandonment and therefore more susceptible to rights violations. The "orphan crisis" in Africa has been building for more than a decade (Roby and Shaw 2006:199), yet an organized global response has yet to appear. In 2001, the UN General Assembly Special Session declared their commitment to respond to the crisis and developed a model of orphan care that focuses on "strengthening the capacity of families, mobilizing and strengthening government's role in protecting children, and raising awareness" (Ibid.). While ICA is designated as a last resort in the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC), and in the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption<sup>2</sup>, it is increasingly utilized as an intervention for those children whose needs do not appear to be met otherwise.

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<sup>1</sup> Information obtained from personal interview with Jeffrey Ladenson, Adoption Unit Chief and Vice Consul of US Embassy in Addis Ababa.

<sup>2</sup> The preferred abbreviation of the full name of the Convention for the purposes of this research is 'the Hague Convention.' Alternative names will only be used when quoting verbatim from other sources.

### ***The Situation of Orphans and Vulnerable Children in Ethiopia***

Ethiopia is home to one of the largest populations of orphans and vulnerable children (OVC) in Africa: there are more than five million one- and two-parent orphans, who represent more than six percent of the entire population of Ethiopia (82,800,000) and number more than the total population of the neighboring country of Eritrea (Population Institute 2009:1). The high number of orphans is attributed to the loss of one or both parents to HIV/AIDS, other diseases such as tuberculosis and malaria, high maternal mortality rate, extreme poverty, famine, armed conflict, child labor practices, and migration (FHI 2010:10; MOWA 2010:1). Almost sixteen percent of the orphan population of 5,423,459 is orphaned by HIV/AIDS (MOH 2007:8) and 537,501 of those orphans under age 18 have lost both parents (Population Census Commission of Ethiopia 2007:239). Approximately 18% of Ethiopian households are caring for an orphan (Save the Children 2009:1).

The Ethiopian child protection system is managed by the Ministry of Justice, the Ministry of Labour and Social Affairs, the Ministry of Women's Affairs, and the Federal HIV/AIDS Prevention and Control Office, but "the protection and care of orphan children [has] fallen largely upon private organizations" (Varnis 2001:146) and is characterized by a "lack of standards and uniformity in the services" (MOWA 2010:1). The GOE has a favorable view of ICA as a viable option for orphan children as evidenced in recent adoption policy and the exponential increase in adoptions from Ethiopia; many speculate this is a result of the underfunding of the ministries in charge (Ibid., Howell 2006). While social protection represents an effective strategy to reduce poverty, particularly in situations of social vulnerability where the impact of HIV/AIDS and social change are primary contributors to an increase in poverty (Devereux 2006:9), it is painstakingly clear that access to social protection programs is limited; the most marginalized children and families too often face barriers that lead to their exclusion from government programming.

### ***Urban Poverty, HIV/AIDS and Social Rupture***

Poverty in Addis Ababa is a structural feature of the lives of the most marginalized and is indeed the salient factor that determined participants' perceptions of their ability to parent. The cost of living in Addis Ababa has risen steadily since the mid-1970s "as a result of structural adjustment programs that cut subsidies to basic commodities and service and this has had a particularly strong impact on the poor" (Gurmu and Mace 2008:341). Despite high unemployment rates in Addis Ababa, in-migration is high "because of relatively better access to education and health facilities by the national standard" (Ibid., p. 342). However this "relatively better access" is minimal; while social protection schemes and "fee free education" policies are officially in place, barriers limit access to these public goods by the most marginalized.

Unemployment, an increase in the cost of living, a flawed education system, and distance from the extended family interact with the increasing cost of raising a child: "in Addis Ababa in the recent past, the net marginal cost of children inclines towards 'negative', as they consume more than they produce due to the high unemployment rate among the youth (Ibid., p. 352). In the

context of Addis Ababa, the promise of education is a fallacy; “given the high unemployment rate among the female population of the city, education does not immediately add to her or her partner’s monthly income” (Ibid., p. 351). Many women who have not completed secondary school “are staying without engaging in any kind of income generating activities, while some of those having little education actively participate in low-status and less remunerating jobs, often in the informal sector” (Ibid., p. 351). The role of the extended family in assisting migrants in Addis Ababa “is limited to occasional provision of financial help during holidays, or at times of serious illness or death of a family member” (Ibid., p. 353).

The HIV adult prevalence rate in urban Ethiopia is one of Africa’s highest at an estimated 7.7% in 2010, while the provisional national rate of prevalence is estimated to be 2.3% for 2010 (USAID 2010:1). 855,720 of Ethiopia’s orphans have lost one or both parents to HIV/AIDS (MOH 2007:8). Of the nine participants interviewed for this study, four indicated that they were HIV positive, and one uncle indicated that both parents of the children in his care died of HIV. Several participants became aware of their HIV infection when their spouse died or during their pregnancy, reflecting a national trend: in 2001, 15.6% of pregnant women tested for HIV in Addis Ababa were HIV positive (MOH 2002). Mother to Child Transmission represents the majority (estimated to be up to 90%) of HIV infection in Ethiopian children under five (Ibid.). In one case, parents chose to place their children for intercountry adoption because both were HIV positive, and they did not want to pass the virus to their children.

In recent years, the “3 by 5” program and public health approach to expanding access to ART (Antiretroviral therapy) in Ethiopia has been effective, and several participants in this study were taking ART: “this has been accompanied by an equally dramatic increase in the number of people tested for HIV, which has in turn enhanced access to care and treatment services” (Assefa et al 2009). Stigma around HIV/AIDS continues to be an area of great challenge to efforts to control the epidemic. Health care providers have indicated a fear in pronouncing infection to patients, and death certificates often neglect to refer to HIV as the cause of death. Additionally, there are reports of an increase in suicide among Ethiopian patients (Kloos and Mariam 2000:25).

Intrinsically linked to the discussions around the context of HIV/AIDS and poverty, specifically when considering alternatives for care, is the social rupture theory, which is often invoked to describe the incapacity of a community to care for the growing community of OVC by emphasizing the vulnerabilities of potential caring families and households resulting from urbanization, the HIV/AIDS pandemic, and increasing poverty through the use of the metaphor of the broken safety net.

According to Tatek Abebe and Asbjorn Aase,

The social rupture thesis ... assumes that the traditional system of orphan care is overstretched and eroded by the strain of AIDS, and is actually collapsing. Kaleeba (2004) notes that AIDS has depleted the traditional social

safety net system to its breaking point by reducing the number of adults in their prime age and piling fresh responsibilities on the elderly, who themselves will soon die ... Likewise, Guest (2003) alludes to the severe economic stress that the extended family system is confronted with due to the huge burden of accommodating orphans according to African cultural norms and traditions. (Abebe and Aase 2007:2060)

For this study, the concept of social rupture is the background by which all decisions for childcare are made by participants. The context is active in shaping participants' views of extended family care and in the Ethiopian government's inaction, both undermined by the existence of ICA as an option.

The context of deprivation and ratification of conventions guaranteeing rights such as social protection and the rights of the child in Ethiopia have led to "criticisms concerning the widening gap between the reality of vanishing personnel and budgets for food subsidies, housing, primary education and health on the one hand and, on the other, the emphasis on promoting children's rights, of which the UN Convention represents no doubt the apogee" (Nieuwenhuys 2001:540). The intervention of ICA is not separate from the underfunding of the state and lack of protection of the rights of Ethiopia's citizens; for decades, interventions ill-suited for the context have been permitted and justified by the state's relative inaction, resulting in the violation of rights of citizens such as the birth families in this study.

### ***Intercountry Adoption in Ethiopia***

Ethiopia is the African country of origin<sup>3</sup> that has placed the most children for intercountry adoption with families from the United States since 2005. Between the years of 1998 and 2009, US citizens adopted 7,284 Ethiopian children; in 2009 alone the Department of State's annual report on visa issuance shows that 2,277 adoption visas were issued to Ethiopian children. US citizens adopt the most Ethiopian children<sup>4</sup>, and adoptions from Ethiopia to the United States have increased dramatically each year<sup>5</sup>. The country sending the second largest population of children for adoption from Africa to the US, Nigeria, sent 110 children in Fiscal Year (FY) 2009. Ethiopia ranks second in the world only after China (3,001 visas in FY 2009) for children adopted by US Citizens, and tentative data shows that Ethiopia will surpass China in the total

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<sup>3</sup> While the terms sending/receiving countries are used by many authors to describe a country's role in the dichotomy of adopting or placing children for adoption, this research chooses to use "country of origin," as it reflects more humane and just attitudes towards children who cross borders to leave one family and community and join another.

<sup>4</sup> For a chart detailing adoptions from Ethiopia by eight countries that adopt the most children from Ethiopia, please refer to the Annex.

<sup>5</sup> For a chart detailing the number of US adoptions from Ethiopia per year from 1999 to 2009, please refer to the Annex.

number of children placed with US families in FY 2010 (Department of State 2009). In a personal interview with the author, the chief of the Adoption Unit/Vice Consul at the US Embassy in Addis Ababa indicated an expected 10-20% increase in adoptions from Ethiopia for FY 2010. This should be seen in the context of a worldwide decrease in adoptions from China, Russia, and Guatemala, countries that previously met the demand of North American and European adoptive parents for young, healthy children and have shifted their focus to prioritizing local placements.

The history of ICA is embedded in recent wars between superpowers and is characterized by an unfortunate narrative of violence and inequality, peppered with often-naïve humanitarian intentions. John Seabrook succinctly summarizes the problematic history of ICA in a recent article published in the *New Yorker*:

In the United States, it grew out of orphan-rescue missions in the wake of military conflicts, beginning with the airlift of German and Japanese orphans at the end of the Second World War. Similar rescues followed the Korean War, in 1953, the Bay of Pigs debacle, in 1961, and the Vietnam War, in 1975. These “babylifts” were, in part, political, fuelled by a new superpower’s desire both to demonstrate its good will to the rest of the world and to rescue children from Communism, but the press covered them uncritically, as humanitarian mercy missions (Seabrook 2010).

The practice of ICA has since been transformed into a “significant way of forming a family for those who cannot have children. Even this new form of transnational adoption has been marked by geographies of unequal power, as children move from poorer countries and families to wealthier ones” (Briggs and Marre 2009:1). Adoption thus reflects an intersection of the public with the private: “adoption decisions are made by individuals and are, indeed, private decisions about families, children, and reproduction. But these actions and decisions are also situated within – and shaped by – a societal context and are therefore part of public ideologies and policies” (Riley 1997:88). Located within the context of extreme poverty in Ethiopia, this research will study the relinquishment of children for ICA by nine birth families and will be characterized by an astute awareness of their individual contexts of vulnerability with special attention to their perceptions of options of care within the extended family and the local practices that shape their understandings of adoption.

## Chapter 2

# The Intersection of Methodology, Ethics, and Reflexivity

### Situating the Study

This research does not suppose objectivity nor aim to generalize about the population of parents who place children for ICA but instead works within the contexts of nine individuals, enhanced by a nuanced and problematized understanding of many of the sentiments and situations that contribute to their decision. Studies focusing on birth families that place their children for ICA in countries of origin are on a distant margin of adoption research, which can most often be characterized by a medical, psychological or social work perspective. The vast majority of studies in Adoption Research focus on the effects of institutional care on child development, adoptive parenting, adoptee identity, and foreign policy. Scholars have identified the gap in research from the perspective of countries of origin and in research with birth parents, yet still few have sought to understand or portray the reality of birth parents and relatives who choose to place their children for adoption. This research is situated within a Development Studies perspective that reflects on the GOE's function as duty bearer to provide access to basic necessities and services to its citizens and privileges the lived experiences of birth families in Ethiopia. This research is particularly oriented towards the contrasting understandings of ICA and the inequity reflected in the sending/receiving country and birth/adoptive parent dichotomies of ICA.

### Research Questions

Why do Ethiopian birth families place their children for intercountry adoption?

#### *Sub-questions*

Have birth families considered local alternatives for care before relinquishing a child for intercountry adoption?

Do birth families perceive possible alternative families within Ethiopia as lacking in economic, emotional, or social capacity?

How do birth families understand the process and outcome of intercountry adoption?

## Methods

### *Literature Review*

In order to explore the underlying issues related to ICA in Ethiopia, I have reviewed academic and non-academic literature on the topics of adoption, fosterage, kinship care, community-based care, family strengthening, orphanhood, HIV/AIDS, and alternatives for care. The insights gained from this review will be referred to throughout the analysis so as to situate the study within the broader context of the debate around ICA and local alternatives for care.

### *Fieldwork*

Addis Ababa was selected as the site for the research, and all interviews were conducted in Addis Ababa. The selection of Addis Ababa is due to several factors: high concentration of childcare institutions that place children for ICA and their relative proximity to one another, non-availability of the research assistant for travel outside of Addis Ababa, the high cost of travel, the time frame allotted for fieldwork, and an interest in urban poverty and changing social safety nets.

Fieldwork took place in July and August of 2010 in Addis Ababa where nine participants who placed children for ICA were qualitatively interviewed. Eight participants were referred through five childcare institutions, and the ninth participant was referred by my research assistant. Interviews were (non)structured to resemble normal conversations, as my research assistant and I gently guided the conversation, led it through stages, and encouraged interviewees to answer in-depth and at length. My research assistant and I shared information about ourselves with participants to help them feel as much at ease as possible. Each of the nine participants answered a fixed set of questions that included information about internal migration, employment, education, salary, and housing. Analysis of this information illustrates that the nine participants are living on the margin of an already marginalized population of urban poor in Addis Ababa and will be discussed in the section of this chapter entitled "Participants." Interviews were transcribed, coded, and analysed before being grouped into three primary sections: the context in which relatives relinquished a child, the perception of the extended family option for care, and themes that had not been featured in previous adoption research.

To reduce the role that I, as researcher, played in the production of constructed knowledge about the reality of participants, I identified a qualified research assistant who speaks Amharic, the national language, and English and who has a background in social work and adoption. All participants seemed to feel at ease with her; she showed deep empathy while interacting with participants, many of whom sustained almost constant eye contact with her while describing their experiences with adoption.

I offered every participant the option to remain anonymous, and while many indicated that they did not mind if I used their names, I have preserved the anonymity of all participants because several adoptive parents have indicat-

ed interest in reading this paper, and relinquishing guardians were not informed of this prospective audience prior to interviews. Verbal consent<sup>6</sup> was obtained before recording any interview; two of nine participants chose not to be recorded. Each participant was paid 100 Birr (6 USD) to cover travel expenses to and from the interview and for their time, as several participants took leave from work for interviews.

Prior to fieldwork, I attended an Adoption Research Conference<sup>7</sup> where I was able to discuss my intended research with many adoption professionals. In Addis Ababa, I spoke with actors with different levels of formality relating to the adoption process, including two MOWA staff members, several employees of the adoption agency I work for, three childcare institution directors, a representative of UNICEF, representatives from Save the Children, the Chief of the Adoption Unit at the U.S. Embassy, and the Vice Consul at the French Embassy.

I discussed my intended research with delegates from MOWA who attended the Special Commission on the Practical Operation of the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption from June 17 – June 25, 2010 in the Hague, and I visited their offices in Addis Ababa to inform them of my arrival and to see if I could obtain any statistical data about adopted children, which I was unable to access.

### ***Participants***

Two participants in the study were uncles of the relinquished child, two were fathers, and five were mothers<sup>8</sup>. The nine participants relinquished a total of 21 children for adoption out of a total of 36 children born to them. The average age of the children placed for ICA in this study is 6.79 years, and each guardian placed an average of 2.3 children for adoption. Of the fifteen children not relinquished for adoption, some guardians were actively planning an adoption, one passed away, and some were remaining in the household. Decisions to keep a child while placing siblings was often based on the age of the child. For example, infants can be fed with breast milk if the mother is not HIV positive, while older children were often essential productive members of the household. One child refused to be placed with his siblings in ICA to care for his dying mother. Four children (relinquished by uncles) were double or-

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<sup>6</sup> Verbal consent was preferable to written consent because parents and guardians sign documents throughout the adoption process and the researcher did not want to leave space for participants' misunderstanding of the purpose of the conversation. Additionally, three participants were illiterate.

<sup>7</sup> Third International Conference on Adoption Research (ICAR), July 2010, Leiden, the Netherlands

<sup>8</sup> For a pie chart from the U.S. Embassy in Addis Ababa referencing the statistical data that describes the breakdown of adoption cases where both parents have died, one has died, or both are living, please see the appendix.

phans, 15 children were single orphans, and two children had both living parents.

The education level of participants was startlingly low, ranging from none to completion of secondary school; six of nine had not completed primary school. Unemployment is estimated to be 31.4% in Addis Ababa and four of the nine participants report having no monthly income (UN Habitat 2008). The highest salary of all participants was 330 birr / month, equivalent to 20 US dollars, compared to an average monthly income of *employed* households of 68 USD in Addis Ababa (Ibid.). The population of Addis Ababa is estimated to grow at a rate of 4.2% per year (Ibid.). Eight of nine participants were not born in Addis Ababa; all indicated employment or employment of spouse as the motivation for migration to the capital. When considered next to household incomes, it becomes clear that migration represented an unfulfilled promise for a better life, which instead exposed participants to higher rates of HIV (7.7% urban prevalence compared to a rural rate of .9%), distancing them from extended family support, and offering a lower quality of life, as will be illustrated below.

In Addis Ababa, federal ownership of land remains widespread, particularly in urban slums, and “the overwhelming majority of the houses in the current slums ... were built by feudal landlords of the Haile Selassie era” (Ibid.). Six of nine participants rent their homes from the *kebele*, the smallest administrative unit in Ethiopia, similar to a community, and pay a monthly rent of between 1.5 and 7 birr (.09 and .42 USD). Two of nine participants had direct access to water in the household, while others use communal lines or purchase water from private households. Six participants use a communal toilet or have no access to sanitation facilities, while foreign donors built a toilet for one participant. Six of nine participants did not have a private kitchen, and some described the difficulty of using an outdoor communal kitchen in the rainy season of July and August, during which the fieldwork took place. Quality of life played a role in participants’ livelihoods, as several women sell *injera* and bread to sustain their families, therefore influencing families’ decisions to place their children for adoption.

### Characteristics of Participants

Participant	1	2	3	4	5	6	7	8	9
Age of Child(ren) at Relinquishment (in years)	4	9, 5, 2.5	7,5	7, 11.5	3 days	Not disclosed	13, 10, 8, 5, 4	4, 2.5	12, 6
Children Placed / Total Children	1/1	3/3	2/7	2/3	2/3	2/5	5/6	2/2	2/3
Relationship to Child	Uncle	Uncle	Father	Mother	Father	Mother	Mother	Mother	Mother
HIV Status	Negative (Birth Parents positive)	Not disclosed	Positive	Positive	Positive	Not disclosed	Positive	Not disclosed	Negative
Status of Adoption	Adopted	Not Adopted	Not disclosed	Adopted	Adopted	Not Adopted	Adopted	Adopted	Adopted

### *The Ninth Participant*

The interview with the ninth participant was resoundingly different from other interviews. It took place in a café and was arranged by my research assistant instead of by staff from the adoption agency or childcare institution. There was no need to prompt her to speak about her experience of placing two of her three children for adoption; her anger erupted, and she essentially answered my questions without my asking them and without a pause. She told her story while interjecting other stories from people she knew who had also placed children for ICA and was highly critical of adoption and of all of the actors involved. Her story will be intertwined with the others in the Chapters 4, 5, and 6, but the reader will easily be able to identify her uniquely critical discourse.

### *Limitations*

Gaining access to participants through the childcare institutions to whom guardians have entrusted their children is problematic because childcare institution directors may have recommended birth relatives who had a “model experience” with adoption and with the institution. Seven interviews took place in childcare institutions, and although these took place in private rooms, participants may have feared repercussions if they were too critical or honest. While there was a homogeneity detected in the discourses of the first eight participants who were contacted through the childcare institutions, some of the

sensitive information they shared leads me to believe that they were not programmed to respond to my questions (which were not disclosed to the child-care institution directors prior to interviews). Opportunely, my research assistant was able to identify the ninth participant through a colleague who worked for an ICA agency.

One important limitation of this study is the differing linguistic background of the researcher from that of the participants. This limitation created a dependence on the research assistant for accurate interpretation. While she is a master of the English language, Amharic is her first language. I selected her, however, based on her background in social work and adoption and not her ability to interpret. Her background may have “epistemological implications” on translation; therefore “back translation” was used to verify the correctness of certain translations. As language is inherently tied to “local realities” (Temple and Young 2004:165), participants’ choice of words when discussing adoption may contain clues about local understandings of adoption that were not apparent to the researcher due to the lack of knowledge of the Amharic language.

## **Ethics and Reflexivity**

During the almost five years that I have been employed by an intercountry adoption agency, I have become too familiar with the tension of “finding a family for a child” versus “finding a child for family.” The process of preparing to engage in research on ICA, doing fieldwork in Ethiopia, and writing critically about ICA has been a bittersweet struggle. While I do have a certain level of “expert knowledge” based on practice, working with birth parents and coming to a more profound understanding of their contexts and the way ICA undermines local practices has developed humility and a certain level of dismay for the naïveté of this “expert knowledge.”

As a sort of insider, I am acutely aware of ethical considerations involved in undergoing research with families who have made the decision to relinquish their rights to their children for the purpose of ICA. I chose to work with a research assistant who was a student of a Master’s in Social Work program because based on her previous experience translating for meetings of birthparents and adoptive parents in Ethiopia, I felt that she was qualified to evaluate each case, and if she felt that a participant was in a grave situation, she could assist me to identify an appropriate source of help.

In interviews, I introduced myself as a student and explained the goals of my research to each participant. I did not indicate that I am employed by an adoption agency, as I felt that my purpose could easily be misunderstood. Regardless of omission of my “other hat” as adoption professional and awareness of my gendered, racial, linguistic, and geographically-based identity, my personal biography and characteristics mediated participants’ perception of the researcher; many participants perceived me as a prospective adopter, as someone who could find a home for additional children that they were seeking to place, as someone who could facilitate communication with placed children, or as a source of information about adoption. If resources permit, I intend to report my research back to the participants, as many expressed interest. I will

have to be extremely careful about reporting back because of the sensitivity of the information that was shared with me.

This research process is characterized by constant awareness of power relations as related to the structure of social relations between the researched and the researcher. I favored the not unproblematic role of researcher as supplicant, showing empathy towards participants throughout the process and acknowledging my respect for them and the role they play in guiding my understanding of the topic. The researched were the experts, and I was seeking insight into their lived experiences. Throughout the process, reflexivity was more of a “self-critical sympathetic introspection and ... self-conscious *analytical* scrutiny of the self as researcher” (England 1994:81) and as practitioner.

I invited participants to ask questions several times during interviews, and participants took this opportunity to express profound doubts about their decisions and to better understand adoption in the US. A mother of six who relinquished five children was seeking reassurance; her children had left fifteen days prior to our interview: “I gave my children because I am poor and I couldn’t support them. Are they going to have a better life?” (Personal Interview, Participant 7). My heart dropped when my research assistant translated her question – what could I, a 28-year-old who has no experience parenting and a disdain for the privileged childhoods that create “Americans” who are unaware of the world’s injustices, tell her? I explained that it was a difficult question for me to answer, but that her children will have “parents who love them, food, education...”(Personal Interview). Aside from being a chance to reflect on positioning and to finally answer some of their questions after asking so many difficult questions of them, the questions asked by participants bring to the forefront the intersection of ethical and methodological questions in this research.

## Chapter 3

### Literature Review

#### *Intercountry Adoption: Contrasting Understandings and Interests*

Intercountry Adoption is “the multi-step legal process that culminates in the creation of a legally sanctioned parent-child relationship between the adopting parent and the adopted child” (Roby 2004:304) and represents a unique way by which children are circulated between communities and societies across international borders. Historically, adoption has been practiced for a myriad of reasons as diverse as to maintain continuity in the lineage, to relieve a community member from the stigma of childlessness, to provide a home for an orphan, or, in the case of pastoral Maasai in East Africa, to enact “a ritual of sharing” through which two women “act in their cultural capacity as promoters and guardians of life and continuity” (Talle 2004:74).

Understandings of ICA therefore vary greatly and are often problematically based on the interests of the defining party. For example, ICA is perceived by many adoption practitioners as a viable and sometimes only way to honor a child’s right to grow up in a permanent family environment while at the same time representing a profession and livelihood. According to the CRC, ACRWC, and the Hague Convention, it should be subsidiary to local alternatives such as domestic adoption and foster care, which are often considered to be non-permanent options by ICA advocates. For adoptive parents in the West, ICA represents one of several ways to create a family and parent a child, as well as a sentiment of altruism towards orphans in developing countries. ICA often privileges adoptive parents’ understandings of adoption as a complete severance of ties with the birth family. Some adoptive parents view ICA as preferable to domestic adoption in order to avoid the sometimes uncomfortable situation of open adoptions that provide opportunity for a more inclusive upbringing of a child, giving space to both adoptive and birth parents and families in the child’s life. For government authorities, ICA may represent a strategy to provide care for orphaned and vulnerable children; to control population growth; to mitigate the effects of famine, war and poverty; or to solve the “problem” of high numbers of children in public care (Selman 2004:257).

An often-neglected understanding is that of birth parents and birth relatives who place their children for ICA. These important members of the adoption constellation often perceive ICA as a way to secure a better life for their child(ren) in North America or Europe where they will receive education, have access to health care, and be loved by an adoptive mother and father. Birth parents often view ICA as an expansion of the boundaries of the family and do not tend to view ICA as a rupture of their relationship with the child. Contrasting understandings of ICA signal inherent danger in the lack of a profound understanding of the context in which an adoption decision is made by each party. This study will focus on the birth family, the most marginalized

and unequal party of the adoption constellation, while maintaining an awareness of the relations of power between all members of the constellation.

### ***Intercountry Adoption Policy***

Despite populations of orphans and vulnerable children (OVC)<sup>9</sup> similar to that of Ethiopia, few African countries permit ICA into the United States, the country that historically adopts the most<sup>10</sup>. African countries may be hesitant to place orphaned children with families abroad because of the incompatibility of ICA with traditional fostering practices and religious practices such as Kafalah<sup>11</sup> in Islamic countries and cultures, the heavy and costly responsibility the state must take to monitor and supervise ICA, or the perception of ICA as “imperialistic, self-serving, and even a form of colonialism by developing countries” (Davel 2004:270).

Structural factors have contributed to the development of a policy environment in Ethiopia that is favorable to ICA. In the early 1970s, Ethiopia began placing children for ICA “when thousands of children were orphaned or abandoned as a result of drought, famine, and severe and prolonged civil wars” (Howell 2006:203). The increase of HIV/AIDS cases in Ethiopia has caused thousands more to be abandoned or orphaned due to the death of one or both parents (Ibid.). The Government of Ethiopia (GOE) has become increasingly accessible to adoption agencies and adoptive families, some of whom adopt independently or privately, while policies have failed to create strong social protection for citizens and a clear framework that honors the subsidiarity of ICA to local options of fostering and adoption as decreed by the CRC and ACRWC.

ICA is situated within an international legal policy framework in the country of origin and the receiving country and falls within the scope of three international children’s conventions: the Hague Convention, the CRC, and the

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<sup>9</sup> While aware of the debates around the problematic use of the term, this research uses “OVC” based on the Government of Ethiopia’s consistent use of the term to refer to the population in discussion.

<sup>10</sup> In 1999, US citizens adopted 15,719 children internationally. The height of US adoptions took place in 2004, when 22,990 children were adopted. Since 2004, the number has slowly decreased to a total of 12,753 in 2009 (DOS 2009). The global decrease in ICA is attributed to social/economic transformation in crisis countries (i.e. in countries devastated by WWII), a move towards domestic adoption (for example, Sri Lanka), and suspension of adoption in countries such as Romania or Guatemala (Selman 2000, p.24).

<sup>11</sup> Kafalah is an Islamic practice for the care of orphan, destitute, or abandoned children that has a “deeper and sacred basis, which provides guardianship, shelter, and care to children within a family without changing the child’s identity or absorbing his/her assets into ... the family providing care”(Ishaque 2008, p.414). Kafalah does not represent a complete severance of ties with the biological family, as identity and property rights continue to be associated with the biological parents (Ishaque 2008, p.414).

ACRWC. Ethiopia ratified the UN Convention on the Rights of the Child (1991) and the African Charter on the Rights and Welfare of the Child (2002), but it has not yet acceded to the Hague Convention of May 29 1993, on Protection of Children and Co-operation in Respect of Intercountry Adoption, the only existing international convention that focuses specifically on intercountry adoption. The GOE has announced intention to accede to the Hague Convention through attendance of the most recent Special Commission<sup>12</sup>, in a personal interview with the Director of Child Promotion and Protection Directorate of the Ministry of Women's Affairs, and during a recent visit from Senator Mary Landrieu to Ethiopia to discuss children's issues (Ladenson 2010). To date, 83 contracting states have signed and ratified the Convention, reflecting an uneven distribution between countries of origin and adopting countries. Of the thirty African countries of origin that permitted US Citizens to adopt in FY 2009, only four have ratified the Hague Convention<sup>13</sup>.

The concept of "best interests" is mandated to be "the paramount consideration" in ICA placements in the CRC and ACRWC, but "it is important to reverse the paradigm and recognize many of the ideas held by Western societies seem rather 'foreign' to other cultural norms" (2004:474). A senior officer at the Ministry of Labour and Social Affairs (MOLSA) expressed concerns about the incompatibility of this concept to one researcher: "Western targets for development are very idealistic, especially the stress that is continually placed on the best interest of the child" (Howell 2006:207). An Ethiopian journalist commented, when asked about the UNCRC, that "he did not begrudge Western NGOs' influence because of the minimal resources available to Ethiopian authorities...[but] he objected to the centrality accorded the notion of the individual child [which he finds] irrelevant to the Ethiopian context" (Ibid., p. 206).

The principle of subsidiarity details a hierarchy of placement options for orphans in which priority, after the nuclear birth family, is given, in order, to the extended family, the community, adoptive families within the state, and lastly to adoptive families residing in other countries. The principle of subsidiarity as reflected in the CRC, ACRWC, and the Hague Convention is a key concept for this research because birth parents are viewed in many societies as those who can make a decision in the best interests of their child, but by placing children for ICA, they contradict the hierarchy of priorities outlined in policy. An enhanced understanding of this contradiction and of the context in which it is situated will assist scholars and policy makers to develop a more holistic understanding of the needs of vulnerable children and families in Ethiopia.

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<sup>12</sup> Special Commission on the practical operation of the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption (Den Haag, 17-25 June 2010)

<sup>13</sup> The four African countries of origin which placed children in the US in FY 2009 that have ratified the Hague Convention are South Africa, Burkina Faso, Burundi, and Kenya.

Article 21 of the CRC, Article 24 of the ACRWC, and Article 4 of the Hague Convention refer to the subsidiarity of ICA to local alternatives of foster care and adoption<sup>14</sup>, but both the CRC and the ACRWC use ambiguous language when establishing the requirements for the quality of care in the country of origin when viewed next to ICA with the phrase “if the child cannot be placed in a foster or an adoptive family or *cannot in any suitable manner be cared for in the child's country of origin.*” The Hague Convention offers a more tangible guideline for the principle of subsidiarity and refers to the responsible actors “in the requirement of Article 4(b) (which states) that the competent authorities of the state of origin must determine, ‘after possibilities for placement of the child within the state of origin have been given due consideration’, that an intercountry adoption is in the child’s best interests” (Davel 2004:263).

The Revised Family Code (2000) is the most important national legal instrument for adoption cases in Ethiopia. The Revised Family Code (RFC) announces in its preamble that one of the purposes of revision was to “amend the existing law in such a way that it gives priority to the well-being, upbringing and protection of children in accordance with the Constitution and International Instruments which Ethiopia has ratified” (GOE 2000:2.). While it does contain key concepts from both the CRC and ACRWC, the RFC does not concretely express the subsidiarity of ICA to alternative local placements (Bunkers 2010:40). Article 94 does, however, require that the Court, “before approving the agreement of adoption, ...take ... into consideration ... where the adopter is a foreigner, the absence of access to raise the child in Ethiopia” (GOE 2000:32). Unfortunately, it is not clear that there is a process in place to verify the “absence of access to raise the child in Ethiopia,” nor how it is interpreted by judges (Bunkers 2010:41). The ambiguous language and “the lack of the specific term of subsidiarity or “as a last resort” when referring to intercountry adoption” is concerning, specifically when viewed in relation to the increase in ICA (Ibid.).

The Revised Family Code (2000) provides for maintenance of ties with the birth family in Article 183, which states, “the adopted child shall retain his bonds with the family of origin” (GOE 2000:30). However, specific guidelines for how filial bonds shall be “retained” are not offered. While participants in this study understand that they have a right to remain in contact with their child after the adoption takes place, some adoptive parents fear this contact and have not facilitated it after placement. This tragic misunderstanding will be discussed in the section entitled “Local Understandings of Adoption” in Chapter 6.

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<sup>14</sup> Please refer to the appendix for the full text of CRC Article 21(a) and (b), ACRWC Article 24 (a) and (b), and The Hague Convention Article 4.

### ***Local Alternatives: Extended Family Care, Guddifecha, and Foster Care***

There is polarized debate around the capacity of local alternatives to provide placement options for OVC in many countries that place children for ICA; the extended family is considered a highly valued resource for the care of the 145 million orphans worldwide who have lost one or both parents (UNICEF 2009:9), and extended families are providing care for more than 90% of orphans in sub-Saharan Africa (UNICEF 2003:15). However, many authors portray the extended family as unable to cope with the growing population of OVC through the use of Social Rupture Theory. ICA advocates argue that the child's rights are not protected and that the child is deprived of permanency in local alternatives. Other authors highlight the resilience of the extended family and community to provide for OVC and depict local alternatives such as kinship care, community based care, adoption, and foster care to be by far superior to ICA, as the strengths of traditional practices are respected, the child's right to an identity is upheld, there is continuity in the upbringing of the child (Bunkers 2010:10), it is more sustainable in the long-term, and many fewer resources are spent on the individual child.

Current discussion in Ethiopia "has been about how to improve government oversight and implementation of alternative care programs, an issue that government authorities and UNICEF have recognized as a priority for the near future" (Ibid., p. 21). To date, no clear policy guides practitioners or judges to evaluate local alternatives when considered next to ICA in practice.

#### **In Praise of Local Alternatives**

In Ethiopia, as in many parts of the world, extended families have historically cared for orphan children<sup>15</sup>, and it is well-established that

homeless children without known family ties seldom existed in the rural village environment that constituted all of Ethiopia until the turn of the century. If a child found himself without a mother or father due to death or desertion, there was probably virtually always a relative, however remote, who would provide the child with a home. (Beckstrom, 1972:145)

The most well known of the traditional conference of childcare responsibilities in Ethiopia is *Guddifecha*, a voluntary system of local adoption. Madhavan describes voluntary arrangements as "made between biological and foster parents that accord with cultural norms about child rearing.... [that] often takes the form of informal fosterage rather than formal adoption"(Madhavan 2004:1444).

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<sup>15</sup> The primary role the extended family plays in caring for African orphans is often obscured in policies that direct assistance to communities and community-based care as opposed to kinship care (Ansell 2004). While communities do prove to be resilient and capable of integrating orphans in many societies, it is the extended family who bears most of the burden of orphan care and who should therefore be the focus of policy and efforts to encourage local alternatives.

According to elders interviewed in Awan Abdulwasie's study in Addis Ababa, "guardians were known to the children prior to being orphaned because relatives lived in close proximity and kinship ties were strong. Care for the child was shared between the biological parents and the extended family" (Abdulwasie 2007:46). Participants reflect on the effects of social rupture and

commented that it was generally easier to care for orphans before the orphan crisis of AIDS. The extended family was more able to provide care for the orphans because they were fewer and there were fewer deaths of members from the extended family and of parents.... Taking in of orphans has dropped off gradually because poverty is prevailing, the number of orphans is increasing, and kinship ties are weakening. (Ibid. p.46)

The primary purpose of practices of fostering and adoption in Ethiopia has been "to enable childless couples to have children and heirs" (Negeri 2006:32). According to Negeri's qualitative study of *guddifecha*, "seldom have extended families, the neighboring clans, or relatives insisted on helping orphan and neglected children" (Ibid.). Other authors argue, however, "in sub-Saharan Africa, the extended family system has for generations met most of the basic needs of children and provided a protective social environment in which they could grow and develop" (Abebe 2009:76) and that some of the most impoverished families in Africa have proven capable of caring for OVC, even in the context of the HIV/AIDS pandemic, when nurtured by programs that identify and seek to repair the holes in the social safety net.

In Chapters 4, 5, and 6, examples of the resilience of the extended family and community will be marked by an asterisk. While this research analyses birth families' perceptions of the shortcomings of extended family care in Chapter 5, many participants referred to local coping mechanisms, illustrating missed opportunities for assisting extended families in keeping children and will be discussed in Chapter 7.

### **Criticisms and Weaknesses of Local Alternatives**

Literature studying the extended family option for care signals a transition from voluntary fostering to crisis fostering in response to the context of social rupture (Mathambo and Gibbs 2008:25). Madhavan describes "Crisis-led fostering" as "in response to death or economic hardship" (2004:1444) and Goody describes it as "a normative social obligation rather than a politically or economically motivated rationale" (1982:33). Studies based on various African contexts repeatedly show that children in foster placements due to crisis are often confronted with a higher mortality rate, discrimination, nutritional disadvantage, lack of access to health care, inadequate or no education, and labor in the fostering household (Madhavan 2004:1445).

Authors who study the Ethiopian context warn that local placements "can also result in children being fostered for their labor value and thrown out when times get too hard to feed an additional mouth" (Ennew 2003:11). Seelig and Tesfaye discuss discrimination and child labor in local placements: "it is a very common practice throughout Ethiopia to take stray children into one's household, and provide for their basic needs, along with small payments, in exchange for the child's labor. The child is not treated as one's own, and in fact is

often ordered about by the children of the household” (Seelig and Tesfaye 1994).

Goody suggests that reciprocity between family members is less of a factor in crisis fostering (1982), leading Madhavan to identify a direction for further research to “identify the breaking points (e.g. resources, distance, stigma) in kinship obligations to care for these children” (2004:1445). Abebe suggests evaluation of the extended family option based on economic, social, and emotional capacity to care (2007). Taking into consideration the context of extreme vulnerability and crisis in which families make childcare decisions, interventions should be finely tuned to the specific types of vulnerability experienced by families; deference to the intervention of ICA should take place only in the most extreme cases. While research shows that the extended family was more prepared to provide care for children in previous times, as illustrated by the Social Rupture Theory, this study signals the significance of parents’ concerns regarding the *quality* of care that would be provided in extended family households in the context of *crisis* fostering.

## Chapter 4

# The Context of Birth Families' Decisions

This chapter will illustrate how the structures within which parents and guardians are situated condition their choice to place their children for intercountry adoption. The most salient features of their situations are the predominance of HIV/AIDS, destitute living conditions associated with urban poverty, lack of access to fee free education, unemployment, and low or no household income, signifying problems of inequity and inequality that represent threats to children's well-being and development. Social Rupture Theory is a helpful lens through which to view the too-often desperate situations in which parents and relatives place their children for ICA; it is also representative of the narrative the Ethiopian government uses to explain the policy context in which the placement of children for ICA is situated.

### *Living with HIV and Parenting*

HIV stigma played a significant role in the breakdown of the extended family of urban migrants (Mathambo and Gibbs, 2008:25); many participants indicated that when relatives and neighbors, and in one case, *idir* association<sup>16</sup>, became aware of their infection, they experienced discrimination. One participant indicated that her support system collapsed when she disclosed her HIV status:

I don't have anyone. Before there were people who supported me but once they found out that I am HIV+ they discriminated me. They don't want to associate with me. I had a muslim *idir* but I quit because they don't want to associate with me or help me. ([Personal Interview](#), Participant 7)

Many participants became aware of their HIV infection only at the moment of the death of their spouse. One participant stated, "I am HIV+ and believe my husband died for the same reason. I didn't know why then, but after his death I was told. That is how I found out that I am HIV+" (Participant 4). One participant was married to a classmate at age seven<sup>17</sup> and didn't have the knowledge or information to be tested:

When I moved here to Addis I started living with my husband. At that time I didn't know he was sick, but my assumption is that he was already HIV+ by that time. But I was a

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<sup>16</sup> An *idir* is "the most common indigenous voluntary association in Addis Ababa" (Britt Flemmen 2008:134). *Idirs* provide support for the arrangements of funerals for members (who pay a monthly fee) and close relatives (*ibid.*). Four of nine participants interviewed in this study were members of at least one *idir* association.

<sup>17</sup> According to UNICEF's most recent statistics, 49% of Ethiopian children are affected by child marriage.

child and didn't know about such things, to get tested and things like that, so I came and we started living together and had children. We were kind of well off at that time. We had twelve cows and then when he started to get sick frequently it didn't bother me. I thought it was like any other disease and that he would get better. It was only after his death that I got tested and found out my status. (Participant 7)

One father became aware of his infection when his wife went to a clinic for a prenatal checkup five months into her pregnancy with twins:

I was very shocked. I wasn't expecting it. I didn't have contact with other women, so it was very unexpected and I was very shocked. I felt hopeless starting from that moment...I felt like I have no power to raise my children because I am HIV+ and feeling the pain and seeing the symptoms, so I feel like its hard, and I started asking how much it would cost to raise my children\*. One can of powdered milk costs about 250 Birr (15 USD), so after their birth I decided to place the children here. (Participant 5)

Several participants described the emotional impact of HIV/AIDS by describing the panic and despair they felt when they found out that they were HIV+. One mother was urged by her neighbor to be tested\* and described her reaction when she found out that she was HIV+:

I was shocked and I fainted. I couldn't calm myself. I could only think of killing myself. My neighbor told me that she was positive too and that I can live, that the reason she didn't tell anybody was to live without stigma and discrimination. She kind of convinced me\*, but after I went home I was still struggling to accept the truth, so I decided to hang myself. After I made sure that all the children were asleep I brought a rope and tied it to hang myself, but my son, the one who is still here in Ethiopia, he was following my every move\* so by the time I was trying to do that, he woke up and asked why I was leaving them all alone, if I am giving them away to be eaten by hyenas. I cried and stopped the thought of killing myself then. (Participant 7)

Initially, this mother was receiving support from her husband's relatives\*, but stigma around the infection proved stronger than family ties: "his family was there because he was rich and they afford things through him, but ... when he started getting poor and sick they didn't want to associate themselves with him in any way, so they cut off the family ties" (Participant 7). When asked if she had any relatives living in Addis, she stated that both his and her relatives are in Wollo; they have no one in Addis.

### ***Adoption as Succession Planning***

For several participants, placement of children for ICA represents the stark acknowledgment of their imminent death and the desire to feel confident that their child will be well taken care of in their absence. Parents' and guardians' considerations evoke how "orphanhood due to AIDS is experienced more as a gradual process than a single event" and how birth families strategize to cope emotionally and economically to mitigate the lived experience of orphaning a child (Abebe and Skovdal 2010:4). One birth mother stated,

I feel that if somehow I die, my children will be forced to live in the street and girls are even more vulnerable than boys in the street. I don't want to see my children in that situation. I don't like feeling this fear so I decided to place my children while I am alive. I am trying to get comfort from that even though I am suffering for the same. I miss them a lot. (Participant 4)

The same participant explained that her relatives' promise to care for her child after her death did not relieve her anxiety:

The relatives on my father's side told me that if I die, a relative will come through and help the children, but I was not convinced because nobody helped me. They only told me that if I am not here, they will help. So I felt helpless and decided to give the children to an institution. (Ibid.)

One mother explained that when she and her neighbor discussed placing their children for intercountry adoption, they decided together that "we would rather die than give our children up for adoption," but shortly thereafter, she saw her neighbor die of HIV/AIDS and her children were taken to be cared for by a local church. She said, "when I saw my neighbor die, I thought, there is no point in keeping my children with me. If I suddenly die, the children will be left all alone, so its better if I give my children up so that I can see them in a better position before I die" (Participant 7). Assistance to the terminally ill should acknowledge the process of "orphaning" a child and guide parents to create a plan for childcare after their death. The agency of parents who relinquish their children for adoption is situated and constrained by the context of AIDS orphanhood and orphaning: "while choice may be driven by poverty and disease, it may also represent the deepest and most positive aspirations of people to give a better life to their children" (Kosack 2004:22).

### ***Choosing Between a Good Childhood and a Deviant Childhood***

Several birth mothers expressed the decision to place a child for adoption as a choice between a good childhood and a deviant childhood. Participants were not positioned to offer the type of childhood they hoped to give their child with an adoptive family in North America or Europe, illustrating how the availability of ICA as an option interacts with their perceptions of local childhoods. Parents and guardians show deeply constrained agency as they fight to better their children's situations with the few options they have; one mother started to work in the street to see if she could sustain her family of five as a single mother. Reflecting on the difficulties of single parenting, she stated, "I'm not at home to control the children, and I feel that if life continues this way, the children will end up as thieves, in bad activities, so I preferred that my daughter be raised by my aunt and the boys come here (to the institution)" (Participant 6). She later explained that she lives in the *Sebategna* area, where many prostitutes use their homes to receive clients, and "a child raised in this area will turn out to be a bad boy. I don't want that for my children. I would rather go through all of this than have my children be in a bad situation, so I took this decision" (Ibid.). The local reality played a role in how this mother was perceived by the community after relinquishing her children. When they found out that she placed her children for adoption, many came to ask her why, and she explained "how hard life is for her, and how it is going to be hard to keep the children; if they get sick or anything happens, she can't afford to

give them what they need\*, so it's a hard a decision for me" (Ibid.). Some neighbors supported her, but the majority told her "[she] shouldn't have done that... Some say [she] sold her children for money and [she] was very disturbed; others said [she] should have raised them being a prostitute if [she] had to" (Ibid.).

### ***The Promise of Education***

Three of the four male participants, when asked what was their greatest wish for their child, answered "for the child to be educated." Participants view ICA as a way to secure an education for their children, as education represents a profound ambition for their children to have a better life than the one they have led. As described in the section entitled *Characteristics of Participants* in Chapter 3, two-thirds of participants had not completed sixth grade, three of whom never attended school. It became clear in interviews that participants understand their level of education to be directly related to their poverty and unemployment and that education is prioritized for male children by some male respondents.

The Education for All initiative prompted the implementation of the Education and Training Policy (1994) and the Five-Year Education Program (2000) of which one of the goals is "to realize the goal of achieving universal primary education through expanding access and coverage of primary education with equity and improved quality" (Checkole 2004:6). Even with the supposed abolition of school fees in the 1995/1996 academic year, "other contributions were encouraged by the decentralized management to serve this mandate" (World Bank 2009:64). The concept of "cost-sharing" has permitted the charging of "residual" school fees imply[ing] that some directors request capitation charges from students and parents on certain pretexts ... because of the scarcity in the schools' operational budgets" (Ibid., p.79). These fees represent "the bulk of the private cost of schooling for most parents" and are more than participants could afford; therefore, the only alternative they find readily available to secure an education for their children is to place them for intercountry adoption\* (Checkole 2004:6).

One mother explained her desire for her children to obtain an education as one of the primary elements that led her to decide to place her two children for adoption\*: "I'm poor and I don't want them to have the fate I have lived with, which is not being educated, being poor. I don't want that for my children so I decided its better" (Participant 8). Similarly, one mother stated, "foreigners . . . can protect my children, they can educate them and somehow help them to be better people, so that's why I decided to give them for adoption" (Participant 7).

Some parents looked for local assistance to pay school fees. One mother placed her child with her aunt when she was unable to pay her son's school fee, while another was able to request a short loan from the director of the school\*. Yet others felt that only adoptive parents would have the ability to send their children to school. One parent reflected on one of the commonly critiqued issues of ICA: "I feel it's better if they go with foreigners; they have the capacity ... to educate them. The only bad thing is they will forget their Ethiopian culture and be more immersed in US culture, so the only bad thing from that side is the cultural difference" (Participant 5). Another mother reflected on the "better life" in the U.S. and on the value placed on the individual: "I prefer if they can go.

It would be best for them to be educated, to have a better life, to focus on their life. It would be best if they can go outside rather than live here” (Participant 6).

The ninth participant pointed to some of the aspects of the structure of the education system that make it difficult for parents to educate their children in Ethiopia and pointed to the key omission of early childhood education in the MDG goal for education<sup>18</sup>, leaving parents to fend for themselves with the private education system so that their children will have access to “free” education later in the schooling trajectory:

There is no government kindergarten in Ethiopia. If they are old enough to be in grade 1 or 2, they can be in government school where payment is less, but to be in grade 1, they have to spend 2-3 years in Kindergarten, which is owned by private people. Expenses are high and they go up every year. When parents complain about the hardship of raising children and consider adoption, I think about how impossible it is to pay the kindergarten school fee. This might be a reason parents choose to give. (Participant 9)

Participants’ comments about their desire for their children to be educated and on the struggles they face to achieve this goal expose the neglect of the right to education. While reforming the Ethiopian education system is a distant and possibly unattainable goal for the very near future, NGOs and adoption service providers can and should offer the minimal assistance required to keep these children in school and with their birth families when inequitable access to education plays a key role in a guardian’s decision to relinquish a child.

### ***Institutional Care: Birth Family Preferences vs. Outcomes for Children***

According to the Alternative Care Guidelines on Community-Based Childcare, Reunification and Reintegration Program, Foster Care, Adoption, and Institutional Care Service issued by MOWA in June 2009, “childcare within an institutional setting should be used as a short-term alternative care strategy and only as a last resort when all other types of childcare options have been exhausted” (MOWA 2009:47). The excessive cost of institutional care (IC) is commonly criticized, suggesting the viability of more economically sustainable interventions such as childcare grants or community-based care. The outcomes of institutionalized children have been proven to be worse than those placed in foster care, both through longitudinal studies such as the Bucharest Early Intervention Program<sup>19</sup> and

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<sup>18</sup> Millennium Development Goal 2: To achieve universal primary education (UN 2000).

<sup>19</sup> The Bucharest Early Intervention Project is a longitudinal study conducted for five years in Bucharest, Romania, to examine the effect of institutionalization on cognitive and behavioral development of young children. Findings indicate that institutionalized children were developmentally delayed in every measured domain, and that children randomly assigned to family care experience a significant gain in cognitive, emotional, and behavioral development ([www.jcics.org](http://www.jcics.org)). The results of the Bucharest Early Intervention Project are often deferred to in debates around ICA as they illustrate the benefits of a family care environment for children.

through the words of the children themselves<sup>20</sup>. While childcare institutions can offer “short-term transitional care for especially vulnerable children, offering them safe shelter and providing for other immediate needs while searches are made for reliable family care” (Firelight Foundation n.d.:20), they should be seen as precisely that: a temporary assistance to mitigate extreme vulnerability.

When participants visited their children in childcare institutions, they reported feeling relief at the sight of the wellbeing of their children. An uncle who placed three children showed ambivalence when asked how he felt about his decision to place his children at the childcare institution. He replied:

At times (I feel) good, knowing and seeing them well taken care of. Other times I feel that I have given away my relatives and wish that somehow I could have taken care of them; I wouldn't have made such a decision\*, but I feel better when I see how they are doing better. (Participant 2)

One mother who placed two of her five children, stated that she would

rather have the children living in the institution than with parents or with relatives because it won't be good for the relationship or I will be scared that they won't be raised in a good way or will be overloaded with work ... but in an institution I feel that they are obliged with the law, child's rights issues, and any other rights issues ... so I feel that they will be better protected ... because the institution will be accountable and there will be no favoring of any child. Because it is an institution and there is no parenting, they will all be raised in a good way, together as a family. (Participant 6)

Another participant's comments about the benefits of IC were unexpected and particularly demoralizing; he felt that his niece would have better opportunities in the future if she was raised in a childcare institution: “there are other local childcare institutions who are successful. Some of the children are doctors..., so I kind of felt like she can have a better life. I don't want to hold her back so I decided to give her to the childcare institution” (Personal Interview, Participant 1).

Participants' perceptions of IC contrast sharply with findings in FHI's Study of 87 childcare institutions in Ethiopia, which revealed that the quality of care “is compromised ... due to limited financial resources, lack of supervision, and minimal awareness of child development issues,” and

children residing in institutions are subject to discrimination from community members, experience psychosocial problems, and are frequently subjected to exploitation and to physical, sexual, and psychological abuse while in institutional care,” and that “current procedures within institutions inhibit interaction between children and their families and therefore increase the likelihood of extended institutionalization and limit possible reunification. (FHI 2010:47)

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<sup>20</sup> The programming of JeCCDO in Ethiopia is often commended for its honouring of the child's right to participation.

Birth families' perceptions of IC illustrate that the increased availability of IC is not an adequate response to the needs of OVC, and that the increased transfer of responsibility for care of OVC to childcare institutions degrades parents' perceptions of the quality of local options for care. FHI's 2010 study also discovered communities' lack of awareness of the shortcomings of IC, which seem to be a result of the perceived standards for childcare, the perceived absence of discrimination in institutions, and the simple fact that basic needs are met in IC. When parents' preferences are based on extreme vulnerability, the wide availability of IC dangerously interacts with this vulnerability to disempower parents to care for their children using local systems.

## Chapter 5

# Birth Family Perceptions of Local Alternatives for Care

The CRC, ACRWC, and the Hague Convention accord that in-country placements, particularly with extended family, are preferable to intercountry adoption. The principle of subsidiarity embodies this preference and recognizes the practices of child circulation within family and community networks in different societies that have absorbed orphans and vulnerable children for centuries. Traditional systems are not static; they are under great strain due to the HIV/AIDS pandemic, poverty, rapid modernization, migration and the related rise in nuclear family-based households, as illustrated by the social rupture thesis. While unable to determine whether all parents in this study were *offered* alternative options for care, each parent was asked how they perceived placement within the extended family. This section will illustrate the nine participants' perceptions of the extended family option for care, keeping in mind the contexts described in the previous chapter, with the goal of identifying possible challenges inherent in local alternatives that could serve to guide efforts to support families and promote local placements. Five primary reasons that parents and relatives felt that extended family was not able to care for the child will be identified and described: the extended family was economically unable, the participant feared that the extended family would abuse or discriminate against the child, the participant feared that the extended family would use the child for labor, the extended family was too distant or not present, or the extended family was unable to play the valued role of "mother."

### *If They Stay, They Work*

The extended family is the most important "unit of production and reproduction ... [and] children are expected to perform useful tasks such as caring for younger children, working in the fields, running errands, and completing household chores, from as early an age as possible" (Abebe and Aase 2007:2065). Yet many participants indicated an explicit fear of their child(ren) being put to work if placed with relatives or a local Ethiopian family and referred specifically to herding cattle, a task commonly carried out by children in rural Ethiopian households. As migrants who came to the capital searching for opportunity, these birth relatives' prioritization of education and condemnation of child labor signal a shift in desires for children.

When asked if she considered placing her children with her parents, who were both living, one participant responded,

It's all the same with my parents, I'm afraid that they won't teach my children, they would make them herd the cattle or do household chores, so I feel that it is better if I send them abroad. Foreigners fear God and believe in the Lord, so they can protect my children, educate them, and somehow. (Participant 7)

Parents' perceptions of the pros and cons of extended family placement care are not independent from the widely available option for ICA placement. The above and below quotes illustrate how the local system is undermined by the existence of ICA as an option.

Relatives offered to provide care to the child of one participant when they found out that she intended to place her children for ICA, but she doubted their incentives because they did not support her during the process of orphaning:

But I told them they weren't here for the children when they were poor and didn't have anything to eat ... so the fact that they are willing now isn't a surprise. I don't want my children to end up with them to herd their cattle and work in their home, so I decided it's better if they go with foreigners. (Ibid.)

Participants' views of child labor as a downside of local placements contrast with studies that highlight the "meaningful contributions [orphans] make to their families" (Abebe and Skovdal 2010:1). Abebe and Skovdal state, "one fundamental reason why orphan care in rural communities continues to be less of a burden than is often assumed is the immensely valuable contribution, which boys and girls make in the form of labour for agricultural and domestic activities" (Ibid., p.4).

While certain forms of child labor may be a normal feature of Ethiopian childhoods, parents' views of these "agricultural and domestic activities" are not static or "traditional," signifying that they are dynamic participants in a rapidly changing society. Parents' views of child labor cannot be viewed separately from income poverty; it is well established that child labor is not a preference but a response to poverty. Parents and guardians in urban areas increasingly prefer child education to child labor (Conticini 2009:36), recognizing the detrimental effects of child labor on the rights and wellbeing of children and acknowledging that "children migrating from urban to rural environments find it particularly difficult to adapt to agricultural chores" (Ansell 2004:6).

### ***The Unwanted Child***

One participant in Abdulwasie's study, when asked about her order of preference for the care of her children, stated, "even if the government will not take my children, leave out aunt and uncle," because she "feared that they would abuse her children" (2007:47). In two cases, participants or their children experienced discrimination in local placements. Participant 6 placed her son with her aunt when she was temporarily unable to pay his school fee of 35 birr per month (approximately 3 USD). When this mother contacted her aunt to see if she would be able to help pay this fee, her aunt suggested that he come to live with her. She promised to educate him and indicated that he could also assist with care of her children in the home. The child experienced discrimination in the relative placement and told his mother that "he would rather have nothing to eat, or he would rather eat beans, than go there and live with them" (Participant 6). The aunt had a child of a similar age and would give him good food and materials for school, while she would offer only bread or tea to the participant's son. The son told his mother "he would rather not go to school, that he will go to school when [she] can afford it, than live with [her] aunt" (Ibid.).

Since the child moved back to his mother's home, the relationship deteriorated. The aunt will no longer speak to her niece, the participant birth mother. After the return of her son, this birth mother was able to borrow 80 birr (approximately 6.5 USD) from her neighbors, and the child is now living with his mother and in the eighth grade\*.

One participant spoke from experience when he discussed discrimination in extended family placements, as he had been raised by his aunt and uncle and was treated as an unwanted child:

Those Ethiopians who take children in local adoptions don't raise them well. If they have children, they don't treat them the same as their children. If they buy clothes for their children, they don't buy clothes for the others, or they give their children's old clothes to the other children .... They don't provide them good food or maybe if they have the children in school, their children might be learning in a very good school and the other children not. (Participant 5)

The same participant left the household of his aunt and uncle in eighth grade and dropped out of school to pursue a better life; since then they have had no contact. While "sharing childcare among front-line relatives can potentially cement kin relationships and contribute to the strength of extended family network as a critical safety net" (Mathambo and Gibbs 2008:26), it can also lead to the dissolution of family ties, as it did for two participants. The economic "burden" of adding a child to the household may produce discrimination in local placements and can be mitigated by childcare grants. (Ansell 2004)

### ***Who Can Parent my Child? : Economic (in)Capacity to Care***

Extended families illustrated an emotional and social willingness but were economically unable to offer care to orphans. It is crucial to acknowledge that the "erosion of material resources does not necessarily diminish the social capacity of families for sharing non-material resources of care and solace, nor does it damage deeply embedded emotional exchanges with which poor people cope through crises" (Abebe and Aase 2007:2062), and "some households may be emotionally and socially capable to care for children while not able to meet the material needs of children" (Mathambo and Gibbs 2008:23).

Eight of nine participants had migrated to Addis Ababa, the capital, in order to search for work or to accompany their spouse to search for work. All participants indicated distance from their extended families. However, within the myriad of reasons for which they did not want to place their child with extended family, the most salient was economic inability to integrate another member to the already vulnerable household.

Mathambo and Gibbs point to the lack of studies that understand the "interconnect- edness of willingness and economic capacity to care" (2008:27). One migrant noted the geographical distance from relatives, explaining that they are, "in Lalibela. They are farmers, and they don't have a good life. They have many children and struggle to take care of them" (Participant 2). Participant 4 echoed these concerns: "I thought of my other extended family, my brothers and sisters, but they are not living in a better situation; they are living like me, they are also poor." Participant 6 stated that her relatives "are poor, they

can't feed themselves, so they have a hard time feeding their families and supporting them, rather than adding another child to the family.”

One uncle was caring for his brother's children and showed emotional and social capacity to care\*, yet he was economically unable. He described his wife's desire for children based on the couple's experience of infertility and their strong ties with the biological family of the children: “[My wife] was so sad and cried a lot. I wish to have the money so the children could stay with us. Rather than giving them in adoption I wish I was able to care for them. I always wanted to have children”\* (Participant 2).

A participant father had already placed one child with his mother who insisted that instead of intercountry adoption, he place the children with her. The father indicated that this discussion led to arguments and conflict with his mother. When describing this conversation with his mother regarding the placement of his children, the father said,

First I tried to convince her, and she told me I shouldn't do that, that it will be bad for me, that I will regret my decision and it will be hard on me. But I told her it will be even harder on her, because she only receives an 80 Birr (approximately 5 USD) pension per month. (Participant 5)

This grandmother<sup>21</sup> was already raising the participant's son from a previous relationship, so he felt that “to add another two will not be just ... so I told her they are my children and I should decide what is best for them” (Ibid.). The conversation did not end with the father's affirmation that as father, he is responsible for the determination of what is in the best interests of his children because the mother then referred to her son's painful upbringing by an aunt:

Then she told me I know how it feels to be raised in another family, so I should know better, and I told her that my son is not going to be adopted locally, it's an international one, and the family will take good care of them. So I convinced her, told her how old she is and how tired and weak it will make her to take care of three children on her own, and in the end she agreed and told me she thinks its best and that she will support me and be there for me. (Ibid.)

Vulnerable families cannot be expected to add a member to the household without integration into social protection schemes with childcare grants and a social welfare component, including financial assistance and supervision of placement through regular contact with a social worker. Ansell suggests effective ways of mitigating economic incapacity to care: “Policy interventions to reduce disruption and trauma for young AIDS migrants should aim at facilitating sustainable arrangements by enabling suitable households to provide care. Reducing the economic costs of caring for children, particularly school-related costs, would allow children to stay with those relatives (e.g. grandparents) best able to meet

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<sup>21</sup> When placed with grandmothers, “the arrangement is three times more likely to last than if children enter the homes of aunts and uncles” (Ansell 2004:12), but grandparents are often economically unprepared to provide care for orphans.

their non-material needs, reduce resentment of foster children in impoverished households, and diminish the need for multiple migrations” (2004:2).

### ***An Orphan Needs a Mother***

One mother asked, “do the families who take children from here really become a family to the children? Do they love them as their own and raise them as their own?” ([Personal Interview](#), Participant 7). One aspect that is rarely addressed in the polarized debate around extended family care for orphans is the primary role a mother plays in African childhoods. In “Promoting Child Protection through Community Resources: Care Arrangements for Ethiopian AIDS Orphans,” a study which is critical of idealization of local alternatives for care, Steven Varnis discusses limitations of community-based approaches to orphan care. While acknowledging the historic roles of the extended family and community, “particularly in terms of socializing and teaching the child through direct instruction and modeling,” he argues that Community Based Care “has obscured the parental functions in African families and inhibited the development of other approaches to orphan care” (2001:148).

When asked what type of family she would prefer for her children, one mother referred specifically to the emotional capacity of the family to “mother” her children:

I would be happy if the family is willing to raise my children as their own, and more specifically if they can have a mother who can give them the love a mother should give to a child, and the connection and attachment a child should have with the mother. I prefer they can have such a family and especially a mother like that. (Participant 6)

A participant uncle echoed her statement about his family’s lack of the emotional capacity to play the role of a mother, which he contrasted with the childcare institution’s economic capacity to provide care:

In one way it was like we let the child down because nobody is going to nurture her, take care of her, be a mother to her, and things like that, so I thought it would be better if she lives at the agency because they will take better care of her and see how she is doing. ([Personal Interview](#), Participant 1)

Overemphasis of the role of community in provision of care “obscures what orphans have lost and what communities are expected to replace” (Varnis 2001:150). Participants repeatedly expressed doubt about the quality of care their extended family might be able to provide to their children, pointing to not only economic but also social and emotional qualities. According to Varnis, “there is a vast amount of evidence that extended family and community supports are not adequate to meet the needs of AIDS orphans or to protect them from exploitation, much less perform a role in actual parenting” (ibid.).

## Chapter 6

# Emergent Themes from Birth Families' Considerations

This chapter identifies three themes that have not received much attention in adoption research, all of which have important implications for relinquishing birth parents.

### *The Diverse Role of the Child in Vulnerable Households: Asset and Burden*

Children's roles in households are "central and dynamic . . . governed by various forms of reciprocity and care in which the flow of resources – material, social and emotional – are embedded in mutual expectation and support" (Abebe and Skovdal 2010:5). In one-parent families, the oldest child often served as emotional support to the mother and was consulted about or advocated for the decision of an intercountry adoption placement<sup>22</sup>. Two mothers discussed the views of and involvement of their children in their decision-making processes. One mother started to doubt her decision after the children had been in IC for a short time and expressed this sentiment to her oldest daughter of 11.5 years. When told by her mother, "maybe its better if I take you back home and we start living together," the daughter replied, "it's better if we go outside. We don't want to trouble you, and we would not be raised in a good way. It would be another hardship for you. When we have something of our own we will help you to live a better life" (Participant 4).

When asked if she had any special friendships or a support system, this mother replied, between tears:

I don't have a special friend. I have some neighbors where I go and drink coffee, but not often... [My neighbors] discriminate me because of my [HIV] status and it is not good for me. When I saw that my son is getting older and defending me, I stopped going to my neighbor's house to ask for advice. Now it is okay; they don't say much about me. I only discuss personal things with my son and the older girl but she's in the US now. Whenever I need anything, I ask my son. (Ibid.)

This relationship with the oldest son was echoed by another participant who emphasized her son's emotional and reproductive contributions to the household:

I have a good relationship with my older son. It's not like a son and mother, but we are close friends, best friends. Now he is on break from school, so he helps me with house-

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<sup>22</sup> The concept of evolving capacities in the CRC "[recognises] that, as children acquire enhanced competencies, there is a diminishing need for protection and a greater capacity to take responsibility for decisions affecting their lives" (Landsdown 2005:1) and is related to the key principle of participation. This right is recognized in RFC Article 191 (4)(text in Annex), but it is subject to the opinion of the adult.

hold chores; he cleans the house and washes the dishes. Since now it is fasting season he fasts, but before the fasting season he would make coffee and we would drink it together. Then he goes to the mosque and prays. Everybody loves little ones. My baby is cheerful and playful, so everybody loves to help me babysit, so when I come here [to visit my children in the institution] I give my baby to a Muslim neighbor who takes care of her. I give her the food and she and my older son babysit until I come back\*. (Participant 6)

In one case, children were key to the protection and care of their mother before she placed them for adoption\*:

The first thing I thought was to keep them with me, so I decided to find work as a daily laborer or any other work I could find, but when I started working it was hard for me because I was weak. I was taking ARTs but I was not taking meals, so I used to fall... So the children started telling me they would rather see me alive than work through this to feed them, so they told me to stop working; they begged me. I was trying my best to educate them – two of them were in Grade 7 by the time they left. When I would prepare a lunchbox for them before they went to school and I would go to work, they would come back and put the food as my lunch and then go back to school, to protect me somehow as much as they could (Participant 7).

This child refused to be adopted with his siblings, as he wanted to protect his mother:

It was not my decision; it is he who decided to stay here. He told me that if all of them went, who would support me if I got sick, who would feed me and give me things, so he decided to stay home, but after they left he is feeling lonely . . . . He's all alone... But the family who took the five children are still willing to take him, and the family is on the way to start the process for him. I'd be happy if he can go with his siblings. (Ibid.)

In cases where children represent a crucial and dynamic support to the often-ill single parent, rupture might be said to occur when the child is placed in ICA, and the parent is left alone to fend for herself and/or die. If an ICA placement is determined to be an appropriate intervention for a vulnerable family with an older child who plays a key role in supporting the parent, the parent should receive assistance and counseling after the placement occurs, and additional forms of support within the community should be identified.

### ***An Unexpected Role of the Community: Inducement***

The most disheartening results from this research are the involvement of neighbors and *kebele*<sup>23</sup> staff in enabling and soliciting parents and guardians to place their children in institutions. One participant father reported that he was not familiar with the concept of IC, but “someone from this institution contacted me to see if I was willing to give my children or not, and I said ‘its ok, if I found somebody who can take care of my children I would be willing to give them’” (Participant 3). When asked if this contact was his introduction to the idea of IC, the participant stated that before he was contacted by the institution he was

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<sup>23</sup> *Kebele* is the smallest administrative unit in Ethiopia.

already considering the idea, because he had “no relatives, mother, father, brothers or sister, because there is no one to take care of them,” leaving the researchers to wonder whether he was trying to hide the fact that he was solicited to abandon his children (Ibid.).

This participant was also solicited to place his children in a local adoption by neighbors. When asked how he was identified, he stated that his neighbors have rich relatives who were childless, “so they asked me and I said no, I won’t give them for a local adoption, and then there are other neighbors who asked me for this agency” (Ibid.). The participant explained, “they saw how poor I am and wanted to help me, to take the children, so that’s why they contacted me” (Ibid.).

One participant was approached by her aunt to discuss the possibility of her placement of children for adoption:

She was kind of in a dilemma about whether to ask me to consider such an option, then one day she told me there is this agency, but she was scared even to tell me, she was scared of my reaction, but I was okay with it... I had no financial means, I couldn’t educate them and give them what they need, so I thought it was the best decision. So the first woman came to my house to see the children, then she contacted the man from the childcare institution; he saw the children too and they decided it’s okay, so I went to the *kebele* and they were willing to write a letter because they know how I’m living and how hard life is for me. (Participant 6)

Another participant received a visit from the childcare institution staff without warning because,

she heard from other people, I’m not sure who told her, that there is a woman with six children who is sick and doesn’t have anything to eat, and their house is around a river and a very deteriorated house, and they told her that we are going to end up dead because ... if there is a heavy rain it will affect us... So she came to visit us and then came back with other people, with eight foreigners ... and they were very sad seeing how it was going, and they immediately told the woman to start the process for these children because they shouldn’t be living like this. (Participant 7)

While the previously-mentioned participants shared their stories of solicitation less critically, the ninth participant openly criticized the adoption system in Ethiopia and identified problematic areas around inducement:

The *kebele* looks for destitute people and informs them that there is an agency and they can send the children abroad. They come to your home and ask if you want to send your child away, that they will have a better life... The institution and the agency that is working in the area have contact with the *kebele* and work as partners searching for parents who can’t raise their children, they give them a good picture of the child being raised in a foreign country with a good family, and the family feels pressure. This is how it was for me. (Personal Interview, Participant 9)

The unscrupulous solicitation of birth families to place children for ICA suggests that there is pressure on certain actors to produce adoptable children to meet the demand of adoptive parents. In response to heightening concerns about inducement of Ethiopian birth families, both the U.S. Embassy and GOE have modified their processes. The U.S.

Embassy now completes a more thorough I-604 “orphan investigation” for every case processed. Additionally, the GOE has implemented a new procedure for relinquishment of a child for adoption. Birth parents may no longer relinquish their children directly to a registered orphanage; only government orphanages may accept to care for children brought by birth parents. While the changes in procedure are too recent to be evaluated, employees of government institutions should honor the rights of Ethiopia’s citizens and the principle of subsidiarity by offering participation in social protection and social welfare schemes so as to include the most vulnerable, who are, clearly, those who feel they have no choice but to place their children in institutions. When social protection and social welfare programming do not meet the needs of vulnerable families so as to enable them to parent children until their death, local alternatives such as extended family placement and local fostering and adoption should be explored. Only when all of these options fail to provide a local placement that is determined to be in the best interests of the child by both the government and the parent, should ICA placement be considered as an option.

### ***Local Understandings of Adoption and Openness***

One mother asked, “if the Lord wills and my children go to the United States, I want you to look over them and if you can, to act as a big sister to them maybe, and to see if I can have any address to contact my children” (Participant 6). This mother’s request for me to act as sister and as facilitator of contact is indicative of her expanded understanding of family and of adoption not as a severance of all ties with the birth family.

Few participants showed an understanding of intercountry adoption as complete severance of ties with their children. Instead, adoption seems to represent “a link between two families creating a relation of kinship for support and expanded rights” (Roby and Matsumura 2002:11). The majority of parents’ understandings of their future link with their child echoes the findings of Jini Roby’s study of birth parents in the Marshall Islands: “due to a common belief ... that the child adopted into U.S. families will be ‘a well-educated asset to their family, and able and willing to look after and ultimately provide for their natural parents and extended family’” (Ibid, p. 22).

When asked about their hopes and wishes for the child, many parents indicated belief that Ethiopia will remain the child’s country, and that after the child has grown up, they hope for the child to come back and contribute to their country:

I want them to ... be successful, to remember that it’s because of poverty that they migrated, to remember that and in the future to help other children and people in their country. I wish for God to give me a long life so that I will be able to see them. (Participant 4)

A participant uncle hopes for the children to “be successful in life, to get educated, and I want them to come back to their country and if I’m alive, to support me and my wife and to help their country. I don’t want them to forget about their county. There’s no place like home” (Participant 1). In one case, the child also believed that ICA was the best way to help her mother, stating, “its better if we go outside, and when we have something of our own we will help you.” A participant father who placed twin children for adoption wished for his children

to be mature in the sense of helping people, to help themselves and ... to help me if I'm alive, and if not, to help any other Ethiopian people so they give back what they are given, and to learn from their adoptive family in giving back and helping others. (Participant 5)

With the increased contact between birthparents and adoptive families through the meetings and coffee ceremonies that are arranged when adoptive parents come to Ethiopia to pick up their children, many adoptive parents make promises to maintain and encourage contact between the children and their birth families: "I'm also happy because the adoptive mother promised to send pictures and get in contact and that she will come one day when she is older, and I was really happy to hear all that because it was not my expectation" (*Personal Interview*, Participant 1). But some birthparents have found that what they understood as the arrangements and commitment to contact was not maintained as promised:

I asked the adoptive father to let the children call me at least once in a while; I still love them and want to hear from them, and he agreed and said it's okay as long as we are here they will call you, but I feel like its not happening. They still haven't called and they left in December, but I heard from the orphanage lady that they are doing okay. (Participant 4)

While each open adoption is experienced differently, and one participant reported having received two calls from her children since their placement, in which, "they told me they were being good," many parents hear nothing or only receive copies of reports (Participant 7). As Participant 9 stated, "they promise contact with the child, calls, an exchange of addresses, frequent contact, letters... The truth is they don't call, they don't inform."

The ninth participant compared her experience with that of a close friend:

We both gave our children through the same agency, but I don't hear about my children. When I went to the agency to demand information, they told me contact is based on the adoptive parents' willingness and personality. Some want a picture, calls, etc., and some don't, and they can't do anything about it. It is up to the adoptive parents. But I think that if it is the same agency and the same law, it should apply to all parents; they should be given the contact information to both and there should not be a favorite. (Ibid.)

Adoptive parents should be informed of the circumstances in which both the parent and the state determined that an adoptive placement was the best alternative for a child with a living birth parent in Ethiopia. When birth parents are offered and indicate willingness and interest, supervised meetings should be arranged between birth parents and adoptive parents so that arrangements for contact may be made. Birth parents should be counseled and prepared for the variety of possible outcomes for this meeting, while adoptive parents should be prepared to make promises they will keep.

## Chapter 7

### Some Final Thoughts on ICA as a Child Welfare Intervention

Birth families' relinquishment of children for ICA in Ethiopia is deeply and directly linked with social and economic inequality, yet ICA does nothing to change the structural conditions which situate families to abandon their children. ICA is "orchestrated by the rhetoric of disability (in the social sense)" and tends to "undermine the complex ways in which orphans [and families] muster the resources and develop the capabilities they need to cope with their marginalization" (Abebe 2009:72). Social protection is a right of all citizens, but 70% of adopted children have a surviving birth parent in Ethiopia, making it painstakingly clear that most of these parents are not offered other types of assistance, as evident in the experiences of the nine respondents. Efforts should be made to address the root causes and to mitigate the effects of HIV/AIDS, HIV/AIDS stigma, inequity in opportunities for education, unemployment, and poverty. Until the GOE is able to implement policy *and* practice that guarantee efforts to mitigate the circumstances in which each child placed for ICA is relinquished, other stakeholders must take a leading role in offering alternative types of support. This leadership will require coordination of efforts of all stakeholders, including local NGOs, international development organizations such as UNICEF, embassies of countries whose citizens adopt children from Ethiopia, childcare institutions, and adoption service providers.

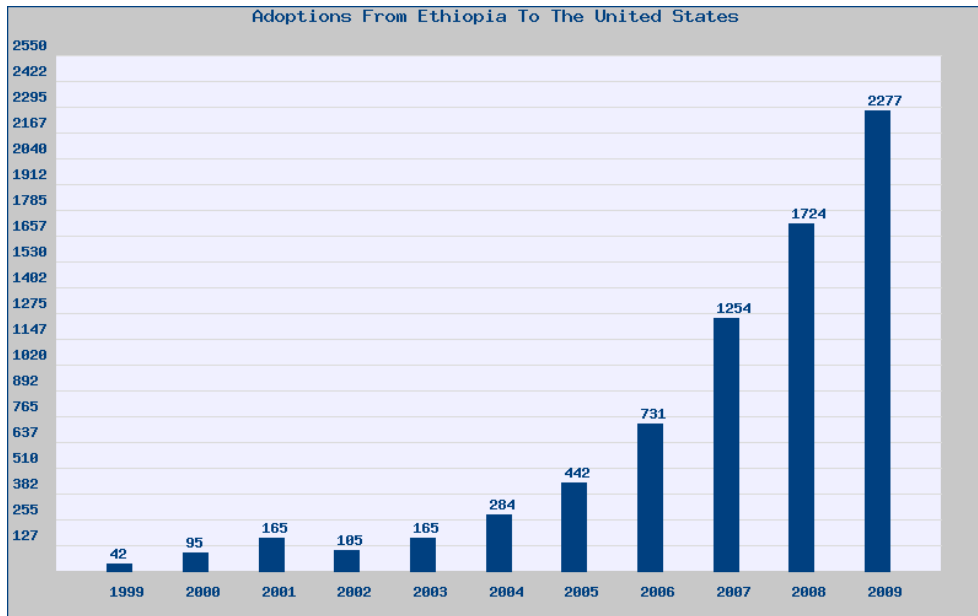
The conceptualization behind ICA obscures focus on the most inexpensive and highest quality option - enabling a child to remain with his/her living birthparent and assisting that birth parent to make a local plan for after his/her death. Local arrangements for care should be evaluated with factors suggested by the participants of this study: economic, emotional, and social capacity, and these should be understood as inherently linked. The concept of local alternatives should shift focus to alternative types of assistance and families should be viewed on a continuum of care as opposed to capable or incapable, thereby acknowledging the many signs of resilience of the individual, the family, and the community.

Some of the most impoverished communities in Africa have proven capable of caring for OVC, even in the context of the HIV/AIDS pandemic, when nurtured by programs that identify and seek to repair the holes in the safety net. Increased clarity in government policy guidelines and close monitoring of programming, particularly exogenous programming, are critical to the empowerment of communities, yet the government of Ethiopia has not yet prioritized the rights of orphans and vulnerable children and resources are not abundant. If communication between stakeholders with programs targeting families and OVC in Ethiopia is not facilitated and an integrated approach developed by local knowledge about the reality of OVC is not valued, existing interventions will continue to vary widely and one may work against the other, depending on the stakeholders and their conceptualization of the context. Conceptualizations should recognize a continuum of care as opposed to rupture or resilience and programs should identify which families are in need

of which services along the continuum. International conventions such as the Convention on the Rights of the Child and the African Charter on the Rights of the Child and documents such as the Government of Ethiopia's National Plan of Action for OVC are important steps towards ensuring the rights of the most vulnerable children, but efforts must not stop with the signing of conventions or the creation of guiding documents for policy. Stakeholders with programming targeting Ethiopian orphans and vulnerable children should embrace an integrated approach strengthened by local knowledge about the continuum of care embedded in the local context; empowerment of communities to create sustainable approaches to secure care for orphans and vulnerable children should be the priority of all involved.

# Appendices

## *Adoptions from Ethiopia to the United States*



The Total Adoptions ETHIOPIA from 1998 to 2009 is: 7284

Fiscal Year	Total Adoptions
1999	42
2000	95
2001	165
2002	105
2003	165
2004	284
2005	442
2006	731
2007	1254
2008	1724
2009	2277



Department of State, Office of Children's Issues (2010)

***Adoptions from Ethiopia 1998 – 2008:***

***Countries ranked by number of children received in peak year 2008***

<b>COUNTR Y</b>	<b>1998</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>USA</b>	96	135	289	441	732	1,255 <sup>a</sup>	1,724
<b>Spain</b>	0	107	220	227	304	481	629
<b>France</b>	155	217	390	397	408	417 <sup>a</sup>	484
<b>Italy</b>	9	47	193	211	227	256 <sup>a</sup>	417
<b>Canada</b>	n/a	14	34	31	61	135	183
<b>Belgium</b>	46	52	62	112	88	124	127
<b>NL</b>	18	39	72	72	48	68	50
<b>Australia</b>	37	39	45	59	70	47	35
<b>TOTAL to all states<sup>b</sup></b>	<b>481</b>	<b>854</b>	<b>1,527</b>	<b>1,778</b>	<b>2,172</b>	<b>3,031</b>	<b>3,887</b>

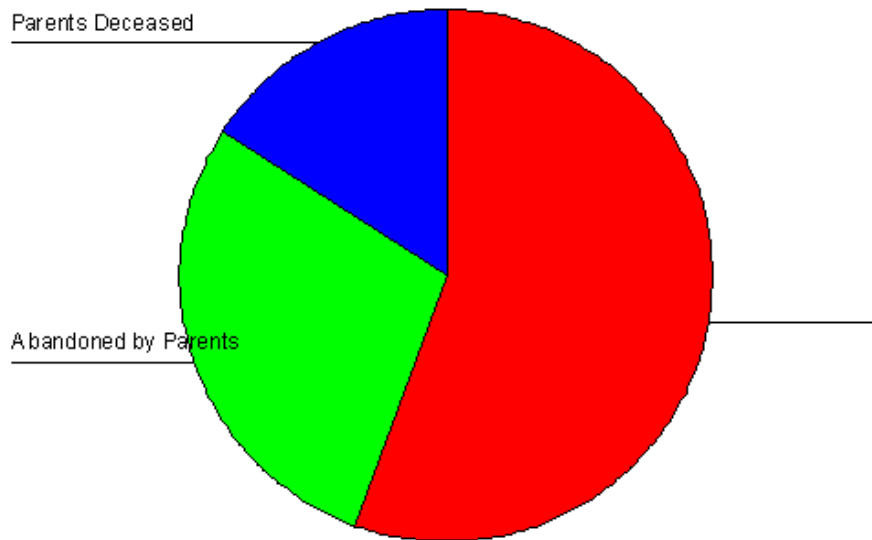
a. In FY 2009 adoptions from Ethiopia to the USA rose by a further 500 to 2,225

b. The total includes other countries that have received children from Ethiopia in this period:  
e.g. Denmark, Finland, Germany, Ireland, Malta and Switzerland.

- c. Currently adoptions to Ireland are suspended and the Austrian agency (Families for You), which received over 70 children between 2004 and 2006, has been removed from the approved list.

Table excerpted from <http://www.brandeis.edu/investigate/gender/adoption/ethiopia.html>

*Statistical Breakdown of U.S. Adoptions*



Red section: Relinquished by a sole surviving parent

Source: US Embassy 2010, personal communication

## ***Convention Texts: CRC, ACRWC, the Hague Convention, RFC***

**CRC Article 21(a) and (b):** State Parties that recognize and/or permit the system of adoption shall ensure the best interests of the child shall be the paramount consideration and they shall:

- (a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, *that the adoption is permissible in view of the child's status concerning parents, relatives, and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary;*
- (b) *Recognize that inter-country adoption may be considered as an alternative means of care, if the child cannot be placed in a foster or adoptive family or cannot in any suitable manner be cared for in the child's country of origin;*

**ACRWC Article 24 (a) and (b):** State Parties which recognize the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

- (a) establish competent authorities to determine matters of adoption and ensure that the adoption is carried out in conformity with applicable laws and procedures and on the basis of all relevant and reliable information, *that the adoption is permissible in view of the child's status concerning parents, relatives and guardians and that, if necessary, the appropriate persons concerned have given their informed consent to the adoption on the basis of appropriate counselling;*
- (b) recognize that inter-country adoption in those States who have ratified or adhered to the International Convention on the Rights of the Child or this Charter, may, *as the last resort, be considered as an alternative means of a child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;*

**The Hague Convention Article 4:** An adoption within the scope of the Convention shall take place only if the competent authorities of the State of origin -

- a) have established that the child is adoptable;
- b) have determined, after possibilities for placement of the child within the State of origin have been given due consideration, that an intercountry adoption is in the child's best interests;
- c) have ensured that
  - (1) the persons, institutions and authorities whose consent is necessary for adoption, have been counselled as may be necessary and duly informed of the effects of their consent, *in particular whether or not an adoption will result in the termination of the legal relationship between the child and his or her family of origin,*
  - (2) such persons, institutions and authorities have given their consent freely, in the required legal form, and expressed or evidenced in writing,
  - (3) *the consents have not been induced by payment or compensation of any kind and have not been withdrawn, and*
  - (4) the consent of the mother, where required, has been given only after the birth of the child; and
- d) have ensured, having regard to the age and degree of maturity of the child, that
  - (1) he or she has been counselled and duly informed of the effects of the adoption and of his or her consent to the adoption, where such consent is required,
  - (2) consideration has been given to the child's wishes and opinions,
  - (3) the child's consent to the adoption, where such consent is required, has been given freely, in the required legal form, and expressed or evidenced in writing, and
  - (4) such consent has not been induced by payment or compensation of any kind.

**The Revised Family Code Article 191:**

(3): Notwithstanding the provisions of Sub-Art. (1) of this Article, where one of the parents is not willing to give his consent and the child is ten and above years of age, the court may approve the adoption upon hearing the opinion of the other parent and of the child.

(4) Where the child has no ascendant capable of giving his consent, the court may approve the adoption agreement taking into account the interest of the child.

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