

ADOPTED CHILDREN ADMITTED TO PORT MORESBY GENERAL HOSPITAL – a longitudinal follow up study

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Introduction

- In 2003, estimated 143 million orphans under age of 18, in 93 developing countries. *[Unicef 2006]*
- The 2004 Consensus Workshop estimated total 9400 orphans in PNG (HIV orphans)
- Estimated that ~1/3 of PNG children made vulnerable through many causes including informal adoptions. *[Unicef 2006]*
- Dated back to 2001 until 2010 the National Welfare office has registered only 133 adopted children. *[Office of Lukautim Pikinini]*
- There has been an increase in trend of adoption. *[Pameh et al-2000]*
- Existence of a Adoption of Children Act 1968.
- Studies on adoption have highlighted there are problems associated. *[Duke T, Lancet 1999, Peters & J Vince Med J 2000]*

Aim

To document the characteristics and outcomes of adopted children specifically those admitted to PMGH.

Methods

- Prospective and longitudinal descriptive study between July 2012 and January 2013.
- Adopted child (1 day-14 years old) admitted to PMGH.
- Parameters assessed
 - 1.Socioeconomic background
 - 2.Nutritional status
 - 3.Development assessment – Denver
 - 4.Vaccination coverage
 - 5.RVI status
 - 6.Admission diagnosis and co-morbidities

- Follow up

2 monthly for 6 months. Questionnaire plus observations done.

Parameters assessed:

- Nutritional status
- Vaccination status
- Specific problems faced by child or adoptive parents.

- Statistical analysis

Epi Info 2002

WHO Anthropometric calculator

P values <0.05 significant

Results: Patient characteristics

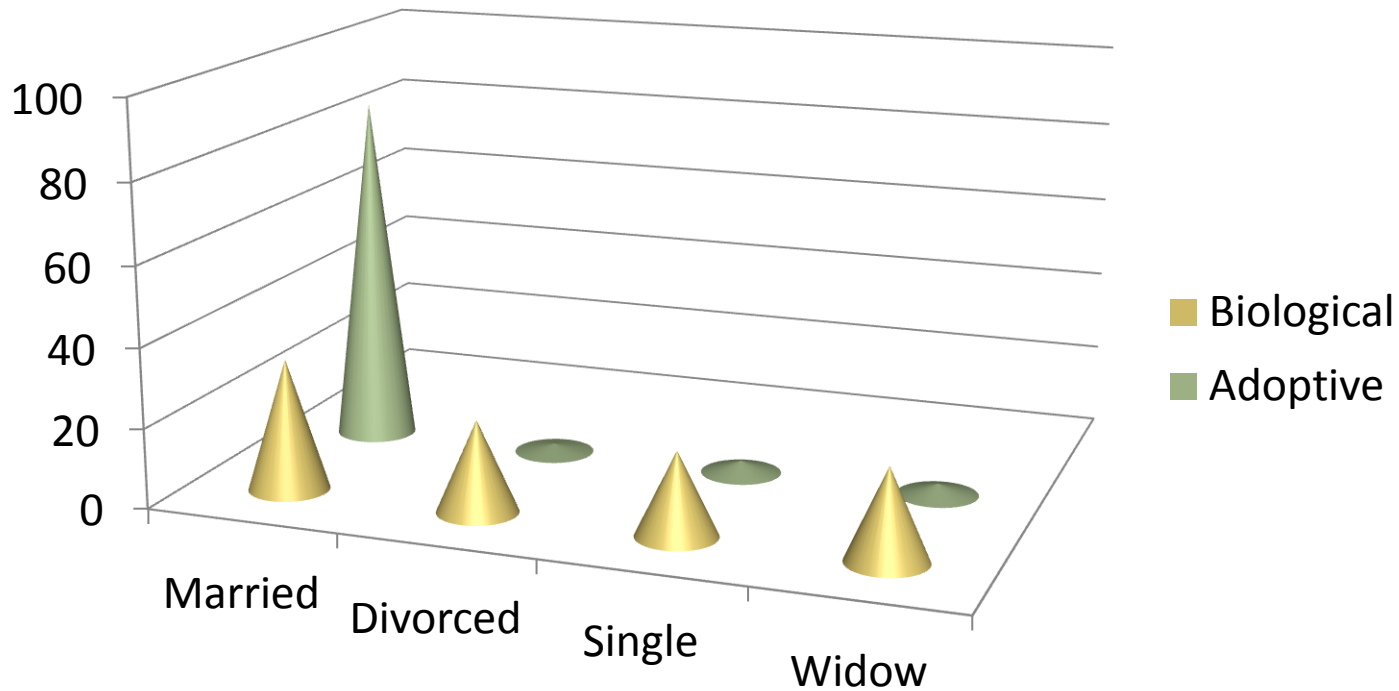
- Total of 63 recruited.
- 57% male and 43% female.
- Ages 1 day – 168 months, median 12mo [IQR 3-36].
- Most (39%) adopted within the first week of age
Median 2mo [IQR 0-12]
- Duration of adoption :median 6 mo [IQR 2mo- 2 yr]
- 38% from the Central province which is expected.
- All 63 (100%) were informal adoptions.

Results: Reasons for adoption

- Orphaned – 19 (30%)(6 double, 12 maternal, 1 paternal)
- Family responsibility – 20 (32%)
- Abandoned (child abuse) – 10 (16%)
- Bought with money – 1 (2%)
- Other arrangements – 13 (20%)

Results: Socioeconomic background

Marital status of parents (%).

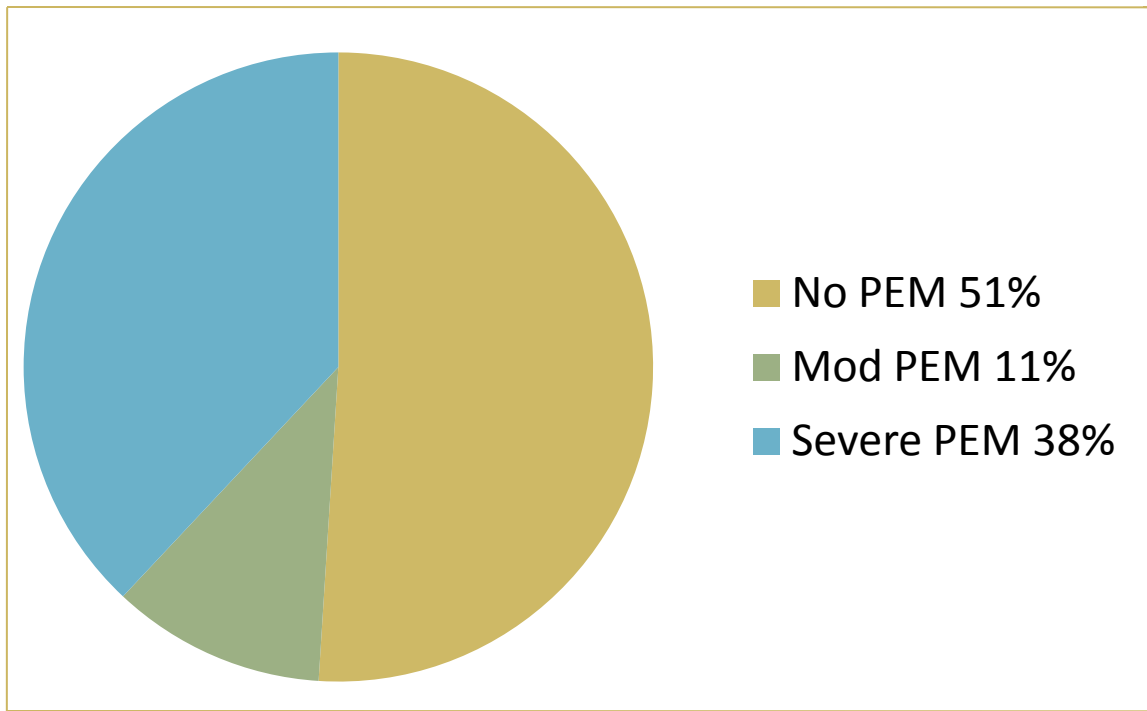


Results: Socio-demographic features of adoptive parents

- 18 (29%) had no children; 71% had 2 children or more; 17 had 5 or more children!
- Median age of mums 36 yrs (IQR 28-45). 10 of mothers ≥ 50 yrs with oldest 80 yrs old!
- Education status of mothers - 46% Grade 1-6
- 25% No formal education
- Employment status of mothers - 76% unemployed
- Residence ; settlements 25%, low covenant 19%, middle class 29%, village 27%
- Number of house occupants; median 8 (IQR 6-11)

Nutritional status at time of study enrolment

- 83% weaned to solids at <6 months,
- 15% had nutritional edema
- 37% severe wasting
- WHO Global database on child growth and malnutrition;



Development assessment

- 24% had GM delay, median of 3 mo delay
- 16% had FM delay, median 2.5 mo delay
- 19% had LH delay, median of 3.5 mo delay
- 11% had SI delay, median of 9 mo delay

Results: Immunization status

33% : Up to date

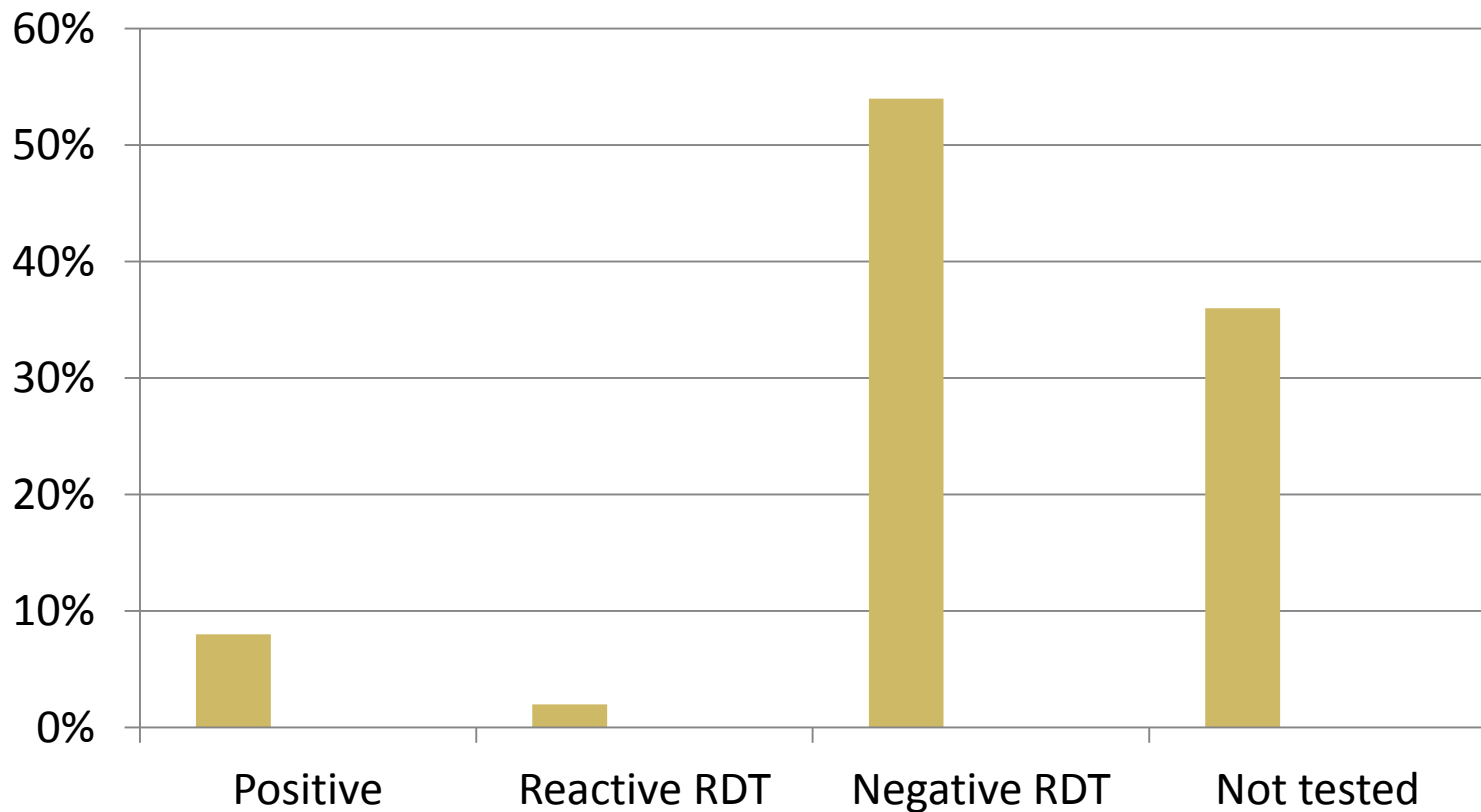
18% : Incomplete

37% : Complete

15 : Unknown

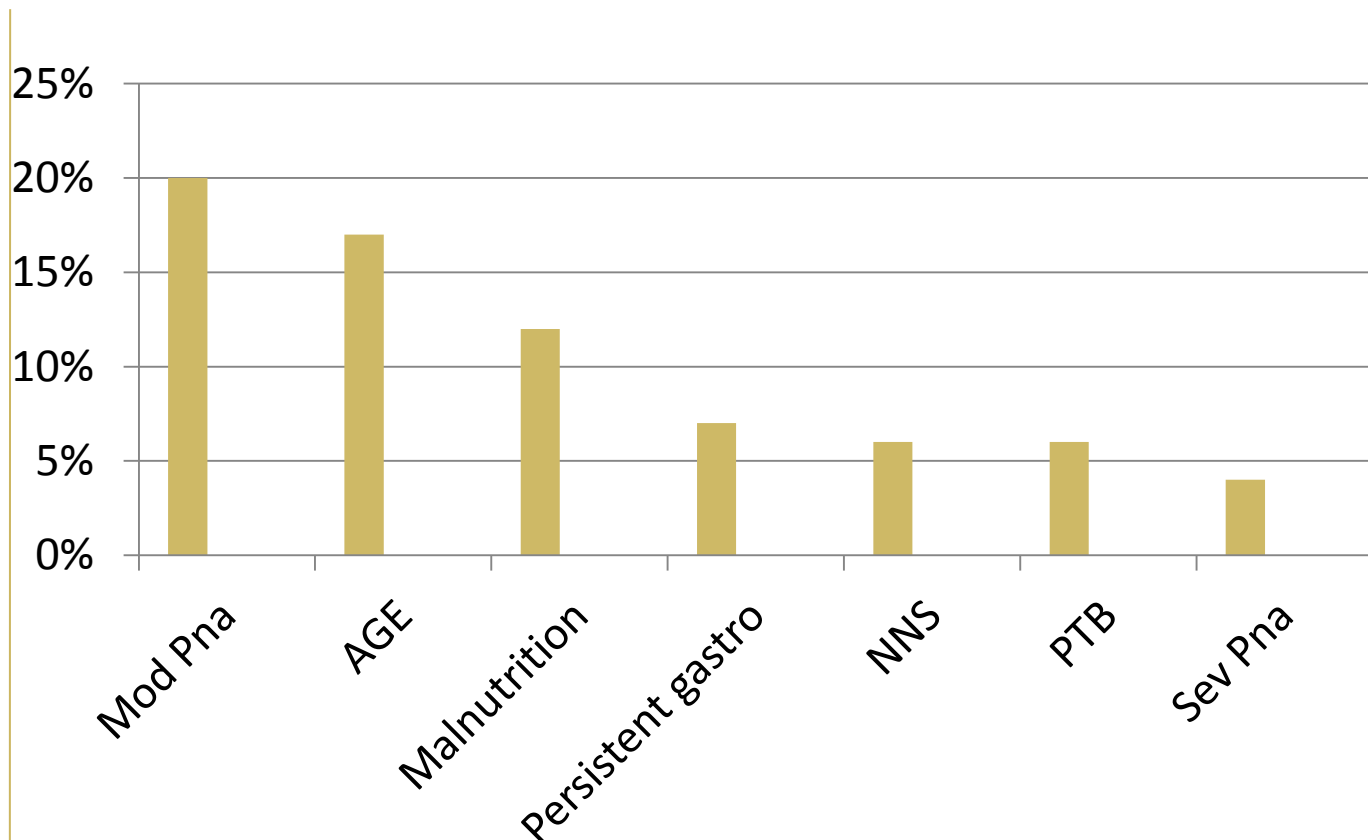
Results: RVI status

Column graph of RVI status



Results: Top 5 causes of admissions

Column graph with frequency of leading causes of admissions in %



- Malnutrition accounted for 70% of co-morbidities.

Follow up at 6 months

63 recruited

5 died in hospital

58 f/u

4 lost to f/u

2 died: 1 in
hospital and 1 at
home

52 completed study

- 15/52(28%) readmitted.
- 73% once and 27% twice
- Readmitting diagnosis same as initial admissions causes.

Observational findings:

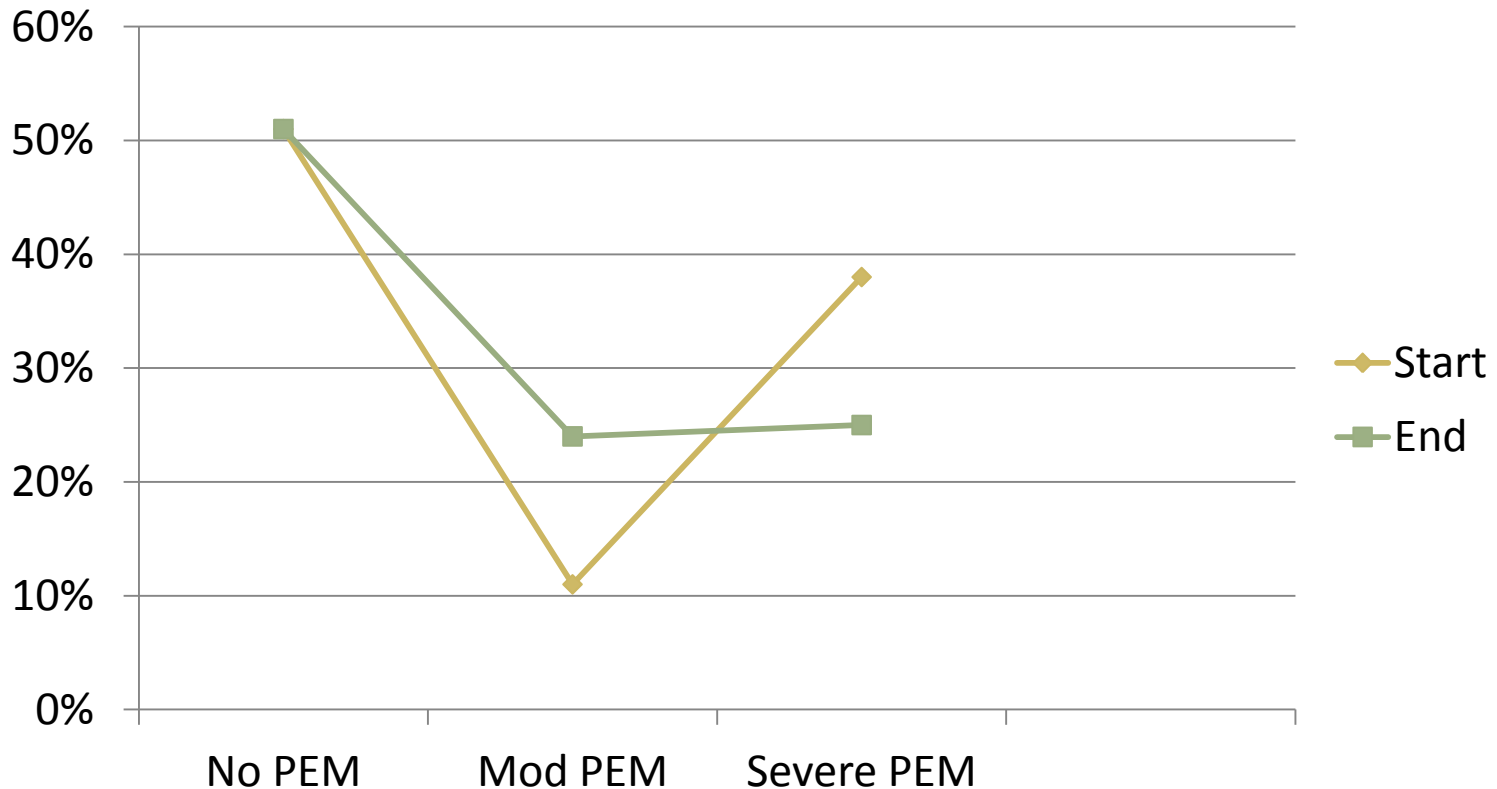
- Non compliance to regular medications
- Parents refusing readmissions
- Physical and verbal abuse in ward
- 25% of adoptive parents exhibited signs of PADS
- Conflict between husband and wife whether to continue to look after the child after a PICT reactive result.(DBS positive)
- Parents expressing dissatisfaction over delay with social works office to facilitate formal adoption.

Post Adoption Depression Syndrome (PADS)

- Term coined by June Bond in 1995 in an article for Roots and Wings Magazine.
- U.S Administration for Children and families described the warning signs of PADS as:
 - ✓ Loss of interest in being around others
 - ✓ Often on the verge of tears
 - ✓ Fatigue or loss of energy
 - ✓ Significant weight change
 - ✓ Excessive guilt
 - ✓ Feelings of powerlessness
 - ✓ Feelings of worthlessness
 - ✓ A sense of hopelessness(temper tantrums)
 - ✓ Loss of enjoyment
 - ✓ Irritability
 - ✓ Difficulty sleeping or increased need for sleep
 - ✓ Difficulty with concentration or making decisions.
- 1999- study by Eastern European Adoption Coalition , 65% of adoptive mothers experienced PADS.

Nutritional follow up

Line graph comparing nutritional status at start and end of study.



Discussion

- Adopted children are at significant risk, 10% die within 6 months of admission
- Most (all) children are informally adopted.
- Mostly into poor socio-economic backgrounds.
- High rates of PEM.
- Weaning practices not adhered to by mothers (poor knowledge/illiteracy)
- Significant developmental delay.
- High illiteracy rates among the adoptive parents
- At risk of PADS – unrecognised by health and social workers.
- Improvement noted in vaccination and nutrition status after admission.

Conclusion

- Adopted children admitted to PMGH are more disadvantaged than other children.
- Adoptions once served its purpose as a coping strategy for families unable to regulate their fertility . Due to ↑urbanization and deteriorating social and economic conditions it has become detrimental.
- In ratifying the UN Convention of the rights of Children (CRC) in 1993,these children deserve access to their rights, they deserve special attention.(Holistic approach)
- PADS is an unacknowledged hazard by health and social workers which should be addressed.

Recommendations

1. Provisions within the hospital for these children to be exempted from paying for medications.
2. Engagement of social workers is a MUST as part of ward management.
3. Multidisciplinary participation: nutrition nurse, social worker, pediatrician, and family support.
4. HIV testing should be done on all adopted children
5. Social Work office to effectively facilitate legal adoptions.
6. Review, amend and publicize any changes to the Adoption of Children Act, 1968 to suit the current situation.

7. Develop a national database and monitoring system for vulnerable children.

8. Through regular monitoring, examine and improve traditional adoption through the wantok system to build on its strengths.
 - Research adoption
 - Review and monitor adoptions
 - Create a review mechanism

Shortfalls

1. Study not representative of all the adoptive children in the community.

2. No control group to compare, but first longitudinal follow-up study to assess outcomes

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