

The international adoptees of Sweden and the theory of multiple burdens

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Introduction

With close to 45,000 international adoptees, Sweden is the country in the world that proportionally has received the most children for international adoption. Previous research in Sweden and in other Western countries with substantial populations of international adoptees has indicated positive results in terms of social adjustment and mental health (Bagley, 1993; Ced-erblad et al., 1999; Feigelman and Silverman, 1983; Simon and Altstein, 1987). However, the absolute majority of the studies have been limited to small groups of children or adolescents.

This is a presentation of a register study based on 17,172 adult international adoptees in Sweden divided between sexes who were compared to their adoptive parents, immigrants born in the same countries of origin, domestic adoptees born in Sweden, and a general sample of the majority population of non-adopted Swedes to be able to examine the factors involved: gender, class, race and adoption. The paper is composed by a historical and demographic background to international adoption in Sweden, a summary of the Swedish adoption research and a presentation of the study followed by a discussion. The purpose is to introduce the theory of multiple burdens to be able to understand the situation of international adoptees of Sweden.

Historical and demographic background

Sweden has an international adoption history going back to the end of the 1930s when 500 Jewish refugee children from Germany were taken into Swedish families as foster children, of whom many were later adopted (Lomfors, 1996). Moreover, between the war years of 1939-45, 70,000 children were temporarily moved to Sweden from Finland, of whom approximately 6,000 stayed permanently as foster children or adoptees (Kavén, 1994). Finally, immediately after the war, 500 abandoned children from Germany were relocated to Sweden for adoption. Some of them were ethnic Jews from Eastern Europe who had survived the concentration camps, while others were children of Norwegian mothers and German fathers, sometimes products of the Nazi *Lebensborn* breeding program, who otherwise would have faced discrimination in a newly liberated Norway (Lindner, 1988, p. 133-41).

This more or less one-way trafficking of children is understandable as Sweden is a formidable 20th century success story in terms of economic development and social modernity. In

the 1860s, during the last famine in the northern part of Sweden, some children left the country for adoption to neighboring Norway, but since then very few adoptions of Swedish children have been allowed to foreigners, and mainly to Swedish-Americans (Nordlöf, 2001, p. 76-77).

International adoption was initiated after WWII as a way of rescuing children fathered by American servicemen in Germany, Italy and Japan from social stigmatization (Quinn, 1961). However, it was not until after the Korean War that international adoption became wide-scale. Sweden participated in the war on the South Korean side with a field hospital located in Pusan. It was among its medical staff that the first adoptive parents were to be found. The first Korean child who was legally adopted arrived in Sweden in 1957, and from then on, international adoption took off in the country.

Statistics Sweden (SCB) has identified 43,882 international adoptees in Sweden born between 1932-2001 and coming from more than 130 countries, including the above-mentioned Jewish, Finnish and German children (SCB, 2001). The international adoptees represent 1-2 percent of all generations born from the beginning of the 1970s, and still around one thousand children arrive annually to Sweden. In total, the international adoptees constitute 15 percent of all non-white immigrants in the country.

The main adoption years were 1976 (1,762 international adoptions), 1981 (1,665), 1977 (1,588), 1982 (1,544), 1984 (1,540), 1983 (1,527), 1986 (1,513) and 1974 (1,500), and the main countries of origin are South Korea with 8,356 individuals, India with 6,503, Colombia with 4,879, Sri Lanka with 3,429, Finland 2,975, Chile with 2,129, Thailand with 1,612, Poland with 1,428, Vietnam with 1,284, China with 877, Ethiopia with 844, Germany with 835, Indonesia with 766, Brazil with 730, and Iran with 582. Continent by continent, Asia makes up 60 percent, America 25, Europe 12 and Africa 3.

The statistics mean that Sweden is, together with the other two Scandinavian welfare states Norway and Denmark, the country with the highest proportion of international adoptees per capita (Selman, 2002). There are various reasons for this strong Swedish dominance of international adoption. Madeleine Kats, the ideologist behind the Swedish adoption movement during its first years, has pointed out that Swedes coming from a country without colonies discovered the miseries of the Third World in the 1960s and almost felt an obligation to rescue children from poor backgrounds (Kats, 1975, p. 41-43).

Another less idealistic motive worth mentioning was the sudden disappearance of adoptable Swedish children during the decade as a result of rapid economic growth and a high participation of women in the labor force, as well as the development of an advanced social

welfare system. Even more important is Sweden's self image as the world's most democratic country and a paradise for human rights, equality and social justice, an image which recently has been challenged by the sudden appearance of racism towards non-white immigrants (Pred, 2000).

Previous Swedish research

Adoption research in Sweden can for the sake of simplicity be divided chronologically into two generations: a first generation who focused on mental health during the adolescence years, and a second who are concentrating on socio-economic factors and epidemiological indicators among international adoptees as adults. The first generation, active from the 1980s, is made up of psychologists or psychiatrists of whom a majority are adoptive parents. The second generation turned up at the end of the 1990s and is composed by a more heterogeneous group of sociologists and social scientists, political economists and epidemiologists.

Déry-Alfredsson and Kats (1986) studied the presence of international adoptees at child psychiatry clinics in Stockholm between 1980-82. The couple found 171 registered international adoptees at the ages of 0-20 years, which meant an OR of 1.7 among the older age group of 13-20 years. The adoptees had 30 percent more symptom markings than the Swedish-born group, and one out of three was considered a difficult case with post-placement at an institution or in a foster family. Cederblad et al. (1999) examined 211 international adoptees between the ages of 13-27 years living in the southern region of Sweden. The study based on interviews showed that the group had a mental health status fully comparable to Swedish-born non-adoptees.

According to the National Agency for Higher Education (HSV), 39 percent of the adoptive parents of Sweden belong to the highest social group in the country compared to 20 percent of the average population, 49,8 percent to the middle group compared to 48,2 percent and 10,9 percent to the lowest social group compared to 29,5 percent (Reuterberg and Hansen, 2001). Österberg (2000) examined the intergenerational transmission of social status among 525 international adoptees at an average age of 34,24 years in relation to their adoptive parents. Österberg found substantial differences in income, education level, employment and civil status indicating that adult international adoptees have problems to reproduce the social status of their adoptive parents.

Björklund and Richardson (2000) compared 497 international adoptees at the ages of 23-34 years to their 497 Swedish-born adoptive siblings, biological children of the adoptive parents whom they grew up with. 6,6 percent of the former group had a university education

longer than three years compared to 20 percent among the latter group, and 28,4 percent were married or co-habitants compared to 61,7 percent. Rooth (2002) looked at the employment rate among 3,119 male international adoptees aged 20-35 years, and found that 81,2 percent were employed compared to 91 percent among the majority population.

Berg-Kelly and Eriksson (1997) have examined the results of an epidemiological examination conducted in 1990 and 1994 among 9,329 adolescents between the ages of 13-18 years of whom 125 were identified as international adoptees. The results showed an OR of 1.8 among the female adoptees for suicidal thoughts compared to Swedish-born girls, and an OR of 3.5 for unpleasant sexual experiences. The study also showed a higher frequency of early sexual experience, several sexual partners, less common use of contraceptives, early pregnancy and abortion among the adoptees, as well as a higher usage of illegal drugs and drinking alcohol.

In 1996, the National Board of Institutional Care (SiS) observed an overrepresentation of international adoptees placed at the board's youth homes. The observation resulted in a report that found an OR of 2.6 for international adoptees placed at youth homes (Eriksson and Sundqvist, 1999). Social and psychiatric problems, self-destructiveness and severe crisis in the family were more often the reasons for placement than among other groups.

In 2002, *The Lancet* published a study conducted by Hjern, Lindblad and Vinnerljung (2002) examining an older group of 5,942 international born between 1968-75 and a younger group of 11,320 individuals born between 1970-79 who were compared to equivalent Swedish-born non-adopted cohorts. The study showed that 2,1 percent of the older group and 3,7 percent of the younger group had been hospitalized for a psychiatric illness corresponding to ORs of 2.6 and 2.7 respectively compared to the majority population. Hospitalization for suicide attempt resulted in an OR of 2.7, and for suicide 3.7. Another study by Hjern and Allebeck (2002) looking at suicide among 11,787 international adoptees born between 1968-79 showed, after adjustment for socio-economic background, an OR of 5.0 compared to the majority population.

Material and method

This study is based on data concerning 17,172 international adoptees born outside Europe between 1960-79 who were derived from The Register of the Total Swedish Population. 62 percent of the international adoptees are females, while 73 percent were born in Asia. The results were partly accounted for in a joint Nordic Film & TV and Swedish Television docu-

mentary named *Sveket mot de adopterade* and screened nationwide on the 11th of April in 2002.

The group was checked up for socio-economic factors as of 1999, and for epidemiological indicators registered between 1987-99 divided between sexes. Socio-economic factors were obtained from the Swedish Education Register, the Swedish Population and Housing Census and the Total Enumeration Income Survey, while epidemiological indicators were derived from the Swedish Hospital Discharge Register and the National Cause of Death Register.

The international adoptees were compared to 25,661 Swedish-born domestic adoptees, 19,705 immigrants born outside Europe and coming from same countries of origin, and 1,033,145 Swedish-born non-adoptees, all born between 1960-79 (Table 1-3). Finally, the 31,637 adoptive parents of the international adoptees were checked up for socio-economic status as of 1999 and compared to 2,057,482 parents with biological children (Table 4).

Results

Table 1: Socio-economic factors as of 1999 according to percentage.

	International adoptees	Domestic adoptees	Non-European immigrants	Non-adopted Swedes
Employment	60,2	77,6	42	77,1
AI 0-79,999 SEK	50	27,4	69,1	28,6
AI 80,000-199,999 SEK	35,4	36,7	23,1	35,6
AI 200,000-319,999 SEK	12,9	29,4	6,9	29,2
AI 320,000- SEK	1,7	6,5	0,9	6,6
Social welfare allowance	11,6	7,9	11,6	5
Housing allowance	14,7	13,4	39,8	9,6
Unemployment allowance	22,9	17	20,2	17,4

Table 2: Epidemiological indicators as of 1987-99 according to percentage.

	International adoptees		Domestic adoptees		Non-European immigrants		Non-adopted Swedes	
	M	F	M	F	M	F	M	F
Alcohol abuse	1,72	1,68	1,8	0,9	0,84	0,42	0,98	0,46

Drug abuse	0,67	0,64	0,97	0,64	1,18	0,3	0,4	0,21
Psychosis	0,53	1,02	0,82	0,75	0,6	0,4	0,56	0,44
Neurosis	0,26	0,87	0,44	0,73	0,25	0,37	0,24	0,33
Suicide attempt	1,36	4,68	1,43	1,98	1,26	3,1	0,65	1,01
Suicide	0,39	0,27	0,5	0,1	-	-	0,14	0,05

Table 3: Odds ratios for epidemiological indicators compared to non-adopted Swedes.

	International adoptees		Domestic adoptees		Non-European immigrants	
	M	F	M	F	M	F
Alcohol abuse	1.8	3.6	1.8	1.9	0.9	0.9
Drug abuse	1.7	3.1	2.4	3.1	3.0	1.4
Psychosis	0.9	2.3	1.5	1.7	1.1	0.9
Neurosis	1.1	2.7	1.8	2.2	1.0	1.1
Suicide attempt	2.1	4.6	2.2	2.0	1.9	3.1
Suicide	2.3	4.5	2.9	2.3	-	-

Table 4: Socio-economic status for adoptive parents as of 1999 according to percentage.

	Adoptive parents	Biological parents
Social group 1/Upper class	23,4	11,9
Social group 2/Middle class	39,7	30,8
Social group 3/Working class	19,1	36,2
Self-employed/Farmer	6,8	7,9

The results for socio-economic factors show that international adoptees as well as non-European immigrants are more often unemployed, do more often belong to the lowest income groups and are more often receiving allowances compared to both domestic adoptees and the majority population. The results for epidemiological indicators show that international as well as domestic adoptees are more often hospitalized for alcohol or drug abuse, psychiatric illness and suicide attempt as well as having a higher risk for committing suicide compared to both non-European immigrants and the majority population.

Female international adoptees stand out as having the highest risks compared to male international adoptees. Among female international adoptees in the study group almost one out of twenty or more than 400 individuals have been hospitalized for suicide attempt. Compared to male international adoptees, female international adoptees have an OR of 2.0 for hospitalization for alcohol abuse, 1.8 for drug abuse, 2.6 for psychosis, 2.4 for neurosis, 3.4 for suicide attempt and 2.0 for suicide. Finally, international adoptees have difficulties to reproduce their adoptive parents' high social status in the Swedish society given the fact that half of the former group belongs to the lowest income group while two thirds of the latter group belongs to either the upper or the middle class.

Discussion

Its is possible, with this study as a background, to ask oneself how one previous study was able to conclude a good mental health among international adoptees fully comparable to the majority population (Cederblad et al., 1999). Instead, adoption researchers belonging to the second generation have already indicated that international adoptees differ from the majority population of Sweden in terms of both socio-economic status and psychiatric well-being (Berg-Kelly and Eriksson, 1997; Björklund and Richardson, 2000; Hjern and Allenbeck, 2002; Hjern, Lindblad and Vinnerljung, 2002; Österberg, 2000; Rooth, 2002).

However, no previous study has been able to show such high incidences of socio-economic failures and psychiatric problems, as well as such huge gender differences as this study. The difference must be explained by the fact that this study has examined all adult international adoptees in Sweden meaning that this is probably the biggest study ever done on international adoptees in any Western country up to date. The results show that self-destructive behavior is more common among female international adoptees than among males, and that there seems to be a strong cumulative age effect making the situation even worse considering the fact that those born between 1960-67 have been included.

Table 5: The theory of multiple burdens.

International adoptees compared to	For socio-economic factors	For epidemiological indicators	Factor involved
Non-European immigrants	Similar	Negative	Race
Domestic adoptees	Negative	Similar	Adoption

Males	-	Negative	Gender
Adoptive parents	Negative	-	Class

To be able to understand the results of the study, I suggest the introduction of a theory of multiple burdens meaning that international adoptees have too many issues to deal with (Table 5). International adoptees face the same problems with racism and discrimination as non-European immigrants which prevent them from achieving a higher socio-economic status (the race factor), and the same psychological trauma of having been abandoned and separated from their biological parents as domestic adoptees (the adoption factor).

Females who constitute two thirds of the group have more problem markings than males (the gender factor), which may be explained by self-destructive behavior caused by the sexualization of non-white women that is prevalent in Sweden and especially applies to women from Asia where three fourths of the international adoptees have their origin. The fourth factor would be the negative effect of having grown up in an upper or middle class adoptive family and the difficulties to reproduce the social status of the adoptive parents being a non-white in the Swedish society (the class factor).

Finally, future Swedish adoption research must continue to follow the international adoptees into the middle age or even up until the old age, while focus must be on identifying risk factors for social maladjustment and psychiatric illness to be able to develop preventive measures and treatment methods.

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