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**THE EFFECTS OF CHILD WELFARE REFORM  
ON LEVELS OF CHILD ABANDONMENT AND DEINSTITUTIONALIZATION  
IN ROMANIA, 1987-2000**

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IN ROMANIA, 1987-2000**

by

**Karen Fern Greenwell, B.S., M.P.H.**

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For my grandfather;

Joseph D. Hoopes,

November 28, 1905 –

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## **Preface**

My inquiries regarding abandoned children in Romania began years before it evolved into a dissertation topic. The first exposure I had to Romanian orphans was in 1994 when, as a public health specialist at the State Health Department in Texas, I began corresponding with a director of a private orphanage in Cluj. The correspondence entailed an exchange of information about the early childhood intervention program in Texas and a program having similar objectives being implemented in the Cluj orphanage. In spring 1996 I went to Romania for the first time and briefly visited this orphanage. In 1997, as a doctoral student in the demography program at the University of Texas, I returned to Romania under the auspices of a Mellon Summer Award that enabled me to travel extensively throughout the country studying the culture and language. Based on insights gained from the trip I began to formulate a research question using children living in orphan institutions as the focus of study. This population was ideal from a demographic perspective because it was large, well defined, and had a dynamic flow of children into and out of institutions. In communicating with national and international stakeholders in Romania's child protection system I was reasonably assured that local sources of archival data existed for these children. Although I attempted to determine the nature of these data beforehand, the exact type and quality of data remained unknown to me until I actually started field research.<sup>1</sup>

With the support of a FLAS award in the summer of 1998 I returned to Romania for an intensive summer language course. During this time I was able to make other academic, programmatic, and international contacts in the field. One of my key contacts was Dr. Maria Roth-Szamoskozi, the child welfare expert in the Social Work Department at the

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<sup>1</sup> In 1990 and early 1991 some foreigners obtained written permission from the Romanian Committee for Adoption to visit a specific potentially adoptee who lived there. However, some families entered the institutions without a written consent from the Committee in order to select for themselves the child they wanted to adopt. After mid-1991, when measures were taken to put an end to 'baby shopping' it became very difficult for a foreigner to visit a State-run orphanage outside of an official humanitarian capacity. Because of this restriction, I had to rely on second-hand accounts of the type of data that would be available for a study on abandonment trends.

University of Babeş-Bolyai, with whom I discussed the idea of a study of institutionalized children. She was confident that there would be wide interest in a national study. In fall 1998 I took Professor Buckley's seminar on Post-Communist Societies. The seminar enriched my understanding of socialist policies on the family and most importantly, she introduced me to Gail Kligman's book, *The Politics of Duplicity: Controlling Reproduction in Ceaușescu's Romania* (1998). The following year I discussed my related research interests with Professor Kligman and asked her to join my dissertation committee.

In the spring of 1999 I defended a research proposal on abandoned children in Romania and received a National Security Education Program (NSEP) award that would support a year of fieldwork. As I expected, the first major challenge in commencing fieldwork was to gain access to data archives in the state-run orphanages. Although the institutions had officially been decentralized and no longer depended directly on officials at the national level for their administration, without support from the National Agency for Child Protection many local institutions would not permit access their data archives. Fortunately the contacts I had made during previous visits and the progress I had made in speaking the language helped me to obtain official support for the research from the National Agency. In addition, Drs. Buckley and Pullum at University of Texas and Dr. Roth-Szamoskozi at University of Babeş-Bolyai wrote letters of recommendation to the National Agency in support of the study. Once I had written support from the President of the National Agency most of the directors of local institutions were willing to collaborate with us. Those who were initially reluctant to provide access to archival records eventually consented when they understood exactly what our work entailed and when they learned that that they would receive results of the study. Although I routinely spoke Romanian during these visits, I depended on my two Romanian colleagues to explain nuances about our work in a way that I was not able to. I believe that the close relationship between these two colleagues and me was perceived as positive by local staff and was ultimately the key to a successful research project.

**THE EFFECTS OF CHILD WELFARE REFORM  
ON LEVELS OF CHILD ABANDONMENT AND DEINSTITUTIONALIZATION  
IN ROMANIA, 1987-2000**

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Karen Fern Greenwell, Ph.D.

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Supervisors: Cynthia Buckley and Thomas Pullum

High rates of child institutionalization are a legacy of Romania's socialist regime. After the fall of the dictator in December 1989, Romania was found to have one of the highest rates of child institutionalization among postsocialist countries in the region. During the postsocialist decade (1990-2000), widespread poverty and ineffective child welfare policies have caused high levels of child institutionalization to remain persistently high.

Romania is one of the ten postsocialist countries in Eastern Central Europe that has submitted its application for membership in the European Union. Among the necessary political and socioeconomic reforms that Romania has taken in its transition to a democratic society, a major criterion for EU accession is to improve the problem of child institutionalization. Since 1990 the Romanian government has implemented several major child welfare reform measures aimed at improving this problem. However, in addition to being hampered by economic constraints, empirical data on the dynamics of child institutionalization have not been readily available for policymakers to formulate



effective child welfare policies. The objective of this study is to collect and analyze empirical data for the purpose of examining the effects of Romania's child welfare reform legislation on levels of child abandonment and deinstitutionalization. While the results may provide new information for stakeholders, another important objective is to provide a model for compiling and analyzing data from local institutions in order to inform national policy.

The study draws on event history data collected on 21,089 children ages 0 to 3 years who lived in state-run orphan institutions between 1987 and 2000. These data comprise about one third of all institutionalized infants over this period and they represent trends in ten of forty counties outside of Bucharest. These data are the first to make known at a national level the direction and magnitude of child institutionalization and deinstitutionalization throughout the transition period. Moreover, this individual level data is sensitive to the effects of national legislation. Demographic approaches are used to estimate the effects of legislation on levels of child abandonment and on levels of deinstitutionalization.

A major finding is that while transition period reforms have had a significant impact overall on deinstitutionalization, there has been a relatively small impact on reducing levels of child abandonment.

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## Introduction

A state's involvement in children's welfare is a necessary function. Despite debates about exactly how the state should play a role, most agree that it ought to support families in educating their children and assuring access to basic health services. Most agree that the state ought to intervene when a child's home is a hostile environment, by providing counseling, for example, or even removing the child from the home temporarily or permanently. Most agree that the state ought to regulate foster placement and adoption procedures, and that it ought to set and monitor standards for childcare (Pecora *et al.* 1992; Cornia & Danziger 1997; McKenzie 1999).

After World War II progressive socialist welfare states in Central and Eastern Europe took responsibility for providing a wide array of family benefits and child subsidies. These states provided employment, free education and health care, housing, and family allowances including maternity leave, birth bonuses, and subsidized child care and child goods.<sup>2</sup> During the 'golden age' of social development roughly from 1950 to 1973, improvements in the well being of children in these socialist countries, reflected in decreasing infant mortality rates, for example, paralleled trends in the West. After 1973, however, the trends in improvements began to diverge and the socialist countries were unable to keep pace with the West in terms of economic development and social conditions affecting child welfare. For most of these countries the period from the mid-1970s to about 1989 represented one of stagnation in child welfare. Fischer-Galați (1991), Cornia & Danziger (1997), and Zouev (1999), for example, have discussed these trends in detail.

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<sup>2</sup> Like János Kornai's distinction (1992), I refer to a *socialist country*, or *socialist state*, as one that is driven by a centrally planned command economy and is ruled by a communist party. This differs from a *communist country*, which means a theoretical, unattained utopian society in which all will share in social production according to their needs.



Under the socialist regime in Romania there was not merely stagnation in children's well being, there was measurable deterioration. The decline cannot be measured accurately in official infant mortality rates, however, because the policy at the time was to register newborns only after they had survived for six weeks.<sup>3</sup> Thus early infant deaths were not captured and infant mortality rates were underestimated. A more accurate indicator of worsening conditions for children is the growing numbers of children placed in public institutions. The complex factors that initiated the rise of child abandonment and institutionalization began in Nicolae Ceaușescu's strict pronatalist environment. A sudden ban on abortion in 1966, the most radical of an ensemble of pronatalist policies, suddenly shifted women back to a pre-fertility control situation. In the harsh social and economic environment that followed in the 1970s and 1980s, many unanticipated and unavoidable births were relinquished to state-run institutions.

This study examines the evolution of child abandonment and institutionalization during Romania's pronatalist socialist period (1966-1989), followed by an in-depth analysis of the problem as it continued into the postsocialist transition period (1990 through 2000). For the postsocialist period it attempts to isolate the effects of state actions on levels of institutionalization and deinstitutionalization. The research topic was originally inspired by Gail Kligman's comprehensive analysis of political demography during Romania's socialist period, *The Politics of Duplicity: Controlling Reproduction in Ceaușescu's Romania* (1998). Specifically it aims to expand upon and update her treatment of child abandonment, institutionalization and adoption as a legacy of Ceaușescu's regime. It is an extension of her work in that it draws on previously untapped sources of empirical data to demonstrate the effects of state actions, namely child welfare reform legislation, on levels of child institutionalization throughout the postsocialist period.

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<sup>3</sup> Many of the countries within the Soviet sphere, including Romania, adhered to the "Soviet concept" of registering live births only after they had survived for several days or weeks. Since the Cold War ended, most if not all of these countries have adopted the World Health Organization's standard definition of infant mortality, "all births, except stillbirths, regardless of size, gestation age, or 'viability' of the newborn infant, or his or her death soon after birth or before the required birth-registration date."

## **Romania as a case study**

*Abandonment and institutionalization are not recent phenomenon in Romania or elsewhere; however, the conditions surrounding both are unique in Romanian history...The establishment of surrogate “care” and “educational” institutions was consistent with the state’s exercise of its paternalistic obligations. If and when families did not fulfill their parental roles, then the state took on the “fostering” of these children.*

Kligman 1998: 225

Romania presents itself as an ideal case study for examining the effects-- both positive and negative-- that state actions have on children's well being. Romania's socialist regime, which was embodied largely by Ceaușescu and characterized by his pronatalist policies between 1966 and 1989, resulted in negative effects for families and children. Of specific interest in the first part of this study is the effect that his policies had on levels of child institutionalization. Although the problem is not unique to socialist Romania, it stands out, as empirical data in this study show, as one of the most pronounced in history for two reasons. First, the state's self-interested pronatalist actions, rather than a war or some natural disaster, precipitated the rapid increase in the number of abandoned children. Second, rather than addressing the root causes of the problem-- exhorting women to bear children that they could not raise in the harsh social economic environment that prevailed-- the state promoted institutionalization as the overriding solution for families in difficulty.

Even after the fall of Ceaușescu’s communist regime in December 1989, Romania continued its descent into one of the poorest and most isolated nations in the region (Baban 1999: 191). But while widespread poverty has unarguably and severely hampered progress in reducing child institutionalization, the effects of poverty have been at least partially offset by actions of the transition period governments. Overall, during the first decade of transition from 1990 to 2000, it appears that national legislation has

ultimately had modestly positive effects on levels of institutionalization. The unique strength of this study is that it draws on empirical data gathered on children in institutions across Romania, and these are used to estimate the effects of child welfare reform legislation on levels of child institutionalization. One of the most fortuitous discoveries in the course of this research, in fact, was the cache of individual child-level data that exist in local institutions—most or all of which have never been compiled and analyzed. These data exist because the socialist solution for child protection was the collective institutionalization of children, particularly infants. All abandoned infants were effectively contained-- both physically and bureaucratically-- within a centralized network of institutions. In registers that were standardized by the state, workers in these institutions meticulously recorded basic demographic data on each child. These registers containing child-level entry and exit data are found in administrative archives in most institutions. The quality of the data is conducive to analyzing sensitive changes in the size and characteristics of this population.

Demographic approaches are useful in analyzing event history data gathered on every child who was institutionalized during the socialist period and through the transition decade. It is perhaps helpful to imagine a study of Romania's abandoned children as analogous to a migration study.<sup>4</sup> The migrants are, in effect, the abandoned children. The border they cross is between their family and a state institution. Their final destination is, ideally, placement with a permanent family. The basic research questions are similar to any migration study: What is the demographic profile of the migrants? How many are there and how heavy is the flow across the border? Where do they originate and what is their destination? How long do they remain? Do they return home, stay, or move on to another destination? Answers to these questions could be the basis for a *central question* such as: How do the state's actions, manifested in national legislation, affect the flow of migrants across the border and onward from there?

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<sup>4</sup> This analogy was inspired by Schmertmann's *et al* paper entitled, "Three Strikes and You're Out: Demographic Analysis of Mandatory Prison Sentencing", a paper presented at PAA in 1995.

In terms of this dissertation, the *central question* is, “To what extent do the state's actions, manifested in national legislation, affect the flow of abandoned children into and out of institutions?” It is these movements, using empirical data from late socialist years and throughout the transition decade (1987-2000), that this study analyzes and ultimately aims to model.

### **Abandoned children and institutionalized children**

It is important to clarify terminology regarding the children who are the focus of this study, that is, infants and young children between ages 0 and 3 years who were voluntarily given up by their parents and who resided in a state-run institution. During Ceaușescu’s regime, virtually all abandoned children were institutionalized, regardless of the underlying circumstances. Children who were abandoned in the maternity ward or in a public place, or brought directly to an institution by family, kin or strangers, were all destined for the state’s official depot for young children, the *leagan*. All of them, regardless whether they were orphans, or came from an impoverished or broken home, or whether family ties were legally severed or not, are considered abandoned children for the purposes of this study. This informal use of the term should not be confused with the official definition of abandoned that is used after 1993 for legal purposes.

The terms abandoned children and institutionalized children become less analogous later in the transition period. Gradually the *leagans* are being transformed or phased out and other alternatives such as private homes, foster families are replacing the leagan as the ‘primary depot’. In order to be as clear as possible, I will try to use the terms properly, with institutionalized children being a close proxy for abandoned children for most of the study period, and gradually becoming a subset of abandoned children who are may be dispersed to other settings.

## Effects of legislation on child welfare

The central hypothesis of this study is that the state influences levels of child abandonment through child welfare legislation and related social policies. Legislation regarding economic reform in postsocialist countries has been categorized as two types: ‘shock therapy’ and gradual reform measures (OECD 1991; GOR & EU 1997; Burawoy & Verdery 1999; Zouev 1999). This terminology applies to macro-economic adjustments implemented in the transition from command to market economies, for example, price stabilization, wage controls, and privatization.<sup>5</sup> But I maintain that it is also applicable to social policies, including social policies pertaining to child welfare. In order to avoid confusion, I will call shock therapy *surprise legislation* and gradual reform measures *transformational legislation*. This is not to say that surprise legislation cannot also have transformational qualities, for example, but the essential characteristics are mutually exclusive.

Surprise legislation is reactive, decisive and takes the population... by surprise. The effect of this type of reform is immediate in terms of changing people's behavior. The hallmark of surprise legislation is that notwithstanding the swift effects, the effects are not long lasting. After a relatively brief period, the gains largely vanish and there is a re-stabilization or return to the status quo. Surprise legislation can also be compared to a pressure valve that is either opened to relieve high pressure, or shut to stop a heavy flow. When the valve is opened, the flow may be so sudden and heavy that it is uncontrollable.

---

<sup>5</sup> ‘Shock therapy’ policies in the postsocialist period were first introduced in Poland in 1989 as a fast-track approach to achieve economic stabilization, trade and price liberalization, and privatization of state-owned enterprises (Zouev 1999: 6-7). It was also applied to the Czech Republic, while Hungary and Slovakia adopted gradual reform measures. Romania also followed gradual reform measures from 1990-1996, but adopted shock therapy approaches after the 1996 elections (GOR & EU 1997: 6). For more discussion on Gradualism versus Shock Therapy in postsocialist countries, see OECD Publications (1991). Shock therapy measures in the context of a postsocialist economic transition should not be confused with reform measures occurring earlier under a socialist regime. For example, Daianu (199: 94-100) refers to pre-transition shock-therapy undertaken by the communists in the 1980s. Other economic reform movements during the socialist period had started in other countries such as Kadar’s ‘maternalist welfare state’ in Hungary in the 1960s; (see Lynne Haney’s chapter in Burawoy & Verdery 1999: 151-155).

When the valve is shut, pressure builds and seeks to be released in some other way. In either case, fully opening or fully closing a valve in the face of great pressure will bring about sudden, surprise effects.

Examples of the effects of surprise legislation are present in the pre-transition period (i.e., the pronatalist socialist period prior to 1989) and the postsocialist transition period. A pre-transition example is Ceaușescu's decree to ban abortion in 1966. As it is discussed in chapter one, after abortion was legalized in 1957 it was in high demand and a generally acceptable means for women to reduce their number of births. The sudden and strictly enforced anti-abortion law of 1966 effectively shut the valve on abortions, as it were, and took women by surprise. In one year the total fertility rate jumped from 1.9 in 1966 to 3.7 in 1967 (US Census Bureau's International Data Base 2003). Over the same one year period, abortion rates plunged as many infants were born that otherwise would have been aborted-- 3600 abortions per 1000 live births in 1966 fell to 400 abortions per 1000 live births in 1967 (David & McIntyre 1981). As is characteristic of surprise legislation, the sharp effects of the ban gradually diminished as women found alternative means to control their fertility.

In December 1989 the anti-abortion law of 1966 was suddenly reversed, this time simulating the opening of a pressure valve and revealing the high demand women had for controlling their births. The surprise effect was almost equal and opposite to that associated with the abortion ban in 1966. From 1990 to 1992 the rates of legal abortion increased from about 500 abortions per 1000 live births to 3000 abortions per 1000 live births (David 1999).

Surprise legislation is readily detected as a 'spike' in a line graph of fertility rates (chapter one). In the postsocialist period, the spike in international adoptions that followed the 1990 Law on the Approval of Adoptions resembles the spike in fertility

rates discussed above.<sup>6</sup> International adoptions, which were not permitted prior to August 1990 except in rare cases, numbered 2957 in 1990, and 7324 in 1991 (Romanian Ministry of Foreign Affairs 1993:4). The moratorium on international adoptions was imposed in July 1991 and largely halted the black market for babies, but as legislation was revised (and private intermediaries re-organized themselves), the international adoptions were gradually re-established. This is discussed in detail in chapter three.

The second type of legislation, transformational legislation, is a measure aimed at definitively replacing or reversing a status quo. Unlike the surprise legislation, its effects are long lasting, pervasive, and generally successful at imposing a new order in society. It is a calculated means rather than a more reactive means to bring about a desired end-- although not necessarily a *good* end.

An example of transformational legislation is the soviet style child welfare law, Law No. 3/1970 that transformed the practice of raising unanticipated or 'surplus' children. This law operationalized a network of state-run child institutions that gradually replaced the traditional practice of the extended family and kin taking care of surplus children (Kligman 1998). In 1965, there were 33 *leagans* (state-run institutions for children age 0-3 years), and in 1989 the number had increased to 65. The number of children, evidenced by the growing number of beds that the state authorized in the *leagans*, continuously increased. Not until late in the transition period does the trend give way to a slightly downward slope-- after 1997 proportionally fewer infants were being admitted to *leagans*. This is a positive indication that child welfare reforms were finally having transformational effects, gradually and hopefully definitively reversing the trend of child institutionalization.

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<sup>6</sup> Professor Kligman brought this comparison to my attention during a telephone conversation, May 2002.

## **Child welfare reform in postsocialist Romania**

Broadly speaking, "child welfare" services mean those areas of social service designed to improve opportunities for optimal child development (Pecora *et al.* 1992: *xiii*). Child welfare *reform* thus implies the restructuring of social legislation in order to ensure the basic rights and privileges of children.

Since 1990, the first full year marking the onset of the postsocialist period in Romania, child welfare reform has been an important part of larger reform processes undertaken in the transition to a decentralized, democratic society. The overarching child welfare reform principles in Romania are to ensure that every child, in his or her best interest and with equal opportunity, enjoy the privilege of being raised in a family environment (GOR 2001:7). In a measurable sense, this translates into two strategies to reduce the dependence on child institutions: 1) to decrease the incidence of children being placed in institutions; and 2) to increase the rate of children being de-institutionalized, that is, reintegrating more children who live in institutions with their natural family or with an adoptive or foster family.

Several forces are driving child welfare reform strategies in postsocialist Romania. First, there is a heightened awareness by the government and others of an ethical obligation to improve children's well being. After the collapse of the communist regime, the outside world as well as many Romanians quickly learned of the dismal lives that children in the institutions endured. The new government took upon itself the responsibility to ensure improvements in the living conditions of children in institutions. For example, in September 1990 a special committee was formed, the Committee for Support of Children's Protection, comprised of prominent leaders in Romania. This Committee focused its child-centered efforts on three main goals: refurbishing institutions to make them more comfortable places for children to live; providing better clothing and education for children in institutions; and enlightening these children through cultural



activities. One priority of the Committee was to project at home and abroad an image of how living conditions in children's institutions had improved as a result of the efforts (U.S. Congressional House Committee 1991:56-58).

An ethical obligation to ensure children's well being was not the only motivating force for child welfare reform. Since the beginning of the transition there has also been substantial international influence. Among the first sources of external pressure was from the United States. Romania's most-favored-nation trading status with the U.S. expired in 1988 and Congress refused to re-instate it until Romania had a better record in human rights, including protecting minority rights and child rights (Harrington 1997:22-23).<sup>7</sup> In addition to the bi-lateral trade agreement with the U.S., Romania has ratified several international treaties that are monitored by international bodies. For example, Romania was among the first nations to ratify the United Nations Convention on the Rights of the Child (CRC) on September 28, 1990. The implementation of the CRC is monitored biannually by an international team that submits a written Periodic Progress Report to the U.N. Committee for the Rights of the Child. In addition, on May 1, 1995 Romania was one of the first countries, along with Mexico and Sri Lanka, to ratify the Hague Convention on the Protection of Children and Cooperation in Respect of International Adoption. The Hague Convention is a multi-national treaty that establishes cooperation between countries to ensure speedy and seamless placement of children who are eligible to be adopted outside of their country, and in the process, protecting the rights of all concerned. A Central Authority designated by the state monitors its

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<sup>7</sup> The U.S. originally extended MFN status to many countries, including Romania, in 1948. In 1951 Truman suspended the status in the Soviet Union and other Communist countries. Yugoslavia was not part of this exclusion (Pregelj 2000). In 1975 Congress reinstated MFN in Romania under the 1974 Janson-Vanik (Title IV freedom-of-emigration) waiver provisions. From 1975 until 1988 Romania was the only communist country where this trade agreement was reinstated and maintained with the U.S. In 1988, realizing that Congress would suspend the MFN due to non-compliance with the freedom-of-emigration requirement, Romania renounced the continuation of MFN and the agreement expired on July 2, 1988 (Reagan 1983; Pregelj 1993; International Trade Data System 2002). Efforts to reinstate MFN after 1989 were complicated by recalling Bucharest's record of human rights violations and by American adoption lobbyists (personal communication with Gail Kligman September 2003).

implementation. In Romania, the designated authority is the Romanian Adoption Committee.

Presently the European Union is the major external motivation for a swift and comprehensive implementation of child welfare reform measures. Political criteria established in 1993 by the Copenhagen European Council indicates that "membership requires that the candidate country has achieved stability of institutions guaranteeing democracy, the rule of law, human rights, and respect for the protection of minorities."<sup>8</sup> The issue of child protection is a matter of human rights under the Copenhagen criteria governing EU entry. As Romania proceeds on the road to EU accession, expected in 2007, the primary political criteria in the Accession Partnership is to undertake full reform of the child welfare system (section 4.1) and improve living conditions for institutionalized children (section 4.2) (European Council 1999). Romania receives substantial funding and technical assistance to carry out this plan. Progress on its implementation is followed and reported in Regular Reports of the European Commission.

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To restate, the primary aim of this study is to illustrate, using empirical evidence, the effects of state actions on children's well being. Institutionalized children are the units of analysis in this study because the impact of reforms are more readily detected by fluctuations in the entries into and out of institutions than they are by a less sensitive indicator such as infant mortality rates. Chapter 1 presents the circumstances under the socialist government, 1948 to 1989, that initiated high levels of child institutionalization. In particular, it examines Ceaușescu's ensemble of pronatalist laws (1966-1989),

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<sup>8</sup> For detailed text on the priorities established in the 1999 Accession Partnership please refer to Council Decision 1999/853/EC. Official Journal L 335, 28/12/1999 pp. 15-21.

increasingly aggravated by deteriorating social economic conditions, which resulted in many women placing their children in state care.

Chapter 2 discusses factors that sustain high levels of child abandonment in the postsocialist transition decade, from 1990 to 2000. Despite pronatalist legislation having been reversed with the new government, and despite the sharp decrease in the number of births, child institutionalization in the transition period has persisted. This is explained by worsening economic conditions for most Romanians, increased family disunity, and the continued tacit acceptance of institutional care over other solutions.

Chapter three introduces the key variable of interest, child welfare reform legislation, which is hypothesized to have significant influence on levels of child abandonment and deinstitutionalization. The first part of the chapter defines a pre-reform period (socialist years) and three reform periods (transition years). The pre-reform period is represented by empirical data from the years 1987 to 1989. This serves as the baseline or reference period against which three reform periods in the transition decade are compared. The three child welfare reform periods, defined by major pieces of legislation passed, are as follows. The first period is referred to as the reparation period (1990-1991), the second period as the re-organization period (1992-1996), and the third period as the most recent reform period (1997-2000). At the end of the chapter three I formulate three hypotheses stating the expected effects of each of the three child welfare reform periods on levels of child institutionalization and de-institutionalization. This study uses empirical data on individual children who have lived in *leagans* from 1987-2000 in order to test the hypotheses.

Chapter 4 is the methodology section that describes ethical issues, sample design, data collection procedures, and dependent and independent variables. It sets out the data analysis methods employed to test the hypotheses. Chapter 5 and Chapter 6 present the results of the data analysis for child abandonment and de-institutionalization,

respectively. Each of these analysis chapters begins by presenting descriptive statistics, and then the results from inferential analysis are interpreted to determine if and to what extent the stated hypotheses were supported. Chapter 7 is the concluding chapter. It highlights major findings and puts forth recommendations for further analysis in the Romanian context. In addition, it proposes that a similar study methodology be replicated in other countries, such as Bulgaria or Russia, where child institutionalization is a national focus of child welfare reform efforts.

## I

### **Child Abandonment and Institutionalization in Socialist Romania, 1948-1989**

Child abandonment in the region that comprises present-day Romania is a phenomenon that existed long before the 20<sup>th</sup> century. The Church and noble families collaborated in establishing and maintaining modest charitable hospices for orphans and foundlings as early as the late 1700s in the principality of Transylvania, and since the early 1800s in the principalities of Moldova and Wallachia (Ransel 1988; Nanu and Georgescu 1997; Alexiu 1999; Dobrin 2000). Although there are not exact numbers of abandoned children and orphans throughout the 19<sup>th</sup> and early 20<sup>th</sup> centuries, the presence of child hospices in Romanian principalities does not appear inconsistent with the growth of these hospices in other parts of Catholic Europe and Tsarist Russia.<sup>9</sup>

Despite its common origins, the problem of abandoned children under Romania's postwar socialist regime became quite extraordinary. The numbers of abandoned children during the socialist period assumed and maintained an unprecedented momentum, outpacing the problem in other socialist countries in the Soviet sphere. Although proportions of children living in institutions were generally higher in Central and Eastern European socialist countries than in Western Europe, by the dawn of postsocialist transition in 1990 Romania had the highest levels of child institutionalization of all these socialist countries. Table 1.1 shows that at least 2.4 percent of children under age 16 in Romania lived in institutions, representing a share that is more than double or triple that of neighboring countries:

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<sup>9</sup> For a detailed historical account of the development of child abandonment in Catholic Europe and Tsarist Russia, see Boswell (1988), *Collection de l'École Française de Rome* (1987), Fuchs (1984), Kertzer (1993), and Ransel (1988).

Table 1.1 Rates of child institutionalization in European countries, 1989 or 1990 (adapted from Sipos 1991).

	Percent of children under 16 years
Western Europe	< 1.0
Romania	2.4 – 3.4 <sup>+</sup>
Bulgaria and Hungary (a)	1.4
Czechoslovakia and the Soviet Union (b)	1.0
Poland (c ) and Yugoslavia (d)	< 1.0 (0.5% in Poland)

<sup>+</sup>The higher estimate includes children in preventive justice.

(a) Valchev, 1990; KSH, 1989; GYMF, 1990.

(b) Stuk, 1990; Kroupova, 1989.

(c) ZG TPD, 1990.

(d) Tudorovic, 1990.

Increasing levels of child institutionalization in Romania were initially prompted in the mid-1960s as a consequence of Ceaușescu’s pronatalist ideology.<sup>10</sup> In October 1966, a year after Ceaușescu took power, he unpredictably promulgated the pronatalist law, Decree 770/1966, which suddenly banned abortion and restricted women’s access to contraception. Throughout the next 24 years his rhetoric pressured women to be ‘heroes of socialist labor’ by having four or five or more children. At the same time, progressive deterioration in living conditions and the weakened role of the extended family made it increasingly difficult to raise children at home. Most women shouldered the triple burden of having to work full-time, maintain a household under adverse circumstances, and raise children. Financial austerity peaked in the 1980s when Ceaușescu, in an attempt to pay off the foreign debt, imposed severe food and energy shortages on his population. It was under these conditions that many children became “social orphans” in the state’s care. These “social orphans” were children who were abandoned or voluntarily given over to state institutions by living parents (Kligman 1998; Hunt 1998). In many cases it was intended to be a temporary situation until the child could be supported at home, but often

<sup>10</sup> The reader should note that a thorough treatment of the history and issues surrounding Ceaușescu’s demographic policies may be found in Professor Kligman’s book, *The Politics of Duplicity: Controlling Reproduction in Ceaușescu’s Romania* (1998). A full chapter is devoted to, “Socio-institutional Legacies: Abandonment, Institutionalization, and Adoption.”

once children were in the network of state institutions they lost contact with their family (Kligman 1998).

This chapter presents the social and economic circumstances that resulted in the problem of child institutionalization taking root in Romania. The first section begins by outlining the rise of the communist regime in 1948 and initial efforts to build a socialist command economy. In 1965 the new leader of the communist party, Nicolae Ceaușescu, took note of the flagging population growth and perceived it to be a grave threat to future growth of the socialist economy. Within his first year of rule he dictated an array of demographic policies be implemented to stimulate the birth rate. The second section examines these demographic policies, and in particular the effects of most draconian policy, Decree 770/1966, which banned abortion. The third section examines the deterioration in living conditions that were progressively prominent in the 1980s. Finally, section four describes the growth of a formal network of institutional care, the state's overriding solution for children whose families could not raise them at home. Official statistics provide evidence of the steady expansion of these institutions throughout the 1970s and 1980s. As it became widely known after the fall of Ceaușescu's regime in December 1989, children who had been placed in the care of the state suffered from extreme physical and emotional neglect as well as medical malpractice that, in the early 1990s, resulted in the highest levels of pediatric AIDS in Europe.

## **1.1 The socialist system**

When Romania's communist party replaced the constitutional monarchy in 1948 it launched a program of rapid industrialization.<sup>11</sup> The new communist state, under the

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<sup>11</sup> The Communist Party in Romania was founded in 1921. The communists, however, were viewed with distrust by the Romanian government because they were believed to be subservient to Soviet interests of regaining Bessarabia (annexed by Stalin in 1940) (Deletant 1999: 1-10). In 1923 a new Constitution was adopted to enlarge Greater Romania's democratic basis. Still fearing the Soviet Union's expansionist agenda, King Ferdinand banned the Romanian Communist Party in August 1924. In 1944, Romania abruptly changed sides in the war and allowed new Soviet allies to occupy Romania. The Communist

leadership of Gheorghiu-Dej, aggressively promoted development in heavy industry and construction largely at the expense of agriculture (Bachman 1989). For example, between 1948 and 1958 the proportion of food exports dropped from almost 50 percent to only 15 percent and was largely replaced by exports of machinery and equipment (Staar 1988). Furthermore, from 1950 to 1965 employment in industry grew from 12.0 to 19.2 percent while in agriculture and forestry it fell from 74.3 to 56.7 percent (Grohusen 1977).

In 1950, with almost 75 percent of its population living in rural areas and the nation still having a relatively high fertility rate (Romania had a total fertility rate of 3.2 in 1950, one of the highest in the region), the new growth in industry was sustained by drawing on rural labor resources. With the abundant supply of peasant workers who left the countryside to work in heavy industry, Romania's labor force grew faster than any other country in Eastern Europe—at approximately 4.6 percent per year between 1948 and 1975 (Grothusen 1977, Moskoff 1980).

In the 1950s and 1960s communist officials also began women into the growing workforce. The recruitment of women to serve the state had already been justified by the recognition of gender equality enshrined in the 1948 Constitution. In 1965, Article 23 of the Constitution had been revised to read: “In the Socialist Republic of Romania, women shall have equal rights with men. The state shall protect marriage and family and shall defend the interests of the child (quoted from Kligman 1998:27).” While this tenet should have established equality of sexes in all spheres, including private, social, economic and political spheres, in reality the legal assertion merely facilitated the participation of women in the workforce, thus allowing the state to utilize its full labor potential (Moskoff 1980; Kligman 1998). It did not change, however, the patriarchal traditions of men and

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Party emerged again shortly thereafter, with Soviet backing. In 1948 the Romanian Communist Party became head of the Romanian People's Republic, and was led by its first ethnic Romanian leader, Gheorghiu-Dej. His Stalinist regime that included collectivizing private property and promoting heavy industry was known to be rigidly authoritarian and repressive (Deletant 1999: 11-33).



women's roles in the household, nor attitudes in society regarding gender equality (Harsanyi 1993; Kligman 1994, Verdery 1994).

Gender discrepancies remained rooted in the workforce despite the purported equality of sexes. In 1956, 79.3 percent of women participated in the labor force-- the highest share in the region including the Soviet Union—but the statistic hides the fact that the daily work of most women had not significantly changed (Harsanyi 1993; Kligman 1998). From the 1950s until the mid-1960s, most women continued their peasant lifestyle in rural areas, only instead of working on their private land, they became employed in collective agriculture projects to feed the growing urban population and generate capital (Grothusen 1977; Bachman 1989). Thus while women tended to remain peasants, men more commonly moved out of agriculture and into industry and construction projects. Between 1956 and 1966, for example, the number of women in agriculture declined insignificantly while 600,000 to 800,000 men moved out of agriculture by either migrating or commuting to an urban center to work in a factory or on a construction project (Grothusen 1977).<sup>12</sup> So, while in 1966 almost 80 percent of women age 20-57 years were economically active, representing 45 percent of the total labor force, most were still employed in agricultural work (David and McIntyre 1981). Trebici (1971) refers to this early trend as the 'feminization of agriculture'. Kligman (1998) describes a similar trend from a rural perspective in her ethnographic study of a traditional village in Maramureş. Although Maramureş, in adhering to its rural traditions, maintained a lower level of industrial development throughout the socialist period than other counties in Romania, it provides a good example of the sex selective industrialization-migration pattern in Romania in the early part of the socialist regime. This trend later shifts during Ceauşescu's regime, when more women took advantage of opportunities for higher education and more joined the urban proletariat.

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<sup>12</sup> Farm collectivization was carried out in the late 1940s and 1950s. Collectivization was finished in 1962, two years ahead of schedule, when agriculture was 90 percent collectivized (Bachman 1989).

On September 25, 1957, following the Soviet Union's lead in legalizing abortion, Gheorghiu-Dej passed Decree No. 463 that legalized abortions (David & Wright 1971; Wright 1975; Baban 1999). This law exhibited "international ideological solidarity" with the Soviet Union and other countries in its sphere that had liberalized abortion in 1955 and 1956 (Kligman 1998:48). In passing this law, state officials had recognized increased levels of maternal mortality and morbidity due to illegal abortions, and had "give[n] women the possibility of deciding by themselves the question of motherhood" (Tietze 1964:119). Kligman (1998) explains, however, that this was a strategy to disrupt the traditional structure of the family and thereby liberate women to enter the workforce. By severing traditional family ties, liberal access to abortion (and divorce) was meant to facilitate individuals' entrance into industry and collective agriculture. Romania had more liberal regulations than other socialist countries. In particular, approval from an abortion commission was not necessary within the first three months of gestation and secrecy was assured (David & Wright 1971). Abortions were made widely available in hospitals, outpatient facilities and frequently at the workplace. They were performed immediately or within a week, and cost less than \$2.00 (David & Wright 1971; Teitelbaum 1972:405). Given the wide availability of abortion across classes, according to Mehland (1966), and the fact that modern contraception was practically non-existent, abortion quickly became the main means to limit family size (Teitelbaum 1972; Kligman 1998; David 1999; Baban 1999). The steady and rapid rise in the ratio of abortions to live births, from about 290 abortions per 1000 live births in 1957, to 4005 abortions per 1000 live births in 1965, indicate the strong desire that women had to reduce their number of children (David & McIntyre 1981).

When Gheorghiu-Dej died in 1965, the new communist leader, Ceaușescu, took stock of the stagnant demographic situation and was concerned about the future labor supply. By 1965 the fertility rates had dropped to 1.9, below replacement level, and Romania had the highest ratio of abortion to live births in Europe (McIntyre 1972). About 80 percent of conceptions were terminated. Moreover, due to the already low productivity in

agriculture, drawing further on rural labor supplies was no longer an option. Low agricultural output was the result of rapid urbanization that deprived rural areas of a strong, qualified population to produce sufficient food. Net population loss in the countryside grew from 6.3 per 1,000 in 1968 to 9.8 per 1,000 in 1973. In short, the declining population resources signaled red flags for the new administration, signaling a shrinking labor pool in the future. This set the context for the almost immediate and complete retraction of abortion and contraceptives in 1966.

## 1.2 Pronatalist ideology

In Romania's command economy, similar to those in other countries within the Soviet sphere, human capital was critical to the state's economic goals.<sup>13</sup> In order to achieve production goals set by the central planners, the state had to control labor in terms of the distribution, utilization, and size of the labor force (Kligman 1998). The source of labor was individual workers, and the more workers involved in producing goods then the higher the production output. Logically, a higher production output should generate a stronger economy, and with a stronger economy the state could provide a higher living standard for everyone-- and at the same time maintain its power. But workers, like all other goods and services in these 'economies of shortage', as Kornai (1980) aptly coined them, were in short supply. The only way to increase the number of workers was to

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<sup>13</sup> Verdery (1996) provides a lucid description of the fundamental mechanisms of the socialist economy including production, redistribution and consumption. Basically, the socialist economy depended on the State's total accumulation of the means of production in order to be in the unique position to redistribute goods. The State was the ultimate *accumulator*, for example, of land, industry, services, labor, etc. Since the State controlled the means of production, it followed that everything that was produced belonged to it. Being in ultimate control of the redistribution of these goods and services was necessary for the State to control the masses-- the State not only controlled what was consumed, it also controlled how much, when, and by who, thereby creating a dependency on the State as the sole *provider*. Hence the term *pater familias* is frequently used by experts to refer to a socialist State that justifies its ownership of goods and services by promising to provide people with their basic needs e.g., a job, housing, food, medical care, education, entertainment, etc. A major criticism of the socialist economy is that people did not have a choice in the goods and services, and by nature of the socialist system, there was no incentive for quality goods and services.

expand the potential workforce, and Ceaușescu attempted to do this by increasing women's reproduction.

Such a productionist mentality of the socialist economy was not unique to Romania's socialist economy, but the aggressive goals that Ceaușescu set to expand his labor force were. By harnessing the family's reproductive capability, he aimed "to stimulate natality to reach 18-19 per 1,000, a rate corresponding to the economic progress of the population, and to help realize the national socio-economic plan of development that desires a population of about 24-25 million inhabitants by 1990... (Mureșan and Coil 1974: 367-368; Trebici 1976:134-135)." The Communist Party further extended this to at least 25 million in 1990 and to around 30 million by 2000 (Trebici 1976:134-135). Ceaușescu intended to reach this population goal by reversing the declining trend in fertility and stimulating population growth. He thus implemented a series of pronatalist decrees and incentives that included a ban on abortion, restrictions on divorce, and an array of family benefits. These measures, as we see below, were not only ineffective in achieving the intended population goal, but when coupled with his imploding economy, they had the unintended result of creating a significant sub-population of abandoned children.

### **1.2.1 Abortion ban**

Because abortion was the most widely used fertility control method after its legalization in 1957, it was also the most obvious target in Ceaușescu's barrage of demographic policies. Ceaușescu believed that by banning abortion the trend in low birth rates would revert to their higher levels. This was the simplistic and short-sighted rationale behind passing the anti-abortion Decree 770/1966 in October 1966. The Decree outlawed abortion with the following exceptions listed in article 2: the woman was over 45 years of age (reduced to 40 years of age in 1972) or had four or more children (increased to at least five children in 1986); the pregnancy was a result of rape or incest; and in the case

where a birth threatened the life of the mother or the fetus had a congenital malformation.<sup>14</sup> Official imports and sale of contraception were prohibited although personal procurement was permitted. As Teitelbaum (1972) and others have noted, some contraceptives such as the pill, IUDs, condoms (produced in Romania until the 1970s) and creams were available at high prices, mostly through the black market, but few women could afford them.

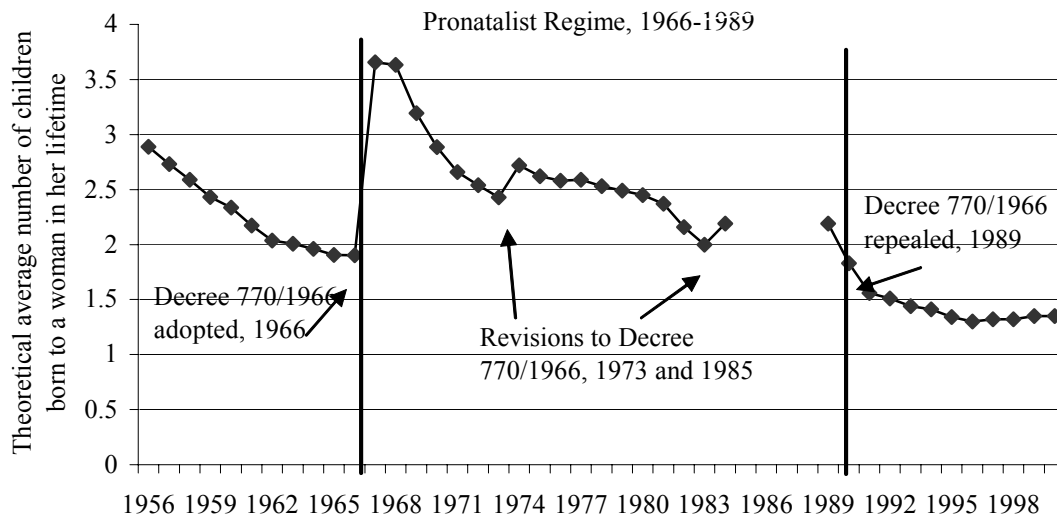
Not surprisingly, women were unprepared for the sudden and almost total block on abortion (Kligman 1998). The effects immediately following introduction of the Decree are readily detected in the three trends discussed below: a sharp increase in fertility rates; a steep drop in abortions; and a long-term rise in the number of institutionalized children.

First, the surprise effect of Decree 770/1966 is apparent in fertility trends. When the Decree was suddenly implemented, the fertility rates increased 47 percent in just two years—from 1.9 in 1965 to 3.7 in 1967 (Figure 1.1). This represents the largest one-year fertility increase ever experienced by a large population (Teitelbaum 1972: 414). Many of these births were probably to women who were pregnant before they realized the full force of the law. Many women who were pregnant, and presumably would have had an abortion under the liberal conditions prior to Decree 770/1966, had no choice but to give birth. Exactly how many of the infants born after the Decree's introduction were actually unanticipated and could not be raised at home is impossible to know. However, from the sudden decrease in abortions after the Decree's introduction, and the rise in the numbers of institutionalized children, it is evident that many mothers abandoned their infants to state care.

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<sup>14</sup> Kligman (1998:52-70) discusses in detail the main issues contained in the eight articles of Decree 770/1966, and their modifications.

Figure 1.1  
Total fertility rates, 1955-1999



Source: NCS Statistical Yearbooks; US Census Bureau International Data Base for 1967-89 data.

As is characteristic of the Decree's surprise effect, the sharp rise in fertility rates was followed by their steady deceleration. By 1973 the total fertility rate had dropped below 2.5, and to only 2.0 in 1983. This decline in fertility reflects the establishment of coping networks to avoid pregnancy or to prevent a birth by having an illegal abortion.

Alternative fertility control measures included reverting to unreliable natural methods that they had used prior to legal abortion such as withdrawal, herbal remedies and douches, and the rhythm method (Rothman 1990; Kligman 1998). When these traditional methods failed, those who had the means sought an illegal abortion to avoid having an unwanted birth (Serbanescu *et al.* 1995; Kligman 1998).

The Decree's surprise ban on almost all abortions is likewise reflected in the sharp decline in reported abortions after the Decree was implemented. When it was implemented in October 1966, legal abortion rates plunged by 92 percent in just over a year-- from 4005 abortions per 1,000 live births in 1965 to 309 abortions per 1,000 live

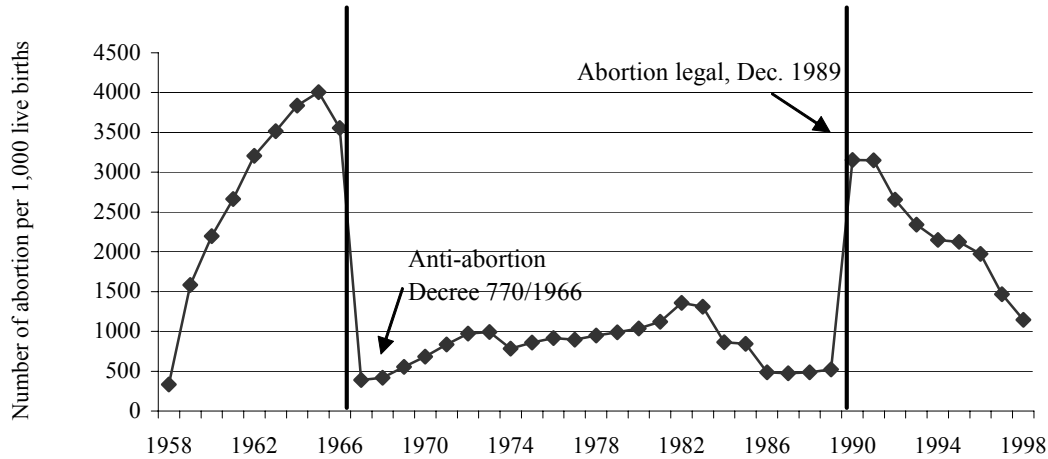
births in 1967 (Figure 1.2). Again, as is characteristic of the Decree's surprise effect, the number of abortions soon rebounded as women and medical personnel learned ways to circumvent the new legal constraints.

First, the gradual rise in reported abortions through the 1970s provides evidence that 'quasi-legal' abortions became more widespread-- within a decade after the Decree was implemented there were about 1000 legal abortions per 1000 live births reported. Quasi-legal abortions are cases where an accommodating physician provided an excuse for an abortion under false pretenses, such as falsely documenting that the life of the woman was threatened by giving birth, thereby making the abortion appear officially legal. As it did prior to the decree, the Ministry of Health continued to collect statistics on the number of reported abortions. Reported abortions included legal abortions (e.g., for women who were over age 45, who had more than four children, etc.), as well as those who arrived at the hospital following an incomplete self-induced abortion.<sup>15</sup> Further analysis of abortion statistics is beyond the scope of this study, but Kligman (1998) provides a detailed discussion of how medical personnel and others manipulated the classification of reported abortions during the pronatalist regime.

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<sup>15</sup> Between 1966 and 1989 the Ministry of Health reported that among women who were hospitalized for emergencies related to pregnancy, 60 percent were from incomplete abortions.

Figure 1.2  
Legal abortions per 1,000 live births



Sources: Data for 1958-78 David & McIntyre (1981); 1980-95 David (1999); 1998 UNICEF (2002).

Second, illegal abortions, most of them self-induced or induced by lay persons, were widely performed to avert unwanted births (Serbanescu *et al.* 1995). Due to the high level of secrecy surrounding these unreported abortions, the exact numbers cannot be gauged accurately. However, circumstantial evidence of a high incidence of illegal abortion is inferred from the elevated maternal mortality rates after the pronatalist decree was implemented. High levels of maternal mortality frequently indicate that women are accessing illegal and unsafe abortions. From 1970 to 1990, maternal mortality in Romania ranged from 120 to 180 deaths per 100,000 live births (David 1992). This was 3 to 4.5 times higher than overall rates in Europe during the same period, and by far the highest rate anywhere in Europe (Tinu 1995; Ghețsau 1997). Data from the Romanian Ministry of Public Health and the World Health Organization estimate that 70 percent to 88 percent of the maternal mortality deaths, also from 1970 to 1990, were due to abortion related causes (David 1992; Tinu 1995). In 1989, just prior to Decree 770/1966 being reversed, there were 627 maternal deaths reported by the National Commission of Statistics, of which 545 were due to abortion related causes—that is, 87 percent of



maternal deaths were related to botched abortions (UNFPA 1996). This translates into a ratio of 148 abortions per 100,000 live births, the highest rate in Europe (Tinu 1995).

Some women accessed illegal abortions through a slightly safer channel, at least in terms of health risks, namely a covert medical provider. But these services were not available to most women. Abortions through a medical provider were too expensive for most women to afford. Not only were most women simply too poor to afford the service, but abortion providers charged relatively high prices to offset the substantial criminal risks involved. For abortionists or accomplices, the revised Penal Code (Law No. 15 of April 21, 1968) stipulated punishment ranging from a fine, to revoking the license, to a sentence of up to 12 years, depending on the role of the executor and the records of previous offenses (Kligman 1998; Baban 1999). For the woman who obtained an abortion, whether married or unmarried, the punishment was a sentence of to six months to two years or to pay a fine (Baban 1999). Furthermore, most women did not have contact with medical professionals willing to perform the procedure. And as Ceaușescu's policing increased—both overtly and covertly with his *securitate*-- it became increasingly difficult to afford the exorbitant price a medical practitioner charged to perform them (Kligman 1998). While prohibitive cost, difficult access, and fear of health risks precluded many women from aborting an unplanned child,<sup>16</sup> for other women it was traditional and or religious beliefs that kept them from practicing abortion. Rural Roma women, for example, have more live births on average than Romanian women (about 2.56 versus 1.93, respectively, in 1986), and are believed not to have practiced abortion for cultural reasons (Kligman 1992). For these women who were unable or unwilling to

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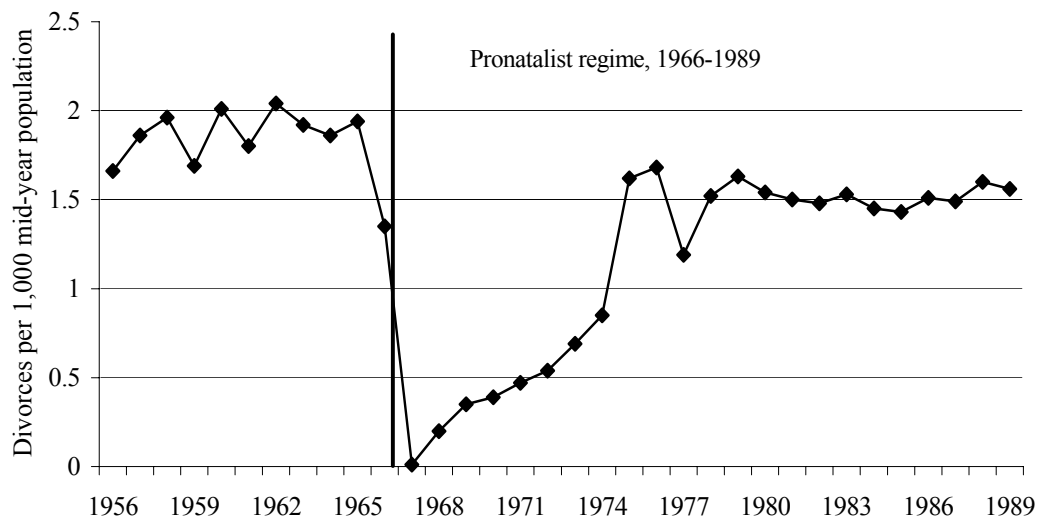
<sup>16</sup> Since ethnic Hungarians and Germans both had fewer live births than ethnic Romanians did in 1986 (1.73 and 1.6, respectively) some researchers have presumed that they were likely to have contact with an abortion provider and be able to afford an illegal abortion, or to have greater access to expensive contraceptives on the black market. While this may be true, it should also be noted that the lower birthrates also correspond with the emigration of ethnic Germans and Hungarians in the 1980s. Since 1967 West Germany had a policy of granting automatic German citizenship to all German settlers outside of Germany, and between 1978 and 1988 about 120,000 ethnic Germans left Romania (Bachman 1989). Also in the 1980s thousands of Hungarians escaped across the border into Hungary to flee forced assimilation (Staar 1988). As is common in emigration patterns, there may have been a degree of selectivity where people who are of labor- and child-productive are most likely to leave.

have an illegal abortion when faced with an unwanted pregnancy, the only remaining option was to place their infant to a state institution.

### 1.2.2 Divorce restrictions

Between 1950 and 1960, Romania had the highest divorce rates among the seven countries in the region (Berent 1970). Ceaușescu discouraged divorce because it interfered with women’s childbearing and was detrimental to growing a expanding future labor sources. In October 1966, concurrent with the anti-abortion decree, Decree No. 779 was passed allowing divorces only in exceptional cases. This law placed restrictions on obtaining a divorce by increasing legal fees for lawyers and witnesses and requiring a costly tax stamp (Wright 1975; Moskoff 1980; Kligman 1998; Baban 1999). It also required “a trial period of reconciliation of six months for families without children and one year for those with children” (David and Wright 1971:207).

Figure 1.3  
Crude Divorce Rates, 1956-1989



Source: NCS Statistical Yearbook (1992).

From 1965 to 1968 the divorce rate in Romania fell from 1.94 per 1,000 inhabitants to less than 0.01 per 1,000 (Figure 1.3). After the mid-1970s the courts began to interpret

the law more liberally and divorce rates gradually increased again. They flattened out at about 1.5 per 1,000, maintaining rates only slightly lower level than prior to Ceaușescu's regime (Moskoff 1980).

As the effectiveness of the divorce restrictions waned, there was an attempt made to increase birthrates by promoting early marriage. In 1984 the legal age of marriage for women was lowered to 15 years (Hausleitner 1993). This had little effect on the marriage rates (much less on the birth rates), which remained steady at about 9 marriages per 1,000 people per year, and even dropped to about 7 per 1,000 after the mid-1980s as the economic situation worsened.

### **1.2.3 Birth incentives**

Concomitant with implementing the abortion ban and divorce restrictions, the state employed an array of pronatalist incentives. The incentives were mostly provided as employment benefits from the state to working mothers. They served the state's interest in that they encouraged women to have more children while also ensuring that women contributed to the labor force (Fajth & Zimakova 1997).

Nontaxable cash subsidies paid directly to families to support raising their children were potentially the most significant among these incentives. These were first introduced in 1960, and in 1971 the original law was amended so that the minimum age of eligible children was raised from 14 to 16 years. The size of the cash allowance was inversely related to the family's monthly income and the average allowance per child rose as family size increased (Moskoff 1980; Kligman 1998). Families living in urban areas received more than rural families working on agricultural cooperatives.<sup>17</sup> In addition,

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<sup>17</sup> Moskoff (1980: 605) uses as an example: In 1971, "an urban family with a monthly income of \$150 would receive \$11 a month if they had one child, \$12 a month if they had two, and \$13 per child if they had three.

women who bore and raised many children were also qualified as “heros of socialist labor,” with minor privileges attached (Kligman 1998:81).<sup>18</sup> For example, at the end of 1972, mothers with eight or nine children living at home were granted \$17 per month, and a mother of ten or more children at home received \$25 per month. This monthly grant, the same for rural or urban families, continued until the children reached age 18 (Moskoff 1980).

As several researchers have noted, it is difficult to assess the real value of these allowances (Grothusen 1977; Moskoff 1980; Kligman 1998). Although the cash transfers were a significant portion of income, representing an augmentation of 20 percent to almost 50 percent of the monthly salary, salaries were already low relative to the cost of raising a child.

In addition to regular cash allowances, beginning on January 1, 1967, a birth bonus or maternity grant equivalent to a lump sum of approximately \$85 was granted for third and higher order births (Moskoff 1980; Baban 1999). The amount was raised in 1972 and 1979 (Baban 1999) to approximately \$180 (Wright 1975). New mothers also received maternity leave for 16 weeks, with 52 days pre-maternity and 60 days post-maternity leave (this was by far the shortest maternity leave in the Central and Eastern European region) (Moskoff 1980; Kligman 1998).

Other incentives to stimulate births included the following:

- ◆ Article 22 of Decree 410 provided a means of income for mothers who did not earn a salary, and mothers whose husbands were engaged in mandatory military service (Kligman 1998).

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<sup>18</sup> Mothers who bore and raised many children were honored as “heroes of socialist labor”. The mother who delivered and raised ten children was recognized as “Heroine Mother”; those with seven, eight or nine children were awarded the “Order of Maternal Glory”, and those with five or six children were awarded the “Maternal Medal” (Kligman 1998:81).

- ◆ Paid medical leave of 50-80 percent of the mother's salary was available to stay with a sick child up to three years (Moskoff 1980; Kligman 1998; Baban 1999).
- ◆ At the end of 1966 free medicines were provided for women with at least three children (Moskoff 1980).
- ◆ Women were permitted to leave the workforce temporarily, until their child reached the age of 6, without losing vacation time. A decision in 1967 allowed women to request to work half-time until the child reached age seven. The request was granted only if management thought it was feasible in terms of the effects on production (Moskoff 1980; Kligman 1998).
- ◆ In 1966 legislation was passed regarding pensions that favored women with several children. Retirement age was reduced by one year if she had raised three children, and by two years if she had raised five or more children. (Normal retirement age was 57 for women and 62 years for men.) (Moskoff 1980; Kligman 1998).
- ◆ Income tax was reduced 30 percent for families with three or more children (Wright 1975).

In contrast to birth incentives, other individuals were penalized for *not* having children. After January 1, 1967 a "childlessness tax" was automatically withheld from salaries of men and women over age 25, whether single or married (Wright 1975; Moskoff 1980, Hausleitner 1993; Kligman 1998). The amount of tax levied was 10 percent or 20 percent depending on the individual's monthly income (Moskoff 1980).

The aim of these pronatalist incentives, coupled with the ban on abortion and restrictions on divorce, were meant to significantly increase the birthrate to achieve population goals. But this did not happen in the long run. Although the government expenditures on incentives rose 470 percent between 1967 and 1983, and even though Ceaușescu continued his rhetoric to increase reproduction, the birthrates still declined by 48 percent - from 27.4 per 1,000 to 14.3 per 1,000, respectively. Romania's birthrates were indeed only a fraction higher than other countries that still allowed abortion on demand.

Counteracting pronatalist measures in Romania was the failing economy that, by the 1980s, was bringing about a notable deterioration in living conditions, a severe lack of consumer goods, and strictly enforced food and energy rationing. Under these conditions women were understandably reluctant to have more children-- or when forced to give birth to an unwanted or unanticipated child, readily relinquished the child to state care.

### **1.3 Deterioration of living conditions**

This section highlights some of the increased difficulties that families, especially women, faced as living conditions deteriorated throughout the 1980s. The harsh social and economic environment was not conducive to raising a family and these circumstances contributed to a falling birthrate as well as large numbers of children being placed in *leagans* (section below).

By 1976, only a year after Romania was granted Most Favored Nation status by the U.S., its economy already showed signs of faltering. The reasons for this are complex, but can be summarized: Between 1973 and 1977 Romania incurred a large trade deficit with capitalist countries, compelling it to borrow large sums from the International Monetary Fund and the World Bank. These debts were mainly to Western countries with which Romania had contracted to help it build large industrial plants. To pay back these debts, Romania had counted on large export revenues of heavy machinery, refined petroleum and other processed raw materials. However, in the late 1970s Romania's economic trajectory took a turn for the worse due to a series of external and internal events. Externally, the steel and refined oil prices collapsed, and the Iran-Iraq war impeded the flow of crude oil from Iran to Romania. Internally, Romania suffered a powerful earthquake and a long drought, bringing about disastrous shortcomings in agricultural targets. Angry at the loan agencies for charging 'unjustifiably high' interest rates on the loans, Ceaușescu slashed imports from the West and refused to seek further international assistance outside of humanitarian assistance (and continuing MFN status until 1988). In

1981 he launched a massive campaign to pay off the foreign debt, including strict food and energy rations in order to maximize exports in return for foreign currency. Between 1981 and 1988 Romania's hard currency debt dropped from an estimated 10 billion to just over 5 billion (Staar 1988), but as a result of his austere measures, the population suffered a steady deterioration in living conditions.

The difficulties caused by the wider economic situation were magnified within the family. Although women had had to cope with the triple role of mother, member of household, and worker since the mid-1960s, these stresses were multiplied as the social conditions made it more difficult to maintain a household and raise children (Harsanyi 1993, Kligman 1998). First, women had less and less time to raise children. In the 1970s Grothusen (1977: 453) had already discovered that “declining birth rates seem to lie primarily with the opportunity cost of female time.” Harsanyi (1993: 42) notes: “The very idea of home was thrown overboard. The country [had] become a euphoric work camp.” In the 1980s, maintaining a household required even more time: in addition to the time that Romanians spent full-time in the work place, they had to queue for food rations during odd hours of the morning and night. Likewise, energy shortages were common and left short, unpredictable periods for preparing food.

Second, raising children was difficult because housing in the growing urban areas was not easily available, and it was crowded. By 1967 the communist party had begun discussing a planned rural resettlement program, called *sistematizare*, to provide housing for its workers in new urban centers (Ronnas 1989; Turnock 1991). Systematization was a forced rural urbanization plan unveiled and approved in 1972 with the purported goal of diminishing the disparity in living conditions between urban and rural populations. It was meant to abate the flow of migration from rural areas to the urban areas by effectively modernizing existing villages. Each village designated for urbanization was to have residential buildings no less than two stories high, centered around a community civic center (Turnock 1991). The first 5-year systematization plan, adopted in 1974 by

the Eleventh Congress of the Romanian Communist Party, was supposed to be implemented in 1976-80, but because of economic difficulties it ran about a decade behind schedule (Ronnas 1989).<sup>19</sup>

The population resented the systematization program for obvious social and cultural consequences. Systematization served the government's goal of abolishing private property and creating homogeneous worker villages. Peasants who had been self-sufficient on their own land had to live in generic, cramped apartments, and if they did retain a plot of land it had to be located outside of the designated urban area. The minorities, namely the ethnic Hungarians and Germans, particularly resented the plan as they believed it was to wipe out their culture by forcibly integrating them with the dominant ethnic Romanian population. "In the space of about one decade, Ceaușescu [planned to] indelibly change the basic character of Romanian towns by consolidating thirteen thousand Romanian villages, in which just under 50 percent of the population still lived, into about seven thousand villages grouped around five or six hundred administrative centers (quoted from Stokes 1993: 161)." Although the plan fell way behind schedule, in the 1980s the centers of 29 villages were 85-90 percent razed to make place for new constructions (Stokes 1993).

New urban housing was also often inadequate in function and size, and compared to living in a rural setting where there was more space and perhaps next of kin, it was not conducive to raising a family. Many of the flats within the new uniform apartment blocks lacked sufficient plumbing and heating. Furthermore, Harsanyi (1993: 47) notes that "the state housing policy established that only a family of four was entitled to two rooms, meaning a one-bedroom apartment." One-child families were ineligible to purchase three or four room apartments (Baban 1999). The 1977 population census

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<sup>19</sup> According to the 1977 Census of the Population and Households, 43.6 percent of the population was urban and in the 1992 census this had increased to 54.4 percent. It was probably slightly higher in 1990 since there was migration to back to rural areas after the 1989 revolution, as people attempted to reclaim farmland that had been taken by the State.



found an average of 2.2 rooms per dwelling, with an average of 3.2 persons in the household. In the 1992 population census this slightly improved to an average of 2.5 rooms for an average of 3.05 persons.<sup>20</sup> From these data it is not clear what the urban/rural differences were, but it is logical that the averages for urban areas alone would be significantly lower given proportionally more families living in small flats.

Within these planned urban complexes, it was easy for Ceaușescu to keep close surveillance on his population. Romania's *securitate* was, per capita, the largest secret police force in Eastern Europe, and they were given liberal powers to spy, arrest and interrogate those suspected of violated the regime's policies (Bachman 1989). An estimated one in every four Romanians worked directly or indirectly for the secret police (Lewis 1992). In general, their mere invisible presence was threatening and made the atmosphere in these crowded complexes, and throughout society, perpetually tense and not conducive to raising a family. The police, for instance, could detect whether a family exceeded its share of electricity rations. They could monitor a family's contact with foreigners. They could apprehend a family for obtaining goods on the black market. They could arrest a woman for her efforts to obtain an illegal abortion or contraband contraception. Any of these violations could and often did carry a stiff penalty.

Third, childcare was difficult to obtain. By the 1980s, since most young couples had moved to urban areas while their older parents stayed in rural areas, they could no longer depend on the tradition of extended families to help with childcare. The state childcare services were inadequate and there was no civic society structure in place to help with

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<sup>20</sup> Several indicators from the 1977 and 1992 Censuses of the Population and Households describe the change in living conditions: households with water piped from a community or private source, 29.5 percent in 1977 and 53.7 percent in 1992; households with electricity, 85 percent in 1977 and 96.1 percent in 1992; households with central heat, 20.4 percent in 1977 and 38.7 percent in 1992.

this task. State childcare ceased to be free in 1982, and even before that it had become increasingly difficult to acquire a place in a state nursery (Kligman 1998). Harsanyi (1993: 43) notes that, in the 1980s, childcare centers had a teacher/child ratio of one to twenty or more, and they were poorly equipped with toys, books and educational devices. Furthermore, many day care centers were cold and dark, and the food hardly met children's needs (Harsanyi 1993: 43).

Notwithstanding the multiple constraints on women and households in general, Ceaușescu insisted that women should have more births. “On International Women’s Day, March 8, 1984, Ceaușescu saluted women’s importance to the nation by again exhorting them to bear four or more children...(Kligman 1995: 239).” In addition to the incentives mentioned above, Ceaușescu further tried to raise the birth rate in the 1980s to 20 per 1,000 by reducing the legal age at marriage to 15 years (Hausleitner 1993: 55). To ensure the efficacy of the pronatalist measures, Ceaușescu revised and strictly reinforced the pronatalist Decree of 1966. The new revision in 1985 raised the minimum age for abortion back up to 45 and having at least 5 children under the age of 18 living at home (revisions in 1973 had reduced the minimum age to age 40 and four children). To enforce this, Ceaușescu assigned doctors and nurses involved in gynecology to ‘demographic control units’. These units conducted gynecological exams in women’s workplace to insure that if they were pregnant then they would carry the baby to term. In addition, infertility treatment was to be recommended to infertile couples and miscarriages were to be investigated (Bachman 1989).

As women continued to feel pressure to bear more children, and at the same time families suffered the effects of the broken economy, they actually became less likely to raise children. In the face of these hostile conditions, the monetary incentives that the government provided through the workplace were woefully inadequate. The result was that the state began to replace the traditional family functions of raising and educating children.

## 1.4 Growth of child institutionalization

While pronatalist demographic policies were not successful in sustaining fertility rates necessary to achieve the population targets, they did produce a long-term surplus of children in state care. The aim of this section is to provide the reader with an idea of the extent to which state care for children between age 0 to 3 years increased throughout the socialist regime. Unfortunately, the statistics available on children in state care are very crude because, although meticulously kept in local institutions, detailed information was simply not compiled or published at the national level. The information that is presented below is published by the National Commission of Statistics (NCS) who, since 1950, has compiled basic information on the numbers of *leagans* and the number of beds in *leagans* (the actual number of children in *leagans* is also available starting with 1989).

The establishment of this network of residential institutions for abandoned or orphaned children has a legal as well as a social basis. In 1969 social work as a profession was eliminated. In its place, in 1970 and only three years after implementing the anti-abortion decree that resulted in a flood of unanticipated births, the communist government passed Law No. 3/1970 (article 5) that officially established several categories of specialized institutions (Alexiu 1999). *Leagans*, one category of these specialized institutions created by the state, are designated for all abandoned and orphaned children age 0 to 3 years. (Infants and children living in *leagans* will be the units of analysis later in this study.) After children in these *leagans* have reached the age of three years, if they have not yet been absorbed into a family, they are transferred to another state-run institution based on their age and ability. Normally school-age children were transferred to *case de copii* (state-run residential institutions for school age children), but if they had special physical or mental needs then they were transferred to a *gradinițe* (for children with ‘curable’ deficiencies) or *cămine spital* (for children with ‘incurable’ deficiencies). For children between ages 14 and 23 years there were special education and vocational training institutions (Verona 1994; Alexiu 1999).

Law No. 3/1970 also fragmented the supervision of these institutions between various ministries. The *case de copii* were under the Ministry of Education, the *cămine spital* were under the Secretary of State for the Handicapped, and the special education and vocational institutions were under the Ministry of Labor. The Ministry of Health was in charge of the *leagans* because it was believed that the infants and small children needed specialized medical care that a cadre of medical personnel assigned by the MOH could provide (DPC 1998). In the 1980s even medical care was pared down as the economy worsened. As it became apparent to the world in the 1990s, the lack of psycho-social stimulation coupled with the paucity of medical care, resulted in otherwise healthy children acquiring grave development delays (Zamfir 1998; Zouev 1999).

The logic behind this fragmented allocation of supervision was also linked, as Kligman (1998: 227) notes, to the formation of productive new socialist citizens. Healthy children, after they reached the age of three, were transferred to institutions under the administration of the Ministry of Education where they would be taught to be productive citizens. Older children were transferred under the care of the Ministry of Labor, where they would learn a vocation and also become productive citizens for the state. Children diagnosed with so-called incurable deficiencies, such as paralysis, blindness or mental disability, were assumed not to have the potential to be productive citizens and were virtually neglected in terms of specialized care and education in their institution (Rothman & Rothman 1990; Kligman 1998).<sup>21</sup>

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<sup>21</sup> Evidence of neglect and mistreatment surfaced early in the 1990s in numerous articles and studies. For example, a study in a *camin spital* in 1992 with 170 children with severe deficiencies found that the orphanage had adequate supplies of food and water, but 25 percent had no shoes, and medical supplies and basic medicines were scarce. The orphanage was short-staffed and although the staff seemed to want to provide more for the children they simply did not have the means or the training to do so (Rosenberg 1992). “Children who were judged to be physically and developmentally normal went to institutions, where they were provided with limited educational and medical services. . . Those judged to be incapable of entering the work force (approximately 20 percent of the orphans) were relegated to asylums for the incurables. Within these asylums for incurables, children were fed bread heels, fatty sausage, tripe gruel, wormy apples, etc. Facilities were unheated; medical care, educational services, and rehabilitation

### 1.4.1 Number of *leagans*

Data on the number of *leagans*, presented in Figure 1.4, reveal that at the beginning of Ceaușescu's regime in 1965 there were already 33 *leagans*. Several of these, including six of ten selected for data collection in this study (*leagans* in Cluj, Timiș, Mureș, Iași, Dolj and Brăilă), had been constructed prior to World War II. These and others were likely to have been inherited by the communist regime as a response to the 1930 Law of Health and Protection.<sup>22</sup> By 1970, when Law No. 3/1070 was passed, there were 42 *leagans*, with all but 12 counties having at least one established (Romania has 41 counties, plus Bucharest). During Ceaușescu's regime, the Ministry of Health closely monitored the number of *leagans* and beds available. Dr. Veronica Ciobanete (whose title is *Adjunct al ministrului sanatatii*, or a staff member of the Ministry of Health) writes that "in the past [prior to 1965], mother and child protection had remained behind, but since 1965 there has been an accentuated development in the number of *leagans* and available beds (Ciobanete 1988: 4<sup>th</sup> page of the article copied from the *Revista de Statistica*, exact page numbers are not visible from this copy)." By 1980, every county except for Calarași, located next to Bucharest, had at least one *leagan* designated to receive abandoned or orphaned children under three years of age (Ministry of Health 1999). By the end of Ceaușescu's regime, in 1989, there were a total of 65 *leagans* spread across all counties. 26 counties had one *leagan*, 11 counties had two *leagans*, and

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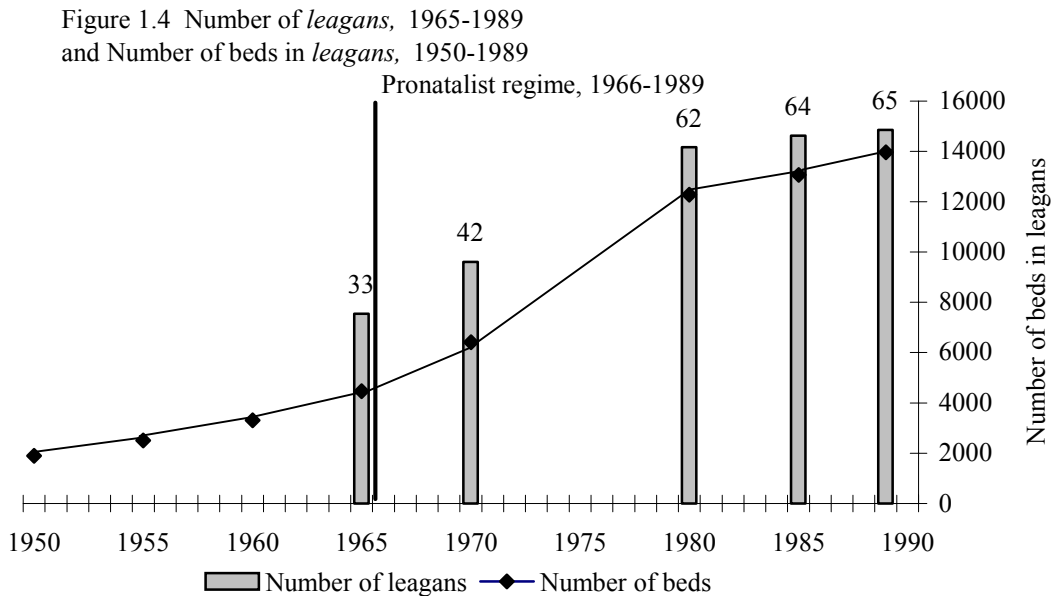
programs were nonexistent; and institutional sanitation and personal hygiene were ignored (Johnson 1992: 3447-3448)".

<sup>22</sup> The 1930 Law of Health and Protection stated: "...children whose physical, intellectual, and moral development cannot be assured within the framework of the family will be provided for by the State, county or community. The decision regarding which institution will provide care for these children will be made by the court and qualified authorities, in collaboration with medical experts or child protection experts." Translated from: "[...] *copii a caror dezvoltare fizica, intelectuala și morala nu se poate asigura in cadrul familiei vor putea fi trecuți in sarcina statului, judetului sau comunei, respectându-se prevederile codului civil. Calificarea si repartiția copiilor din aceasta categorie in instituții de asistenta se face de catre autoritațile judicare, secțiile tutelare ale tribunaleleor, in colaborare cu oficiile de ocrotire sau cu medicii igienisti de ocrotire*" Alexiu (1999).

Furthermore, the *Romanian Statistical Yearbook* Vols. 1933 and 1937-38 reports 18 and 48 institutions respectively for widows, orphans and invalids. Some of the *leagans* that I visited were built prior to WWII, undoubtedly having gone through substantial transformations." In 1938 there were six State-run centers (Arad, Cluj, Oradea, Târgu-Mureș, Timișoara, and București) with about 9000 children (of unknown ages) being assisted. Four more were being organized (Galați, Iași, Cernauți, and Craiova) Alexiu (1999).

four larger counties had three or more *leagans*. Bucharest had the greatest number of *leagans*, six in total, in order to cope with the greatest number of infants (Ministry of Health 1999). Official rhetoric stated that the purpose of these new, modern constructions was to play a "humanitarian role" in assisting orphans and abandoned children (Ciobanete 1988: 5<sup>th</sup> page of article copied from the *Revista de Statistica*). In reality they did not uphold these idealistic and ideological images. Rather, as it became evident after Ceaușescu's fall, they were an ill-conceived mechanism to expand his future labor pool.

### 1.4.2 Number of beds in *leagans*



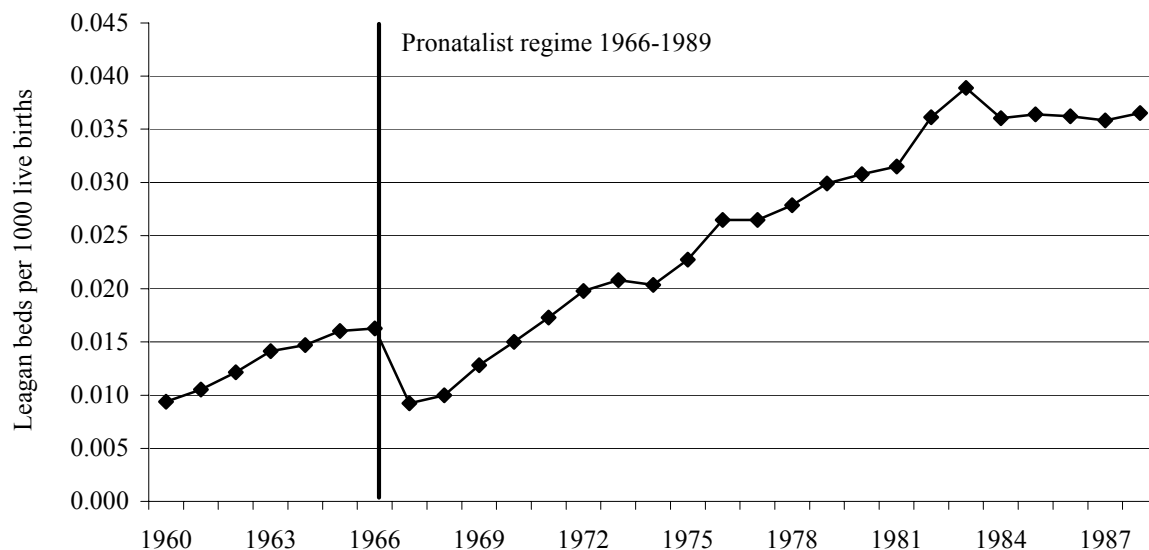
Sources: CNS Statistical Yearbooks (1995, 1999);  
Data for 1965 from Ciobanete (1988).

Since 1950, Romania's National Commission for Statistics has consistently reported in its annual statistical yearbook the number of beds that the state authorized in *leagans*. In just one decade following implementation of the anti-abortion policy, the number of authorized beds in *leagans* grew 60 percent (from 4452 beds in 1966 to 11047 beds

in 1976) (Figure 1.4). By 1988 the number of *leagan* beds had increased to 13,878. These numbers of beds are likely to underestimate the number of children since, in the later years of Ceaușescu's regime, crowded institutions had more children than the authorized number of beds (Kligman 1998).<sup>23</sup>

The numbers of *leagan* beds reported by the Ministry of Health were broken down by county beginning in 1970 (Ministry of Health 1999). Although the numbers may be systematically underreported (cf. footnote 22), an examination of the reported numbers

Figure 1.5 Number of *leagan* beds per total live births, 1960-1989



Source: *Leagan* beds NCS (1995, 1999) and Ciobanete (1988); Live births NCS (1997)

<sup>23</sup> A note on data quality regarding the number of *leagan* beds: One can expect a certain degree of deviation between the number of beds and the number of children in *leagans* simply because with the turnover of infants and young children entering and leaving the *leagans*, it is unlikely that there were exactly the number of beds to accommodate this flow. Most likely the deviation is not random, but systematically biased towards fewer beds than children since *leagans* were reportedly overcrowded. Second, as Kligman (1998) and Baban (1999) note, the reporting of statistics in general during Ceaușescu's regime was often a political rather than a scientific practice. *Leagan* directors were expected to regularly report to the central authorities the actual numbers of children living in these institutions -- a requirement, I was told, to receive State funding. It was in the interest of the *leagan* to report every child in order to received funding. However, the real and probably significantly higher numbers of institutionalized children were never published by Ceaușescu's administration. After 1989 they were published annually.

for each *leagan* since 1970 revealed no erratic variations across years. The numbers of beds looked plausible relative to the size of the county. Therefore, with some confidence in the overall growth trend, and keeping in mind it that the trend is probably underestimated, I standardized the overall numbers of beds (available to children age 0 to three years) in *leagans* by the number of live births Figure 1.5).

It is interesting to note that in 1967 there is a sharp drop in the ratio of *leagan* beds to births. The reason for this is the sharp increase in the number of live births following the pronatalist decree of 1966. That is, the number of births rose sharply in 1967 but there was not a corresponding immediate increase in the number of *leagan* beds. Since many of the births following the implementation of the Decree in 1966 were unanticipated, one would expect an increase in the proportion of children placed in *leagans* following this decree. It is unfortunate that we do not have the exact number of children in *leagans* during the socialist regime (the actual numbers of children were not annually published until 1989). After 1968 the number of live births commenced on a rather steep descent while the number of beds, seen in Figure 1.4, continued to increase. This represents- and as mentioned above, probably *under*-represents to some degree-- the steadily growing proportion of child institutionalization taking place throughout the 1970s and 1980s.

### **1.4.3 Living conditions in the *leagans***

Reflecting the general worsening social and economic conditions in Romania, the environment for children living in institutions was as harsh, and probably harsher. The institutions were isolated from the rest of society, and ‘conduct and policy’ virtually ignored the interests of children in these institutions (Sandor 1991). The conditions that reporters, adopting parents and aid volunteers found in *leagans* at the end of 1989 were a horrible revelation to everyone, foreigners as well as many Romanians.



Since there is no systematic information or indicators on these conditions (e.g. staffing, food and basic provisions, medical care, physical and intellectual stimulation, etc.) it is difficult to quantify the damage done. However, reports about specific institutions in the early 1990s consistently described a variety of sub-standard living conditions in various orphanages. Children in *leagans* were forced to spend most of their time in bed, in huge rooms of 10-50 children (Zamfir 1998). Human Rights Watch, for example, found that in 1990 “children suffered from inadequate food, shelter, clothing, medical care, lack of stimulation or education, and neglect. Disabled children suffered even grimmer conditions and treatment, with many malnourished and diseased (HRW 1999; footnote 20).”

It was also discovered that many of the children who lived in these institutions had contracted HIV as a result of small blood transfusions (HRW 1999; Zouev 1999). The micro-transfusions of blood were given to small, malnourished children in order to give them strength and boost their immune system (The process of how this medical malpractice resulted in large numbers of children contracting AIDS is described in Rothmans’ (1990) “How AIDS Came to Romania”). Ceaușescu is to be blamed for the spread of this epidemic since the doctors’ malpractice was due to their being deprived of advanced medical knowledge from the West. Furthermore, in the late 1980s Ceaușescu deliberately held back information about the disease, either among children or its spread in the adult population, from the public and from international scrutiny (Kligman 1998). The first case of AIDS was reported in 1985, but only 43 AIDS cases were reported to the World Health Organization during the whole of Ceaușescu’s regime (Zamfir 1998). This figure is unrealistically small given that in 1990 the National Commission of Statistics, using figures from the Ministry of Health, reported a total of 1094 child cases with AIDS: 392 infants under age one year with AIDS, and 700 children age 1 to 4 years with AIDS. Among the child cases, 32 percent were reported having been transmitted through transfusions, and about a quarter were ‘nosocomial’ (an infection transmitted through the hospital environment, such as by unsterilized needles). It is not clear exactly how these

two categories of transmission are to be interpreted, but either of them could conceivably be due to the micro-transfusions carried out prior to 1989.

This accumulation of harsh living conditions, present and pervasive throughout the 1980s, deeply affected individuals in households as well as children in institutions. This was the unfortunate reality that the new government had to deal with after Ceaușescu's fall in December 1989. The discussion in the next chapter turns to the new government and its immediately overturning of pronatalist Decree 770/1966 that made abortion legal. Unfortunately, the poor social and economic conditions were not reversed so quickly and consequently the solution for many families continued to be placing children in an institution.

## II

### Child Institutionalization in Postsocialist Romania, 1990-2000

The first chapter described how from 1966 through 1989 Ceaușescu's pronatalist policies, coupled with a failing economy and harsh living conditions, resulted in a large sub-population of abandoned children. The majority of these children lived in state-run institutions.<sup>24</sup> In December 1989, when Ceaușescu and his communist regime were overthrown, estimates of the total number of children living in these institutions varied from 90,000-100,000 (Roth 1998: 1; Zouev 1999) to about 140,000-150,000 in the U.S. media (Binder 1991; Danks 1991; Holley 1997; Sorelle 1997). The official number of institutionalized children reported by the Romanian Department of Child Protection was substantially lower: 43,854 in 1989 (Zamfir 1998: 95).<sup>25</sup> The true number of institutionalized children at the time of Ceaușescu's demise probably lies somewhere between these estimates.

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<sup>24</sup> The reader should note that not all abandoned children lived in institutions. When Ceaușescu's regime fell apart, so did what was left of the social protection framework. Within the first few years after the December 1989 revolution, there appeared thousands of 'post-privatization' children living on the street. Harsanyi (1993:57) estimates that there were 21,000 children on the streets in 1991, although this is probably an overestimate. Other agencies, such as the Red Barnet funded by the European Commission, counted about 1,400 children in major urban centers in 1992, and about 4,300 in 1996, of which 2,000 were permanently living in the street—in places like railway stations, the basement of apartment blocks, in the metro, along the canal, etc. (Zamfir 1998, Fundatia Copiilor Romaniei 1998). A study in Bucharest in 1996 found most of the children were boys under age 14 who had dropped out of school and who came from poor families (Police General Directorate of Bucharest. 1996. *Synthesis concerning the results of "Labyrinth" police action carried out on 22-23 February 1996*. See Zamfir 1998: 122). Despite the very visible presence of these children on the streets of Bucharest and other urban areas, the actual number of street children is difficult to assess because most of them are not regularly affiliated with an institution or agency. The majority of these children are believed to be 'occasional' street children', and live in the street only periodically due to tensions within their family (Zamfir 1998). To ensure their survival, these unsupervised children are likely to join gangs or be involved in criminal behavior. Worst of all, they are vulnerable targets for child trafficking (Zouev 1999).

<sup>25</sup> This exceedingly large discrepancy between estimates published in the west and those published by the official Romanian source may be due to a couple of reasons. First, sources differ in the definitions they use for 'institutionalized children'. For the Department of Child Protection, institutionalized children are those living in residential institutions, including "children homes, nurseries, and hospital homes" (Zamfir 1998). For estimates published in the Western press (with no identified source), the definition of "institutionalized children" appears to include children living in residential institutions as well as children frequenting non-residential institutions. For example, official figures published by the National Statistical Commission (1997) for 1991 (earliest figures available) report 42,171 children in residential institutions, and 45,484 children in non-residential "special education" institutions. The sum of these two figures approach the

The number of institutionalized infants and children under age three is more precise than the number of institutionalized children of all ages. The Department of Child Protection and UNICEF compiled statistics specifically on abandoned infants and young children living in state-run *leagans* at the end of 1989; in that year they reported 10,954 infants and children age zero to three years living in 65 *leagans* (UNICEF & DCP 1997).<sup>26</sup> That is an average of about 170 children per institution although the size of *leagans* varied widely. In 1989, for example, the number of reported beds in *leagans* ranged from fewer than 90 in Covasna county to 450 in Bihor county (Ministry of Health 1999).

This chapter is about infants and children institutionalized in *leagans* during the transition decade, from 1990 to 2000.<sup>27</sup> The discussion focuses on the main reasons why high levels of child abandonment and institutionalization persisted throughout this period, even though pronatalist laws enforced before 1990 had been overturned and birthrates had dropped to their lowest levels. The main reasons include the worsening socioeconomic environment and increasing levels of family disunity-- factors that work against already vulnerable groups such as poor families, single mothers, and children of Roma (Gypsy) ethnicity. In 1996, 90 percent of children living in *leagans* had been admitted for socio-economic reasons (DPC 1997). In addition, the failure to adequately dismantle the socialist's system of child institutions permitted an on-going trend of institutionalized children.

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higher estimates cited in the western press. The higher figures are misleading because only about half are actually living in an institution. Second, the Western sources may have overestimated the number in order to highlight the gravity of the problem, while the official source may have underestimated the number to diminish the extent of the problem.

<sup>26</sup> The Fundatia "Copiii Romaniei" (1998: 160) quotes the Ministry of Health in 1997 as reporting 11,954 children in *leagans* in 1989, a difference of exactly 1,000 children. One of these figures was probably misprinted, but in most literature 10,954 children is quoted.

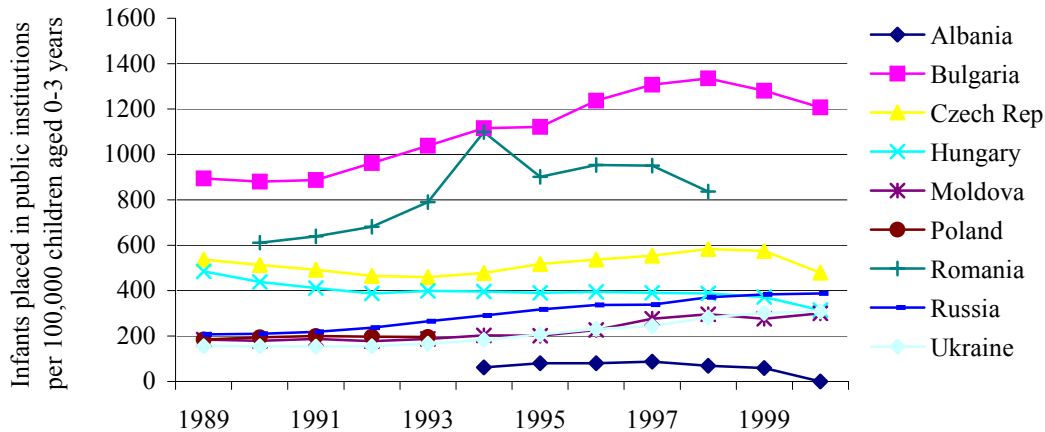
<sup>27</sup> I use the term 'transition decade', 1990 to 2000, to refer to the first 10 years marking a shift from a communist ruled command economy to a democratic, free market society. Note that Gal and Kligman (2000) and others justly criticize the metaphor "transition from socialism" because it implies a move from a homogeneous state of socialism to a state of democracy. In fact, socialist economies and governments in the region were not homogeneous and nor are their pathways towards a free democratic society.

## 2.1 High levels of institutionalized children continue into the transition period

Ceaușescu was deposed on December 22, 1989. Just four days later, on December 26, the new provisional government revoked the anti-abortion law by popular referendum. On January 1, 1990 the National Salvation Front (NSF), headed by Ion Iliescu, officially published the new decree that legalized abortion during the first trimester of pregnancy and allowed the importation of contraception. In an effort to gain public support, the NSF also took immediate measures to relieve the population of some of the hardships it had been enduring. Stores of food and consumer goods that Ceaușescu had intended for exports were released for general consumption, and wages were raised (Bachman 1989). One initially optimistic indicator of rapid recovery after 1989 was the first decline ever-- a 28 percent drop-- in the number of children age 0-3 years in institutions: from 10,954 in 1989 to 8558 in 1990. This is a significantly large decline even when one takes into account the simultaneous 17 percent decrease in the number of live births (NCS 1997).

However, any positive effects resulting from early political maneuverings were quickly overtaken by the economic implosion after 1990 (discussed in more detail below). Further deterioration in the social structure was reflected not only in economic indicators, but also in the rates of child institutionalization that climbed higher than their pre-1990 levels. Although worsening trends were observed for several postsocialist countries, Romania and Bulgaria grappled the most with tenaciously high levels of child institutionalization. Throughout the transition period, Romania had the second highest regional institutionalization rates, after Bulgaria, for children age 0-3 years (Fig. 2.1). In Romania, institutionalization rates increased 44 percent between 1990 and 1994; in Bulgaria they rose 21 percent during the same period. Between 1994 and 1998 institutionalization rates actually *dropped* 22 percent in Romania while they continued to increase in Bulgaria (by 16 percent).

Figure 2.1  
Proportion of children institutionalized aged 0-3 years,  
in selected Central and Eastern European countries, 1989-1998



Source: UNICEF (2002).

It should be noted, however, that a distinct spike in the statistics exaggerates both Romania's percentage increase from 1990 to 1994 and the percentage decrease from 1994 to 1998 for 1994. If the spike were flattened and institutionalization rates in 1994 were linearly interpolated between 1993 and 1995, the percent increase in the first period would be reduced to about 37 percent, followed by a two percent *increase* in institutionalization rates from 1994 to 1998. The spike in Romania's 1994 institutionalization rates appears again in empirical data collected for this study, and will be examined later.

## 2.2 Overall declines versus selective declines in births

Child institutionalization rates increased despite the large decline in live births after 1989. Quite simply, although the overall pool of infants shrank during Romania's transition period, a larger proportion of infants in that pool carried higher risks of abandonment. The number of live births fell quickly in the early part of the decade: between 1989 and 1992 the number of births dropped by 30 percent, from 369500 to 260400, respectively.

Complex social movements underlie the large decline in births and simultaneous rise in abandonment rates. First, the sharp decrease in the number of births after 1989 corresponded with the new law that liberalized abortions. Since contraceptives were not generally available (a result of Ceaușescu's tight restrictions), abortion quickly became, again, a widely accessible means for women to limit births. On average, abortion rates doubled from 1.70 abortions per woman for the period June 1987 to May 1990, to 3.39 abortions per women from June 1990 to May 1993. Data for this period show that abortion rates roughly doubled for women across all groups, regardless of their residence, their educational and socio-economic status (estimates were not available by ethnicity for the period June 1987 to May 1990) (CDC 1995).<sup>28</sup> An abortion was easily obtained at any hospital (as well as outside of hospitals and increasingly in the private sector at the end of 1990) without a referral. Abortions were also initially very cheap, costing the equivalent of about five percent of an average monthly wage (10-40 percent more if performed in a private clinic). For other women—like some rural women of Moldova and Transylvania, women of Roma ethnicity, and women with four or more children—the procedure was sometimes free or done for a token gift (Baban 1999; CDC 2001).

After 1993 the dynamics began to change. Although maternal mortality rates decreased from 170 per 100,000 live births in 1989 to 60 per 100,000 live births in 1992, they still remained the highest in Europe through 1996 (UNICEF 2002).<sup>29</sup> First, despite relatively wide availability of abortions by the end of 1990, many women still did not know that abortions were legal, and they continued to seek illegal, unsafe abortions from non-physicians—often in spite of their partner's objections (Kligman, personal communication September 2003). Furthermore, even legal abortions continued to pose health risks because, after 1989, although external organizations had donated modern

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<sup>28</sup> For example, for the period June 1987 to May 1990, to the period June 1990 to May 1993, abortion rates per 1,000 women with rural residence increased from 1.64 to 3.20; from 1.97 to 4.72 for women with primary education and from 1.37 to 2.52 for women with postsecondary; from 1.68 to 3.70 for women of low socioeconomic status and from 0.95 to 2.57 for women of high socioeconomic status (CDC 1995; CDC 2001).

<sup>29</sup> The World Health Organization target for maternal mortality rates in Europe was 15 maternal deaths per 100,000 live births. Abortion is believed to be the major culprit in maternal deaths.

abortion equipment to provide the safest and easiest method of abortion, most gynecologists had not been trained to use the equipment. They continued to use out-dated, less safe technology and skills, thereby exposing women to serious health complications from unsafe abortions (CDC 2001). The government, with the intention to lower maternal mortality rates, began to discourage women from using abortion as a birth control method.

By raising the price of abortions and, at least theoretically, promoting modern contraceptive, the number of abortions steadily dropped.<sup>30</sup> Regardless of a woman's residence, educational or socio-economic status, average abortion rates across these groups dropped significantly from their 1987-1990 levels (CDC 2001).<sup>31</sup> The number of births also stopped its steep descent, leveling off at about 235,000 live births annually after 1994. Total fertility rates-- birth rates standardized by women's age—also leveled off at about 1.3 after 1994 (following a rapid decline from 2.2 in 1989 to 1.5 in 1992).

Modern contraceptives only slowly and unevenly began to replace abortion as a means to control births. The anti-contraceptive propaganda during Ceaușescu's regime had an enduring impact (Kligman, personal communication September 2003). Moreover, because these methods were not generally available for Romanian women before 1990, dissemination and acceptance of these methods during the transition period were difficult. There were difficulties in supplying pharmacies, clinics and family planning units, as well as difficulties in supplying information about the methods (Ghețau 1997). Price barriers (pills especially were unaffordable to many) as well as some women's resistance to unfamiliar methods, made widespread use especially limited among poorer, rural women (Tinu 1995). Although the overall use of modern contraception doubled from 14

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<sup>30</sup> The average cost of an abortion almost doubled between 1994/95 and 1996/97, from 47,000 lei to 80,000 lei; an abortion in a private clinic was 20-40 percent higher in price (CDC 2001).

<sup>31</sup> For example, for the period June 1990 to May 1993 and June 1996 to June 1999, abortion rates per 1,000 women with rural residence decreased from 3.20 to 2.4; from 4.72 to 3.3 for women with primary education and from 2.52 to 1.2 for women with postsecondary; from 3.70 to 2.9 for women of low socioeconomic status and from 2.57 to 1.5 for women of high socioeconomic status (CDC 2001).



percent in 1993 to about 30 percent in 1999, it remained much lower for women of low educational and socioeconomic status, and women of Roma ethnicity (CDC 1995; CDC 2001) (Table 2.1).

Table 2.1 Total fertility rates, abortion rates, and current use of modern contraceptive methods, by selected characteristics, women age 15-44 years, 1999

	Total fertility rate*	Modern contraceptive current use	Abortion rates per 1,000 women*
Total	1.3	29.5	2.2
<u>Residence</u>			
Urban	1.0	34.7	2.0
Rural	1.8	20.9	2.4
<u>Education</u>			
Primary	2.5	13.8	3.3
Sec. incomplete	1.3	25.3	2.5
Sec. complete	1.2	33.9	2.0
Postsecondary	0.9	50.1	1.2
<u>Socioeconomic status</u>			
Low	2.0	17.6	2.9
Middle	1.2	33.2	2.0
High	0.7	39.4	1.5
<u>Ethnicity</u>			
Romanian	1.2	30.3	2.1
Hungarian	1.3	30.2	1.2
Roma	2.6	16.3	4.6
Other	1.2	27.9	2.2

\* Three-year average, June 1996 to June 1999.

Source: CDC (2001) TFRs p. 34; Current contraceptive use p. 142 Abortion rates p. 65.

Groups of women who did not have access to modern contraception (and who were more likely to use abortion) also tended to have higher fertility. Data for 1993 and 1999 show that women of rural residence, women of lower educational and socioeconomic status, and women of Roma ethnicity had fertility rates roughly twice as high as women of urban residence, women of higher educational and socioeconomic status, and women not of Roma ethnicity (CDC 1995; CDC 2001) (Fig. 2.1). Thus for much of the transition

decade more infants were being born to women with characteristics that, as discussed below, place infants at higher risk of being abandoned.

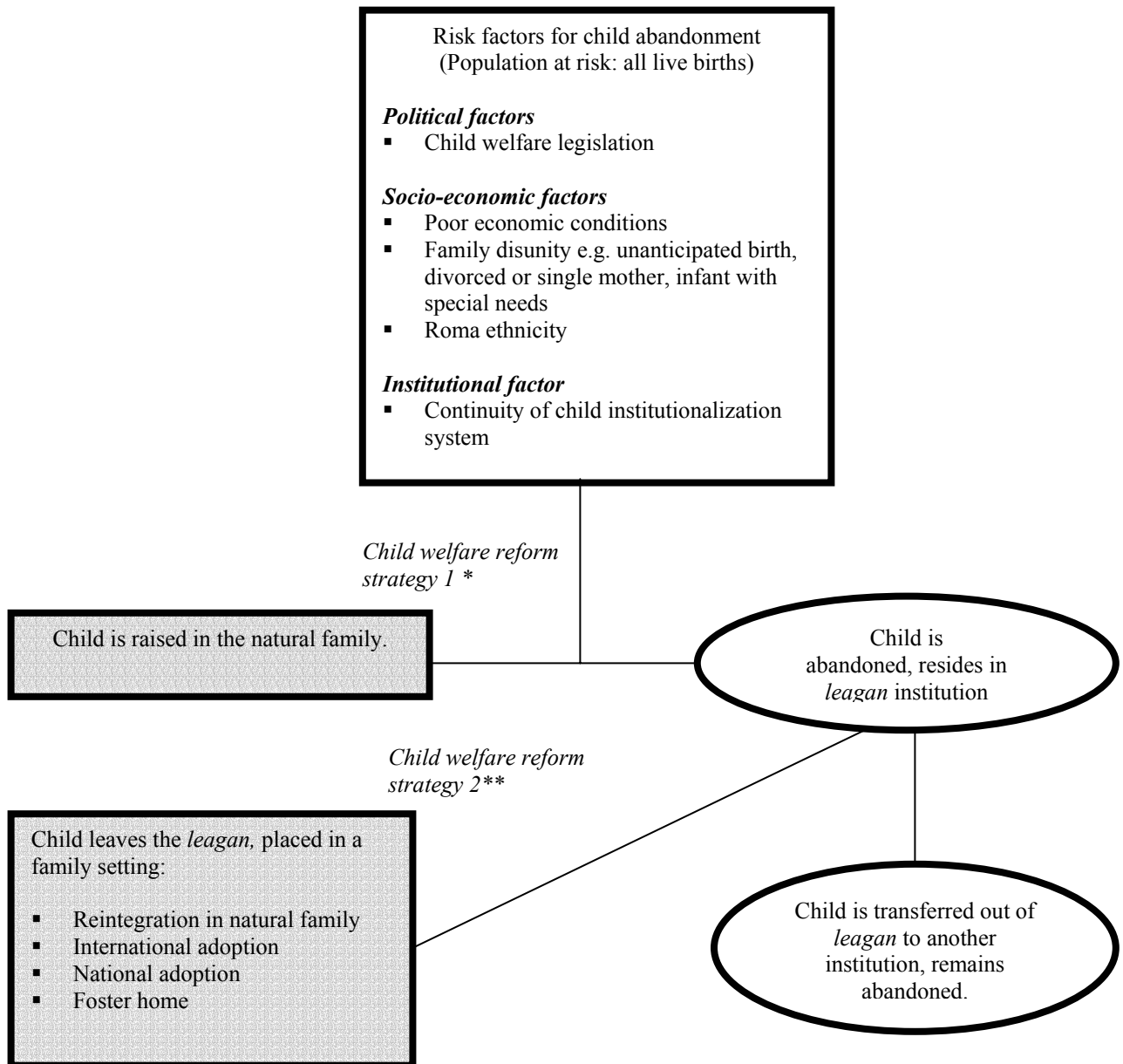
### **2.3 Factors sustaining high levels of child abandonment and institutionalization**

As mentioned earlier, the majority of children who lived in Romania's institutions during Ceaușescu's regime were "social orphans", that is, children who have been abandoned or voluntarily given over to state institutions by living parents (Kligman 1998). This is also the case in postsocialist Romania: according to the 1996 Census of Children in Institutions, only one or two percent of children in *leagans* had lost both parents, and 9-10 percent had lost one parent. Persistently high rates of social orphans in postsocialist Romania are indicative of children being exposed to one or more risk factors. These risks may be inherent in the child, such as a child having a mental or physical disability that obligates him or her to live in an institution to receive specialized care. More often, risks were transferred to the child from the mother, the household, and/or the state. For example, a single mother who does not have time or resources to care for the child would increase the child's risk of being abandoned. A household where adults are unemployed and could not care for a newborn would increase the infant's risk of being abandoned. A state that fails to enforce legislation to provide alternatives to institutionalized care would increase the risk of child abandonment.

In Figure 2.2, the first box in the Conceptual Model lists the main factors that put a child at risk for abandonment during the transition decade. The starting point in the model is, of course, a live birth. From the discussion above on birth differentials we recall that more infants during the transition decade were more likely to carry these risks of being abandoned.

The first risk factor mentioned in the Conceptual Model, the political factor, concerns the social reforms during the transition period, i.e., the implementation of legislation that was meant to prevent child abandonment and/or facilitate deinstitutionalization. The effect of these legislative reforms is the main explanatory variable of interest in the empirical analysis and will be discussed in detail in Chapter 3. The other risk factors identified in the Conceptual Model can be regarded as forces that either *push* a child away from the natural family, or that *pull* a child into an institution. These push and pull factors likely interact with each other to expose families to multiple risks. A widely accepted example of this ill-fated socio-economic interaction is single or divorced mothers who are also likely to have limited financial, educational and emotional resources (Kligman 1998). Below I discuss the socio-economic risk factors (poverty, family disunity, and Roma ethnicity) and the institutional risk factor inherited from the previous regime that sustained high levels of child abandonment and institutionalization in the transition decade.

Figure 2.2 Conceptual Model of Factors that Influence Child Abandonment and Deinstitutionalization in the Transition Decade



*\*Child welfare reform strategy 1: Decrease the levels of institutionalization by preventing child abandonment.*

*\*\*Child welfare reform strategy 2: Increase the levels of deinstitutionalization by placing children in families.*

### **2.3.1 Risk factor: Poor economic conditions**

*“Given that poverty is the main reason for abandonment, the European Commission is working closely with the World Bank in order to help the Romanian Government... (EC 2001).”* Among the risk factors that led to many children being placed in state care during the transition period, deteriorating economic conditions were among the most important. Rapid economic recovery following the disintegration of the centralized economy simply did not happen. Rather, in the early 1990s Romanians suffered the most severe economic declines of all the transition countries (Zouev 1999). The years 1991-1993 were especially characterized by a steep rise in inflation, rapid growth in unemployment, a fall in real wage earnings, severe shortages of consumer goods, and a decline in family benefits. Moreover, the state safety net no longer provided for basic health, education and nutritional needs of the most poor and vulnerable groups, especially young families or women with children (Fajth & Zimakova 1997).

Economic declines in the first half of the transition decade resulted in an economic free-fall (Daianu 1997). Initial strategies to reform Ceaușescu’s strongly centralized economy were not effective as they were based on a weak foundation-- the previous 40 years of communism left no legal or administrative infrastructure in place to enforce new regulations. In 1992 the gross domestic product (GDP), a measure of the total output of goods and services in the economy, reached only 75 percent of 1989 level (NCS 1997). By 1993, rapid inflation caused consumer prices to rise to over 250 percent of 1990 prices (UNICEF 2002). Industrial production dropped 48.8 percent in the same period, which in turned spurred higher unemployment.

Although the rise in unemployment affected all workers when a factory closed, the effects were felt most by women and young workers transitioning from school into the labor market (Cornia 1997). Registered unemployment was higher for women than for men: unemployment jumped to about 11 percent of the overall active population in 1993-

1994 and about 13 percent for women (UNICEF 2002). In fact these rates underestimate the actual crisis in unemployment because they only take into account only those not working who are registered unemployed, in contrast to Labor Force Surveys that take into account all persons not working who are available for and seeking work. The share of registered unemployed women in total registered unemployment was 59.7 percent in 1993 (Cornia 1997).<sup>32</sup>

Unemployment had several unfortunate consequences for the family in addition to the obvious loss in wages. Among them was a real drop in wages for employed persons because, after many factories and offices closed, the market became flooded with qualified people looking for work. Indeed, after the NSF had slightly increased the value of wages in 1990 to gain wider support prior to elections, but the value of wages proceeded to fall steadily to only 64 percent of their 1989 value in 1993 (UNICEF 2002). Unemployment also led to a loss of the benefits tied to full time employment, including housing and child allowances.

Adequate housing was already hard to obtain during the socialist regime, but access to housing in the transition period became even more difficult. The new government simply could not afford to provide free housing. Whereas the socialist government paid for over 90 percent of housing from public funds in the 1980s, only about 30 percent (of a greatly reduced number of dwellings) was paid for out of public funds in 1994 (NCS 1995).

Furthermore, after many private residents purchased their state-owned dwelling through

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<sup>32</sup> Tests for statistical association between child abandonment rates and data on employment growth over time, from 1989 to 1998, resulted in a strongly negative association,  $r = -0.79$  (data on employment growth is from UNICEF 2002, data on abandonment rates is from Greenwell 2001). However, the same test using data on percent unemployed by abandonment rates across 41 counties, for 1996 (the only year that data pairs were available for both variables), did not reveal an association,  $r = -0.04$  (data on percent unemployed is from NCS 1997 and data on abandonment rates is from DPC 1997). This was generally the case for related social and economic variables, that is, they did not have association or had a very weak association with child abandonment rates across 41 counties in 1996: abandonment rates by percent women's unemployment,  $r = -0.08$ ; by average salary,  $r = -0.16$ ; by health and social assistance per 1,000 people,  $r = -0.10$ . It is likely that official national data do not adequately represent trends in such a rapid declining context.

low-interest credits in 1990, the housing stock was virtually exhausted for younger people starting families. The average rent (equivalent to 50-150 USD per month) in a town of more than 50,000 inhabitants far exceeded the average wages of most residents (Zamfir 1998).<sup>33</sup>

*“Rising child poverty in Romania is related to the mass erosion of child allowances and other income transfers during the transition period (Cornia 1997).”* In the communist era, child allowances and other family benefits, e.g. maternity leave, birth bonuses, child-care leave, and various child subsidies, were used to subsidize family expenses and encourage child bearing. Early in the transition period, due to rising inflation and abrupt price increases, this system of social transfers lost its value (Zouev 1999). Without this supplementary income, many families sank below the poverty line and had difficulty meeting expenses. Despite the passage of universal child allowance legislation in 1993 (updated in 1995, 1997 and 1998), the state was not able to provide families with meaningful benefits during the transition period. The amount of state allowances allocated for children increased about seven-fold from 1992 to 1994,<sup>34</sup> but their real value depreciated sharply because they were not indexed for inflation.

Table 2.2 shows the decline in the value of family allowances in Romania compared to their 1989 level, and their percentage of average wages. A note of caution to the reader for Tables 2.2 and 2.3: although comparisons are often drawn between economic indicators in the socialist and postsocialist periods, a cautious interpretation is advised since there was a tremendous difference between these economic systems. The ‘percent of wage’ information is informative, however, as it shows the monotonic decline in the value of child allowances during the transition decade. By 1994 family allowances represented only 4.2 percent of average wages—less than half their value in 1990. It is

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<sup>33</sup> The only average wage data I was able to find was for 2001, when average monthly wages in Romania were \$104 (<http://www.databasece.com/wagesnet.htm>, October 2003). It was less than \$100 in the early 1990s (personal communication with Gail Kligman, September 2003).

<sup>34</sup> The total reported amount of child allowances in 1992 and 1994 is 52,305 million lei and 359,199 million lei, respectively (NCS 1997).

generally advised that, in order for child allowances to be effective, they should cover at least the approximate cost of the child's food, that is, a minimum of 15-20 percent of the national average wage (Fajth & Zimakova 1997). Romania was well below that threshold in the mid-1990s, and even after 1996 when substantial real increases raised their value to 65 percent of their 1989 value (Zamfir 1998).<sup>35</sup>

Table 2.2 Level of family allowance and related price compensations in real terms and in comparison to the average wage, 1989-1994

Benefit	1989	1990	1991	1992	1993	1994
In real terms	100.0	97.5	58.0	40.8	26.1	20.9
% average wage	10.5	9.7	7.2	5.8	4.8	4.2

Source: Fajth & Zimakova (1997).

Income inequalities hurt poor families even more than generalized income drops. Diminishing economic resources were further exacerbated for poor families as average monthly household earnings became increasingly unevenly distributed throughout the decade. The Gini coefficient, a measure of the extent of (income) inequality, doubled from .2 in 1989 to .4 in 1996 (UNICEF 2002). This means that the households that earned the least income came to earn even less as more of the total share of earnings was distributed among those who earned more. In effect, social cohesion was being undermined as economic disparities grew and vulnerable households, including single-mother families and families of Roma ethnicity, became more vulnerable.

The declining economic trends and decrease in living standards over especially the period from 1989 to 1993 had a cumulative negative impact on child welfare. While overall poverty rates climbed, children were among those most affected. Table 2.3 illustrates the higher incidence of poverty in general among households after 1990, and specifically for children. By 1994 three quarters of children lived in low-income households and over a

<sup>35</sup> For the sake of comparison, child allowances in Romania in 1990 were 2.9 percent of the GDP. In 1989, in better-off socialist countries such as Czechoslovakia and Hungary, family assistance amounted to 5-7 percent of GDP, and only about two percent in the USSR (Zamfir 1998). By 1995 this percent had fallen to only 0.7 percent of GDP in Romania.



third of children lived in poverty. This represents a 62 percent and 88 percent respective rise in the incidence of poor children since 1990.

Table 2.3 Incidence of low income and poverty\* among Romanian households and children, 1989-1994

	Percent low income		Percent poverty	
	Households	Children	Households	Children
1989	24.9	34.3	6.2	8.9
1990	17.8	29.0	2.9	4.4
1991	24.1	36.8	6.7	12.0
1992	39.4	57.1	12.8	22.7
1993	51.5	73.5	19.5	35.3
1994	60.1	75.7	26.5	37.5

\* Low-income line=45 percent of the average wage; \* Poverty line=60 percent of low-income line.

Source: Fajth & Zimakova 1997; Zouev 1999.

The higher rise in child poverty relative to other groups is related to the massive erosion of child allowances and the clustering of children in more vulnerable households. “The proportion of poor children relative to adults and elderly has risen significantly mainly because of the large increase in unemployment among middle-aged heads of households and the spread of low-paying jobs. Even pensioners fare better because they are more likely to have a house, or land, and their pensions are indexed to inflation (UNICEF 1995: 9; Zamfir 1997: 33).” Thus during the transition period, a larger share of children belonged to women or families having fewer resources to raise them (or to limit births in the first place).

### 2.3.2 Risk factor: Family disunity

In addition to increasing economic insecurity faced by most Romanians in the transition period, indicators of family disunity also portray worsening trends. The family disunity variables identified in the Conceptual Model refer to infants of single and divorced mothers who, when faced with the stress of an unanticipated birth, are at higher risk of abandoning a child. Another heightened risk factor is a child with a physical or mental

disability, who's extra medical, physical or emotional demands place an added stress on the family. Any of these factors, especially when combined with the first risk factor, poverty, increases the risk of child abandonment.

The share of births to single mothers rose during the transition period, in 1993 was 17 percent and by 2000 it had risen to 25.5 percent (UNICEF 2002). Although the share of births to teenage girls actually decreased in the latter part of the transition decade (from 18 percent in 1993 to 14 percent in 2000), more of them were single mothers. The share of non-marital births to teenage single mothers rose from 39 percent of all births to single mothers to 60 percent of all births to single mothers (UNICEF 2002). The increasing trend of unwed mothers, young and old, is associated with an increase in abandonment rates.<sup>36</sup>

Divorce rates have also increased during the transition decade. From 1990 to 1998 the divorce rate rose from 17 divorces per 100 marriages to 28 divorces per 100 marriages (UNICEF 2002). More frequent divorce is indicative of transition-induced stresses—economic insecurity, unemployment, etc. (Zouev 1999)—and children of divorced mothers are likely to be at higher risk of being abandoned. Empirical data also suggest that this trend might be associated with an increase in abandonment rates.<sup>37</sup>

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<sup>36</sup> A moderately strong association was found for data aggregated at the national level on child abandonment rates and children born to single mothers during the transition years,  $r=0.80$  (data pairs only available for 1993-1998). These results are likely to indicate a valid *direction*, positive or negative, in the relationship between the variables. However, because there is likely to be error correlation in the time series data, and with only 6 data pairs resulting in wide confidence intervals, the *magnitude* of the relationship is not robust.

<sup>37</sup> A moderately strong association was found for data aggregated at the national level on child abandonment rates and divorces per 100 marriages during the transition years,  $r=0.67$  (data pairs available for 1989-1998). These results are likely to indicate a valid *direction*, positive or negative, in the relationship between the variables. However, because there is likely to be error correlation in the time series data, and with only 10 data pairs resulting in wide confidence intervals, the *magnitude* of the relationship is not robust.

The government of Romania promotes family planning and contraceptive education as one strategy to prevent undesired births, and thereby reduce child abandonment (CRIPS 2000).<sup>38</sup> (Note that in this study “undesired birth”, “unwanted birth” and “unplanned birth” are referred to as an “unanticipated birth”, a more appropriate term that refers to an unwanted *or* mistimed pregnancy carried to term. An anticipated birth refers to a planned or desired pregnancy, in terms of timing and number, carried to term.) An unanticipated birth may create family disunity and be a risk factor for abandonment because of the emotional and economic stress associated with a mistimed or unwanted pregnancy and birth. According to the 1993 Reproductive Health Survey, 16.1 percent of women’s last live births in the preceding 5 years were unanticipated (5.9 percent mistimed and 10.2 percent unwanted). In the 1999 Reproductive Health Survey, 11.8 percent of women’s last live births in the preceding 5 years were unanticipated (8.1 percent mistimed and 3.7 percent unwanted). This is a significant drop in the share of unanticipated births, especially notable for the drop in unwanted births. Nevertheless, despite the factors that have offset a significant proportion of unanticipated births during the transition period, the incidence of child abandonment increased for most of the same period. This, again, is related to the selectivity factor described above—the women who have characteristics associated with child abandonment are less likely to prevent their births.

Sometimes anticipated, desired births are institutionalized, even when there is no explicit economic or family disunity factor involved. An infant may have special needs, such as medical or emotional attention, which the family cannot provide at home. In the 1996 Census of Children and Youth in Institutional Care, about 10 percent of children in *leagans* were there due to medical reasons (of these, four percent had HIV/AIDS) or a

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<sup>38</sup> A moderately strong association was found for data aggregated at the national level on child abandonment rates and abortions per 1,000 live births during the transition years,  $r=-0.62$  (data pairs for abortion was available for 1989-1998, no time series data was available on contraceptive prevalence). These results are likely to indicate a valid *direction*, positive or negative, in the relationship between the variables. However, because there is likely to be error correlation in the time series data, and with only 6 data pairs resulting in wide confidence intervals, the *magnitude* of the relationship is not robust.

disability (mental, physical or sensorial). The remaining 90 percent were in a *leagan* for socio-economic reasons (DPC 1997). Of those institutionalized for the latter reason, 60 percent were brought from a maternity ward or hospital where they were abandoned after delivery, and 20 percent were brought directly by a family member. The remaining children include those who were found abandoned in public places or deposited with local authorities that then brought them to the *leagan* (DPC 1997).

### **2.3.3 Risk factor: Roma ethnicity**

*High percentages of Roma children in institutions were due, in part, to the deteriorating economic situation of the Roma over the last decade of socialist regime... More recently they have been attributed to intensifying adversity under the transition, as well as to the comparatively high birth rate among Roma populations (Zouev 1999: 166).*

Women of Roma ethnicity tend to have lower socioeconomic status and a strong culture of having large families. They are believed that, in accordance with their cultural beliefs, to not have practiced abortion during the pronatalist period (Kligman 1995:242), and they also have disproportionately high levels of child abandonment (Zamfir 1998). While people of Roma ethnicity comprise a fraction of the total national population, a survey conducted by UNICEF and government offices estimate that Roma children accounted for 45.8 percent of the children age 0 to 3 years in institutions in 1991 (Zouev 1999:166).<sup>39</sup> The exact reference for this survey was not available in Zouev's report. Other estimates of the proportion of Roma children in institutions are even higher. Hancock (1997:76) and Sorelle (1997) report that in the majority of these state institutions, as many as 80 percent of the infants are Roma. Likewise, Roth (1998) estimates there are proportionally more Roma children in institutions (70-90 percent of

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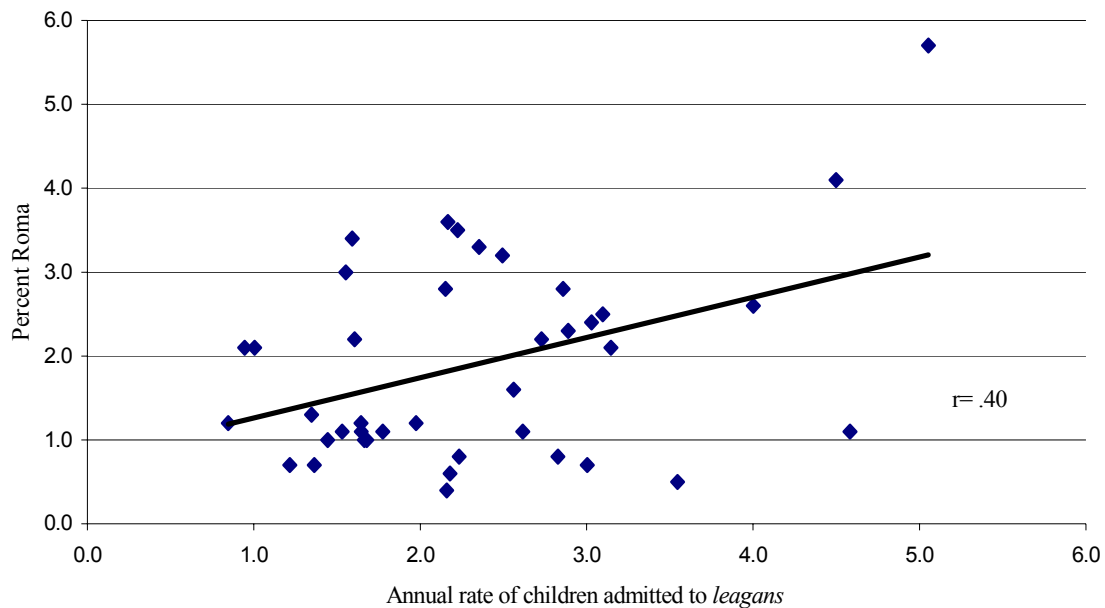
<sup>39</sup> 1.8 percent according to the 1992 population census, but estimated to be closer to 3.6-4.3 percent due to underreporting (Mureşan 1999). Hancock (1997:77) estimates they comprise 10-20 percent of the national population.

all children), but admits that it is difficult to know exactly since ethnicity is not documented. She also notes that abandoned children in hospitals are assumed to be from Roma families. The source of these estimates could not be confirmed. Other sources' estimates are less precise, but maintain that institutionalized children are "overwhelmingly" of Roma origin (Fonseca 1995, Kligman 1998). Roma children are generally darker-skinned and easily identified by Romanians, and because of their ethnicity, Romanians are not interested in adopting them (Hancock 1997:77; Kligman 1998:230). To the Westerner, however, the children look Caucasian and are popular in adoption circles (Kligman 1998:230).

Collection of accurate data on the Roma population is notoriously difficult, as witnessed by the above estimates—estimates of the national proportion of Roma and the proportion of Roma children in *leagans* varied widely according to the source. Regarding data on the latter, ethnicity was not routinely documented on children in *leagan* archives. Furthermore, under the communist regime the Roma were forced to assimilate: they were denied their language and traditional occupations and many took on non-Roma names (Brearely 2001:590; Bauman:55). Lacking documentation of ethnicity and names clearly of Roma origin, the only way to identify children of Roma descent would be by reports of *leagan* staff who know the children's origin, or by looking at the children individually. Neither of these alternatives was feasible for this study. For these reasons, unfortunately, no individual level information was available on Roma children for this study.

Despite the shortcoming in the data, however, I plotted the proportion of Roma population in all *judets* (using the official proportions from the 1992 Household and Population Census) by the level of child institutionalization in the *judet*. Figure 2.2 shows a moderately strong and positive association between the two indicators ( $r=.40$ ). It should be noted that this is influenced by the one *judet* with 5.05 percent Roma.

Figure 2.3 Institutionalization rates and proportion Roma population, Romanian *judets*, 1996



Sources: NCS Statistical Yearbook of Romania (1997) for no. live births; CNS Population Census (1992) for Roma population; DPC-EU/Phare (1997) for no. children entering *leagans*.

It is logical that unanticipated births are abandoned more often than anticipated ones. Because Roma have more unanticipated children than ethnic Romanians, it is likely that the proportion of children in institutions of Roma ethnicity would be greater than the national proportion of Roma. The question is, how much greater? Data from the 1999 Reproductive Health Survey show that women of Roma ethnicity have higher fertility on average than women of Romanian ethnicity. The total fertility rates were 2.6 and 1.2, respectively, in 1999. Women of Roma ethnicity also report a desire for larger families than women of Romanian ethnicity, with 2.2 and 2.0 being the ideal number of children for each group, respectively (CDC 2001).<sup>40</sup> Therefore, a rough comparison between the estimated total fertility rates and average number of children desired by each ethnic group reveals that, on average, women of Roma ethnicity have 0.4 *more* children than they

<sup>40</sup> Note that these data are for women age 15-49 years. The values may quoted assume that the age structure of Roma women and Romanian women does not vary significantly.

desire (2.2-2.6=0.4), and women of Romanian ethnicity have 0.8 *fewer* than they desire (2.0-1.2=0.8). If the sample data accurately represent the population, then women of Roma ethnicity have more unanticipated births than women of Romanian ethnicity. This appears to be the case even in light of high abortion rates. In 1999, Roma abortion rates were twice as high as the national average (4.6 and 2.2 per 1,000 women); and modern contraceptive use was about half of the national average (16 percent and 30 percent). (Note: Data on fertility, abortion and contraceptive use was not broken down by ethnicity in the 1993 Reproductive Health Survey.)

### **2.3.4 Risk factor: Institutional inheritance**

*“The new system inherits a grave burden, not only in the weakness of the democratic institutions but also in the ideological legacy still borne in people’s minds (Kornai 1992).”* This ‘ideological legacy’ is what I refer to as institutional inheritance, the last risk factor mentioned in the conceptual model. Institutional inheritance is the on-going dependence of families during the transition decade on the state’s widely established network of child institutions. In the context of grave social and economic declines, the institutions had largely taken on families’ traditional roles of educating and socializing children. The dependence on these institutions presents an inertia that is difficult to overcome in the transition period. The ease of admitting a child into a *leagan* remained an important cause of child abandonment for most of the transition decade (Zamfir 1998).

Sociologists studying postsocialist societies refer to the extension of such trends from the past as *continuity*, or a *legacy* of the former period. “Some of the most interesting questions about social process are lost if we fail to note continuities between pre- and post-1989 East Central Europe (Gal & Kligman 2000).” Burawoy and Verdery 1999 discuss individuals’ actions in light of a transformed society. Their actions may be innovative in an effort to adapt to the new environment, or they may be actions to revert to something old and familiar. In the case of child abandonment, the institutionalization

of child abandonment is rooted in the historical experience lived during the Ceaușescu regime. The violent and sudden overthrow of the regime resulted in a new and chaotic social structure, but it did not result in the discontinuation of child abandonment. During the transition period, child institutionalization remained largely unchanged in two major ways. One was the continued liberal admission procedures of *leagans* as evidenced by the virtually seamless record keeping between the pre- and post-1989 environment. Second, as child welfare experts have pointed out, the legal framework in place since 1970 that promoted institutional care as a solution for families in difficulty remained unchanged for most of the transition decade—that is, the child welfare law No. 1970 remained in effect until 1997 (Roth 1998).

Changes that affected the institutional network were incremental rather than revolutionary. This is understandable in light of the nearly ubiquitous poor economic conditions and faulty infrastructure handed down from the former regime. Having received massive amounts of foreign aid and attention, the first goals of the new government were cosmetic, to improve living conditions for children living in institutions and to facilitate international adoptions. The focus from the beginning was not, unfortunately, on addressing the root causes of child abandonment and institutionalization. The next chapter discusses the gradual implementation of child welfare reform measures undertaken during the transition period. Hypotheses are proposed to test the effects of the most important of these measures.



### III

#### Child Welfare Reform

In addition to the social and economic risk factors in the transition decade, child welfare reform is another important determinant of child institutionalization and deinstitutionalization (Figure 2.2). These reforms are primarily state-driven, public actions that have an impact on private familial decisions regarding care of the children.<sup>41</sup> The focus of this chapter is the operationalization of child welfare legislation and its hypothesized effects on levels of child institutionalization and deinstitutionalization. The first part describes three child welfare reform periods defined by major acts of legislation. The end of the chapter formulates testable hypotheses based on the expected effects of these legislative periods on levels of child institutionalization and deinstitutionalization.

Swift and thorough child welfare reforms did not happen early in the transition period. A major impediment was social and economic upheavals in the aftermath of the dictatorship. Another was that rather than implementing a comprehensive set of strategies to prevent child institutionalization and stimulate deinstitutionalization, early efforts were confounded by international pressures. Westerners who were appalled by media images of neglected children enduring horrible living conditions reacted quickly and put pressure on the new government. In retrospect, the international focus was well intentioned but narrow and shortsighted. The government was inundated with waves of uncoordinated international assistance to children in institutions. In order that the country's image abroad improve, created the Committee for Support of Children's Protection Institutions (September 17, 1990). The Committee was comprised of prominent cultural, religious, political, and mass-media people, and its immediate goal was to coordinate assistance and ensure improvements in the living conditions of institutionalized children (Zugravescu & Iacovescu 1994). Also in response to

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<sup>41</sup> This complex interdependency between public and private spheres merits more attention than I am able to give it at present. I refer the reader to a full discussion by Gal & Kligman (2000:37-62).

Westerners' desire to 'rescue' children from miserable conditions, the government legalized international adoptions. In 1991, the Romanian Ministry of Foreign affairs reported that 7324 children were adopted abroad: 33 percent to the U.S., 15 percent to Italy, 10 percent to France, and 42 percent elsewhere. In addition, there were 2283 adopted within Romania (Verona 1994). These numbers of foreign adoptions greatly exceeded those from any other country.

### **3.1 Child welfare reform periods**

While providing immediate relief (or escape through adoption) to neglected children was an important first step, major changes were still needed to overcome the social and economic setbacks that continued to cause children to be abandoned. Throughout the 1990s child welfare legislation underwent progressive transformations.<sup>42</sup> In order to discern better the effects of reforms on child institutionalization and deinstitutionalization from 1987 to 2000, I highlight three distinct reform periods and a baseline pre-reform period. The pre-reform period comprises the years prior to the onset of the transition reforms. Specifically in this study, the pre-reform period is defined as the three years prior to the December 1989 revolution (1987-1989). Data collected for these years represent a baseline period against which later trends can be compared. Child welfare experts in Romania have justified defining three distinct reform periods during the transition decade. The first reform period, from 1990 to 1991, is referred to as one of rapid "reparative" regulations (Zamfir 1995). Zamfir (1995) and Roth (1998) describe the second reform period, from 1992 to 1996, as one of legislative "re-organization". Legislative re-organization in this context implies new and sometimes conflicting laws. Roth (1998) refers to the third reform period, from 1997, as "beginning reforms". She

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<sup>42</sup> In addition to the discussion of major reform legislation in this chapter, further interpretation of the laws and articles can be found, for example, in Zugrăvescu and Iacovescu in Jaffe (ed.) (1995), Filipescu (1998), Achițel (1999), and Romanian on-line legal networks such as <http://legislatie.rol.ro/inventar/go.php> and <http://domino.kappa.ro/guvern/>. Romanian laws, decrees, government decisions and other acts are published in full text in the *Monitorul Oficial al României*.

uses this term because up until this period no widespread viable alternatives to institutionalization had been created. Furthermore, until June 1997 the old soviet-style law promoting institutionalization as the overriding solution remained in effect. The reforms in the last period are also a refinement of previous legislation, resulting finally in more coherent and better-coordinated efforts. I refer to the third reform period simply as the “recent reform period”.

### **3.1.1 Pre-reform period (pre-1990)**

The pre-reform period in Romania describes the era of the highly centralized, paternalistic state with virtually unchanging child protection policies. In the 1960s the state began expanding a network of specialized institutions to replace parental functions for the period that the family was unable to be raise or educate the child at home. Throughout the 1970-1980s, as the economy was decelerating and Ceaușescu continued to enforce his pronatalist policies, more and more families depended on these state institutions. The two laws that frame this period are the Family Code (Decree No. 32/1954 and revisions) and Law No. 3/1970. The Family Code provided vague directives for national adoptions through the local government (i.e. mayors), and restricted international adoptions to presidential authorization. The soviet-style Law No. 3/1970, not overturned until 1997, promoted large-scale residential care institutions as the primary solution for children whose parents were unable or unwilling to raise them at home.

Under Romania’s communist dictatorship, the state sought to be the primary provider for families’ daily needs, including childcare. More than interfering with private family sphere, it fostered a dependence of individuals on the state. This included the state taking on parental functions of raising children. Early legislation enforced this: Law No. 3/1970 instituted state care as the principal solution for families who could not raise their children. Many families viewed placing their infant in an institution as a temporary

solution until they had acquired adequate resources (i.e. time, space, finances, etc.) to resume the child's upbringing at home. However, once the infant entered the *leagan* they were about as likely to stay in the state institution system as they were to return to live at home (Greenwell 2001). Far fewer children were adopted by a Romanian family and only under extra-ordinary circumstances were children adopted internationally.

Romania's Family Code of 1954 contained several articles addressing adoptions, most of which had been adapted from earlier legislation including Decree No. 182/1951 and the Civil Code of 1865. Article 66 of the Family Code stated that an adoption should serve the adoptive child's best interest and articles 67-85 recognized two types of national adoptions. The first, simple adoptions, were where the adopted child became a relative to the adoptive family while maintaining bonds with the natural family; the second, full adoptions, were where the child legally had the same rights as the natural child of the adoptive family (Zugravescu & Iacovescu 1994; Iacovescu 1997). In terms of international adoptions, in 1956 Decree 137/1956 amended articles 73 and 74 of the Family Code, thereby imposing the requirement of authorization of foreign adoptions directly by the president. In practice, the legal provisions concerning adoptions in the Family Code were not commonly exercised during Ceaușescu's regime. Namely, unwanted children were placed in state-run *leagans* (per Law No. 3/1970). Empirical data show that national adoptions were relatively rare, and international adoptions were not an alternative insofar as they were subject to the whim of the president.

Child protection Law No. 3/1970, adopted on March 28, 1970, was the first law adopted specifically to address child welfare under Ceaușescu's regime. Not surprisingly, it followed closely behind the implementation of the pronatalist decree in October 1966 as a solution to the suddenly large number of children born to women unprepared to care for them (see Figure 1.1). The law defined categories of children based on age and ability and promoted institutionalization in state-run homes as the primary solution to families who were not prepared to raise their children (Iacovescu 1997; Dobrin 2000). Thus the

state became the ultimate provider of child protection. While the law *pro-forma* did not prohibit adoption and foster care as options for children in difficulty (the Family Code was still in effect), there were no existing viable alternatives for raising unwanted children outside the complex network of institutional care.

As mentioned previously, international adoptions in the pre-reform period happened under unusual circumstances, and outside of official procedures. While in the U.S. and other Western European nations where legislation regarding international adoptions started to develop in the 1960s and 1970s, this was not the case in Romania.<sup>43</sup> Romania in the 1960s and 1970s was not a country with a high demand for adopting children internationally, nor a country that supplied children for international adoptions. That is, throughout most of Ceaușescu's rule, the demand for children in Romania was already very low due to pressure that women already experienced through the strict pronatalist laws and an increasingly tense social economic environment under communist rule. For Romania to supply children for international adoption during the 1960s and 1970s would have been in direct opposition to the socialist philosophy of fostering population growth in order to sustain a large labor pool.

In the 1980s, however, with the disintegration of the communist economy, Ceaușescu used his population as a desperate means of financial gain. He sold thousands of visas to the German government so that ethnic Germans could emigrate. He also authorized international adoptions to earn hard currency (Kligman 1992). Although foreign adoptions were permitted with presidential approval, according to the revised Family Code of 1956, there is no indication that Ceaușescu consciously used this provision in a transparent or official manner. Instead of creating a legal framework for these children

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<sup>43</sup> The U.S., for example, had temporary foreign adoption measures in place already in 1953 to facilitate orphan relief programs in post war Korea. Permanent foreign adoption laws progressively came into effect in the U.S. with the increasing number of children being adopted from Asia (1960s) and Latin America (1970s) (Weil 1984). By the 1980s, the demand for foreign adoptees in the U.S., the country receiving the largest share of internationally adopted children, followed by nations such as France and Sweden, logically resulted in more developed legislation in these countries, and in countries that supplied the children (Kane 1993).

to leave the country, the adoptions were processed through surreptitious channels. These *faits accomplis* adoptions, mainly to European and Israeli couples in exchange for \$1000-\$6000 hard currency, were the beginning of a black market for babies (Central Europe Correspondent 1988; Kligman 1992). The exact number of children and their destinations are unknown, but their movement across international borders was often publicized through media channels in the receiving countries.<sup>44</sup>

### **3.1.2 Child welfare reform period I (1990-1991)**

The first reform period in Romania is referred to as the reparation period, from 1990 to 1991 (Zamfir 1995). The backdrop of this period immediately following Ceaușescu's overthrow was one of tentative optimism. The Romanians were relieved to see the demise of the dictator and his austere economic program.<sup>45</sup> Furthermore, in an effort to curry favor with the population for upcoming elections, the interim government raised wages and boosted public consumption by releasing stores of exportable goods. In failing to immediately implement stabilization measures and opting to placate the population with temporary concessions, foreign reserves were depleted and the economy dove into an irreversible downward spiral.

This period is characterized by temporary decline in the number of children entering institutions. Part of this decline may have been related to the optimism following December 1989, and part of it was because on December 26, 1989 the new government reversed the 1966 pronatalist decree banning abortion. There was also an exodus of children out of institutions to foreign adoptive families. This was also a temporary situation until sudden restrictions halted international adoptions. The main legislation in

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<sup>44</sup> Dr. Alexandră Zugrăvescu, Chief Adoption Officer and Director of the Romanian Committee for Adoptions, reported that international adoptions represented only 2.1 percent of all adoptions in 1987 (Zugrăvescu & Iacovescu 1995).

<sup>45</sup> The consumption patterns in 1989 were such that Romanians were spending 70 percent of their earnings on the essentials of life: food expenditures 50 percent; clothing and shoes 13 percent; and energy 7 percent (Daianu 1997).

this period includes Law No. 11/1990, the “Law on Approval for Adoptions”, that gave consent for foreign adoptions, and Law No. 48/1991 that subsequently placed a moratorium on foreign adoptions.

On July 31, 1990 the Romanian Interim Government passed a presidential decree to legalize and decentralize international adoptions. The Law on Approval of Adoption (Law No. 11/1990) (*Monitorul Oficial* no. 95 August 1990) transferred the responsibility for adoptions to the local courts. It also abrogated articles in the Family Code stating that the president’s approval was necessary for international adoption. Such adoptions, having more complex procedures than national adoptions, became the decision of the county court. The Law on Approval for Adoptions, in outlining a juridical process for adoptions, brought Romania closer in line with the U.S. and most other Western European countries. It was a first step towards implementing the UN Convention on the Rights of the Child (UNCRC).

Romania signed the UNCRC on 28 September 1990 and adopted its articles into law with Law No. 18/1990. This instrument legally binds its member nations to ensure the full range of human rights for children. The two main articles concerning orphans are Article 20 and Article 22. Article 20 states that the state is obliged to provide special protection for a child deprived of a family environment and to ensure that appropriate alternative family care or institutional placement is available in such cases; Article 21 specifically addresses the state’s obligation to implement adoption procedures which protect the child’s interests and ensures adoption only through competent authorities.

Romania’s new Law on the Approval of Adoption complied with the Convention by allowing children to be adopted internationally. However, it failed to meet the spirit or intent of the Convention because it did not ensure that adoptions were carried out in the child’s best interest—an important component of both the Family Code (article 66) and the UNCRC (article 3). Specifically, a legal adoption process *through competent*

*authorities* was not in place (Zugravescu & Iacovescu 1994). Although adoptions were legally supposed to be processed through county courts procedures, in reality many children were privately adopted directly from their biological families by way of the black market (Kligman 1998:231; US Department of State 1993). According to Zouev (1999:119), “By 1991, most adoptees were not being taken from institutions but were being ‘bought’ directly from their biological families, usually in exchange for consumer goods or money.”

Officials in the new government were not prepared for the flood of international attention towards institutionalized children. No country, and least of all Romania that had no international adoption procedures in place, had ever experienced such a rapid and intense demand for adoptable children. There was a massive influx of petitions for international adoptions as Romania became the new source of ‘Caucasian children’ for Westerners seeking to adopt (although, as discussed in the preceding chapter many or most of these children were of Roma descent; the Roma, or *drom*, are of Dravidian descent and migrated from the central part of India many centuries ago).<sup>46</sup> An unclassified cable from the US Embassy in Bucharest read, “*The great desire of Westerners to find adoptable children, coupled with the wide publicity concerning the deplorable conditions of many orphanages in Romania, sparked a rush to adopt here that began after the December 1989 revolution and lasted until July 1991* (Verona 1994).”

Under Law No. 11/1990, all requests for international adoptions, including those from Romanians domiciled abroad, were passed to the county court. The volume of petitions quickly overwhelmed the capacity of the courts to process them. The Committee for the Support of Children’s Protection Institutions, concerned that adoptions be kept within legal parameters, saw the need to set up the Romanian Adoption Committee on January

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<sup>46</sup> In the U.S., for example, South Korea remained the biggest supplier of adopted children through the 1980s. In 1991 the number of children from Romania surpassed that from South Korea: 2552 came from Romania and 1817 came from South Korea. After 1994, Russia and China became the primary providers of adopted children to the U.S. (INS 2001; INS 2003).



22, 1991. This committee, although not yet established as a government agency with any legal clout, was responsible for overseeing adoptions of children from institutions (Zugravescu & Iacovescu 1994). Prospective adoptive parents were to register with the Romanian Adoption Committee and make an appointment to select a child from the list of eligible children. After they chose a child they were given written permission to independently go and visit the child in the institution. This was successful for some families, but often the family either did not accept the child they visited, or the data on the list was simply false information (e.g., the child was sick, had incomplete records, or even did not exist.) (US Congressional House Committee 1991). Then a family would have to start the whole process over—or else seek a less-cumbersome, illicit method of securing a child through unofficial channels.

To avoid the cumbersome maze through which international adoptions were supposed to occur, families eager to adopt a Romanian child, and Romanian middlemen eager to profit from foreign parents, found each other. Informal adoption brokers offered baby-shopping families a baby directly from a family or from an institution where a complicit staff person reserved certain children for private adoptions. Intermediaries also had contacts with necessary legal and medical personnel. The black market initially appeared to be an efficient alternative—albeit often at great emotional expense to the adopting family and to the women providing the children. But ultimately, because there was no effective means to control it, intermediaries could take advantage of the family's growing attachment to the prospective child and often charged higher and higher prices before sealing the deal (US Congressional House Committee 1991). The state could not effectively control activity of baby-brokers because the Penal Code did not address punishment for financial gains of this sort (Zugravescu & Iacovescu 1994). The Romanian Adoption Committee could not effectively control activity of baby-brokers because they only exercised authority over adoptions that were processed through an institution. Thus the demand for these informal services from foreigners, plus the lack of legal repercussions from the state, made fertile ground for a profitable market in baby

trading. The result is that many foreign families obtained their children at the expense of large sums of money, through unscrupulous baby brokers who exploited and separated poor parents, especially women, from their children (Kligman 1998).

Foreigners not only took advantage of Romania's lenient adoption law, in some cases they also exercised loopholes in their own country's immigration laws in order to import their adopted child. That is, some of the children declared 'abandoned' in Romania did not meet a strict definition of abandoned or orphaned in the receiving country. Article 5 in Law No. 11/1990 reads, "When the adoption concerns a child whose parents are unknown or an abandoned child, or whose parents although known cannot be located, as well as those cases where it is necessary to place the child in custody but such custody has not yet been concluded, *the consent to adoption shall be given by the trust authority.*" But the article failed to stipulate specific criteria whereby a child would be considered abandoned, thus the trust authority (in this case the county court) could be very liberal in declaring a child abandoned. The U.S. Immigration and Naturalization Service, for example, defined *abandoned* or *orphan* more narrowly than Romania and so some children, adoptable by Romania's standards, did not meet INS standards for a visa.<sup>47</sup> To circumvent this legal hurdle, the Consulate at the U.S. embassy could invoke the clause on "humanitarian parole", thus circumventing the INS decision (Kligman 1998). In 1991, 20 of these waivers had been approved and about 80 were pending (US Congressional House Committee 1991).

In April 1991 a report prepared by the Defense for Children International and the Social Service International, entitled "Report with Regard to the Implementation in Romania of the Convention on the Rights of the Child in the Field of Intercountry Adoption", estimated that over a third of international adoptions worldwide were from Romania. During the chaotic period from August 1, 1990 to July 17, 1991, about 10,000 children

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<sup>47</sup> See *Immigration and Nationality Act*, Section 101(b)(1)(F) [8 U.S.C. 1101(b)(1)(F)], for the INS definition of orphan, including abandoned child.

were sent abroad (Zugrăvescu & Iacovescu 1995). Likewise, the INS International Adoption Statistics reported 2594 foreign adoptions from Romania to the U.S. in 1991, accounting for almost one third of all U.S. international adoptions worldwide (versus less than two percent in 1990).

Eventually the uncontrolled flow of international adoptions out of Romania, and Romania's ratification of the UNCRC, called for the Romanian government to amend the legislation (Zugrăvescu & Iacovescu 1995).<sup>48</sup> Thus Law No. 11/190 was modified just one year after its approval, on July 17, 1991 (*Monitorul Oficial no. 159*, July 26, 1991). The revised law, Law No. 48/1991, is commonly referred to as the "moratorium" on international adoptions. It aimed to stop the baby trade by outlawing private adoptions and establishing a mechanism to ensure children's and parents' rights were protected. This translated into serious restrictions for the foreigners who had come to expect relatively quick and easy adoptions.

Changes brought about by Law No. 48/1991 included restrictions in making children available for adoption as well as setting criteria for foreign families wanting to adopt a child from Romania. Around the time that this law came into force, in June 1991, government decision HG 63/1991 made the pre-established Romanian Adoption Committee (RAC) into a government agency with legal authority to cooperate with international bodies related to international adoption (Priscăru 1998). RAC became the central coordinating body responsible for accrediting international adoption agencies and screening all adoption by Romanian and foreign couples. Approval of the foreign adoption agencies depends upon the following criteria: the agency's legislative status, date of establishment, goals in being involved with inter-country adoptions, diversity of activities, legislation in effect in the country, ability to provide follow-up reports on the

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<sup>48</sup> Signing the UNCRC, as Romania did in September 1990, is a preliminary and general endorsement of the Convention but not a legally binding step. Ratification, on the other hand, signifies an agreement to be legally bound by the terms of the Convention. Romania ratified the UNCRC in October 1990.

child for at least two years, and the experience of the agency in counseling applicants.<sup>49</sup> Assuming these criteria are met, RAC gives priority to agencies experienced in placing older, sick or disabled children (Zugrăvescu & Iacovescu 1995).

Law No. 48/1991 stipulated changes for children to be eligible for international adoption. Major interruptions in the flow of international adoptions were due to the following new rules. RAC still maintained a list of all available children, but under the new law there was a delay of six months to search for a Romanian family that would be given priority for a national adoption. If no Romanian family was found after six months, only then could the child become eligible for international adoption. Furthermore, in order to get on RAC's list of children eligible for adoption, the child must be declared legally abandoned. The right to declare a child abandoned was extended to the management of the institution or medical facility (e.g. a hospital maternity ward where a child was abandoned after birth), in addition to the court (Zugrăvescu & Iacovescu 1995). A child must have resided in an institution for at least six months, a period in which Romanian parents could change their minds, or the biological parents of an abandoned child could be found. A child could also qualify for legal orphan status if: both parents were deceased; or the parents consent to adoption (with the right to revoke their consent within a 15-day period); or the parents were deprived of their parental rights through an irrevocable legal decision. If the child had orphan status according to any one of these criteria, then he or she would be registered with the RAC and an international adoption could be processed. (Note: Despite the attempt to standardize eligibility based on 'legal orphan status', the definition remained ambiguous. This was addressed again in 1993.)

If the child met these criteria RAC then contacted the foreign family and proposed the child. Prospective adopters were no longer permitted to select a child from the list themselves, and were no longer allowed to visit the child in the orphanage. Although not

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<sup>49</sup> In 1996 there were 26 international adoption agencies authorized to oversee international adoptions to the U.S. (US Consulate, December 13, 1996).

explicitly stated, these regulations at least implicitly made adoptions directly from Romanian families no longer possible.

Law No. 48/1991 is described as a moratorium on international adoptions because of the stipulated six-month waiting period. In reality, the moratorium that should have lasted until a new regulation was passed in 1993, when the concept 'legally abandoned' was more precisely defined. Meanwhile, adoptions remained difficult for foreigners because many potentially available children were held in institutions unable to acquire the legal orphan status. Some children had parents who did not want to relinquish their parental rights, but nevertheless left their child in the orphanage. Other children had parents but no contact with them, and therefore were not able to obtain consent for adoption. It was a lengthy process to have to track down parents for consent and there was a lack of trained personnel to do this work.<sup>50</sup> The staff in institutions were already burdened with a renewed influx of children (see Chapter 5) since private adoptions had suddenly halted.

Finally, although much less of an obstacle, RAC also established minimum criteria that foreigners had to meet in order to adopt. They are as follows: each of the prospective adoptive parents had to be over 25 years old and married for at least three years; the age difference between the adoptive child and the parents had to be less than 35 years for the mother and 40 years for the father; and the couple should not have more than two children, natural or adopted, under age seven years. Exceptions to these guidelines could be made for those children more difficult to adopt, such as an older child, a child with siblings or a child with a disability. If the prospective parents met these criteria then they were eligible to apply to adopt (O'Connor 1994).

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<sup>50</sup> As mentioned earlier, the field of social work was banned in 1969. It was not officially re-recognized in university curriculums until 1992 (DPC-EU/Phare 1998). There are now at least 10-18 universities with graduating students from departments of social work. These new experts in the field of child protection are an important liaison between children in the institutions and families that accept a child.

### **3.1.3 Child welfare reform period II (1992-1996)**

The second reform period, from 1992 to 1996, is the legislative re-organization period. Researchers who tend to favor the shock therapy approach to economic transition claim that the dire social and economic circumstances that Romanians experienced in this period were a result of policy-makers delaying the implementation of stabilization policies after the revolution (Daianu 1997; Denslow 2002). Although some correction measures such as devaluation of the currency and remonetization of the economy were taken at the end of 1993, the economic situation portrayed in GDP, employment, and inflation indicators continued to deteriorate until the middle of the decade.

These conditions left many Romanian families in a desperate situation, and their children at higher risk for being placed in institutional care. This reform period is characterized by legislation that on the one hand removed obstacles impeding international adoptions, but on the other hand neglected to provide alternatives to institutionalization. The legislative focal points for this period are Law No. 47/1993 that defined the judicial declaration of child abandonment, Law No. 84/1994 that officially adopted articles in the Hague Convention on Child Protection and Cooperation in the Area of Adoptions, and Law No. 65/1995 that further modified Laws No. 11/1990 and 48/1991.

Efficient coordination of child welfare reform activities was needed to overcome the restrictions imposed by the 1991 moratorium on international adoptions. Since then many potentially adoptable children over-stayed in orphanages because they were not able to meet criteria for 'legal orphan status'. Or, even if they had obtained the status, many were not registered with a foreign adoption agency approved by RAC to carry out the process (US Congressional House Committee 1991).

Two pieces of important legislation paved the way for easier, faster and more child-centered adoptions to take place. First, Law No. 84/1994 came into effect when Romania

signed the Hague Convention on Child Protection and Cooperation in the Area of Adoptions on 29 May 1993 (ratified on 28 December 1994). The goal of the Convention is to protect the children, birth parents and adoptive parents involved in intercountry adoptions and to prevent child-trafficking and other abuses. Articles in the Hague Convention take into account the principles set forth in the UNCRC and earlier instruments and establish a legal framework for international adoptions. The Hague Convention has great potential to facilitate international adoptions in Romania. It stipulates that when citizens of a member country adopt a child from another member country, the receiving country automatically recognizes the child's adoption in the sending country (the child's state of origin). Thus the adoptive parents adopt the child one time only and avoid having to re-adopt the child in their own country. The United States signed the Convention in 2000 but it is not scheduled to be in force until 2004.

To ensure that these international adoptions were processed ethically, Romania's Penal Code provided a negative incentive for unethical profits in international adoptions. It warned that criminal penalties would be extended to anyone "receiving or offering money or material goods to obtain the release of children for adoption, as well as for obtaining 'undue material benefit' as an intermediary or facilitator of adoptions (O'Connor 1994).

Additionally, in conformity with Article 4 of The Hague Convention, Romania passed a new adoption law that expedited the eligibility of children in Romania for international adoption. This new law, Law no. 47/1993, passed on July 8, 1993, is the Judicial Declaration for Abandonment. It removed a major obstacle to international adoptions by giving a clear legal definition to the previously ambiguous status of "abandoned." In particular, the law manifests the *notion of disinterest* by stipulating a 6-month period after which the courts may declare a child legally abandoned if not visited by a family member. The Judicial Declaration for Abandonment resulted in many more neglected children finally obtaining legal abandoned status and thus becoming eligible for adoption.

A further revision to previous laws regarding international adoptions was Law No. 65/1995 passed on June 27, 1995. Part of this law appears to be a restatement of centralized adoption controls. That is, all children who are eligible for adoption, national or international, 1) must have a certificate from the RAC, 2) cannot be adopted directly from the family except between close family relations, and 3) must be proposed by RAC to prospective adopting individuals rather than allowing them to visit orphanages and 'baby shop' (Consular Sheet 1996). The main difference in Law No. 65/1995 is that it dropped the stipulation that for six months following an application the RAC had to prove there was no Romanian family to adopt the child (Interpress Service 1996).

Despite real progress in liberalizing international adoptions, these measures were not sufficient for a well-rounded approach to child welfare reform. The lop-sided approach to child welfare reform was due, in part, to a major political impediment-- the old Soviet-era Law No. 3/1970 that was still in effect (Roth 1998). This out-dated child protection law favored placing a child in an institution and still prevailed as the main solution for children in families in difficulty. With this law still in force there existed no sound legislative foundation on which to create sustainable, coordinated alternatives to institutionalization. Children were still likely to spend time in institutions before being eligible for adoption.

In this second reform period, more children were abandoned to institutions than in the pre-reform period (see Chapter 5). An important pervasive obstacle, of course, was the continued economic insecurities described in chapter 2: unemployment levels were high, consumer goods either too expensive or in short supply, and family benefits were minimal. Moreover, as in the first reform period, in lieu of creating alternatives to institutionalization by providing alternative solutions for families, international organizations and the Romanian government were narrowly focused on ways to improve the lives of children relegated to institutional life. Although improved living conditions for institutionalized children were an important human rights issue, an over-emphasis on



this further delayed effective measures to decrease institutionalization. Hundreds of international aid organizations organized to provide relief or assistance to orphans.<sup>51</sup>

In March 1993 the Romanian government established the National Committee for Child Protection (NCCP). This body was formed to improve inter-ministerial management at the national level (Zamfir 1997: 29). The NCCP intended to make national child protection activities more efficient, but their hands were tied, so to speak, because the basic structure imposed by the old child protection law was not yet dislodged. Each child institution remained squarely under the authority of its respective national ministry (e.g. the *leagans* remained under the Ministry of Health) and status quo was maintained. Thus the institutions themselves remained steadfast bastions for children in difficulty, as they had been for over three decades.

Finally, because of disproportionate attention on facilitating international adoptions of children in institutions, international adoptions almost completely replaced national adoptions during this reform period. This imbalance was not in accord with Article 21b of the UNCRC that states, “Recognize that intercountry adoption may be considered as an alternative means of child 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 reason for the imbalance is largely due to the high demand from the West to adopt Romanian babies, and the financial incentives within Romania to profit from international adoptions. Abuses, therefore, were rampant in both the receiving and sending countries, but with lop-sided accusations of adoption-related corruption generally focused on the Romanians.

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<sup>51</sup> Estimates of NGOs working in child welfare reform in the transition period range from 300, 400, and 700-800, depending on who counts who, and when (see Kligman 1998; Roth 1999; and DPC 1998).

The next reform period created a more balanced agenda for child protection, including facilitating family placement options other than (and in addition to) international adoptions—for example, promoting national adoptions and placements in foster families.

### **3.1.3 Child welfare reform period III (1997-2000)**

*“We are decided to observe the citizen’s rights and implement the recommendations forwarded by the Council of Europe [regarding the law on the rights of the child and the law on adoption]”*

Foreign Minister Victor Ciorbea’s (*Bucharest Rompres* 1997)

The third reform period, from 1997 to 2000, is the recent reform period. It is characterized by coordinated efforts to operationalize principles in the UNCRC, promote alternatives to institutionalization, and decentralize child protection authority. The legislative centerpieces include the Emergency Ordinance No. 26/1997 (Law No. 108/1998) regarding the protection of children in difficulty; and the Emergency Ordinance No. 25/1997 (Law No. 87/1998) specifying laws on the conditions of adoption.

The presidential elections in 1996 ushered in positive changes for child welfare reform. 1997 was considered a key year as the Romanian government took radical steps to implement needed economic reforms, to decentralize decision-making to the local level, and to give social issues a higher priority (USAID Congressional Presentation 1999). First, in January 1997 the Department of Child Protection (DPC) was created (Law No. 34/1998) and took over coordinating and monitoring responsibilities of the National Committee for Child Protection. The following month DPC had already elaborated a progressive strategic plan for the government. Significant amendments to the existing legislative framework paved the way for a multi-pronged reform strategy that aimed to: 1) reduce the numbers of children in institutions; 2) increase the number of children

reintegrated with their natural family, or placed in an adoptive or foster home; and 3) improve care for children in institutions and reduce the number of street children.

The first step towards achieving these three objectives was the abolishment in June 1997 of the former child protection system promoted by Law No. 3/1970 (GOR 1998). It was replaced by Emergency Ordinance 26 on the protection of children in difficulty, later adopted as Law No. 108/1998 in June 1998. The ordinance states that institutionalization is only a temporary solution and the family is the preferred environment for raising a child.

Law No. 108/1998 is aimed at assisting “children in difficulty”, that is, children whose physical or moral development is in danger of being compromised, such as children who are abandoned, neglected, or abused. Unlike previous legislation, this law promotes a fundamental restructuring of public services to enable the state to protect children in difficulty. Most significantly, it restricts power in the central authority of child protection by decentralizing administrative and financial responsibility to the local level. Until 1997 child protection had been entirely centralized under the ministries of health, education or labor. This move towards decentralization was the most important overall change in Romanian public administration after 1989, involving bringing on board over 30,000 employees in more than 200 institutions (GOR 1998).

Under this law, responsibilities previously held at the national level were devolved to County Councils that created specialised “Commissions for Child Protection.” These Commissions, composed of local authorities and experts in child protection, assumed authority for determining the most appropriate care for a child in difficulty. They meet on a regular basis to hear reports on specific children in difficult situations. Typically, the case of an institutionalized child is presented to the Commission by a social worker who works in the institution. After sharing pertinent information about the child, the social worker may recommend that the child be placed in a foster home rather than

returning to an abusive family. The members of the Commission will decide on the best way to proceed with the case given the information presented by the social worker, and available options.

Another way that children benefit from Law no. 108/1998 and its decentralized decision-making is that they can be adopted at a younger age, thus minimising the ill-effects of institutional life on their early development (JCICS 1997). Under the new law Romanians could relinquish their child for adoption immediately at birth with 30 days to revoke their consent. The County Commission would refer the child to RAC, and RAC would inform all other County Commissions to search for a Romanian adoptive family. If no Romanian adoptive family showed interest within 60 days, then the child would be eligible for international adoption. With these new procedures an international adoption could conceivably take place when the child is just over 3 months of age.

These County Councils are also responsible for providing specialized services aimed at preventing abandonment and providing alternatives to institutionalized care. According to the democratic principle of subsidiarity,<sup>52</sup> county level public services are more efficient than those at the national level. Social workers and other trained staff contribute to community-based services that support families in raising their own children. Local resources are redirected to an array of prevention programs such as maternal care centers, day care centers, and day recovery centers for children with disabilities. For children in institutions, social workers promote family reunification, foster care, and national adoptions.

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<sup>52</sup> Subsidiarity implies the notion of devolving powers to the level of government best fitted to exercise them. Its logic is implied in the formal definition: "a community of a higher order should not interfere in the internal life of a community of a lower order, depriving the latter of its functions, but rather should support it in case of need and help to co-ordinate its activities with the activities of the rest of society, always with a view to the common good (Catechism 1997)." The National Authority of Child Protection refers to this as the Principle of Decentralization and of Making the Community Accountable for their Children (GOR 2001).

In addition to its focus on preventing abandonment and deinstitutionalizing children, Law No. 108/1998 proposes transforming the institutions in which children stay. Until 1997, the communist structured network of institutions included separate institutions for children of different ages and abilities. In this reform period, many institutions, especially *leagans*, have been restructured into “placement centers” that receive children of all ages. The main purpose of this transformation is to offer protection and care to children in an environment that is similar to a natural family setting. Moreover, the placement centres are the opposite of the overly medicalized *leagans* that were insufficient to meet the social, emotional and physical needs of children.

Emergency Ordinance 25 of June 1997, adopted as Law no. 87/1998 a year later, addresses the conditions of adoption. This law, promoted by the DPC, comprises several measures that mandate adoptions be in the child’s best interest. For instance, it states that an adoptive family must have sufficient material resources and morals to guarantee the harmonious development of the child. It unifies procedures for domestic and foreign adoptions in an attempt to decrease the child’s waiting time in an institution. The law is in line with the UNCRC in promoting domestic adoptions over international adoptions. Article 8 of the UNCRC obliges member nations “to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law...” Furthermore, “...When considering solutions, due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background (UNCRC Article 20(3)).” Law no. 87/1998 mandates, “if a child is requested by both a Romanian and a foreign resident, priority is to the former.” A foreign family may not adopt a child unless efforts have been made first to place the child with a national family.

An important re-organisation that occurred during this reform period was that the Romanian Adoption Committee, created in 1991 under the Ministry of Health, was transferred under the direction of the DPC to oversee the implementation of the Law on

Conditions of Adoption. The head of the DPC became the President of the RAC. The merger of these two entities ensures coordinated adoption activities. The new RAC also involves authorities of local public administration; since 1997 each County Council secretary is a member of the national RAC, thus having a voice in national decision-making.

The package of reform measures in the third reform period brought about several fundamental changes in child welfare reform: 1) A commitment to prevent abandonment by encouraging local communities and civil society to create alternatives to institutionalization; 2) a larger and more experienced social work force to emphasize and operationalize family placement over institutionalization; and 3) decentralized decision-making and delegation of responsibilities.

### **3.2 Research hypotheses**

This study examines the evolution of child institutionalization and deinstitutionalization in Romania's transition period, particularly as they are affected by the three child welfare reform periods defined above. In this section I formulate testable hypotheses concerning the effect of the child welfare reform periods on levels of child institutionalization and deinstitutionalization. The pre-reform period serves as the reference period against which to compare subsequent periods.

The first hypothesis is that child welfare reform period I (1990-1991) had a strong negative effect on child institutionalization, and a strong positive effect on deinstitutionalization. Regarding child institutionalization, legislation in this period caused fewer children to be placed in *leagans* because it allowed for private adoptions via a third party, thereby by-passing the step of placing a child in an institution where he or she would be adopted. Regarding deinstitutionalization, legislation in this period caused children to leave *leagans* suddenly, at high rates, as foreign families took advantage of

lax legislative hurdles to adopt a child. The effects of child welfare reform legislation in this period are typical of ‘surprise legislation’ that was described in the introduction. In mid-1991 the moratorium on international adoptions suddenly reverses the exodus of children out of leagans.

The second hypothesis is that child welfare reform period II (1992-1996) had a moderately positive effect on institutionalization rates and moderately positive effect on deinstitutionalization. Regarding child institutionalization, legislation in this period is associated with an increase in institutionalization rates and only a slight increase in deinstitutionalization rates. Institutionalization rates crept up because the 1991 moratorium no longer allowed for private adoptions directly from families. Therefore, families unprepared financially or otherwise to raise their child had only the option of placing the child in the institution. Regarding deinstitutionalization, programs for the prevention of child abandonment were weak and there were no mechanisms in place to offer families in difficulty alternatives to institutionalizing their child. Deinstitutionalization rates, after their sudden halt in 1991, initially remained stagnant but then raised slightly as important legislation was passed to lift some restrictions on foreign adoptions.

The third hypothesis is that the better-coordinated, child welfare reform period III (1997-2000) had a moderately negative effect on child institutionalization, and a significantly positive effect on deinstitutionalization. Regarding child institutionalization, legislation in this period has for the first time in the transition decade focused on widespread measures to decrease child abandonment. The lack of significant improvement in the economy, family disunity, and institutional embeddedness, however, tempered such improvements. Regarding deinstitutionalization, legislation promoted options for deinstitutionalization, including but not limited to international adoptions. The effects of child welfare reform

legislation in this period were typical of ‘transformational legislation’ that was described in the introduction.

The results of testing these hypotheses, presented in Chapters 5 and 6, will inform us about how effective the child welfare reform policies have been in lowering child abandonment rates and raising deinstitutionalization rates. The next chapter will describe the data and methods of analysis to test the hypotheses.



## IV Data and Methods

*For Governments, statistics is like the five senses for the human being.*

*Who would enter a territory without having any knowledge of it?*

*Who would initiate the care for an unknown cause before being informed on its status?*<sup>53</sup>

Dionisie Pop Marțian (NCS 1997)

This chapter describes the study's research design. First it outlines the ethical procedures followed to conduct research involving human subjects in a foreign country. Then it presents the study methodology, including sample selection, data collection process, and the empirical models employed to test the effects of child welfare reform periods on levels of child institutionalization and deinstitutionalization.

### 4.1 Ethical issues

The units of analysis in this study are infants and children who lived in a state institution in Romania. U.S. Federal Policy requires that any research of this nature-- involving human subjects and especially children-- must be submitted for review by an Institutional Review Board (cf. 45 CFR 46). Several elements in this research design ensured that it met the high standards of an ethical review.

First, the research entailed transcribing information on children from archival sources. No personally identifiable information was collected, and the data collectors had no direct interaction with the children. Prior to starting fieldwork, all parties involved were fully informed about all aspects of the research project. The President of the National

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<sup>53</sup> "Statistica pentru guverne este ceea ce sunt pentru om cele cinci simțuri. Cine va păși pe un târâm înainte de a-l cunoaște? Cine va întreprinde îngrijirea unei cauze înainte de a se informa de starea ei? (NCS 1997)." Dionisie Pop Marțian's quote on one of the first pages of the Annual Statistical Yearbook, 1997.

Agency for the Protection of Child Rights consented to the research and provided written permission for me to proceed with data collection. The directors of the local institutions from which I collected data were also provided in advance with written information about the study. An informative letter to each one described the purpose of the study; who funds or supports the study; the methodology, including how their institution was selected; details on the type of data to be collected; the credentials of the data collectors; contact information; an invitation to ask further questions about the study; the proposed date of data collection visit (negotiable); and the estimated length of time data collection would take.

The potential benefits of the research extended to national and local levels. The findings were of interest to the National Agency because they would reveal past trends in child institutionalization and deinstitutionalization based on empirical data. The unveiling of trends over the transition period was particularly intriguing for policymakers since various child welfare reforms had been already implemented without this information. Likewise, the benefits for local institutions would be that they are provided a preliminary report presenting indicators specifically for their institution. The reports would be delivered in person (by me) and an individual discussion was sought to clarify the findings for both parties. The President of the National Agency wrote: “The research project that you are developing in certain counties, and you intend to extend it in others too, is of a great interest to us. We look forward to be[ing] informed of the project progress and the results of data analysis.”<sup>54</sup>

A final report presenting a wide array of graphics and tables generated from data from each institution was submitted to the National Agency prior to my leaving the country. An electronic copy of the database was also submitted with the report. The production and distribution of these individual reports was funded by Project Concern International,

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<sup>54</sup> Letter of approval from Vlad Mihai Romano, President of the National Agency on the Protection of Child Rights, November 22, 2000. Nr.8/8960.

as was a presentation of the preliminary results at an international conference hosted by the Department of Social Work at the University of Babeş-Bolyai in Cluj.

There were no risks to the children or anyone else in this study, and the only potential disadvantage would be a time commitment on the part of the *leagan* staff to assist in obtaining and sometimes navigating through the archives.

## 4.2 Sample design

The child cases comprise a sample of children who, since 1987, ever lived in or currently live in a *leagan*.<sup>55</sup> The source of retrospective data on children age 0 to 3 years was information recorded in the *leagan* registers containing continuous entry and discharge dates.

Since there did not exist a national sampling frame that would allow a random selection (i.e. a scientific, probabilistic sample) of institutionalized children, a purposeful cluster sample was drawn. A cluster in this study is equivalent to a *judet*, an administrative unit in Romania roughly equivalent to a county in the U.S. Romania has a total of 42 *judets*, one of which is the Bucharest *judet* that comprises the capital city. The *judets* are geographically grouped into seven Development Regions (and Bucharest *judet*, being a large urban conglomeration, is counted as the eighth Development Region) that the Romanian government officially adopted in 1997. The purpose of this grouping is to more efficiently implement policies to reduce inequalities between the least developed and most developed areas within a region (GOR and EC 1997). Because these regions are considered the best framework in which to implement and evaluate regional development I used them as a basis for selecting the sample of *judets*.

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<sup>55</sup> Legislation in 1997 aims to transform *leagans* into ‘placement centers’ where older children are admitted (see Chapter 3). In Mures *judet*, for example, the *leagan*, or placement center, has accepted some school-age children. To be consistent, however, and since these institutions are still mainly homes for children 0 to 3 years, I refer to them as *leagans* throughout the study.

The sample of 10 clusters was selected as follows. One *judet* was selected from each of seven development regions, plus an additional *judet* in three of these development regions. The three additional were selected as control clusters for the three USAID designated target *judets*. The *judets* in the sample mostly conformed to 3 pre-established criteria. 1) Three *judets* (Iași, Cluj and Constanța) in three separate Development Regions were selected because they were USAID target *judets* with pilot projects designed to prevent abandonment and institutionalization and stimulate deinstitutionalization.<sup>56</sup> 2) Data from three of the four *judets* that were considered in the *Cartea Verde* as "priority areas" were selected (Iași, Teleorman, and Maramureș).<sup>57</sup> Data collection from the fourth "priority area", Buzau *judet*, was not possible for reasons of access that I will describe below. 3) The number of children in all *leagans* in 1996, excluding Bucharest, ranged from 76 to 546 children. In order for the child population to be sufficiently large, the *judets* that qualified for selection had to have a *leagan* with at least 200 children enumerated during the 1996 PHARE *Census for Institutionalized Children* (DPC 1997). This was a subjective threshold that I judged would provide a sufficiently large sample over 13 years while not severely limiting the number of *judets* that would meet other selection criteria. Ideally, in order to avoid spatial correlation in data analysis, selected *judets* would not be contiguous with each other. But in some cases, such as Mureș and Cluj, it was necessary to sample *judets* that shared part of a common border. *Judets* having a border with Yugoslavia, Moldova, Ukraine and Bulgaria were selected to try and capture variation resulting from proximity to neighbouring countries.

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<sup>56</sup> "USAID will help three targeted counties set up the administrative framework for a community-based, family-focused child welfare system and reduce over-dependence on institutionalization of children. Three counties serve as models for other *judets* which support the GORs objective to replace institutions with community based models of caring for children." *USAID Activity Data Sheet for Social Benefits Program in Romania* (Seed Act, 180-S003.2)

<sup>57</sup> "Priority Areas" refer to *judets* that, according to a low regional development indicator, are considered under-developed. Local entities, in addition to the national government, are encouraged to implement specific programs in these *judets* aimed at reducing intra-regional disparities.

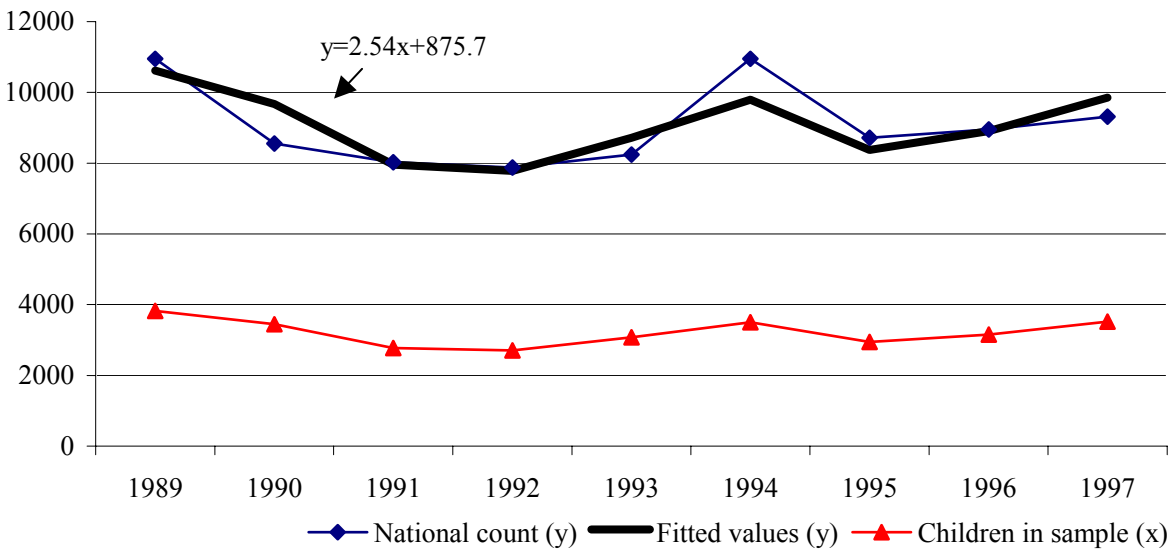
Two *judets* selected in the original design, Vâlcea and Buzău, were replaced with Dolj and Brăilă. In Vâlcea, the data archives were not organised in a manner that would facilitate timely and reliable data collection. In Buzău, the management of the local institution did not readily consent to the research and the bureaucratic requirements that she imposed would not have been an efficient use of time. In this case, a President of the National Agency for the Protection of Child Rights had been appointed since my research began and the local director would not allow access to the archives without approval from the new President. Rather than try to obtain another letter from the new President, we went to another *judet* in the same region.

The final sample of clusters included a total of 10 *judets*, about a quarter of the total number in Romania. Most selected *judets* had only one *leagan*, but three of them had two or more *leagans*. For the *judets* with multiple *leagans*, data on individual children from all *leagans* in the *judet* were collected. Data transcribed from the admission/discharge registers on 21,089 children are thus a complete record of children who ever lived in the *leagans* in the ten selected *judets* at any time between 1987 and the date of data collection.

Data were not collected in Bucharest mainly due to difficulties in accurately tracking children where there were more than one or two *leagans*. When there was more than one *leagan* in a *judet*, children were not infrequently transferred from one to another. In these cases there was the risk that a child may be double counted for entering the first *leagan* and then again for entering the *leagan* to which he had been transferred. This mistake would inflate the rate of institutionalization. Likewise for a child leaving the *leagan*, we are interested in when the child last leaves a *leagan*, whether it is for a family placement or to another institution for older children. If we counted transfers between *leagans* then it could deflate levels of deinstitutionalization. With six *leagans* in Bucharest it would have taken a tremendous more amount of time and resources than we had to adequately monitor data collection.

Although this cluster sample is not a probabilistic sample and therefore cannot be assumed to be statistically representative of the entire population, I believe this sample is a highly accurate representation of trends in *judets* outside of Bucharest. The sample includes on average, about 35 percent (ranging from 32-40 percent annually) of all children in *leagans* for the period 1987-2000. Figure 4.1 shows the number of children in sampled *leagans* versus the official count of children in *leagans* nation-wide. Note that the annual number of children in the sample is a strong predictor for the number of children in *leagans* nationally ( $r = .83$ ).

Figure 4.1 The official annual national count of children in leagans:  
a linear function of children sampled



### 4.3 Data collection

Having selected the 10 *judets* for data collection, the team tentatively scheduled the dates for data collection visits. The timeframe within which we worked was from August 2000 to the end of March 2001. Preliminary reports were to be written produced in April and delivered in May before my departure. About a month prior to the dates we set, I faxed an informative letter translated into Romanian to each county-level Department of Child Protection, *Direcție Județeană pentru Copilului* (DJPC), with a copy to the local director in the *leagan*. I followed this with a telephone call to clarify the information in the fax and to confirm or reschedule the date of our visit.

When the final date for data collection was set, my colleagues (based in Cluj) and I (based in Bucharest) met in the agreed *judet*. The team consisted of a team leader, an assistant, and a supervisor. The team leader, Brandusa Dobrin, was a licensed social worker with experience collecting similar data from Cluj *leagan* archives for her master's thesis. She was highly recommended to me by her former professor, Dr. Roth-Szamoskozi. The technical assistant, Adrian Sucilea, is a sociologist and law student with prior experience in conducting social surveys. I contacted him through Professor Michael Heims, a linguist at the UCLA with whom I studied Romanian language. The third person, myself, oversaw the data collection process.

When we arrived in the *judet*, our initial visit was to the Director General at the DJPC with whom I had made prior phone contact. The DJPC is the government entity that oversees all of the child institutions in that *judet*, including the *leagan(s)*. After formally introducing ourselves to the person in charge, we proceeded to the *leagan* to meet the director and discuss the details of our visit. This was usually followed by a tour of the institution. The desired scenario was that we would start data collection immediately after this introduction. In some cases, however, we had to wait until the next day when

the social worker was available, or for archived child registers to be retrieved from another location.

Data collection in each *judet* took an average of one working week to complete, with fewer or more days depending on the number of child cases in the *leagan(s)* and the quality of data in the registers. Continuity of data collection was ensured by having the same team of three people present in all *judets*, except for Cluj where Ms. Dobrin worked alone since she had previously worked with the *leagan's* archives. In each institution the team worked closely with the social worker or archivist who was able to answer any questions during data collection. Data were recorded from the registers by one person dictating information and the second person transcribing the information on pre-designed forms. I simultaneously entered these data from the completed forms onto an Excel spreadsheet while checking for anomalies. Any irregularities in the data were verified immediately and corrected. At the end of the visit I gave a small thank-you gift to the director and/or social worker that assisted us. On a couple of occasions we paid the social worker or archivist a daily wage to assist us in the data collection process.

Data collection took place over a period of seven months, from August 13, 2000 until March 26, 2001. In late April 2001, when data collection was finished and after I had produced preliminary results for each *judet*, I returned to each *judet* and presented the report to either the *leagan* director or the Director General at the DJPC. In May 2001 I presented the findings to the National Agency of Child Protection.

#### **4.4 Description of data & variables**

This research uses demographic information to gauge the impact of reform measures on levels of child institutionalization and deinstitutionalization. As a socio-demographic study, it uses empirical data from a large number of children who experience specific events (i.e., an entry and exit from a *leagan*) and attempts to isolate the impact of welfare



reform on these events (i.e., child institutionalization and deinstitutionalization). The total number of child cases included in the study is 21,089, covering 10 *judets* over a period of approximately fourteen years.<sup>58</sup> The distribution of child cases in the sample is broken down by *judet* in Table 4.1.

Table 4.1 Distribution of sample data by *judet* (1987-2000): Number of child cases; Percent distribution, and Number of right-censored cases

Judet	Child cases	% Distribution	Right-censored
Brăilă	2219	10.5	114
Constanță	1532	7.3	116
Cluj	3168	15.0	211
Dolj	4041	19.2	254
Iași	1304	6.2	117
Maramureș	1945	9.2	170
Mureș	2030	9.6	126
Suceavă	1333	6.3	106
Suceavă	2319	11.0	252
Teleorman	1198	5.7	122
Timiș			
Total	21089	100	1588

Since retrospective information was collected on individual children from archival sources, the variety of information on each child was limited to what was already recorded (see Appendix A for sample pages of the admission/discharge register). Although the variety of data available was not extensive, this constraint was at least partially offset by the good quality and completeness of the data. In most *leagans* the information that was recorded on each child was kept in a standard admission/discharge register. Basic information on each child was registered on the day of his/her admission,

<sup>58</sup> Note that we sought to collect data on all children who lived in the selected *leagans* between 1987 and 2000, inclusive. We therefore tracked children who entered since January 1, 1984 in case they still lived in the *leagan* on or after January 1, 1987. (The children were ordered in the registers by the date of entry.) If he or she entered the *leagan* or after January 1, 1984 and still lived in the *leagan* on January 1, 1987 then we transcribed his or her information.

and the entry was later updated with the date of departure and destination. The leagans' administrators used information from this register during the communist period to report to the Central Authorities the number of children in the *leagan*, after which a per capita funding level was allocated by the state for the upkeep of the enumerated children (personal communication with a *leagan* director). The same registration process was prevalent at the time of data collection although a couple of *leagans* were already piloting an electronic record keeping project.

#### **4.4.1 Dependent variables**

Child welfare reform authorities have promoted a two-pronged strategy to reduce the number of children in institutions. First, policy makers and program managers have implemented measures to reduce the incidence of children being placed in institutions (child institutionalization). Second, they have promoted efforts to increase the rate of institutionalized children being placed in families (deinstitutionalization). The data collected from *leagan* archives, including the child's date of admission, date of birth, date of exit and destination were used to compute these two variables.

The first outcome of interest is the annual incidence rate of child institutionalization. The incidence rate of institutionalization is the ratio of children admitted to *leagans* in the sampled *judets* during a specified year to the total number of children under age one that year in the same *judets*. Table 4.2 shows that incidence rate ranges between 14 per 1,000 in 1991 to 21 per 1,000 in 1996.

Table 4.2. Number of children newly admitted to *leagans*; Population at risk (number of births); and Incidence rate of child institutionalization, 1987-2000.

Year	New admissions	Population at risk	Incidence rate (New admissions/1000 births)
1987	1678	109255	15
1988	1633	106884	15
1989	1660	103911	16
1990	1120	103486	11
1991	1124	78316	14
1992	1350	75202	18
1993	1264	71481	18
1994	1291	72269	18
1995	1313	67257	20
1996	1393	67932	21
1997	1240	66120	19
1998	1171	69256	17
1999	1128	68088	17
2000	1120 <sup>a</sup>	67965	16
Total	18485 <sup>b</sup>	1127422	16 (average)

<sup>a</sup> Data collection in 3 *judets* was completed prior to the end of 2000, so there is an undercount of the number of new entries in these *judets* that year: Mureş (August 18), Cluj (Sept. 24), Timiş (Nov. 10).

<sup>b</sup> 2604 children were admitted prior to 1987. These children were not included in the analysis of child institutionalization. They are included in the analysis of deinstitutionalization, however, because they left the institution in 1987 or later.

The outcome of interest is the length of time a child spends in a *leagan*. The annual rate of deinstitutionalization is the number of children in the sample *judets*' *leagan(s)* who are placed in a family during a specified year per the total number of children (the same age) in the *leagans* that year in the same *judets*. The dependent variable to be tested, the length of time a child spends in a *leagan*, referred to as tenure time, is simply the interval in months between each child's date of exit and date of admission (World Bank 1998).

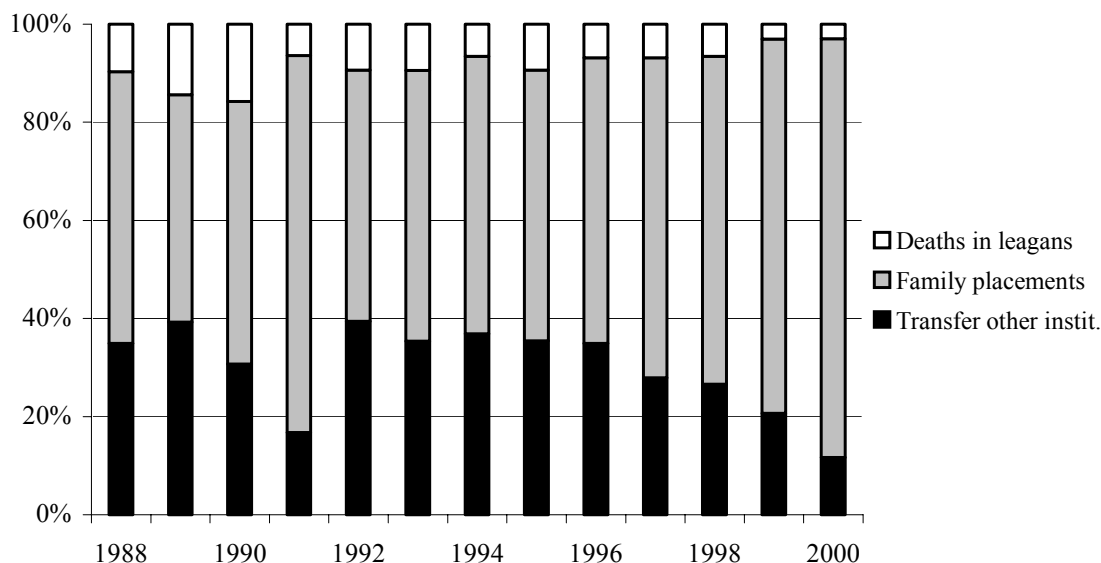
Table 4.3 Deinstitutionalization in 10 sample *judets*. Children: placed in family setting; transferred to another institution; deceased; unknown destination, 1987-2000.

Year	Family placement	Transfer	Deceased	Unknown destination
1987	708	625	112	
1988	690	680	140	
1989	588	786	217	
1990	1171	437	164	
1991	837	231	49	
1992	508	496	99	
1993	614	560	75	
1994	640	554	89	1
1995	750	507	72	6
1996	793	607	94	1
1997	830	317	75	
1998	946	393	62	1
1999	1251	273	36	14
2000 <sup>a</sup>	1019	190	43	74
2001	65	8		2
Year unknown	74	71	3	
Total (19649)	11484	6735	1330	100

<sup>a</sup> The totals are slightly under-enumerated in 2000 for 3 *judets* because data collection took place before the end of the year: Mureş (August 18), Cluj (Sept. 24), Timiș (Nov. 10). Note: 1440 children in the sample were still residing in a *leagan*.

In order to present information in Table 4.3 more simply, Figure 4.2 illustrates the number and percentage of children who left a *leagan* to be placed in a family, versus being transferred to another institution or dying. The portion of children transferred to another institution has fallen from almost 40 percent in 1992 to 15 -25 percent in the third reform period.

Figure 4.2. Major destinations of children leaving *leagans*, 1988-2000



De-institutionalization destinations can also be broken down into several family placement categories. Table 4.4 shows the overall number and percent of children who were reintegrated with their natural family, adopted by a Romanian family, adopted internationally, or placed in a foster family. Transfer to other institution and deaths, although not considered deinstitutionalization, are shown for comparative purposes.

Table 4.4 Number and percent of children exiting *leagans*, 1987-2000\*

	Transfer to other institut.	Reintegration	National adoption	International adoption	Foster family	Death	Censored or missing
No.	6683	6814	660**	2276**	1694	1328	1634
Percent	31.7	32.3	3.1	10.8	8	6.3	7.7

\*The number of cases is slightly under-enumerated in 2000 for 3 *judets* because data collection ended before the end of the year: Mureş (August 18), Cluj (Sept. 24), Timiş (Nov. 10).

\*\*77 adoptions were not known to be national or international, they were distributed in the same proportions as known national and international adoptions, 29 percent and 71 percent respectively.

#### 4.4.2 Independent variables

The key explanatory variable in the statistical model for child institutionalization and deinstitutionalization is child welfare reform. As described in the previous chapter, this variable consists of three child welfare reform periods that are based on key legislation adopted in each period. The Pre-reform period (1987-1989) is designated as the baseline or reference category since it comprises the three-year static period before new reform measures were adopted.

Other explanatory variables believed to affect levels of child institutionalization and/or deinstitutionalization include Region (i.e., the *judet* in which the *leagan* is located), the child's Age at Entry into the *leagan*, and whether the *judet* is a USAID Target *Judet*. Sex of the child is also included in the models but is not expected to influence the dependent variable. Table 4.5 describes the independent variables:

Variable	Description	Type
Child Welfare Reform period	4 discrete categories	3 dummy variables + Reference Cat.
Year	13 discrete categories	12 dummy variables + Reference Cat.
Region	10 discrete regions	9 dummy variables + Reference Cat.
Age Entry	Age child is admitted to <i>leagan</i>	Continuous variable, measured in months
USAID Target Judet	<i>Leagan</i> is in USAID judet	Binary 1/0
Sex	Sex of child exiting (Deinstitutionalization model)	Binary 1/0
Proportion female	Proportion of girls admitted to <i>leagan</i> (Child institute. model)	Continuous variable

Region, coded into a series of dummy variables (see Figure 2.6), is a proxy for a collection of socio-economic and family unity factors that were unfortunately not available to include in the model. To assist in the interpretation of the Region coefficients, the *Cartea Verde* (GOR and EC 1997) provides a development index for each region that is composed of factors such as employment rate, percent urban, primary school enrolment level and infant mortality rate. A low index indicating a low level of development is expected to correspond to higher rates of abandonment and institutionalization. The development indices will be referred to in the following chapter presenting results of the data analysis.

A child's age at entry in the *leagan* is an important demographic control variable for modelling child institutionalization and deinstitutionalization. For example, when estimating rates of deinstitutionalization, if the child entered at a later age then his or her tenure time would more likely be truncated. This is because by age 3 or 4 years, the children who have not been placed in a family are routinely transferred from the *leagan* to an institution for older children. In the deinstitutionalization model, an older age at entry is expected to be negatively associated with tenure time. In the child institutionalization model, the annual average age at entry is expected to be negatively associated with institutionalization because fewer new-borns being abandoned suggest that fewer children overall are being abandoned.

The children who lived in *leagans* in 3 USAID target *judets* is a binary variable. It is included in the model to control for the *judets* that have pilot programs specifically intended to prevent child abandonment and institutionalization and increase deinstitutionalization. 26 percent of the total sample lived in these *judets* during the time the pilot programs were implemented, from 1997 to 2000. Child institutionalization is expected to be significantly lower in the USAID target *judets*, and for deinstitutionalization to be significantly higher.

## 4.5 Data analysis methods

The models described below employ empirical data on children who move into and out of *leagans* during four periods of child welfare reform between 1987 and 2000. The models attempt to quantify changes in *leagans* in sampled *judets* as affected by the state's reform measures (see the hypotheses defined in Chapter 3). A poisson regression is used to analyse child institutionalization, and survival analysis is used to analyse deinstitutionalization.

### 4.5.1 Modeling child institutionalization

Of interest in this study is in the probability that a child will be institutionalized during distinct child welfare reform periods, or reform years, during Romania's transition decade. Although child abandonment is a serious social problem in Romania, in statistical terms it is still considered a rare event. Rare events, such as migration, infant mortality (which happens slightly more frequently than child institutionalization in Romania) and child institutionalization, are appropriately modeled with a generalized linear model.<sup>59</sup> Generalized linear models are an extension of traditional linear models that, in this case, allow for the incidence of institutionalization to depend on a linear predictor through a nonlinear log link function. The link function is defined as the annual number of newborns who comprise the pool of infants at risk of institutionalization. Defining the link function as the log of the number of newborns ensures that the incidence rate of institutionalization is positive.

The response probability distribution in generalized linear models is one in the family of exponential distributions. The poisson distribution, appropriate for modeling rare events, is used to represent aggregate count data if independence, or near independence, of

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<sup>59</sup> Rare events are those that, in a large number of trials, have a small probability of occurring. The trials in this study are the numbers of infants born, and each of these infants run a small risk of institutionalization.



events between children can be assumed. Although some children may have a sibling in the institution and therefore are not abandoned independently from their sibling, this information was not available and events of abandonment in the institution were assumed to be independent. When complete independence cannot be assumed, as in this case, the advantage of the poisson is that it may be used for inference about explanatory variables, provided that:

1. The explanatory variables do not change during infancy/childhood, i.e. they are exogenous; and
2. Interest focuses on the relationship between the explanatory variables and the incidence rate of child institutionalization.

Both of these conditions are true in the data used for this study and thus the poisson regression model is appropriate for modeling child institutionalization. The equation for the regression analysis is:

$$\log(\mu_i) = \log(n_i) + \beta_0 + X_i'\beta.$$

The dependent variable,  $\log(\mu_i)$ , is the log of the annual count of children institutionalized in the *leagan*. The logarithm is the link function that relates the incidence of child institutionalization to the linear function of explanatory variables. There are 140 observations of the dependent variable, that is, 140 pooled cross-section and time series totals of institutionalized children in the 10 sampled *judets* over the 14-year study period. The annual count of institutionalized children is assumed to be approximately proportional to the total number of births in a year. Therefore the aggregate number of births, in each of the 10 *judets* for the 14 years, appears as the offset term,  $\log(n_i)$ . The offset term is a log transformation because I am modeling the log of the number of institutionalized children.

An added complexity is the risk of auto-correlation when modeling time series data. Professor Pullum found that the most efficient offset term also included a one-year lag of

the dependent variable. The offset term used in the child institutionalization model is therefore the log of the product of the number of children born in the current year, multiplied by the incidence rate of child institutionalization in the previous year. The offset has an implicit coefficient of '1' because it is assumed that the response variable is proportional to it (prior to taking logs). In addition, the incidence rate of child institutionalization the previous year was also included as a covariate.

A linear vector of regressor variables,  $X_i'\beta$ , includes the key independent variable, 13 discrete years (including 2 years in the pre-reform period and 11 years in the transition decade). These years are also collapsed into three child welfare reform categories to more easily interpret the summary effect of each reform period on child institutionalization. In addition, the independent variables include Region (9 dummy variables + a reference category), USAID Target *Judet* (binary variable), Sex (a continuous variables defined as the proportion of girls in the *leagan*), and Age at Entry (a continuous, child-level variable). The GENMOD procedure in SAS estimates the unknown parameters for these variables using maximum log-likelihood. The results of the poisson regression models are presented in Chapter 5.

#### **4.5.2 Modeling deinstitutionalization**

The second national strategy in implementing child welfare reform is to increase levels of deinstitutionalization that is, to promote family placement for children living in the *leagan*. Given that a child was abandoned and lives in a *leagan*, is the amount of time that he or she lives there affected by child welfare reform measures? This question requires individual level data that is a longitudinal record of what happened to a sample of children living in *leagans*. The outcome variable of interest is the amount of time that a child lived in the *leagan* before he or she was placed in a family setting (e.g., reintegration into the natural family or placed in an adopted or foster family). These

intervals, which I refer to as tenure—with tenure being the time a child spends in a *leagan*, measured in months-- are called life history or event history data.

Some children in the study sample had not been placed in a family at the time of data collection. Some of these children had “aged out”, that is, they reached the age of approximately 3 or 4 years in the *leagan* and were transferred to another institution (e.g., for school age children or for children with special needs). I have no information on these children after they were transferred to another institution. Other children in the sample were still living in the *leagan* because at the time of data collection they had not yet been placed in a family. Children whose life history information is truncated for either of these reasons are right-censored observations.

Survival analysis is a good approach to examining life history data with censored and uncensored data. The purpose of survival analysis is to model the underlying distribution of events over time (see for example Cox and Oakes; 1984; Allison, 1984; Kleinbaum 1996). An event, defined as a qualitative change occurring at a specific point in time, refers to when a child leaves the *leagan* and is subsequently placed in a family. A child transferred to another institution is not considered an event. First, I plot overall tenure to determine the baseline lifetime of all children in *leagans*, regardless of their destination. This is the non-parametric survival distribution function,  $s(t)$ , representing the probability that a child will have a tenure exceeding  $t$ . I then stratify children according to whether they experienced an event, i.e., family placement categories versus transfers to other institution, and compare survival curves for these groups. Since I have continuous level data on when children left the institution, the product-limit method (also called the Kaplan-Meier method) is used to estimate the survival curves. For testing the effects of child welfare reform on deinstitutionalization I use the hazard regression model. This is a parametric survival analysis model where event time observations are fitted, in this case, to a Weibull distribution. The model takes into account tied observations (i.e. when children exited the *leagan* after the same tenure time) and censored data. The effects of

the independent variables are estimated by maximum likelihood. These include the year or period of child welfare reform; the year of entry into *leagan*; child age at entry; region (*judet*); sex; and whether the *judet* is a USAID target *judet*. The full model is a hazard function, time specific failure rate:

$$y = \mathbf{X}\boldsymbol{\beta} + \sigma\varepsilon$$

where,

$y$  = log of failure times (tenure)

$\mathbf{X}$  = intercept and covariates (effect is multiplicative on event times)

$\boldsymbol{\beta}$  = regression parameters estimated by maximum likelihood

$\sigma\varepsilon$  = scale parameter and vector of errors (Weibull)

The results of the stratified survival distribution function and a series of regression models are presented in Chapter 6.

## V Child Institutionalization, 1987-2000

This chapter assesses overall levels of child institutionalization and quantifies the effects of child welfare reform legislation during Romania's transition decade (1990-2000). As described earlier, the problem of child institutionalization has an implicitly demographic aspect a demographic approach is suitable to its analysis.<sup>60</sup> The shifts in the number and characteristics of institutionalized children, and the differential incidence rates of child institutionalization over time and across the country (i.e., when and where it happens), helps us to understand the impact of social reform processes during the transition period.

The Conceptual Model (see Figure 2.2) is a simplified description of complex factors leading to a child being abandoned and, in Romania and other postsocialist countries, subsequently institutionalized. In this study, all children under age one year are considered the population at-risk of abandonment. The Conceptual Model disaggregates all births into abandoned (or orphaned) versus not abandoned (remaining in a family). Child abandonment is a statistically rare event since most children do not experience a transition from living with their family to being abandoned in an institution. However, from a social perspective, there have been too many children who do make this transition and consequently a social problem has evolved. This is the phenomenon analyzed in this chapter, specifically in light of the child welfare reforms adopted to reverse the trend of child institutionalization.

First, I present descriptive statistics on annual levels of institutionalized children, including the absolute numbers and rates in 10 sampled *judets* beginning in 1987 and continuing throughout the transition decade. Then, for the same period, I present characteristics of the children such as the sex distribution and the average age of

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<sup>60</sup> Some of the approaches used in this study were inspired by Carl Schmertmann *et al's* paper, "Three Strikes and You're Out: Demographic Analysis of Mandatory Prison Sentencing," presented at the annual meeting of the Population Association of America, San Francisco, April 1995.

admission in *leagans*. The latter is of particular interest as it varies predictably according to reform periods. Finally, I test the three hypotheses set forth in Chapter 3. Specifically, relative to the pre-reform period, 1) reforms in the first reform period ('reparative period' 1990-1991) significantly *reduce* levels of child institutionalization; 2) reforms in the second period ('re-organization period' 1992-1996) moderately *raise* levels of child institutionalization; and 3) reforms in the recent third reform period (1997-2000) significantly *reduce* levels of child institutionalization.

### **5.1 Measures of child institutionalization**

There are two main indicators of child abandonment each being a useful measure of trends across time, within and between regions. One indicator is the absolute numbers of children in *leagans*. This information is important for program planners to provide for children's basic needs and to implement strategies to place them in families. The second indicator is the rate of child abandonment. The rate controls for the size of the population at risk and thus a better way to determine the overall likelihood of a child being abandoned.

I will refer to two measures of child abandonment that relate to absolute numbers of children in *leagans*, and two that relate to rates of children in *leagans*. In terms of absolute numbers, there is a 'flow' and a 'stock'. The flow is a count of the new children admitted to a *leagan* in a given year; the stock is a count of the total number of children who lived in a *leagan* in a given year. While the flow counts a child only once, i.e. the year of admission, the stock is a higher number than the flow because it counts children in the year of their admission and also every subsequent year that they live in the *leagan*. The hypothesis testing will model the number of new children admitted. In terms of the rates, there is the 'incidence rate' and the 'prevalence rate'. The incidence rate is related to the flow; it is the ratio of new children admitted to *leagans* in a given year to the number of infants in the population the same year. The prevalence rate is related to the

stock; it is the ratio of all children who lived in the *leagan* in a given year to the number of infants in the population the same year. The prevalence rate is a higher value than the incidence rate because the numerator includes all children who lived in the *leagan* regardless of their admission date, whereas the incidence rate is a measure of the new children admitted that year. The denominators of the two ratios are the same.

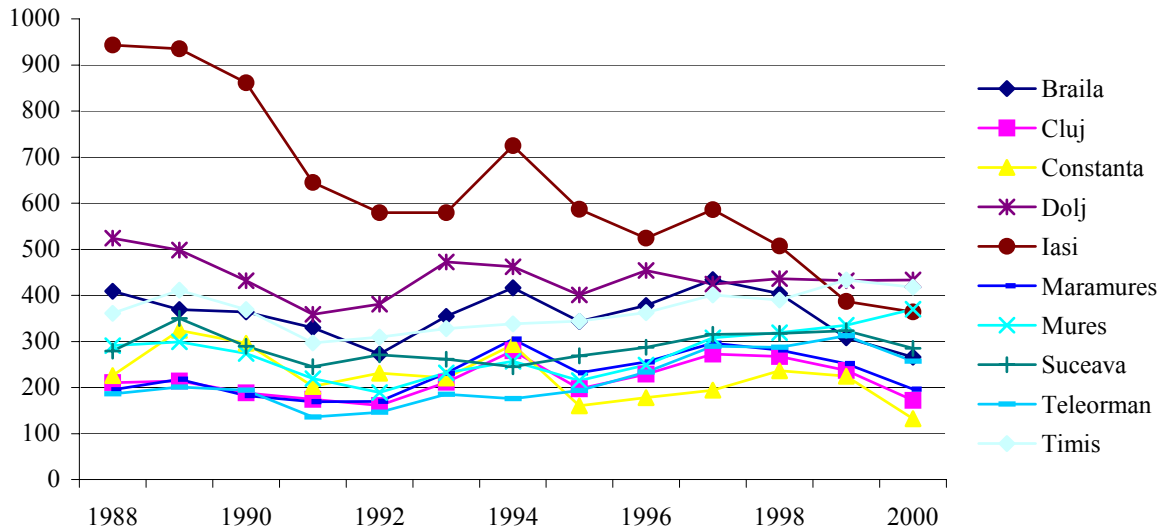
### **5.1.1 Numbers of institutionalized children: flows and stocks**

The numbers of children in *leagans* fluctuate continuously because new children are admitted at any time while others are leaving at any time. The mid-year stock of children in 10 *judets* varied from less than 200 to over 500 (Figure 5.1). As mentioned in Chapter 4, one of the criteria for a *judet* to be selected to be in the sample was that it had at least 200 children registered in *leagans* in 1996.<sup>61</sup> All of the *judets* except Constanța fulfilled this criterion, but Constanța was included because it was one of the three USAID target *judets*. With 178 children registered in 1996 it was judged that over 13 years the number of institutionalized children would be sufficiently large to distinguish trends. Figure 5.1 shows that Iași had overwhelmingly the highest number of children throughout most of the study period. This is to be expected since this *judet* also had the largest pool of children at risk, that is, the largest number of children under age one year. The trend for Iași is also unique because, except for 1994 and 1997, the number of children decreased every year in the transition decade. In all other *judets*, except for shallow undulations in 1991 and 1995, the number of children in *leagans* remained about the same.

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<sup>61</sup> Of the 60 *leagans* existing in 1996, 15 had less than 100 children, 34 had 100-300 children, and 10 had over 301 children; overall occupancy was 87.4 percent (DPC 1997).

Figure 5.1. Stock of children age 0-4 years in *leagans* in 10 *judets*, 1987-2000

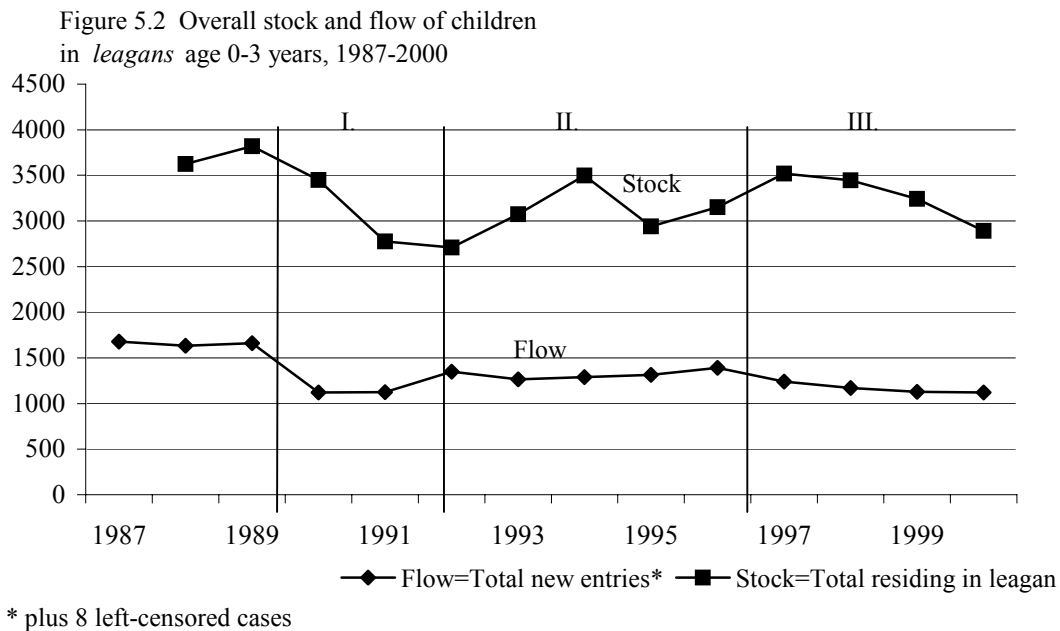


These undulations across the three child welfare reform periods are easier to detect with the aggregated data in Figure 5.2. These data for the 10 *judets* show the total number of children living in the *leagans* (the stock), as well as the number of new children admitted annually (the flow). The flow of new children in a year accounts for between 32-45% of all children living in the *leagans*.

In 1990-1991 there is evidence of a pronounced dip in the stock as well as in the flow of children. This corresponds to the wave of international adoptions when the 1954 Family Code was abrogated and international adoptions were suddenly legalized. After 1991 the flow rose only slightly relative to the stock and declined only slightly over the remainder of the decade, from about 1300-1400 in the mid-1990s to 1100-1200 in the late 1990s. The stock of children fluctuated more erratically, however. The most notable fluctuation in the stock is the depression in 1995 (down from about 3500 to 3000), and the more gradual but steady downward trend after 1996 (from 3500 to less than 3000). These fluctuations are due to varying rates of deinstitutionalization rather than in rates of child



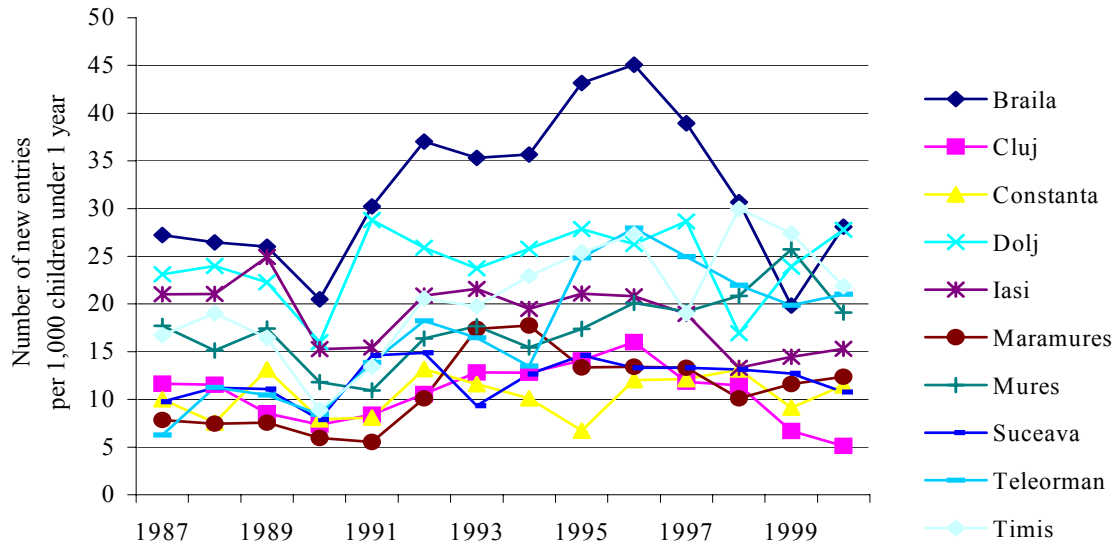
institutionalization. This will be discussed in detail in the next chapter regarding deinstitutionalization.



### 5.1.2 Child institutionalization: incidence rates and prevalence rates

While absolute numbers of institutionalized children convey the magnitude of the problem in a way that is particularly useful for planning interventions, the incidence rate of child institutionalization discloses a rise and fall relative to the risk pool. Because the incidence rate takes into account the size of the risk pool, it is a preferable indicator for comparing social reform transformations across time and space. In Figure 5.3, for example, Brăilă clearly had the highest incidence rate of child institutionalization while Iași had by far the highest number of institutionalized children.

Figure 5.3 Incidence rates of child institutionalization 1987-2000

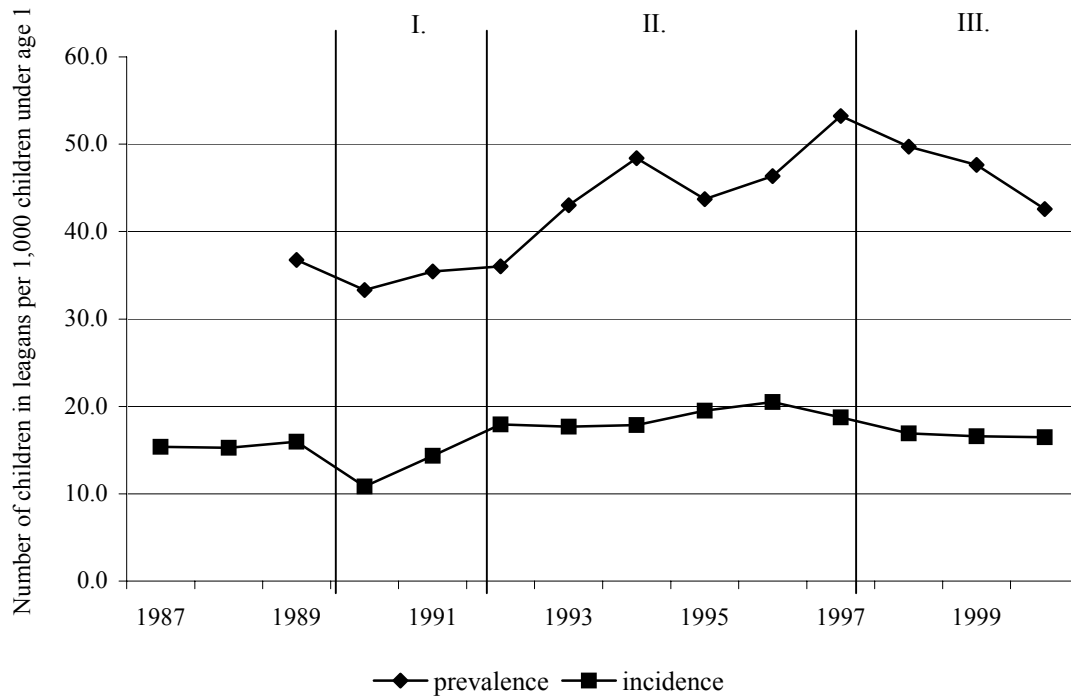


The overall incidence rate of child institutionalization ranges from about 14 to 21 per 1000 children under age one (Figure 5.4). A comparison between the trends in incidence rate and the flow are similar as far as they both reveal a depression in 1990. In the second reform period, however, the incidence rate reveals a trend that is not seen with the absolute numbers: the overall incidence rate of child institutionalization in the transition decade is higher than in the pre-reform period (Figure 5.4). That is, despite the fact that the flow of new entries remained flat and slightly lower than in the pre-reform period, the incidence rate rose because the risk pool shrank. While overall fertility had decreased, women having children were disproportionately those with characteristics considered to be risk factors for child abandonment (see discussion of risk factors in Chapter 2). After 1996, there is a distinct decrease in the incidence rate, corresponding with reform measures adopted in the latest period, but the incidence rate still remains slightly higher than it was in pre-reform years.

The prevalence rates are, as expected, significantly higher than the incidence rates. They range from 33 to 53 per 1000 children under age one (Figure 5.4). There are several

interesting divergences in the prevalence rates that are not detected in the incidence rates. First is that the 1990 dip in the prevalence is not as steeply pronounced as the incidence rate. This is because although there was a rush of children adopted by foreign families, many were ultimately adopted directly from families, thus circumventing *leagans* and having less of an impact on prevalence rates (see Chapter 3). The second notable divergence between the two rates is in 1994-1995 when the prevalence rate rises and then drops dramatically while the incidence rate remains flat. This trend corresponds with the Judicial Declaration of Abandonment passed in July 1993 which did not affect the number of new children admitted to *leagans*, but it did result in many children in *leagans* finally obtaining legal abandoned status and subsequently adopted. The third anomaly in the prevalence rates is the peak in 1997, the highest in the transition period. At the same time, the incidence rate of new children admitted to *leagans* started declining. The reason for this is not readily apparent, but there are a couple of plausible reasons. One is that younger, healthy children were quickly adopted after 1994, and the children who remained in the *leagans* were perhaps older or otherwise more difficult to place in a family. Second is that parents prefer to adopt younger children in order to maximize their influence on them.

Figure 5.4 Overall incidence rates and prevalence rates of child institutionalization, 1987-2000



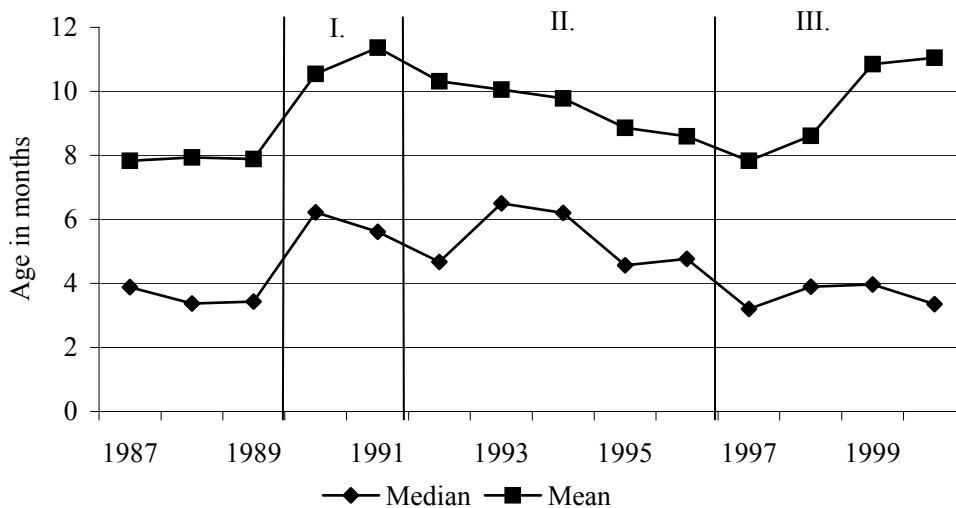
## 5.2 Characteristics of institutionalized children

Child welfare reform measures change the size and flow of the child population in *leagans*, and they also affect other demographic characteristics of institutionalized children. Age structure, for example, varies significantly across reform periods because legislation indirectly influenced the average age at which children were admitted. The sex distribution of admitted children was also investigated across the study period and shows a slight but probably not significant sex selection for boys. It is unfortunate that for this study there were not data readily available on the ethnicity of children or their socio-economic background. Such detailed information is found for some children in individual child history files, but issues of confidentiality, as well as added time and costs, precluded these data from being collected.

### 5.2.1 Average age of children admitted to *leagans*

Data from the pre-reform period (1987-1989) show that the median age at which children were admitted to *leagans* was 3-4 months. The median age almost doubled in 1990 (Figure 5.5). It is plausible that the sharp age increase is due to the fact that Law no. 11/1990, the Law on Approval of Adoption, caused fewer young infants to be placed in *leagans* while private intermediaries facilitated private adoptions directly from families. Foreign families passing over institutionalized babies and opting to adopt privately from families drove the median age of admission to temporarily over 6 months in 1990.<sup>62</sup> Among the fewer, older children that were placed in a *leagan*, it is possible that they were ones for which a private adoption was not possible, or simply that parents who had initially intended to raise their child were ultimately affected by the worsening and unpredictable economic situation.

Figure 5.5 Average age of children admitted to *leagans*, 1987-2000



<sup>62</sup> Kligman (1998) cites supportive findings from a survey conducted by the US Embassy in Romania, June 1991: among children to be adopted by international families, 39 were in private homes, 15 were in hospitals, and 13 were in orphanages.

After the July 1991 moratorium on foreign adoptions blocked activities of private intermediaries, surplus infants were again deposited in *leagans* and the average age of admission quickly declined.

In 1993 the median age briefly increased again, suggesting that a larger proportion of children was again adopted directly from families rather than first being admitted to a *leagan*. Private intermediaries may have had time to re-organize and take advantage of the black market again before the coordinating body, the National Committee for Child Protection, was organized in March 1993. By 1993 many families had slipped below the poverty line so it is not unlikely that, despite stricter enforcements against private adoptions, some children would still leave the country covertly while others were placed in an institution.<sup>63</sup>

Until 1998 the mean and median ages of entry roughly paralleled each other. In the third reform period, however, there is a divergence. The mean age of entry approached 12 months in 1999-2000 while the median age remained under 4 months. The mean ages were more severely skewed to the right especially by *leagans* in Mureş and Maramureş which were in the forefront of being re-organized into "child placement centers"-- centers intended as a temporary environment for children until they are placed in a family. These transformed *leagans* were ahead of others in accepting older children as well as infants.

### **5.2.2 Sex distribution**

The sex distribution of children admitted to *leagans* favors boys slightly yet consistently over the entire study period, and in almost all *judets*. For every year between and including 1987 and 2000, the share of boys admitted to a *leagan* ranged from 51 percent

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<sup>63</sup> Information provided in the Romanian Consular Sheet (No. 96-005 on Jan. 31, 1996) stated, "Romanian adoption law mandates criminal penalties for offering money or goods to obtain the release of children for adoption." Although the acquisition of babies via the black market was largely stopped after 1991, the national press still reported accounts of foreigners attempting to circumvent official channels.

to 56 percent. Likewise, across all *judets* except for one, the share of boys ranged from just over 50 percent to almost 60 percent. It was only in Teleorman where the share of girls admitted (51 percent) marginally overtook boys. From the risk factors explained thus far, there is little explanation for slight sex bias, especially when boys in the general population consistently comprised only 49 percent of children age 0-4 years (data for 1991 through 1996). One reason may be the differential occurrence of physical or mental deficiencies between the sexes. Indeed, ten percent of children in 1996 were placed in a *leagan* for reasons of a medical problem or a physical or mental deficiency (DPC 1997). It may be that boy infants are more likely to be born with or develop such a condition that would put them at higher risk of institutionalization. More research is needed to investigate the slight but persistent sex bias of children admitted to *leagans*.

### 5.3 Testing hypotheses

I undertake a more in-depth analysis in order to determine the contribution of child welfare reform measures to levels of child institutionalization. A generalized linear regression model using a poisson distribution is employed to estimate the number of children institutionalized, by reform period and by *judet*, using a log offset term and a linear vector of explanatory variables. Such a multivariate analysis adds to the descriptive data presented above by quantifying the impact of legislative reforms on the number of children institutionalized, while holding other factors constant.

The first step in setting up the model was to select the best log offset, in terms of yielding the least deviance per degree of freedom. Several possibilities were tested, including an offset that contained one-year lag information on the incidence rate of child institutionalization to help correct for auto-correlation in the time series data. The intercept resulting in the smallest deviation per degree of freedom was the product of the log of the incidence rate in the previous year and the number at risk in the present year (LNRATERISK). Further, using the incidence rate in the previous year (LNRATE0) and the

number at risk in the present year (LNRISK1) as covariates produced a baseline model in which the demographic factors alone were optimally effective in fitting the numbers of children institutionalized (Table 5.1).

Table 5.1 Intercept offsets for the poisson regression model

Intercept offset	Definition	Offset as covariate(s)	Deviance/df
LNRISK01	Log of the number of children at risk of institutionalization in the present year.	None	30.38
LNRISK01	Same as above.	LNRISK01	23.07
LNRATERISK	The product of the log of the incidence rate of child institutionalization in the <i>previous</i> year (i.e., a one-year lag of the number of children institutionalized divided by the number who were at risk) and the log of the number of children at risk of institutionalization in the present year.	None	8.27
LNRATERISK*	Same as above.	LNRATE0 LNRISK01	7.47

\*This intercept/covariate combination was selected for poisson regression

Table 5.2 shows the results from six poisson regression models. The full model, model 6, explained about 33% more of the variation in the number of children institutionalized than the baseline model. The key variable of interest, i.e. the reform years during the transition period, mostly had significantly negative coefficients. This indicates overall less institutionalization in the transition period than in the pre-reform period. Likewise, the other control variables were found to significantly influence levels of child institutionalization. These results are discussed below.

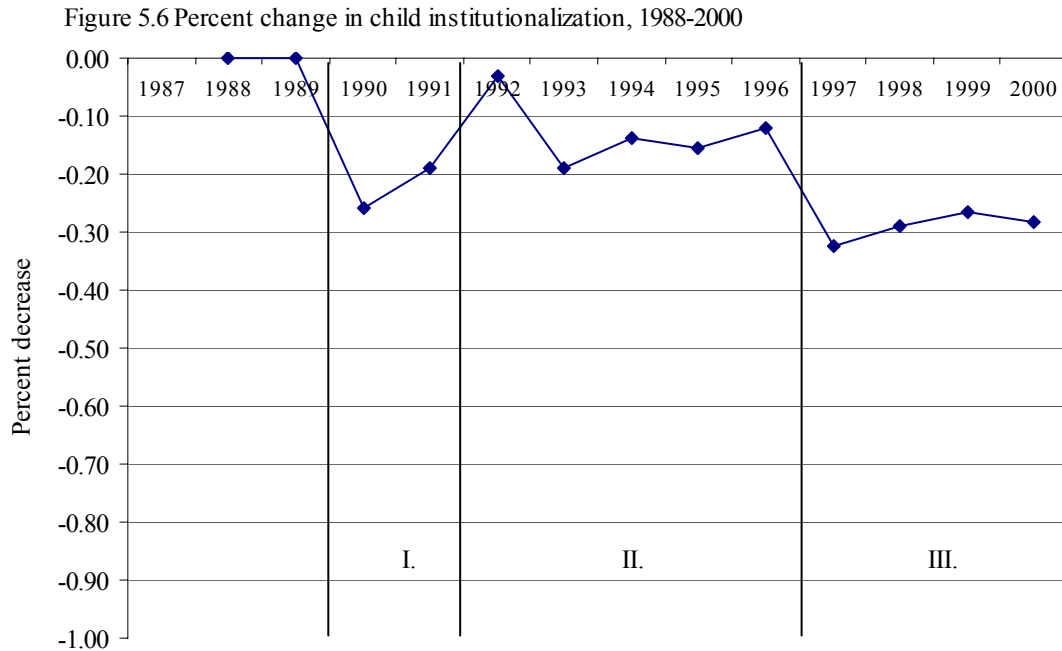


Table 5.2 Results of poisson regressions on the number of new admissions in *leagans*

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Intercept offset:						
Inraterisk0	0.91***	5.04***	0.13	2.78*	3.48**	1.33
Inrisk1	-0.19***	-0.88***	-0.11***	-0.64***	-0.77***	-0.55**
Inrate0	-0.19***	-0.60***	-0.23***	-0.68***	-0.77***	-0.79***
Region						
Braila		0.17**		0.40***	0.40***	0.51***
Cluj (Ref. Region)		0.00		0.00	0.00	0.00
Constanta		0.14**		0.11*	0.21***	0.19**
Dolj		0.65***		0.68***	0.68***	0.62***
Iasi		0.78***		0.72***	0.81***	0.73***
Maramures		0.06		0.06	0.13**	0.05
Mures		0.31***		0.36***	0.38***	0.33***
Suceava		0.43***		0.36***	0.34***	0.22**
Teleorman		0.01		0.13	0.02	0.07
Timis		0.43***		0.48***	0.54***	0.50***
Child Welfare Reform Period						
Pre-reform 1988-1989 (ref. period)			0.00	0.00	0.00	0.00
First reform period, 1990-1991			-0.23***	-0.32***	-0.27***	-0.28***
Second reform period, 1992-1996			-0.05*	-0.15***	-0.13***	-0.15***
Third reform period, 1997-2000			-0.25***	-0.30***	-0.27**	-0.31***
Proportion female					0.36	0.63**
Average age at entry					-0.02***	-0.01**
USAID						-0.23***
Deviance/DF	7.47	5.50	6.36	4.41	4.30	4.08
pseudo R <sup>2</sup>	0.00	0.22	0.12	0.31	0.32	0.33
* p<=.05						
** p<=.01						
***p<=.0001						

The hypotheses that these results support are discussed below. In addition, because some readers may be interested in the annual effects on institutionalization rather than effects of grouped reform periods, I ran a separate poisson regression model using the same control variables as in model 6 above. The estimated coefficients for the effect of year

on institutionalization are plotted in Figure 5.6 (a full display of the results is not shown as they were similar to results in Table 5.2).



Note: Percent change is calculated as  $1 - \exp(\text{year coefficient})$ .

### 5.3.1 Child welfare reform periods

In general, the reform periods in the transition decade, relative to the pre-reform period, had a positive effect on lowering institutionalization. However, as hypothesized, the magnitude of the effects varied substantially throughout the decade.

In the pre-reform period, Figure 5.6 shows that the effect of year 1989 was not significantly different from 1988. This is expected since no reform measures were in effect until after the overthrow of Ceaușescu at the end of December 1989. For the first reform period, results from the full model in Table 5.2 indicate that factors such as legalization of adoption and abortion lowered institutionalization rates by 24 percent relative to the pre-reform period. This is the average effect, across all regions and

holding other co-covariates constant. The positive effects of this early reform period showed its sharpest effects in model 2, prior to controlling for other factors. It is evident that the effects of region contribute substantially to variations in institutionalization levels. As discussed earlier, the region variable is a proxy for many very important risk factors such as economic indicators, family unity indicators, the level of political will in different regions, etc.

In the second reform period (1992-1996), child institutionalization was hypothesized to be negatively affected by adoption restrictions and insufficient focus on providing alternatives to institutionalization. Results in model 6 indeed show that this period had less of a positive effect on lowering child institutionalization—only 14 percent lower than the pre-reform period compared to 24 percent lower in the first period. The coefficient for the second reform period (-0.15) is larger and significantly stronger when region and other covariates are included in the regression model. In model 3, for example, the coefficient for the second reform period is -0.04, and significant only at the .05 level. Again, regions and what they represent in terms of socio-economic variations are an important source in explaining variation in institutionalization levels. In Figure 5.6, shows the annual effects, the number admitted to leagans in 1992 was not significantly different from pre-reform years (levels of significance are not shown). Results from this model also show a relatively larger drop in child institutionalization in 1993 and 1995; this corresponds to legislative attempts that were made to install ethical mechanisms for adoption (Laws no. 47/1993 and 84/1994) while trying to minimize undue obstacles.

The effects of the third reform period (1997-2000) on levels of institutionalization were the strongest of any reform period. The overall effect was 27 percent less institutionalization than in the pre-reform period; this beats the gains made from the adoption rush in 1990, and the effects of the third reform period have remained favorable for the duration of 4-year period. The coefficient is strongest in the final model, when USAID target *judets* were introduced.

### 5.3.2 Regional variations

The Region variable represents each of the 10 *judets* included in the study. It is, in effect, a proxy for the socio-economic differences between *judets*. The effects of most of the regions proved to be significantly high compared to the reference category. This is an important part of explaining why levels of child institutionalization have remained high overall, despite the positive effects of reform legislation. Cluj, a *judet* in the Transylvania region, was used as the reference category because it had the lowest levels of institutionalization. The parameters for other regions are interpreted as the percent deviation from Cluj, holding all else constant. The percent difference from Cluj is calculated by subtracting the exponentiated coefficient in Table 5.2 from one. For example, the coefficient for Suceava is .22:  $1 - \exp(.22) = .25$ , or 25 percent higher.

Model 6 in Table 5.2 has a pseudo R-square of .33, meaning that about a third of the unexplained variance in model 1 was eliminated in the full model. Overall, this is an acceptable measure of the goodness-of-fit, but there was considerable variation in the ability of the model to successfully predict values for specific regions. A cursory evaluation of the quality of the fit in each of the ten *leagans* was done by examining the correlation between the observed and the fitted values for each *leagan*, controlling for year (Table 5.3). The Pearson correlation coefficients show that the expected values predicted in the full model fit most regions fairly well ( $r = .55$  to  $r = .93$ ), but a weaker fit was found for Suceava, Constanța, Maramureș ( $r < .50$ ).

Table 5.3 Correlation coefficients: Observed and fitted values for annual number of institutionalized children by *judet*, and interpreted regression coefficients, 1988-2000

Strength of Association	Region ( <i>Judet</i> )	Pearson 'r'	Regression coefficients for Region*
Moderate $r < 0.5$	Suceava	0.45	16%
	Constanța	0.47	19%
	Maramureș	0.49	6%
Moderate to strong $0.5 < r < 0.7$	Mureș	0.55	35%
	Dolj	0.57	71%
	Timiș	0.65	57%
	Teleorman	0.67	12%
Strong $r > 0.7$	Brailă	0.73	71%
	Cluj	0.92	Reference category
	Iași	0.93	80%

\* Results from the poisson regression model using Years instead of Child Welfare Reform Periods are not displayed.

Explaining regional variations in levels of child institutionalization entails knowing something about the regional variations in socio-economic development. Generally, except for Bucharest, the Central, West and Northwest regions have the highest standard of living in the country. These are the three regions in Transylvania. Cluj in the Northwest is the reference region with the lowest level of child institutionalization. It also had one of the highest regional development indicators (RDI) in 1994.<sup>64</sup> (Note that this model would be substantially improved if time-varying socio-economic information were added to the regression model.) In addition, Cluj has had on-going program intervention from a US NGO since 1994 to reduce the levels of institutionalization.<sup>65</sup> This is also a relatively long history of social services compared to other *judets*, mainly because of collaboration established early on with the Department of Social Work at Cluj's University of Babeș-Bolyai.

<sup>64</sup> The GOR and EU (1997) define the Regional Development Indicator in the *Cartea Verde* as a combination of employment rate, percent urban, private property, IMR and percent of children age 12-years who finished primary school. All RDIs correspond to 1994.

<sup>65</sup> I appreciate the written information on World Vision's program in Cluj, "Children of Romania", that was provided to me by Violeta Roman, 1998, Communications Officer at World Vision Romania.

Results from the regression model indicate that levels of institutionalization in Maramureş over the transition period are not significantly different than those in Cluj. (Although Cluj has lower levels of child institutionalization, Figure 5.3 shows that the incidence rates for these *judets* crossover several times during the transition period.) While Maramureş had a low RDI compared to Cluj (46 versus 65), its low institutionalization levels may be at least partially explained by the fact that it is one of the few regions that clung to traditional values throughout the communist regime. In her book entitled *The Wedding of the Dead*, Kligman (1988) explains that this Northwestern *judet* of Maramureş, sharing a border with Ukraine, is known for maintaining its cultural heritage during Ceauşescu's 'modernizing' regime. Most of the people in Maramureş remained oriented toward agricultural production and animal husbandry. Men remained actively involved in seasonal agricultural work, and women largely functioned as head of the household. Party officials in Bucharest viewed the people of Maramureş as backward and resistant to a civilized way of life, but this traditional way of life, as well as the influence from the Greek Catholic Church encouraging large families, resulted in the family being "the focus of life, with marriage and children considered to be life's highest achievement (Kligman 1988)." Where traditional customs and extended family ties were maintained it is likely that there was less reason to abandon a child.

Timiş and Mureş have moderately high levels of child institutionalization compared to Cluj. Timiş is in the West part of Romania and is where the 1989 revolution was initiated. Although it has the highest RDI (68) and the lowest level of unemployment in 1996 of all *judets* in the study, it still has, on average, a 65 percent higher level of child institutionalization than Cluj. More research is needed to explain why levels are high, and if there is any influence from sharing a border with Yugoslavia. One speculation is that there were substantially higher rates of adults emigrating across the western border to an unknown destination and leaving their children behind. Mureş is in the Central part of Romania. It has a fairly high RDI (58) and about 39 percent higher levels of

institutionalization than Cluj. Mureş has the highest proportion of both Roma (5.7%) and Maghyar (41.3%) populations of all the *judets* in the study (NCS 1992). High levels of inequality between the ethnicities may account for the high levels of institutionalization.

The Northeast part of Romania is the poorest region of the country, and indeed the *judets* sampled in this region, Iaşi and Suceava, had low RDIs (39 and 42, respectively). Iaşi also had the highest levels of child institutionalization—86 percent higher than Cluj. But it is curious that Suceava, despite its low RDI, had relatively low levels of child institutionalization-- only 25 percent higher than Cluj. Suceava also had the highest level of unemployment, for men and women, among all 10 *judets* in 1996. Suceava has two rather unique characteristics that may help explain the surprisingly low levels of institutionalization. First, it remained a very rural *judet* with only 36 percent urbanization in 1996 (the other counties in the study had over 50 percent urbanization, except Teleorman). This, like Maramureş, may be indicative of an agricultural based society in which extended family and ties are still important. Second, this is the region where Stephen the Great built many of his monasteries, each representing a battle fought against the Turks. Most of the monasteries have been renovated and are inhabited by nuns and monks, and are frequented regularly by the local population. It would be enlightening to explore whether adherence to religious customs, and/or a rural lifestyle, are factors that have influenced the low levels of child institutionalization in Suceava.

The Southern regions of Romania, although not as poor as the Northeast, generally have lower living standards than the Central, West and Northwest regions. Three *judets* in this study fall into this region: Brâilă, Dolj and Teleorman. Brâilă and Dolj have low to medium RDIs, 56 and 47 respectively. After Iaşi, they also have the highest levels of institutionalization. Teleorman had the lowest RDI (35), and it also had institutionalization not significantly different than levels in Cluj. It is possible that because of Teleorman's proximity to Bucharest, where there are three well-established *leagans*, that some abandoned children were absorbed there. Furthermore, Teleorman's

*leagan* was recently renovated by French donations, finished in 1998, indicating that it may not have had the capacity to admit new children for a period prior to the renovation.

### **5.3.3 Other covariates**

USAID Strategic Objective 3.2 is designed to improve the welfare of women and children. With regards to child welfare, USAID is working with implementing partners to help establish a community-based, family-focused child welfare system aimed at reducing over-dependence on child institutionalization. Programs developed in three target *judets*, Cluj, Iași and Constanța, serve as models for other *judets* to support the government's objective to replace institutions with community based models of caring for children. The stated goal is to achieve a 31 percent (1100) reduction in the number of children in placement centers (*leagans*) in these three *judets* (USAID 1999).

In the third reform period (1997-2000) the USAID target *judets* averaged about 21 percent less child institutionalization than other *judets*. (As discussed in Chapter 4, the USAID variable is a binary variable coded 1 for *judets* that have pilot programs aimed specifically at reducing child abandonment and institutionalization.) What is not evident in the model using child welfare reform periods but is noted in the full regression using individual years, is that the coefficients for 1998, 1999, and 2000 become significant (or more highly significant, in the case of 1998). These findings suggest that USAID's efforts to reduce child institutionalization in pilot *judets* have had positive influence compared to *judets* where such programs have not been implemented.

Age at entry shows a significantly negative relationship with child institutionalization. This is expected per the discussion above on average age of entry. The relationship becomes less significant, however, when USAID target *judets* are controlled for. This finding is likely to be related to an emphasis on utilizing social workers in preventing



infants from being abandoned in the maternity. The average age would necessarily rise if newborns were not abandoned in maternities, or elsewhere.

Decreasing levels of institutionalization is only the first strategy in an integrated child welfare reform goal. The next chapter pertains to the second strategy. It will describe the effects of child welfare legislation on levels of deinstitutionalization.

## VI

### Child Deinstitutionalization, 1987-2000

The focus of this chapter is to examine the effects of child welfare reform periods on deinstitutionalization, one of Romania's stated child welfare reform strategies (GOR 2001). Complimenting efforts to prevent children from being institutionalized, a deinstitutionalization strategy aims to move children out of institutions and place them in a family setting. For the purposes of this study, deinstitutionalization implies a child in a *leagan* who has been reintegrated with the natural family, or adopted by a national or foreign family, or placed in a foster family

As delineated in the Conceptual Model (see Figure 2.6), children in *leagans*, unless they die, are either transferred to another institution or placed in a family. Groza and Rosenberg (1999) have summarized the main principles of family preservation and deinstitutionalization that are straightforward and widely accepted. I quote:

- It is better for a child to grow up in a family than an institution
- It is better for a child to remain in his or her biological family, if it is in a child's best interest
- If a child cannot be raised in the biological family, it is better to secure a permanent home rather than a series of temporary family placements
- If adoption must be substituted for the biological home, it is better for a child to remain in his or her country of origin

The two key indicators of the success in deinstitutionalization are: 1) more children are maintained in family care; and 2) the average stay for children in institutions is shorter (World Bank 1998). This chapter will document trends in deinstitutionalization and quantify the effects of child welfare reform legislation in terms of the second indicator, the length of time a child spends in the *leagan* before being placed in a family. Similar to

the descriptive measures used for child institutionalization, I describe levels of deinstitutionalization by presenting the absolute numbers of deinstitutionalized children over the transition period, followed by the rates of deinstitutionalization by specific family placement destinations. Then I test the three hypotheses stated in Chapter 3 as they relate to child welfare reform periods and levels of deinstitutionalization. That is, relative to the pre-reform period, I test whether: 1) reforms in the first reform period (1990-1991) significantly lower the amount of time children stay in *leagans*; 2) reforms in the second reform period (1992-1996) moderately lower the amount of time children stay in *leagans*; and 3) reforms in the recent reform period (1997-2000) significantly lower the amount of time children stay in *leagans*.

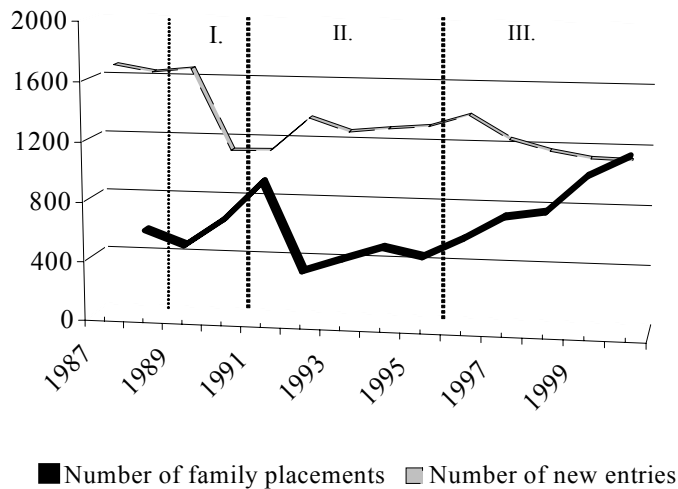
### **6.1 Numbers of children leaving *leagans***

One should keep in mind that in the socialist protection system prior to 1990, children were frequently transferred within the system of state-run residential institutions (Zamfir 1998). Although the law in effect during the socialist regime, Law no. 3/1970, allowed foster care and national adoptions, social work had been dismantled in 1969 and no mechanism existed to operationalize these alternatives. The only realistic family placement destination was reintegration with the natural family. Reform measures in the transition period are intended to reverse the trend of children remaining long-term in the institutional system. For instance, fewer children in *leagans* should be transferred to pre-school institutions or to institutions for mentally or physically disabled children. More children should be placed in families. A positive trend in deinstitutionalization was already introduced in Chapter 4 (see Figure 4.2): almost 40 percent of children in pre-reform years were transferred to another institution, compared to 15-25 percent in the recent reform period.

Figure 6.1 presents trends in the number of children flowing into and out of *leagans*. Data from the 10 study *judets* show that the number of children entering an institution

was substantially higher than the number leaving for family placements during most of the transition decade. The first tendency towards convergence between the number of entries and the number of family placements was during the first reform period (1990-1991). In this period, the trend shows a dramatic decline in the number of entries and a simultaneous dramatic rise in the number of family placements. The paths converged at about 1,000 children flowing in and about 1,000 flowing out annually. The children flowing out were mainly due to an influx of foreigners adopting Romanian children. Gains were ultimately insignificant, however. The sudden but temporary decrease in the number of children in institutions was due to external pressures for foreign adoptions rather than long-term, gradual reforms made in the best interest of the child. The paths polarized again as soon as the flow of adoptions stopped shortly after July 1, 1991.

Figure 6.1 Number of children entering a *leagan* and number of children in *leagans* placed in a family, children age 0-4 years in *leagans* in 10 counties, 1987-2000

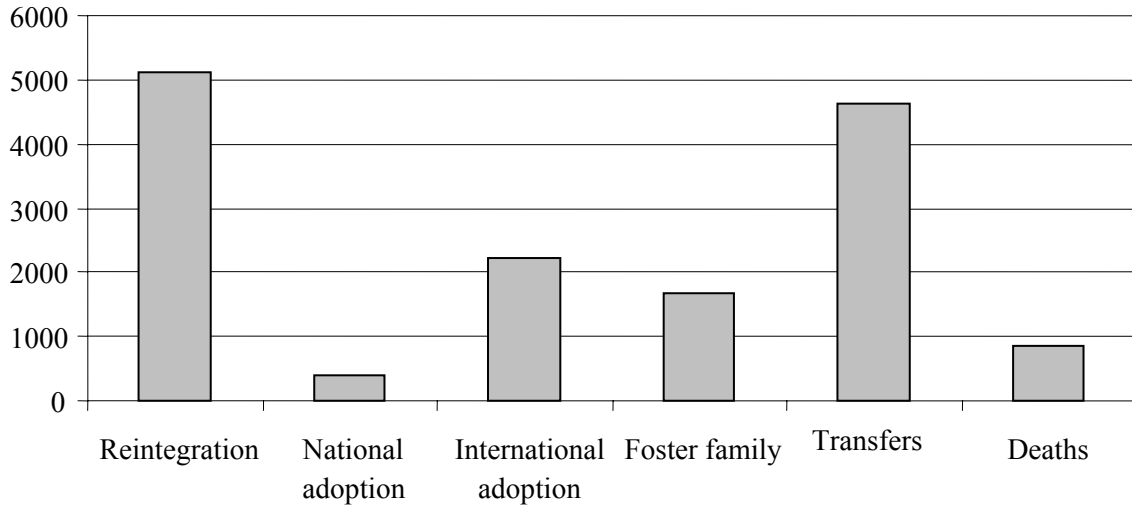


Throughout the re-organization period (1992-1996), ad hoc legislation impeded further improvement. The polarized paths running parallel to each other in this period represent the persistence of new entries and stagnation in family placements. Child welfare reform measures were better coordinated after 1997. During the third reform period (1997-

2000), the trend toward convergence was slower but more resolute than in the first period. The number of children leaving the institution increased steadily to meet the more sluggish downward slope of new entries. In 2000, the paths finally cross each other-- for the first time, the number of children flowing out is greater than the number of children flowing in.

Figure 6.2 shows a breakdown of the destinations of children who were discharged from the *leagan* during the transition decade (note that destination sums do not include children discharged during the pre-reform period). Reintegration with the natural family (5110) and transfers to another institution (4644) are the most common destinations over the 10-year period. Foreign adoptions (2216) and foster family placements (1688) numbered far fewer. National adoptions (408) lag the furthest behind despite being the most preferred destination for a child outside of reintegration with the natural family. The Convention on the Rights of the Child, which Romania ratified in 1990, states "...When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background."

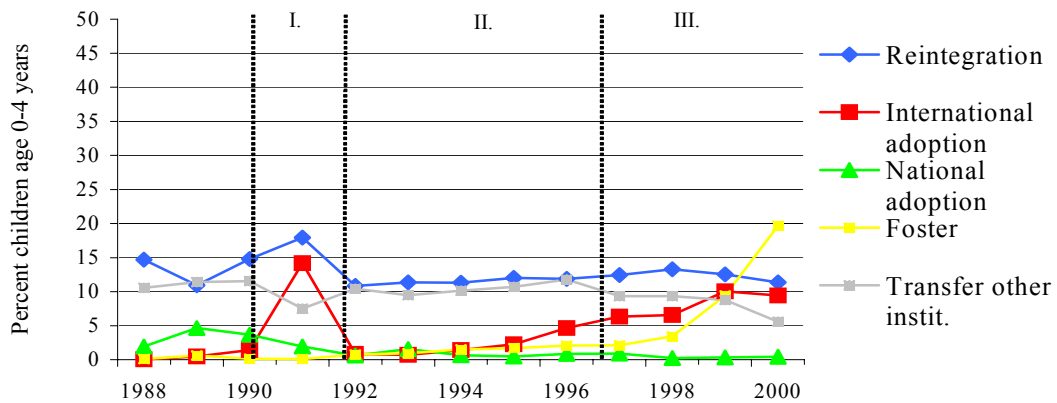
Figure 6.2 Number of children leaving *leagans* during the transition decade, 1990-2000, by destination



## 6.2 Rates of deinstitutionalization

Figure 6.3 shows the rates for deinstitutionalization destinations and for children transferred to another institution. Note that y-axis is scaled at 50 percent, to more clearly reveal fluctuations in the rates over time.

Figure 6.3 Deinstitutionalization rates for children age 0-4 years, by destination, 1988-2000



**6.2.1 Reintegration**, or family reunification, with the natural family is generally considered to be the child's best family placement option, so long as it is in his or her best interest (Groza and Rosenberg 1999). Reintegration is also an integral part of the U.S. child protection philosophy referred to as family preservation. Because it is intended to be a permanent situation, family reunification emphasizes an integral view of restoring and maintaining child and family well-being:

Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection—from full re-entry into the family system to other forms of contact, such as visiting, that affirm the child's membership in his or her family (Maluccio, Krieger, & Pine, in press, quoted in Pecora *et al* 1992).

Figure 6.3 shows the rate of reintegration is higher than any other discharge rate all throughout the transition decade, except for years 1992 and 1996 when transfers to another institution reached the same level. Moreover, during the first reform period (1990-1991), the rate of children reintegrated with their natural families was the highest among all the years since 1988-- 18 per 100 children age 0-4 years in *leagans* (Figure 6.3). The temporary rise in reintegration rates corresponds with the rush of foreign adoptions. It is possible that some children were admitted to a *leagan* as a temporary measure by the family, and when early international adoptions took place from *leagans*, they quickly retrieved their child(ren) from the *leagan* fearing that he or she would be adopted without their consent. It is also possible that some families retrieved their child with the intention to offer him or her-- either freely or under financial coercion-- directly to a foreign adoptive family for the profit to be made. On a more positive note, some families may have felt a new optimism after the downfall of Ceaușescu's regime, believing better economic times were in store and they could raise their child at home.

Since 1996 family placements have increasingly taken the place of transfers to other institutions. But family placements, although increasing, are less likely to be reintegration with the natural family—generally the most desirable destination—and more likely to be in joining an adoptive or foster family. Since 1992 the rates of reintegration have remained in the range of 11 to 13 per 100 children in *leagans*, but expressed as a share of children leaving the *leagan*, reintegration with the natural family has significantly decreased (Table 6.1). This pattern could be a consequence of two types of activity. Children who would previously have been reintegrated are now more readily adopted or placed in a foster home. Alternatively, families who would have placed a child temporarily in an institution-- to retrieve at some later date— may have received some support to keep a child at home and decided instead to maintain the child in the family. Table 6.1 reveals that among all children leaving *leagans* in 10 *judets*, the share of children reintegrated with their family has dropped from the established 40-50 percent range from 1990-1998, down to less than a quarter of all children in 2000.

Table 6.1 Percent of children in *leagans* reintegrated in their natural family, 1990-2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
% reintegrated	47	43	46	47	45	44	38	40	40	30	24

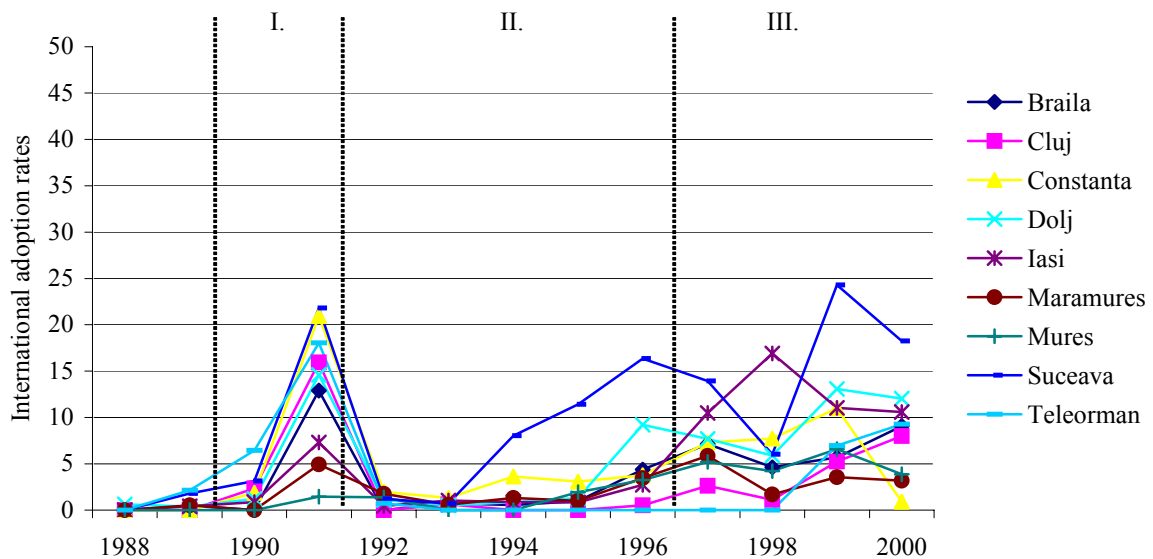
**6.2.2 International adoption**, or inter-country adoption, has been a major destination for Romania's institutionalized children after 1989. Adoption is a legally sanctioned procedure for ensuring that an adequate family life is provided when the family into which a child was born is unable or unwilling to parent (Pecor *et al.* 1992). Like family reunification, it is intended to be a permanent situation. Changing policies regarding international adoptions from Romania have caused rates to vary more than any other destination. On average, international adoptions accounted for less than 1 child per 100 children in *leagans* prior to 1990, when presidential approval was required.<sup>66</sup> Law no.

<sup>66</sup> In 1989 there were the following international adoptions from the 10 sampled *judets*: Braila 2, Dolj 2, Iași 4, Maramureș 1, Suceava 5, and Teleorman 4.



11/1990 that overturned pre-reform restrictions and liberalized foreign adoptions had immediate effects, as seen in dramatically increased rates across the country. By 1991 there were, on average, 14 adoptions per 100 (Figure 6.3). Figure 6.4 shows that Suceava had the highest rate of all 10 *judets* in the sample in 1991: 22 children per 100 children in the *leagan* were adopted abroad. This was followed closely by Constanța, with about 21 adoptions per 100 children. Note that y-axis is scaled at 50 percent, to more clearly show fluctuations in the rates over time.

Figure 6.4 International adoption rates for children age 0-4 years, 1988-2000

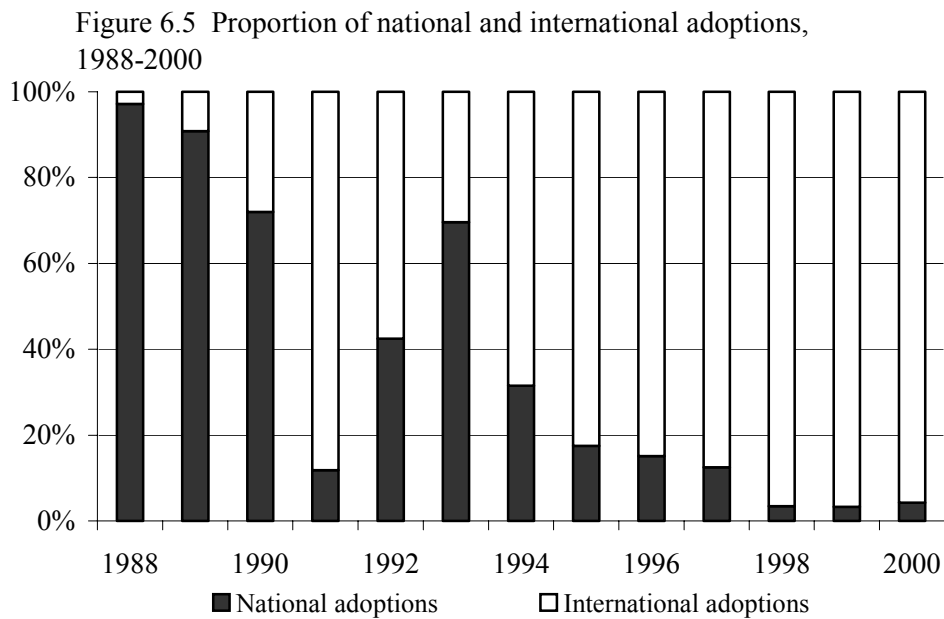


The July 1991 moratorium on foreign adoptions, Law no. 48/1991, was a radical measure to abruptly halt the unchecked flow of children out of the country. The moratorium was successful in reducing adoptions by 1992 down to about only 1 child in 100 adopted from all *judets* (Figure 6.4).

There were numerous stops and starts during the re-organization period (1992-1996) as laws were fine-tuned to protect children's rights and to lift unnecessary restrictions. The

reform legislation during this period revolved around streamlining complex bureaucratic procedures to ensure that foreign adoptions are ethical and timely. By 1994, after the 1993 the Judicial Declaration of Abandonment marked the end of the moratorium, adoption rates began increasing again in Suceava and Constanța (also the most active *judets* in international adoptions in the previous period). After 1995, when laws had further loosened restrictions on international adoptions, the rates had livened up again in most *judets* (Figure 6.4).

International adoption rates climbed steadily again into and throughout the recent reform period (1997-2000). By 1999 the rates approached those in the second reform period (Figure 6.3). The growing percentage of international adoptions compared to national adoptions indicated that foreign adoptions were virtually replacing national adoptions (Figure 6.5).

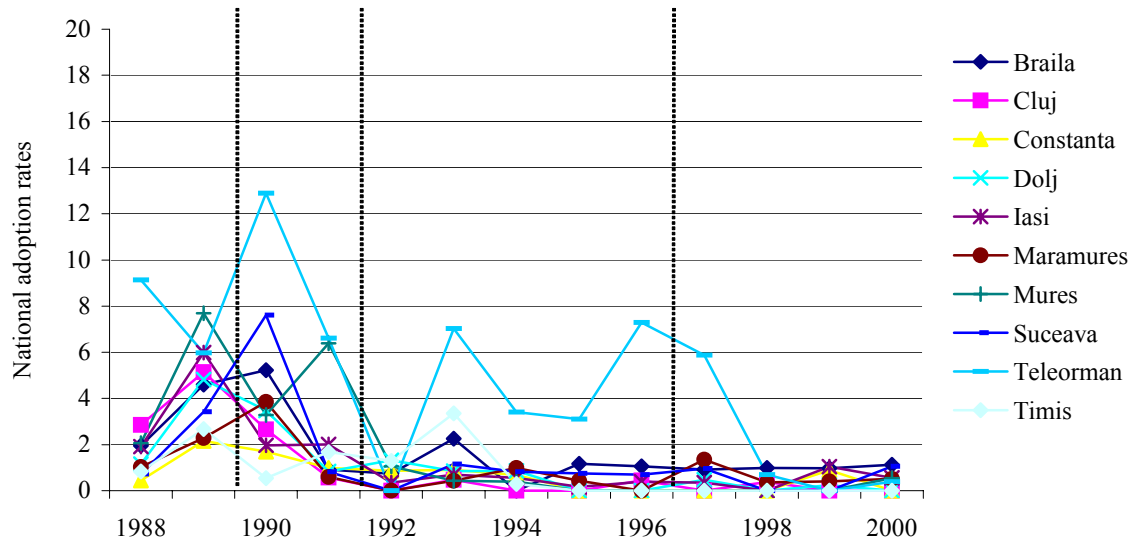


**6.2.3 National adoptions** prior to 1990 were through the tutelary authority of local governments, specifically the mayors who were in charge of local public services. Law

11/1990 transferred this authority to local courts (Zamfir 1998). Despite these legal provisions, however, national adoptions have been an underused alternative for most of the transition decade. Except for 1993, national adoptions represented less than half-- and usually less than 20 percent-- of all adoptions since 1990 (Figure 6.5). Legislation passed in the recent reform period, namely Emergency Ordinance 26/1997 and Law no. 87/1998, promotes national adoptions through decentralized planning. Namely, decisions regarding the care of an institutionalized child are made by a group of participating county commissioners. Nevertheless, the rate of national adoptions has remained very low throughout the transition period. Since 1992 Romanian families only adopted, on average, 1 or 2 children per 100 children in *leagans*, per year (Figure 6.3). Note that y-axis is scaled at only 20 percent, to more clearly show fluctuations in the rates.

Serious obstacles have kept the number of national adoptions low. Most obviously is the extreme impoverishment that most families have experienced in the transition decade. The low living standard of the population has decreased the demand for children. Low birthrates and the on-going institutionalization of children are further evidence of a weak demand for children. Furthermore, institutionalized children are reported to be disproportionately of Roma ethnicity. Roma in Romania, like elsewhere in Eastern Europe, have remained a segregated ethnicity and Romanians in general do not want to adopt a child of Roma origin (Hancock 1997, Kligman 1998, Alexiu 1999).

Figure 6.6 National adoption rates for children age 0-4 years, 1988-2000

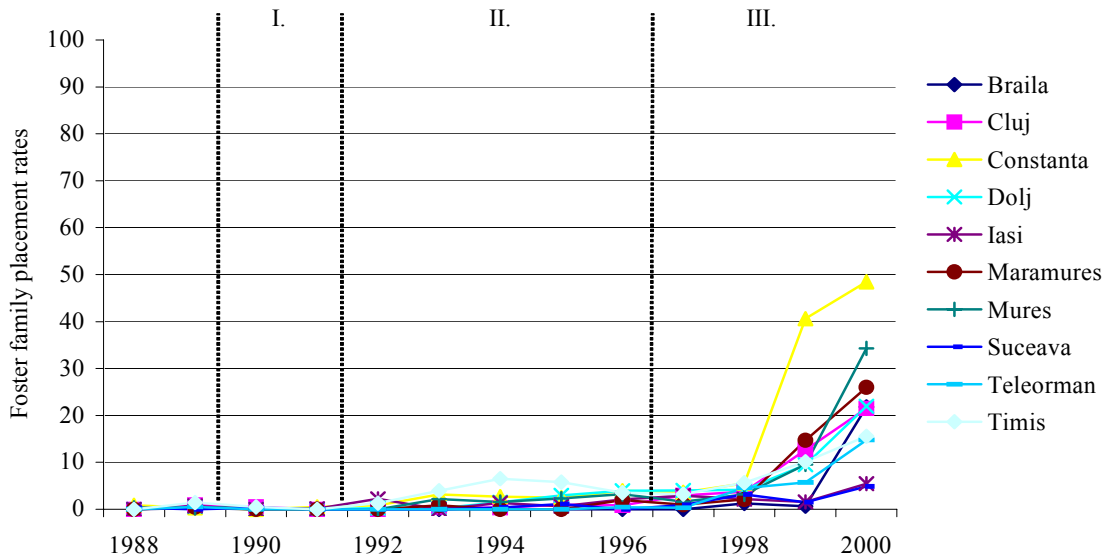


**6.2.4 Family foster care** is “the provision of planned, time-limited, substitute family care for children who cannot be adequately maintained at home...”<sup>67</sup> Traditionally, substitute care for children existed through extended family and kinship ties (Kligman 1988). With a growing social work force taking root in the 1990s, and a measure of assistance from international NGOs, foster care has evolved into a popular alternative to institutionalization. After 1997 mechanisms for family foster care were developed and became increasingly widespread.<sup>68</sup> Romanian foster parents are being trained professionally to take on the role of temporary child custodian, or *asistent maternal*.

<sup>67</sup> Quoted from Blumenthal 1983: 296, in Pecora *et al* 1992: 321.

<sup>68</sup> There are two types of foster care in Romania, trusteeship (*incredințare*) and *foster*. Although the terms are used interchangeably both in this study and in *leagan* archives, trusteeship is more common than foster care because it does not require the consent of the family. For children who have no legal family, i.e. those who are legally abandoned, a county commission makes decisions about their care.

Figure 6.7 Rates of children placed in foster families age 0-4 years, 1988-2000



The results of well-coordinated efforts are visible in rates of foster family placements. Data from *leagans* in 10 *judets* all show an increase in foster placements after 1998. On average, rates rose from less than 1 per 100 in leagans in 1997 to about 20 per 100 in 2000 (Figure 6.3). Those with the highest rates in 2000 were Constanța (49 per 100), Mureș (34 per 100), Maramureș (26 per 100) and Dolj and Cluj (22 per 100) (Figure 6.7). The level of allowances to foster families probably accounts for some of the variation. In *judets* where private organizations operate, the allowances can be 2 to 5 times higher than state allowances-- Holt International, for example, established foster care programs (along with other preventive and placement services) in Constanța 1993, and Mureș in 1997. A project site was opened more recently in Iași (1999).

Foster care is generally preferable to institutionalization. However, by definition it is not intended to be a permanent home for the child it must be weighed seriously against other permanent alternatives. Its value as a short-term family placement may be best suited to children who are likely to be reunited with their natural family or adopted. The data in

this study do not tell us what happens after a child is placed in a foster family, for example, nor how long the child spends in the foster family, or what happens when he or she leaves the foster family.

### **6.3 Results of survival analysis on tenure time**

Tenure time is the amount of time that a child spends in an institution, measured from the date of entry in the *leagan* until the child is placed in a family or is transferred to another institution. Average tenure time is shorter for children placed in a family than for those transferred to another institution. In reform years, when a relatively larger proportion of children is placed in families rather than in another institution, average tenure time is expected to decrease.

Table 6.2 presents the average tenure time in years for each discharge destination. These summary statistics are non-parametric estimates generated from the SAS 8.2 LIFETEST procedure that takes censored data into account (Note that the statistics were almost exactly the same as those generated not taking into account censored data. This is because right-censored cases represent a very small proportion of all the cases). The longest average tenure time, almost 3 years, is associated with children who were transferred to another institution. Children who have aged out after their third birthday are transferred to a pre-school institution. The average tenure time for children transferred to another institution is slightly less than three years (2.85 years) because some children, prior to aging out, are moved to an institution with specialized medical or psychological care.

Table 6.2 Average time in years that children spent in *leagans* before being placed in a family or transferred to another institution, 1987-2000

	Reintegration	International adoption	National adoption	Foster Family	Transfer
Mean	1.09	1.82	1.33	1.41	2.87
Standard error	.012	.024	.041	.028	.019
Median	0.80	1.63	1.08	1.16	2.87

Note: the mean number of years for children who died was 0.80 (st.err. .036)

Reintegration is the fastest family placement alternative. The median length of time that children spent in a *leagan* until they were reintegrated with their family was about 10 months. Reintegration has a short tenure time compared to other destinations because for some parents, institutionalization in a *leagan* was a temporary solution, until financial or family unity problems are resolved, for example. Reintegration also involves the least bureaucracy.

Children who are adopted by a foreign family understandably have a relatively long tenure time mainly because of the complex legal procedures. On average, a child destined to join a foreign family spends about 1.6 years in a *leagan*. This length of time varies over the reform periods due to legislative reforms that either frustrated or streamlined foreign adoption procedures. Children who are adopted in- country have a lower tenure time, spending about one year in the *leagan*. This is about the same length of time as children who are placed in foster families.

### 6.3.1 Survival curves

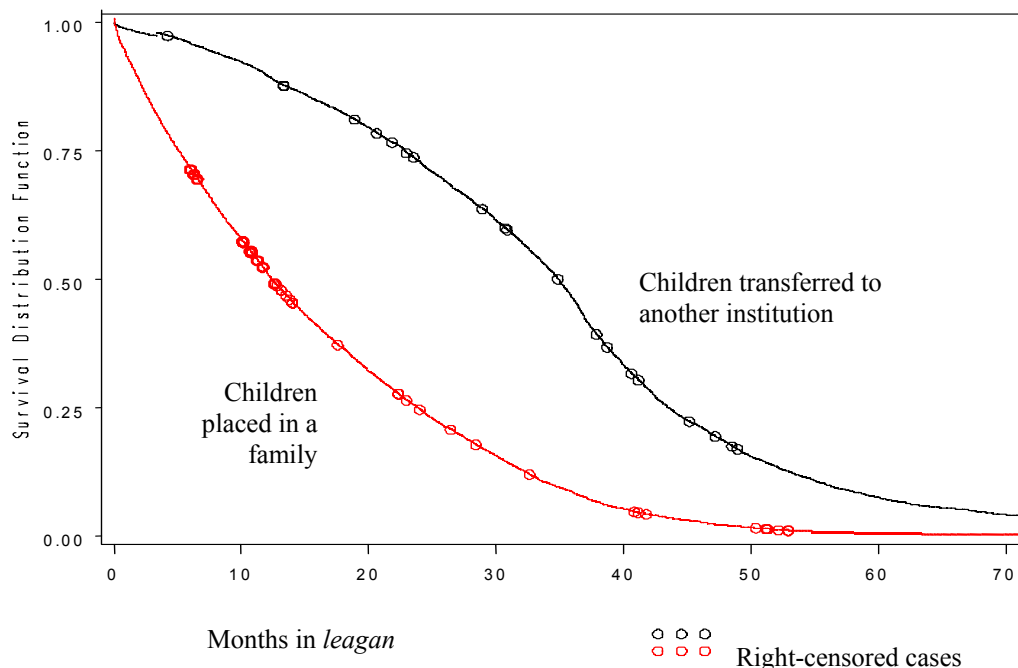
Survival analysis is appropriate for examining tenure time with censored observations. Censored observations are incomplete observations meaning that information about the child's departure (date and/or destination) was missing in the archives, or because the child still lived in the *leagan* at the time of data collection. The first step in the survival

analysis is to estimate the underlying survival distribution. The non-parametric survival distribution function describes the lifetime distribution of the population of children who have lived in *leagans*-- evaluated at  $t$  months.  $S(t) = \Pr(T > t)$  is the probability that a child's tenure time in the *leagan* exceeds  $t$  months.

Since tenure times of children leaving for a family placement versus those transferred to another institution is the indicator of interest, separate survival curves are calculated for these groups. Figure 6.8 shows the survival distribution functions for both of these strata estimated with the product-limit method (also known as the Kaplan Meier method). Tests for homogeneity between the curves confirmed that the strata were significantly different from each other ( $\Pr < 0.0001$ ). This was anticipated in the discussion of Table 6.2: children transferred to another institution typically left because they aged out of the *leagan* around their third birthday. Children who are placed in a family—whether reintegrated with their birth family, adopted or placed in a foster home-- usually leave before they age-out. The median months for children placed in a family was 12.3 months, compared to children transferred to another institution who stay an average of 34.8 months.



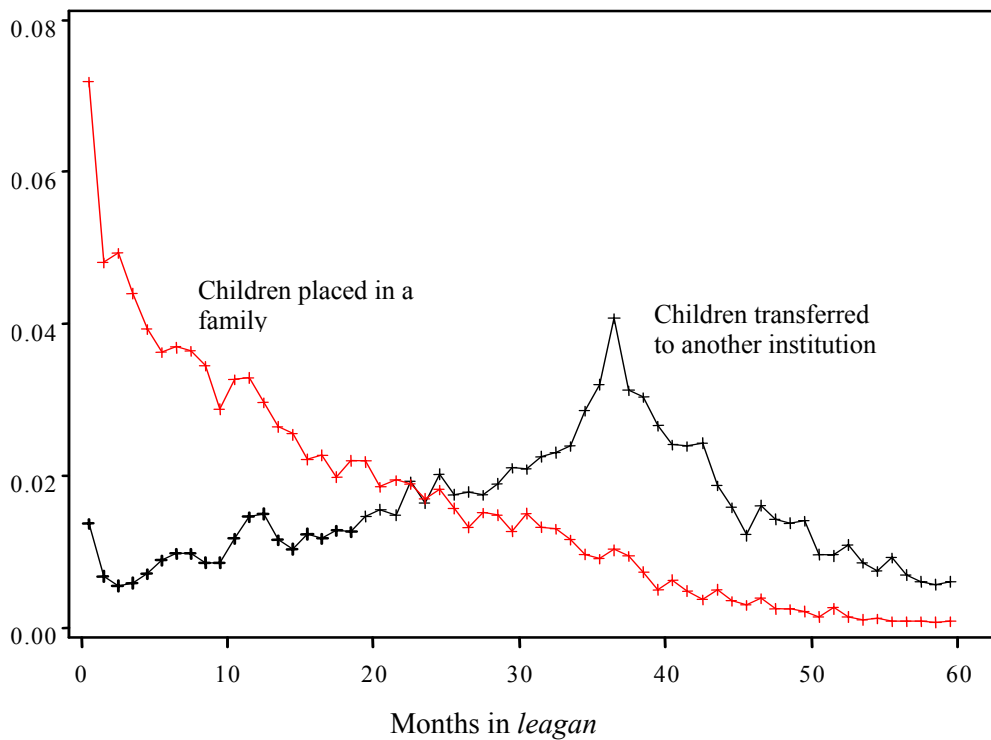
Figure 6.8 Probability that a child who is destined for a family placement or transfer to other institution is still in the *leagan*, 1987-2000



The probability density function (Figure 6.9) shows the distributional shape of exit probabilities, stratified by family placements and transfers to other institutions. The density function is analogous to the bell-shaped curve for a normal distribution, but in this case it is associated with the non-normal distribution of probabilities for a child who exits in a small interval of time, i.e. between month  $x$  and month  $x+1$ . Children who are placed in a family have a higher probability of exit in the fewer months, thus a shorter tenure time. If a child is not placed in a family within about two years of his or her entering the institution, the competing risk of transfer to another institution becomes significantly greater than the probability of being placed in a family. Children who are transferred to another institution have the highest probability of exiting around 34-39 months, and this remains more probable than family placement for the remainder of time in the institution. Note that the probability of transfer is relatively high in the first couple

of months. This is because a child is evaluated upon entry and may be found to have special needs, thus being transferred to a ‘specialized’ home such as a *camin spital*.

Figure 6.9 Probability that a child exits in  $x$ - month, by family placement and transfer to other institution. 1987-2000



After estimating the underlying survival distribution, the next step in survival analysis is fitting a parametric distribution to survival data in order to separate the effects of covariates on tenure time. For these data a Weibull distribution was found to be appropriate.<sup>69</sup>

#### 6.4 Testing hypotheses

<sup>69</sup> The negative log-log survivor function estimates for family placement and transfers plotted against log time in months (LLS graph) produced approximately parallel and straight lines, indicating that a Weibull distribution is appropriate for modeling (SAS Institute 1999).

Table 6.3 displays the results of a series of hazard regressions. The quantity being modeled,  $y$ , is a vector of values representing the log of the tenure time, crossed with the dichotomous variable, CENSOR\_R\_ indicating right-censored observations.<sup>70</sup> The matrix of covariates is  $x'$ . The intercept parameter ( $\mu$ ), and a vector of regression parameters,  $\beta$ , are estimated by maximum likelihood. The intercept is the fitted value when all covariates are in their reference category i.e. the fitted value for the combination of reference categories. The regression coefficients are the deviation from the intercept for a specific category of a covariate. The scale ( $\sigma$ ) is also estimated; the covariates may change the scale, but not the location, of the baseline distribution of tenure time. The log likelihood of the Weibull distribution is used to evaluate the goodness-of-fit of the models. Each model improves the fit, with the most significant improvement being in model 5 when age of entry is included.

The regression coefficients are displayed in Table 6.3. They may be interpreted as describing the direction and strength of the relationship of each explanatory variable on the survival time. The estimated intercepts for tenure times,  $\exp(\mu)$ , range from 20.9 months in the baseline model to 32.5 months in the full model (note that these values fit nicely between the two lines in Figure 6.7). The intercepts reflect average tenure times for the combination of reference categories. The covariates in the full model explained almost 10 percent of the variation in tenure time (pseudo  $R^2=.093$ ).

The estimated effect of covariates on average tenure time is interpreted as a percent deviation from the reference category. In the full model, for example, the estimated parameters for region that are significantly different from the reference category, Cluj, range from 0.15 in Maramureş to -0.42 in Dolj. Thus the fitted mean tenure for Maramureş is 116 percent longer than for Cluj [ $\exp(.15)=1.16$ ], meaning that children in

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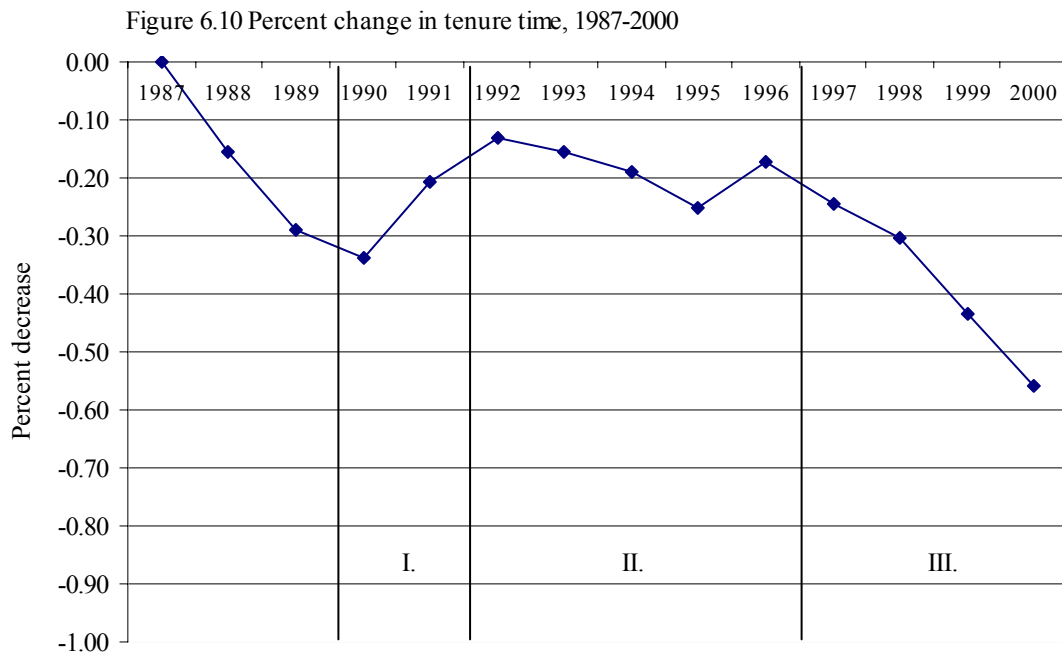
<sup>70</sup> All children in the *leagan* on their fifth birthday and who had no date of departure were assumed lost to follow-up and automatically censored at five years.

Maramureş spend an average of 37.7 months in the *leagan* [ $\log(\text{tenure})=3.48+.15= 3.63$  and  $\exp(3.63)=37.7$  months, or  $\exp(3.48)*\exp(.15)=37.7$ ]. Dolj, with a strongly negative estimated parameter, has an average tenure time of 21.3 months, which is substantially lower than the overall average time of 32.5 months (intercept term).

Table 6.3 Results of survival regressions on tenure time

	<b>Model 1</b>	<b>Model 2</b>	<b>Model 3</b>	<b>Model 4</b>	<b>Model 5</b>	<b>Model 6</b>
Intercept	3.04***	3.16***	3.17***	3.31***	3.47***	3.48***
Region						
Braila		-0.03		-0.05	-0.07*	-0.08*
Cluj (ref. cat.)		0.00		0.00	0.00	0.00
Constanța		-0.16***		-0.17***	-0.09*	-0.09*
Dolj		-0.37***		-0.37***	-0.41***	-0.42***
Iași		-0.03		-0.08**	-0.13***	-0.13***
Maramureş		0.09		0.06	0.15***	0.15***
Mureş		-0.24***		-0.25***	-0.22***	-0.23***
Suceava		-0.18***		-0.20***	-0.25***	-0.26***
Teleorman		-0.03		-0.04	-0.11**	-0.12**
Timiș		-0.05		-0.07*	-0.06*	-0.07*
Child welfare reform period						
Pre-reform 1987-1989 (ref. period)			0.00	0.00	0.00	0.00
First reform period, 1990-1991			-0.29***	-0.28***	-0.21***	-0.21***
Second reform period, 1992-1996			-0.12***	-0.12***	-0.10***	-0.10***
Third reform period, 1997-2000			-0.31***	-0.31***	-0.28***	-0.27***
Sex					-0.02	-0.02
Age at entry					-0.02***	-0.02***
USAID						-0.03
Scale	0.8764	0.8674	0.8502	0.8419	0.8127	0.8127
Log Likelihood	-28542	-28329	-27155	-26966	-25891	-25891
df	4	12	6	15	17	18
Pseudo-R <sup>2</sup>	0	.007	.049	.055	.093	.093
* p<=.05						
** p<=.01						
***p<=.001						

The hypotheses that these results support are discussed below. In addition, because some readers may be interested in the annual effects on deinstitutionalization rather than the effects of grouped reform periods, I ran a separate survival regression model using the same control variables as in model 6 above. The estimated coefficients for the effect of year on tenure time are plotted in Figure 6.10 (a full display of the results is not shown as they were similar to results in Table 6.3).



Note: Percent change is calculated as  $1 - \exp(\text{year coefficient})$ .

Overall, the impact of child welfare reform periods on average tenure times was such that tenure times in every reform period were significantly lower (at the .0001 level) compared to the pre-reform period (reference period 1987-1989) (Table 6.3). In the pre-reform period, note in Figure 6.10 that effects of reform legislation suppressed average tenure times for children admitted in 1988 and 1989. This reveals that many children were institutionalized prior to reforms being implemented, but they benefited from reforms shortly after they were institutionalized. That is, many children who were admitted to *leagans* in 1988 and 1989 were adopted in 1990 and 1991 by foreign

families, after international adoptions were legalized in 1990. In short, reforms in the transition period had positive effects on children who were institutionalized shortly before the dictator was overthrown. The average tenure time for a child admitted in 1989 was 29 percent lower than for a child admitted in 1987 (25.1 months and 35.2 months, respectively) (Figure 6.10).

Reforms in the first reform period (reparative period, 1990-1991) were hypothesized to significantly reduce the amount of time children spent in *leagans* compared to the pre-reform period. Results of model 6 in Table 6.3 support this hypothesis: the average tenure time estimated for 1990-1991 is 26.3 months, which is 19 percent less than the 32.5 months estimated in the pre-reform period. By 1991 average tenure time was increasing (Figure 6.10). This is expected because children admitted to the *leagans* in late 1991 were less likely to leave quickly because of the adoption moratorium passed in July 1991 (Law no. 48/1991).

The full model in Table 6.3 also supports the second hypothesis: “The second reform period (1992-1996) has a moderately positive effect on institutionalization rates and moderately positive effect on deinstitutionalization.” The reforms in this period only moderately reduced the amount of time children stayed in *leagans*. The modest gains, that is, the reduction in average tenure time from 35.2 months, reflects the sudden moratorium on international adoptions and subsequent measures to ensure adoptions were processed ethically. The moratorium on international adoptions was supposed to last for only six months but was not lifted until 1993. The average tenure time estimated for second reform period, 1992 to 1996, is 29.4 months. This is higher than the first reform period, but still almost 10 percent less than the pre-reform period. Figure 6.10 shows a decreasing trend in tenure for children who were admitted in 1992 and later. This corresponds to the moratorium finally being lifted in 1993 when the law on the Judicial Declaration of Abandonment was passed (Law no. 47/1993). This law helped to facilitate international adoptions by making eligibility criteria for adoption less restrictive

(see discussion in chapter 3). Tenure times decreased until 1995, but children still did not leave *leagans* as quickly as they did in the first reform period. Law no. 65/1995 again defined stricter controls by making it illegal to adopt a child directly from a family.

Reforms in the third period had the largest impact on decreasing tenure times. Results from model 6 in Table 6.3 show that the period 1997 and 2000 is associated with children spending, on average, about 24 percent less time in *leagans* than in the pre-reform period. The new law, Emergency Ordinance 26/1997 (later Law no. 108/1998), significantly reduced time that a child spends in a *leagan* before becoming adopted by allowing parents to consent to adoption immediately after the child is born. With the parents' consent it was no longer necessary for the child to spend a minimum of six months in the *leagan* before becoming eligible. Also during this period foster family programs were funded and implemented in several *judets*, thereby increasing the options for family placement beyond reintegration and adoption. Note that gains predicted by the hazard model in the latest years are slightly overestimated because only the longest tenure time is used in computing the coefficients.<sup>71</sup>

#### **6.4.1 Regional variations**

Model 6 in Table 6.3 shows that average tenure times in most regions (*judets*) over the transition decade were significantly different than Cluj, the reference category. Cluj was chosen as the reference category because it is consistent with its being the reference category in the previous analysis, on child institutionalization. The *judet* with the lowest average tenure time relative to Cluj was Dolj. Dolj's average tenure time across all years

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<sup>71</sup> For children who entered the study period prior to Jan. 1, 1997 the maximum time he or she could spend in the *leagan* with no exit date was 5 years, then it was coded as a censored case. After this date until the time of data collection (mid-point of data collection was Jan. 2001) the maximum time children were observed in the *leagan* was under 5 years.

was only 21.3 months, compared to 32.5 months as the overall average. This relative success is at least partially explained by a high level of family placements. During the third reform period, for example, Dolj had the highest number of children of all the study *judets* who were placed in adoptive and foster homes-- 342 children between 1997 and 2000. About half of these were foster families and the other half were foreign adoptions. Only three were national adoptions.

Mureş and Constanţa, with average tenure times of 25.8 and 29.7 months, respectively, had the highest proportion of foster family placements in the third reform period. About three times as many children were placed in foster families as in international adoptive families. Each *judet* only reported only two national adoptions for the recent reform period.

Maramureş had the next largest proportion of children placed in a foster family. Of those children who were placed in families other than their natural family, 68 percent were placed in a foster family. This was the only region where average tenure time, about 37.8 months, was *longer* than in Cluj. But in some respects both *judets* actually performed better than others did because, although Maramureş and Cluj had the least reduction in tenure time, they had the greatest reduction in child institutionalization (see Chapter 5). Obviously, with fewer new children being admitted it is more difficult to significantly decrease the average tenure time. Maramureş reported seven national adoptions and Cluj reported only one.

Suceava and Iaşi achieved decreases in average tenure time over the transition decade mainly through a relatively large number of international adoptions. These two *judets* share a contiguous border and could also share a common mechanism or philosophy that facilitates international adoptions. Alternatively, or in addition, because the Northwest region where they are located is the poorest part of the country, they may have fewer potential foster families or national adoptive families. (On the other hand, because most



foster families receive a monthly stipend, one might expect that fostering a child would provide an attractive income supplement).

Finally, while Braila and Teleorman maintained higher average tenure times, 32.5 and 31.5 months respectively, they were the most successful sample *judets* in promoting national adoptions. In 1997-2000, Braila had 14 national adoptions and Teleorman had 20. Other *judets* had at most eight, less than five percent of all adoptions and foster placements.

Finally, it is worth noting that coefficients for Maramureş and Teleorman *judets* became highly significant in models 5 and 6, when age of entry was included in the regression (Table 6.3). Constanţa, on the other hand, lost significance (but still remained significant at the .05 level) in models 5 and 6. More in-depth research, by including interaction terms such as year of entry by region, for example, should be done to better understand such trends.

#### **6.4.2 Other covariates**

The other important covariate in the model having a significant influence on average tenure time was age at entry. It is important to control for age at entry because the later a child is admitted to a *leagan* the less time there is for him or her to be placed in an adoptive or foster family. A shorter tenure time may reflect a higher proportion of family placements, but it may also reflect less time spent in the *leagan* because of late age at entry. In model 6 the coefficient for age at entry was highly significant and negative. Comparing the change in Log Likelihood values between models 5 or 6 (the models that included age at entry), with earlier models 4 (omitting age at entry), it is clear that this variable explained the largest portion of variation. This may help explain why coefficients in Maramureş and Teleorman became highly significant, although in different directions.

The coefficient for the sex of the child does not indicate a destination preference for boys or girls. The control variable for USAID target *judets* was also not significant, indicating that although deinstitutionalization is highly variable across regions there is not a distinguishable pattern between *judets* with and without USAID programs.

## VII

### Conclusions and Recommendations

After the sudden demise of Romania's communist regime in December 1989, news and images of neglected orphans living in state-run institutions were among the first post Cold War media sensations in the West. These institutionalized children endured a deprived life brought about by the communist dictator's harsh social and economic policies. Starting in 1965 Ceaușescu enforced a series of pronatalist laws and incentives that obliged women to have children yet deprived them of the basic necessities to raise them. In 1970 he passed a law that upheld child institutionalization as the primary solution for families unable to raise a child. The number of children in state care continued to grow through the 1980s while living conditions further deteriorated due to severe economic austerity imposed on the population. State-sponsored ideologies, such as paying back the foreign debt and achieving economic autonomy, were conceived and implemented by the state, in the interest of the state, and at the expense of individual welfare, including the welfare of many children.

I began this study by providing the context for the socialist period and explaining how this ideology, taken to the extreme during Ceaușescu's 25 years of pronatalist rule, initiated Romania's unprecedented growth of child abandonment and institutionalization. Attributes of the socialist ideology have been documented in greater detail by Romanian experts such as Gail Kligman, in her book *Politics of Duplicity: Controlling Reproduction in Ceaușescu's Romania* (1998). The present study, however, contributes to understanding the impact of Ceaușescu's policies by presenting a meticulous compilation of statistics on child institutionalization. Although references to these data were sparse, relevant information was found in a variety of sources, mainly including Romania's Annual Statistical Yearbooks (*Anuarul Statistica Romaniei*) and other official publications such as (*Revista de Statistica, Revista Romana de Statistica, Scinteia* and *Revista de Cercetari Sociale*). I was fortunate to have access to these publications

through the library at the U.S. Census Bureau's International Program Center and through the Library of Congress in Washington DC.

By 1992 Romania's social orphans disappeared from the media spotlight for most of the transition decade. However, since 1997 the problem has again become a significant national and international political issue, particularly regarding Romania's application for membership in the European Union. In order for Romania to join the EU in 2007, it is obliged to first fulfill the European Council's "Copenhagen Criterion". This political criterion requires respect for human rights and protection for minorities, and in Romania this translates *inter alia* into fully reforming the child welfare system (section 4.1) and improving living conditions for institutionalized children (section 4.2) (European Council 1999).

The second part of this study thus presents an in-depth analysis of the influence of state actions on levels of child institutionalization, and deinstitutionalization, during the transition decade. In preparation for the quantitative analysis I outlined in detail the various child protection legislation adopted between 1990 and 2000. Based on these laws, and guided by work done previously by Romanian child protection specialists, namely Elena Zamfir (1997) and Maria Roth (1998), I defined three major child welfare reform periods. The pre-reform period i.e., prior to the regime change in 1990, was used as the baseline period. The three reform periods were the reparation period (1990-1991), the re-organization period (1992-1996), and the recent reform period (1997-2000). For each of these periods I formulated testable hypotheses on the presumed effects of these child welfare reform periods on levels of institutionalization and deinstitutionalization.

I spent a year in the field collecting data from *leagans* (state institutions for children age 0-3 years) in 10 sample *judets* that corresponded to the pre-reform and the reform periods. These are retrospective data transcribed from admission/discharge archives, including basic event-history and demographic information on individual children. In

each of the *judets* sampled I obtained the complete flow of children into and out of *leagans* over a fourteen year period, from 1987 to 2000. These data reflect a dynamic population of institutionalized children whose size and composition was very sensitive to reforms in child protection. Because important changes in the economy were also happening during Romania's transition to market reforms, I took measures to isolate the effects of child welfare reform periods. To achieve this I employed regression models to predict levels of institutionalization and deinstitutionalization while controlling for factors such as age, sex and region.

### **Major findings**

The results of this study are intended to support, challenge, and enhance the knowledge of decision makers. The main results of the analysis support the research hypotheses put forth in chapter three. In particular:

- Compared to the pre-reform period, child welfare reforms in the transition decade have had a significantly positive impact on levels of institutionalization and deinstitutionalization. Success has been hampered, however, by worsening economic conditions for most Romanians. Because of widespread poverty and increasing economic inequality, the incidence rates of institutionalization increased for most of the decade, despite the relatively positive influence of reforms.
- The effects of child welfare reform periods have been greater on improving deinstitutionalization (i.e. placing children in an adoptive or foster home, or reuniting them with their family) than on improving institutionalization. For example, the third reform period had significant effects on suppressing institutionalization that ranged between 27 and 32 percent lower than the pre-reform period; the effects of this period on deinstitutionalization were stronger, ranging from 24 to 56 percent more than in the pre-reform period.

- USAID target *judets* had significant effects on lowering levels of institutionalization, compared to those *judets* with no USAID programs. They did not appear, however, to have significant effects on increasing deinstitutionalization relative to other *judets*.
- Although boy infants are admitted to *leagans* more frequently than girls, there does not appear to be a significant sex preference in deinstitutionalization. Hidden differences might be revealed, however, if discharge destinations were analyzed separately.
- By the third reform period, family placement destinations largely replaced children being transferred to another institution. The most popular destinations were international adoptions and foster placements. National adoptions, on the other hand, have continued to be an underused alternative through the transition decade. Although the Convention on the Rights of the Child upholds national adoptions (Article 20b), and new legislation in the third reform period has been adopted to promote in-country adoptions, from 1992 to 2000 national adoptions have accounted for less than one percent of family placements. Two reasons for this include widespread poverty that decreases the demand for children (as evidenced by low birth rates and the on-going institutionalization of children), and the fact that many institutionalized children are believed to be overwhelmingly of Roma origin. Regarding the latter, a negative attitude persists towards Roma and children from Roma families tend not to be adopted by Romanian families.

This fashion of generating trends based on empirical data nationwide is a step forward in monitoring child protection in the transition period. However, this study does have limitations, namely that the scope of the data used in the analyses did not include time-dependent economic data and data on child ethnicity. Information on annual economic indicators (or even quarterly information, given the pace of transition reforms) over the fourteen year period, broken down by *judet*, could potentially account for much of the

unexplained variance in the models and would permit quantification of their effects on levels of institutionalization and deinstitutionalization. In addition, data on the child's ethnic origin, mainly for the two largest ethnic groups, those of Roma or Hungarian descent, would serve to clarify reports in the literature regarding their respective risks of abandonment. Below are recommendations, both directly and indirectly related to this study.

### **Recommendations for further studies**

*Historical demography.* Although the problem of child abandonment in Romania was clearly at its greatest proportion in the last half of the 20<sup>th</sup> century, historically the problem parallels other European countries, and Russia, where child abandonment has its roots long before then. This was evident in several of the orphanages where I worked which had been founded early in the century. I also found documentation in historical literature, such as David Ransel's *Mothers of Mercy: Child Abandonment in Russia* (1988), that refers to an orphanage in Iași, Moldova in the late 19<sup>th</sup> century. In Romanian sources there are allusions to orphanages that existed as early as 1747 in Moldova (Nanu & Georgescu 1997), 1798 in Bucharest (Alexiu 1999), as well as others in the 19<sup>th</sup> century.

One appealing idea is to contribute to the body of historical demography by gathering and assembling pre-WWII data on Romania's child abandonment. Romania has a unique history in the sense that it has been at the cross-roads of major super-powers through the centuries. The region of Transylvania, until it became part of Greater Romania in 1921, was ruled by Catholic Austro-Hungarian kings since the medieval ages. The regions of Moldova and Wallachia were protectorates of Orthodox Russian tsars on and off since 1779 when Russia was expanding its territory towards the Balkans. The influence of these royal powers to the east and to the west of Romania can be traced through the early state's recognition of and reaction to the problem of child abandonment. The

development of child abandonment could be placed in a wider historical context by discussions about who in society founded and financed the orphanages, who likely were the women who abandoned their children and under what circumstances, and what was society's and the state's reaction to the problem. Related historical pieces have been written about the history of child abandonment in medieval times (Boswell 1988), and about child abandonment in 19<sup>th</sup> century Italy (Kertzer 1993), France (Fuchs 1984), Russia (Ransel 1988), as well as other times and places (*Collection de L'Ecole Francaise de Rome*, 1987). This body of literature would be enriched by adding to it the history of child abandonment in Romania.

*Multi-disciplinary study with a social work perspective.* There are parallels in Romania's decade of child protection reforms and the child welfare reforms over a much longer period in the United States. For example, in the U.S., institutional care facilities were the predominant means of care for orphaned and abandoned children until about 1930. Over subsequent decades there were several demographic factors, such as declining adult mortality and declining fertility, which contributed to the decline of institutional care. Economic factors in the 1940s through the 1960s also played a large role in a decline in institutional care. These included a stronger economy after the war and, in 1961, the expansion of the AFDC program which allowed more poor and single mothers to raise their children at home.

In addition, the costs for maintaining children in institutions in the U.S. rose due to demands for higher living standards, and the rise in the number of case workers within the social work profession provided an impetus to rely more on substitute care (e.g., foster care) than institutional care. Although declines in the number of children in institutional care were generally viewed as positive, the 1970s presented a crisis in that many children were entering foster care, and few were leaving. This was the basis for the Adoption Assistance and Child Welfare Act (Law 96/272) passed in 1980. This law elevated the goal of family preservation and reunification in a legal manner, but also



resulted in unintended consequences. For example, parental rights were often slow to be terminated and so there were long periods before a child was free for adoption. Also, the emphasis on reuniting the child with the family was not always in the child's best interest, in the case of an abusive or neglectful family (see McKenzie 1999 and Pecora *et al* 1992 for more details on the evolution of child protection in 20<sup>th</sup> century U.S.).

A comparison of the evolution of the U.S. child protection system with Romania's evolution is important because exchanges between U.S. and Romanian social worker professionals influence the latter's path of child protection. By 1998 there were already 10-18 Romanian universities graduating social work students, and these professionals are informed by Western models. An awareness of the U.S. experience could help Romania to avoid some pitfalls in child protection. For example, in many cases foster care is a preferable option for children in difficulty, but since it is not a permanent placement it may lead to a lack of stability for the child. It may also negatively affect the chances for adoption. Shughart and Chappel (1997), for example, hypothesize that adoption rates decrease with the spread of foster care (in McKenzie (1997): 151-168) This study did not develop these important aspects, but social worker experts knowledgeable about both models could further develop comparisons and point out caveats in the Romanian case. Victor Groza, for example, Professor of Social Work at Case Western Reserve University in Cleveland, Ohio has done extensive work with institutionalized children in Romania, and especially with international adoptions (Groza 1999; Groza & Rosenberg 2001).

The fact that boys are admitted at a slightly higher frequency than girls needs to be further explored. The trend may indicate that more boys are born with special needs and are placed in institutions that specialized in caring for physically or mentally delayed children. The absence of a difference between average tenure times for girls and boys should be further analyzed by destination. This may reveal hidden patterns of sex selection for adoptive and foster care, or reunification in the natural family.

*Richer data set.* As mentioned above, it would be desirable to include in the regression models time-dependent information, such as economic indicators, in order to isolate their effects on levels of institutionalization and deinstitutionalization. In terms of adding data on ethnic origin, another indicator believed to influence child abandonment and deinstitutionalization, a further study would benefit from collaboration with an expert on Roma issues.

*Replication studies.* This study focused on the legacy of a highly oppressive, communist dictatorship in Romania. It would be enlightening to conduct a similar study in other postsocialist countries where UNICEF's MONEE Project has estimated national institutionalization rates, and other related indicators, over the transition period (Fajth 2000; UNICEF 2002). Two countries that first come to mind are Bulgaria, which has the highest rates of institutionalization in the transition period, and Russia where there have been accounts of severe child neglect of institutionalized children as late as 1998 (cf. *Newsweek*, December 1998; Hunt 1998). It would also be useful to conduct similar studies in regions where child abandonment and/or institutionalization happen under very different circumstances. For instance, Brazil has a serious problem with street children; China has a problem with institutionalized girls as a result of its one-child policy; Rwanda has a large population of unaccompanied children after its genocide in 1994; and sub-Saharan Africa countries such as Zimbabwe have a rising problem with orphan children due to a high prevalence of HIV/AIDS.

Finally, as demonstrated in this study, data on abandoned or institutionalized children are conducive to analyses using demographic approaches. If high quality data of this sort were compiled regularly in Romania at the national level, and even at the district level, then expert Romanian demographers such as Vasile Ghețsau at the Center for Demographic Research at the Romanian Academy, and Cornelia Mureșan at the University of Babeș-Bolyai, might take an interest in lending their technical expertise to its evaluation.





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## **Vita**

Karen Fern Greenwell was born in Havre de Grace, Maryland on October 15, 1963, the daughter of Janet Lee Hoopes and Emerson Millard Hoopes. After graduating from Bel Air High School, Bel Air, Maryland, in 1981, she entered Salisbury State University for two years, and then transferred to University of Maryland at College Park. She received her Bachelor degree from University of Maryland in 1985. She was a Peace Corps Volunteer in the Democratic Republic of the Congo from March 1986 until July 1988. In January 1989 she entered the graduate program at the Tulane School of Public Health and Tropical Medicine, New Orleans, Louisiana. She received her Master of Public Health degree in May 1990. During the following years she worked as a public health specialist for an NGO in El Tigre, Venezuela, then for the Texas State Department of Health in the Texas-Mexico Border Region. In September 1995 she entered the Graduate School of The University of Texas at Austin. In the past few years she has worked as a short-term technical officer at the World Health Organization in Geneva, Switzerland; as a Population Studies intern in the International Program Center of the U.S. Census Bureau in Washington, DC; as an independent contractor for USAID in Bucharest, Romania; and a consultant for UNICEF in Kigali, Rwanda. She presently works as part of the Demographic and Health Research team at Macro International in Calverton, Maryland.

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