

Social Aspects of Family Protection

Nikolaos Tsitsis¹

1 Secretary, Special Collaborator of Legal and Financial Courses, Alexander Technological Educational Institute of Thessaloniki, Greece

Abstract

Background: The family plays an important role in the social organization of people and is one of the most important units of human society. The inability to respond the family on basic operations, mainly due to adverse social and economic conditions, but also due to the ever increasing needs, led to the need of welfare state intervention. The aim of the present study was to review the literature about the social aspects of protection family through the protection of maternity, child and extended family.

Method and Material: The method of this study included bibliography research from both the review and the research literature, in the PubMed that referred to protection of family. The review covered the period 1980-2013.

Results: The protection of motherhood with every possible support social, economic, health, psychological, considered important to the degree that the protection of the family should start from the beginning of its creation. Social protection for children is important for health's society and includes: Registration of births, protection against violence, amputation or excision of female genitalia and child marriage. Also, it is important the protection of large families, in order to strengthening the family, economical and socially, and their children evolve on equal terms like the children of other families

Conclusions: Protecting the family is a fundamental institutional necessity to promote civil society and the preservation of the nation. The protection of the family is a task both individually and collectively.

Keywords: Social; Aspect; Family; Protection; Births; Society

Correspondence: Nikolaos Tsitsis

✉ maria_lavdaniti@yahoo.gr

General Secretary, Special Collaborator of Legal and Financial Courses, Alexander Technological Educational Institute of Thessaloniki, 105 Mitropoleos Str., Thessaloniki, Greece

Tel: 6972737250

Introduction

The family plays an important role in the social organization of people and is one of the most important units of human society [1]. Family is defined as "a recognized and established traditional forms of union members to society. It is the initial biological and social community, whose main purpose is the preservation of the human species through breeding members of society" [2]. Many times, the inability to respond the family on basic operations, mainly due to adverse social and economic conditions, but also due to the ever increasing needs, led to the need of welfare state intervention.

This intervention is oriented to cover the new needs with social services either supportive or complementary to the family. These services are provided based on economic and social programs.

The purpose of this review article is to be examined the protection

of the family, through the protection of maternity, child and extended family.

Maternity Protection

The protection of motherhood with every possible support social, economic, health, psychological, considered important to the degree that the protection of the family should start from the beginning of its creation. To maternity protection measures are also included a variety of social services, benefits and facilities provided by the ministry of health or social health insurance [3].

In Greece pregnant women working in public services, to public entities in utilities, banks, etc. may abstain from their services sixty days before and sixty days after the birth, while private sector employees are entitled to paid childbirth forty-two days respectively. According to Law 1302/82 and 10195/83 decision of the Ministry of Finance and the Health and Welfare , pregnant

women who have no right to claim monetary benefits are entitled to receive benefits from the Department of Public Perception of the Ministry of Health. The financial supplements are paid for forty-two days before and after childbirth [4,5].

In addition to the programs for the working pregnant woman in the public or private sector, implemented similar programs and insurers OGA (Agricultural Insurance Organization). Under Law 154/85 the woman at the time of childbirth is secured industry illness, shall be paid single monetary assistance. Moreover given a maternity grant if the birth takes place in a hospital where the provision of obstetric care is not covered by the organization [6].

Women working in public sector, except that they do not lose their salary for sixty days before and after childbirth that is abstain from service, they are paid a fixed amount for meeting costs of labor which is determined each time. Directly or indirectly IKA law in cases of childbirth allowance equal to thirty unskilled wages and the cost of hospitalization in abnormal birth [7].

From that resulting from the financial policy for pregnant women measures are applied to cover the uninsured pregnant women as well as members who do not meet the conditions for coverage from their insurance carrier. But both bonuses and other benefits are unequal to each other.

Maternity protection is important for children and family health; Recent studies support that short maternity leave, and full-time maternal employment during the first year of life, detract from children's health, cognitive development, and behavioral outcomes [8,9].

Social Protection for Children

UNICEF (2006) defines child-conditioned social protection as "social assistance and financial support family or an individual child, the involvement of social services responsible for the support of family and community and use alternative forms of child protection" [10].

It is reported that most countries of Organization for Economic Co-operation and Development and the European Union provide some of the following types of policies and social programs: Social assistance benefits, household allowance, social assistance benefits, family benefits and services, benefits policy for single parent families, increased conservation or proof of child protection Allowances for low paid labor exemptions, etc. [11].

In Greece, financial support is given to families with children up to 14 years old who belong into the following categories:

- Children orphaned by a father, or both parents
- Children abandoned by their father or from both parents
- Children whose father cannot be responsible for their upkeep for reasons of physical or mental incapacity , for reasons of illness (tuberculosis , kidney disease , psychopathy , etc.) , moral worthlessness , prison and military
- Children born out of wedlock (PD 108/83) [12]

Given financial aid amounts periodically indexed. Besides this aid

if the family pays house renting, it is also provided the amount of rent.

With the same financial criteria provided and PIKPA monthly allowance for children up to 14 years, falling in the following categories:

- Children infrastructure father
- Twins, triplets, etc.
- Children sick parents.

The subsidy of unprotected children has as main objective the welfare of these children in the family and avoid import them in institutions. So the beneficial policy for enhance unprotected children, obeys the general principles of social welfare and a typical sample package of welfare measures. Apart from these benefits, in terms of child protection, welfare policy seeks to strengthen this trend adoption of children, or their placement in foster care, however, generally the non-admission of children in institutions, because the family environment is most suitable for upbringing and adjustment of the child in society [13].

Special Issues in Child Protection

The protection of children from violence, exploitation and abuse is one of the main actors in the protection of their right to survival and development progress. The strategy of UNICEF for child protection adopted in 2008, plans the actions that are required to create this protective environment.

The Strategy focuses on:

- A) The strengthening of child protection systems. It included in this a big range of laws, policies regulations and services needed across all social sectors, especially in the fields of social welfare , Education , Health, Safety and Justice , in support of prevention and immediate response to the risks faced by children .
- B) The promotion of social change in line with the principles of human rights.
- C) Strengthening the protection of children in emergencies. Proper data collection and the creation of broad cooperation is first priority [14].

Registration of Births

Registration of births is essential for calculating birth and for assessing infant mortality. Also, it can alert health care providers to the presence of children vaccination. The record of birth provides a formal record of the existence and nationality of a child, being a fundamental human right under Article 7 of the Convention on the Rights of the Child [15]. According to UNICEF, the births of approximately 51 million children in 2007 were not even recorded. Almost half of these children live in South Asia. Also, one in four developing countries with available data shows rates of registration of births less than 50% [16].

Most of the children under five years who lack birth certificates are mostly children from poor families living in rural areas. In some regions and countries, however, there are still differences

between urban and rural areas and between rich and poor. The data from most countries indicate that rates of registration of births are highest among the richest 20 % of the population which confirms that poverty is accompanied by low rates of registration [16].

The children, whose birth is not recorded, are often not adequately protected and their right to use services such as health care and education are limited [13].

The cost of registration of births, the distance from the relevant departments and lack of awareness that children should be registered, are the most common reasons given most often by parents for not recording their children [15].

Violence against Children

Children are most vulnerable to suffering, through the violation of their rights, their physical, mental and emotional health being directly and indirectly affected. World Health Organization, defined violence as "the use of physical force or power, threatened or actual, against oneself, against another person, or against a group or a community, that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" [17]. It is estimated that approximately 500 million up to 1.5 billion children are victims of violence each year. Also, every year at least 275 million children around the world, experiencing violence within their own homes. There are no reliable data on the exact number of victims because much of the violence done in secret and not reported [16].

Violence against children in schools is common practice in many low-, middle- and high- income countries [18]. A percentage of 20 to 65% of school children suffered verbal or physical punishment at school within the past 30 days.

Although some cases of violence against children is unexpectedly and individually, most are made by people that children know and should trust them to care, protect and support them , such as: parents, comrades parents, adoptive parents, relatives , people who take care of kids , friends , girlfriends, classmates , teachers, clergy and employers [16].

While the family shall be the natural environment for the protection of children, the house can also be a place where children experience violence in the form of discipline. In general, boys tend to be at greater risk of physical violence, while girls face greater risk of neglect, violence and sexual exploitation [16].

Certain groups of children are particularly vulnerable to violence, including children with disabilities [19] children belonging to minorities, children living on the streets, young people in conflict with the law, children of refugees, displaced persons and migrants.

Amputation or Excision of Female Genitalia

It is estimated that 70 million girls and women aged 15-49 in 28 countries of Africa and Yemen have undergone amputation or excision of the genital organs. The practice declined slowly but steadily over the past decades. Girls and younger women are

less likely to have undergone some form of genital mutilation than older women. Excision is generally performed on girls from 4-14 years, is also in infants, in women who are preparing to get married and sometimes in women who are pregnant in their first child or who just gave birth [16].

There are 29 countries where the prevalence of this practice reaches 1% or more of the population according to data from nationally representative surveys. Of these countries only Yemen is outside the African continent. A study by the World Health Organization (2006) report on female circumcision and pregnancy outcome demonstrates that complications at birth are much more among women who have undergone FGM. Also notes that circumcision is harmful to the baby and cause one or two more infant deaths in every hundred births [16].

It is recommended that "Health care professionals should use their knowledge and influence to educate and counsel families against having female genital cutting performed on their daughters and other family members, should advocate for the availability of and access to appropriate support and counselling services, should lend their voices to community-based initiatives seeking to promote the elimination of female genital cutting, should use interactions with patients as opportunities to educate women and their families about female genital cutting and other aspects of women's health and reproductive rights" [20].

Child Marriage

The most recent estimates UNICEF show that about 70 million or almost 1 in 3 young women aged 20-24 were married before the age of 18, with 23 million of them have been married since 15 [21]. Worldwide almost 400 million women aged 20-49, more than 40 % were married in childhood [13]. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), states that the "betrothal and the marriage of a child shall have no legal effect" [22].

The child marriage puts girls at risk for early or unwanted pregnancy, endangering their lives [13]. It is reported that mothers under the age of 18 years' experience higher rates of maternal mortality and higher risk of obstructed labour, postpartum haemorrhage and sepsis [23]. Also, there is increased risk for premature birth and death as neonates, infants, or children [24].

The number of child marriages decreases, in general, but the pace of decline is slow. In six countries where the practice is widespread, more than 60 % of women aged 20-24 were married in childhood. Girls from poorer families are more likely to marry in childhood than girls from wealthier families. Data from 47 countries show that in general the average age at first marriage increases gradually, but the pace of change is slow in many countries. In Bangladesh, Guinea and Nepa, for example, the average age at first marriage has increased but remains below 18 [13].

Protection of Large Families

The protection of large families is aiming at strengthening the family, economical and socially, in order that their children evolve on equal terms like the children of other families. As "extended

family” is considered a family with four or more children [25]. The definition of extended family includes the family that has three children with the condition that one of the two parents doesn't exist or parents are completely unable to work.

Protection measures of extended family include various facilities, as well as family allowances, which are provided by the Ministry of Welfare. By the year 1972 the benefits policy for large families, was limited but the amount was rising for the fourth child or for each additional child under 16 years. After 1972 adopted measures aimed to combat low fertility favoring large families and in particular providing allowance with higher allowance for each child after the third born after January 1, 1972. This was granted by OGA, regardless of the employment relationship of parents, economic status of the family or the payment of another benefit [13]. According to Law 1041/80 for the fourth child allowance was increased by 50 % and the fifth child and beyond 100 % [26].

Apart from the main family benefits the most important, among the facilities for large families, was on housing loans, tax exemptions, and a series of other measures aimed at strengthening the family income and the vocational rehabilitation of children.

The policy for allowance for large families has its weaknesses. Studies show that the lack of an explicit population policy and the scarcity of allowances, are strong reasons to doubt the effectiveness of aid programs of these families. Also, the lack of recording of conditions under which they live large families, prevents assessing the feasibility of the allowance to cover the additional needs created by the large number of children. To achieve the objectives of the program to strengthen large families, it is necessary both adjusting benefits, and the benefit is based on financial criteria. Defining the criteria of economic weakness should be based on a minimum of maintenance [13].

Finally, it is useful to refer to the philosophy of granting allowances and facilities to large families because they have expressed several opinions about the reasons of establishment. That comes to providing social security, supplementary aid or stimulates the birth rate. General benefits to families may be granted:

- For demographic reasons to serve the general interest of society
- Because large families are generally in a difficult financial position (in view of the costs resulting from the existence of many children) and need state aid to cope.
- Because large families have more weight than the others and of social justice reasons the state should help to reduce this inequality. When someone is considering who the reasons, in short, are the scholar concludes in conclusions that if it comes to demographic targets, the results are negative and it is ancillary benefit, because the stimulation of birth should be the main objective and off welfare. The latter cannot be considered absolute because connection birthrate financial need is not obvious. The third reason could be considered to fall within the scope of social security but not exclusively [13].

Conclusions

Protecting the family is a fundamental institutional necessity to promote civil society and the preservation of the nation. The fact that modern societies assign an important role in the family and perform functions such as child development demonstrates the importance of the family in society. It is clear that the protection of the family is a task both individually and collectively. In the future, particularly at national level should be carried out actions to help to protect.

References

- 1 Papyrus Larousse Britannica (1996) Family. Papyrus, Athens
- 2 Tsardakis D (1993) The birth of social human. Papazisi, Athens.
- 3 Sapountzi-Krepia D, Vehvilainen-Julkunen K (2006) Maternity care in Greece. *Nossileftiki* 45: 160-168.
- 4 www.elinyae.gr.
- 5 www.elinyae.gr.
- 6 www.elinyae.gr.
- 7 Leontari M (1995) Maternity protection. *Logistis* 11: 518.
- 8 Chatterji P, Markowitz S (2012) Family leave after childbirth and the mental health of new mothers. *J Ment Health Policy Econ* 15: 61-76.
- 9 Heather D (2012) Hill Welfare as Maternity Leave? Exemptions from Welfare Work Requirements and Maternal Employment. *Soc Serv Rev* 86: 37-67.
- 10 Ministry of Health and Welfare (2013) Plan for horizontal net and cooperation between Services and Welfare Services.
- 11 OECD (2004) Social Expenditure Database (SOCX), 1980–2001. Organisation for Economic Co-operation and Development, Paris.
- 12 www.nsk.gov.gr.
- 13 Tsitsis N (2013) Social Welfare. Alexander Technological Educational Institute, Thessaloniki.
- 14 Economic and Social Council, United Nations Children's Fund Executive Board (2008) UNICEF Child Protection Strategy.
- 15 Fagnäs S, Odame J (2013) Birth registration and access to health care: an assessment of Ghana's campaign success. *Bull World Health Organ* 91: 459–464.
- 16 UNICEF (2013) Child protection from violence, exploitation and abuse.
- 17 Aragão Ade S, Ferriani Md, Vendruscollo TS, Souza Sde L, Gomes R (2013) Primary care nurses' approach to cases of violence against children. *Rev Lat Am Enfermagem* 21: 172-179.
- 18 Devries KM, Allen E, Child JC, Walakira E, Parkes J, et al. (2013) The Good Schools Toolkit to prevent violence against children in Ugandan primary schools: study protocol for a cluster randomised controlled trial. *Trials* 14: 232.
- 19 Jones L, Bellis MA, Wood S, Hughes K, McCoy E, et al. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 380: 899-907.
- 20 Perron L, Senikas V, Burnett M, Davis V (2013) Social Sexual Issues Committee. Female genital cutting. *J Obstet Gynaecol Can* 35: 1028-1045.
- 21 UNICEF (2011) State of the world's Children. 2011. Division of Communication, New York.
- 22 Sabbe A, Oulami H, Zekraoui W, Hikmat H, Temmerman M (2013) Determinants of child and forced marriage in Morocco: stakeholder perspectives on health, policies and human rights. *BMC Int Health Hum Rights* 13: 43.
- 23 Nour N (2009) Child marriage: a silent health and human rights issue. *Rev Obstet Gynecol* 2: 51-56.
- 24 Nour NM (2006) Health consequences of child marriage in Africa. *Emerg Infect Dis* 12: 1644-1649.
- 25 www.nsk.gov.gr.
- 26 www.hellenicparliament.gr.