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IMPLEMENTING SUSTAINABLE DEVELOPMENT GOALS BY PREVENTING CHILD ABUSE AND NEGLECT

1. Introduction

Child maltreatment (CM) is a major public health problem that has grave impact on health and well-being of children. The Consultation on Child Abuse Prevention, World Health Organization in Geneva 29-31 March in year 1999, has brought consensus on the definition of child abuse. Child abuse or maltreatment constitutes as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (1, p.15).

Globally millions of children suffer from some form of violence. The World report on violence and health 2002, put great emphasis on child maltreatment prevention (2). The World Health Assembly resolution 56.24 put violence on the international agenda, highlighting the importance in facing this major public health problem (3). Later in 2005, Regional Committee resolution,

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EUR/RC55/10 on Injuries in the WHO European Region, gave high priority to the prevention of violence and unintentional injury to act upon (4). The United Nations Secretary-General's study on violence against children has brought renewed policy attention to end violence against children (5). The United Nations Convention on the Rights of the Child (CRC) has been an influential instrument for protection and prevention of children from violence, supporting best interest of the child (6).

An involvement of different disciplines or "health-in-all-polices" approach in prevention of violence is of crucial importance in line with the European policy framework on health and well-being, Health 2020 (7). The European report on preventing child maltreatment, 2013 provides policy-makers preventive evidence based practices to tackle CM (8). The WHO Regional Committee resolution, EU/RC64/R6: "Investing in children: the European child and adolescent health strategy 2015–2020" and "Investing in children: the European child maltreatment prevention action plan 2015–2020" put emphasis to improve the health and well-being of children and reduce the burden of maltreatment and other adverse childhood experiences (ACE), (9).

In May 2014, World Health Assembly adopted resolution WHA67.15 on Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children (10). It is important to contribute in implementation of the goals set out in the Global plan of action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children (11) and the United Nations' Sustainable Development Goals (SDGs) and related targets as per Agenda 2030 (12). The United Nations targets (presented below) directly and indirectly aimed at violence prevention (Box 1.).

Box 1. United Nations' Sustainable Development Goal targets in/ directly aimed at violence prevention

Targets directly aimed at violence prevention	Targets indirectly aimed at violence prevention
<p><i>Target 16.1: Significantly reduce all forms of violence and related deaths everywhere</i></p> <p><i>Target 16.2: End abuse, exploitation, trafficking and all forms of violence and torture against children</i></p> <p><i>Target 5.2: Eliminate all forms of violence against women and girls</i></p> <p><i>Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation.</i></p>	<p><i>Targets 1.3 and 10.2: Social protection and poverty reduction</i></p> <p><i>Target 3.5: Prevention and treatment of drug use and harmful use of alcohol</i></p> <p><i>Target 4.3: Early childhood development, care and pre-primary education</i></p> <p><i>Target 11.1: Adequate, safe and affordable, housing and basic services, and slum upgrading</i></p> <p><i>Target 16.3: Rule of law at national and international levels and equal access to justice for all.</i></p>

In Macedonia the problem of child maltreatment has undergone important milestones such as improvement of policy and legal framework, including protocols. However, there is a room for improvement in reinforcing the legal and policy framework, including implementing evidence based preventive programmes.

2. Method

The analysis relies on the information attained through a computer-based search provided by various projects, organizations and agency websites, which reflect latest policies, laws, programmes, services, measures on CM prevention. The following data basis have been searched: Cochrane Controlled Trial Register, MEDLINE, Social Science Search, PubMed. Terms searched both in Macedonian and English language used were: “child maltreatment”, “child abuse and neglect”, “child prevention”, “child protection”, “domestic violence”, “children rights”, and “child protection organizations”, on each of the ministries of Macedonia and other websites, WHO, UNICEF, UNESCO, and Council of Europe. The documents selected, according to the above mentioned search criteria in these areas, have been included in the analysis. The criterion regarding the time frame includes the latest possible available documents.

The ecological model of understanding violence and public health approach were frameworks applied in the analysis. The multi-level model of CM is best understood by analyzing the complex interaction of a various factors at different levels of influence: individual (biological and personal characteristics, age, sex, factors of personal history), relationships (individual’s relationships with family members, relatives, friends and others), community (socio-economic disadvantage, poor social capital, availability of alcohol and drugs, neighbourhoods, workplaces, schools and other social networks) and society (social norms that support acceptance of violence, economic inequalities, poverty, societal conflicts, weak legislation or policy).

The focus of public health is on the health, safety and well-being of entire populations. A unique aspect of the field is that it strives to provide the maximum benefit for the largest number of people. Public health includes on a science base that is multi-disciplinary. It consists of four steps: 1) define the problem; 2) identify risk and protective factors; 3) develop and test prevention strategies; and 4) assure widespread adoption (2).

3. Magnitude of the problem of child maltreatment

Child abuse and neglect can have immediate and long-term consequences on physical and emotional well-being of children, causing developmental harms as well as health problems in adulthood. Exposure to different types of adverse childhood experiences (ACEs) as household dysfunctions such as: living with a family member who is an alcoholic, drug addict, mentally ill, or who has been imprisoned, may also affect future life outcomes (15, 16, 17). The World Health Organization (WHO) data indicated that 55 million children (29.1%) are victims of emotional abuse, 44 million (22.9%) of physical abuse, victims of physical neglect are 31 million (16.3%), and 18 million (9.6%) children victims of sexual abuse in Europe. Additionally, reported data on 34,000 homicidal deaths among youngsters fewer than 15 years of age each year, with 20% of females (15, 16, 17).

The data on child maltreatment in the country are gathered from ACEs study in Macedonia, conducted on a representative sample of 1277 high schools and universities students aged 18 years and over (18).

Table 1. Adverse childhood experiences study among university students, 2013

ACE (during the first 18 years of life)	Male (%)	Female (%)	Total (%)
Physical abuse	22.3	20.2	21.1
Psychological abuse	9.6	11.7	10.8
Sexual abuse	20.8	7.3	12.9
Physical neglect	26.3	15.5	20
Psychological neglect	23.7	35.5	30.6
Physical (corporal) punishment	73.5	72.0	72.4
Household dysfunction			
Substance use	15.3	12.0	13.4
Mental illness in the family	7.6	5.9	6.9
Witnessed mother being treated violently	9.0	10.8	10.1
Incarcerated family member	5.7	4.5	5.0
Separated/divorced parents	4.4	3.0	3.8

Source: Survey of adverse childhood experiences among young people in the former Yugoslav Republic of Macedonia

More than one fifth (21%) of all university and high school students have been exposed to various forms of physical abuse during childhood. More than 30% of the respondents have been exposed to some form of psychological neglect; around 11% of the respondents have been exposed to psycholog-

ical abuse, and nearly 13% of the respondents have been exposed to some kind of sexual abuse. Nearly 65% of the respondents have been exposed to some kind of abuse and neglect, with 35% of the respondents exposed to multiple kinds of adverse experiences as a result of abuse and neglect during childhood (18, 19).

As presented in Table 1., the corporal punishment was the most common way of child disciplining, where 72% of the respondents have had such experience during childhood (18, 19). The high rates as indicated in the ACE survey on violent disciplining have been also reported in the UNICEF Multiple Indicator Cluster Survey with nearly 69.3% in Macedonians and even higher in Roma settlements 82% (20). There is a big discrepancy in marriage before age of 15 among women age 15-19 years where in Macedonians is 1.4% and in Roma settlements is 11.9%. Attitudes towards domestic violence of women age 15-49 years is nearly twice higher in Roma settlements. Health risk behaviors such as tobacco use and alcohol use are also present. Tobacco use among women age 15-49 years is very high in Macedonian (30%) and even higher in Roma settlements (42%) while the use of alcohol before the age 15 among women is higher in Macedonians (28.5%) compared to Roma women (11.2%), as presented in Table 2., (20).

Table 2. Violent discipline, early marriage, attitude towards domestic violence, tobacco and alcohol use

CHILD PROTECTION	Macedonian (%)	Roma settlements (%)
Violent discipline	69.3	82
Marriage before the age of 15 among women age 15-19 years	1.4	11.9
Marriage before the age of 18 among women age 20-49 years	10.7	47
Attitudes towards domestic violence women age 15-49 years	14.5	25.4
TOBACCO AND ALCOHOL USE		
Tobacco use among women age 15-49 years	30	42
Smoking before age 15 among women age 15-49 years	5.2	22.7
Alcohol use among women age 15-49 years	2.6	4.8
Use of alcohol before the age 15 among women age 15-49 years	28.5	11.2

Source: Multiple Indicator Cluster Survey 2011

In the Global School-based health survey data overall, 31.3% of students said they had been seriously injured one or more times during the past 12 months. Male students (37.3%) were seriously injured more often than female students (24.9%). Overall, 10.0% of students were bullied on one and more days during the past 30 days. The share was the same for male and female students (21).

The data from the assessment of the Global status report on violence prevention 2014 show that some CM prevention programmes are implemented while others need to be scaled up (Table 3.), (22). Home-visit programmes and preschool and school enrichment programmes are implemented in the country on a larger scale. Home-visit programmes named as polyvalent patronage service, is an integral part of the system of public health, organizational unit within the public health institution that implements polyvalent nursing activity in services of preventive-curative nature and covers the entire family through visits of the nurses at home and cooperation with health and other facilities on its territory (23).

Table 3. Evidence-based prevention practices and victim support services in Macedonia

KEY	YES/NO	Once/few times 1	Larger scale 2
Child maltreatment prevention programmes			
Home-visit programmes	YES	1	2
Parenting programme	YES	1	2
Training to recognize/avoid abusive situations	YES	1	2
Youth violence prevention programmes			
Preschool and school enrichment programmes	YES	1	2
Life skills and social development programmes	YES	1	2
Mentoring	YES	1	2
After-school supervision	YES	1	2
School anti-bullying	YES	1	2
Intimate partner violence prevention programmes			
Dating violence prevention in schools	YES	1	2
Microfinance and gender equity programme	YES	1	2
Social and cultural norms-change	YES	1	2
Sexual violence prevention programmes			
School and college programmes	YES	1	2
Physical environment changes	YES	1	2
Social and cultural norms change	YES	1	2
Victim services			
Child protection services	YES	1	2
Medico-legal services for sexual violence	YES	1	2
Mental health services	YES	1	2

Source: Adopted from Global Status Report on Violence Prevention, 2014

The other programme implemented on the larger scale is preschool and school enrichment programmes. Macedonia has a strong tradition of state-funded preschool care and education. Expectations were that kindergartens should support working parents by providing full day care. The data showed that the enrolment rate among children aged 36-59 months increased at national level from 11% in 2006 to 22% in 2011, while the increase for marginalized groups of children was very limited: among ethnic Albanians from 1.5 to 3, ethnic Roma from 3.5 to 4%, and rural from 1.5 to 6% (24). In Macedonia, 5% of children of official primary school ages are out of school. For children of primary school age in Macedonia, the biggest disparity can be seen between the poorest and the richest children (25).

The other programmes such as: parenting programme, training to recognize/avoid abusive situations, life skills and social development programmes, mentoring, school anti-bullying and others as specified in the Table 3., are implemented on a smaller scale. Evaluation of the programmes is needed in order to plan future informed evidence based programmes.

4. Policy and Legal Framework

The prevention and protection of child maltreatment has envisaged by the National Action Plan for Prevention and Combating Child Abuse and Neglect (2013-2015), (26). Additionally, National Strategy for prevention and protection domestic violence (2012-2015) is targeting child abuse and neglect. Action Plan for Prevention and Combatting Sexual Abuse of Children and Pedophilia (2009-2012), (28), has focuses on prevention and protection of children from sexual abuse. Also National Strategy for the Fight against Poverty and Social Exclusion, 2010–2020 addresses children’s rights, including social protection, social inclusion, health, education, and employment (29). National Plan of Action on the Rights of the Child (2012–2015) aims to promote equity, inclusion, and efficiency in the provision of services for children such as health care and education (30). Action Plan for Children on the Streets 2013–2015 addresses combating harmful effects of street work by providing such children services including education (31).

The Law on Child Protection regulates the system, the organization and the manner of providing protection to the children (32). The Family Law provides for preventive and repressive protection of the rights and the interests of the child through the right and duty of the Centers for Social Work to monitor the exercise of the parental right (33). The Law on Primary Education and the Law on Secondary Education prohibit discrimination on the grounds of sex, race and colour of skin, as well as national, social, po-

litical, religious affiliations, property status and class in the society (34, 35).

Law on Health Care provides preventive diagnostic therapeutic and rehabilitative procedures. Health care for a child–victim of abuse is a guaranteed right according to this Law. Health care for a child–victim of abuse is a guaranteed right according to this Law (36). Articles 5, 6 and 10 of this Law on Health Insurance provide for mandatory health insurance for children under 18 who are entitled to receive all medical services in health care institutions. According to this Law, any form of abuse and neglect of a child falls under compulsory health care for a child (37).

Table 4. Legal framework on child maltreatment in Macedonia

Child maltreatment laws	Implementation	Enforcement		
	YES/NO	Limited 1	Partial 2	Full 3
Legal age of marriage (male/female)	18 / 18	16/16	NA	
Against child marriage	YES/2	2		
Against statutory rape	YES/2	2		
Against female genital mutilation	YES/2	2		
Ban on corporal punishment (all settings)	YES/3	3		

Source: Adopted from Global Status Report on Violence Prevention, 2014

As specified in the Table 4., the law on ban of corporal punishment in all settings has been regulated. Also legal acts have been adopted against child marriage, against, statutory rape, and against female genital mutilation. The key issue regarding the legislation is strengthening law enforcement (22).

5. The way forward

In line with the European Action Plan on preventing child maltreatment, the United Nations' Sustainable Development Goals (SDGs) and related targets as per Agenda 2030 and the country context, the following recommendations are proposed (8, 12):

Revision of the national policy and law enforcement. Although a national action plan on child maltreatment have been developed in 2013, there is a need for revision of an action plan with more emphasis on the prevention and reduction of the all forms of violence against children as per SDG targets 16.1 and 5.2. Such a plan should specify who does what, to whom, when and where – this could be stand alone or incorporated into the strategy.

In line with the SDGs target 16.3, law enforcement on corporal punishment is needed more systematically. The State should promote and encour-

age non-violent forms of discipline as alternatives to corporal punishment through social marketing campaigns, by changing the traditional norm of violent disciplining (12).

Implement evidence-based preventive programmes. The majority of services provided by institutions in the country are focused on detecting abuse and protecting children from further maltreatment. More emphasis should be placed on implementing evidence-based prevention programmes such as home visits, positive parenting, preventing abusive head trauma, preventing early marriages, teaching children to recognize abusive adults and how to resist them, and pre-school and school preventive programmes. Attention is needed in preventing programmes that are indirectly also contributing to prevention and reduction of child maltreatment in line with the SDG target 3.5: Prevention and treatment of drug use and harmful use of alcohol (38).

Strengthen the systemic response for prevention, multisectoral collaboration and capacity building. The health, social, police, education and justice sectors should adopt a coordinated approach to delivering quality services for recording, detecting, treating, preventing and protecting children.

Improve data collection for monitoring, evaluation and research. The data system indicate the requirement for improving the system for data collection, also needs strengthening in order to adopt standardized approaches in collection of valid data. Studies and surveys should be conducted on a regular basis in order to measure the progress in reduction of the burden of child abuse and neglect as per WHO suggested methodologies (39).

Address equity in prevention of child maltreatment. The relevant data suggest that the development of national and local action plans and programmes should anticipate social inequalities such as rural/urban, regional, socioeconomic and familial, contributing to the implementation of the targets 1.3 and 10.2 on social protection and poverty reduction (12).

Abstract

Studies conducted in Macedonia suggest that many children unnecessarily suffer from child maltreatment. As in other countries, most maltreatment occurs in home and community and may not come to the attention of child protection agencies. It is nevertheless a grave public health and societal problem with far-reaching consequences for the mental, physical and reproductive health of children, as well for the societal development. Health systems have a key role to play, not only in providing high-quality services for children who experience violence, but also in detecting and supporting families at risk. The country should implement prevention programmes such as home visitation and parenting support, and hospital-based interventions to support parents, along with programmes against abusive head trauma. Collaborative actions are required between all partners in order to tackle this public health and societal problem and implement sustainable development goals specifically targeting child maltreatment.

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