

ЗБОРНИК НА ТРУДОВИ

**CONFERENCE PROCEEDINGS of the
1st International Conference –
Challenges of Contemporary Families**

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University “Ss. Cyril and Methodius” – Skopje

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Dear colleagues,

One of the greatest beauties in life is the opportunity and privilege to build something from the very beginning, to lay foundations, and gradually upgrade, develop, and perfect it. The responsibility is great, and the challenges are numerous, but it is precisely in these challenges that the beauty lies – in the effort, in persistence, and in every step that leads to success. The satisfaction of achievement is even greater when we know how much effort and dedication have been invested in building it.

Ten years ago, when we began laying the foundations of the Institute for Family Studies at the Faculty of Philosophy in Skopje, we faced far more obstacles than expected. In our environment, anything new is accepted slowly, and even harder to promote. However, faced with these challenges, my colleagues and I from the Institute for Family Studies decided that the strongest tool for success is hard work. As the saying goes, *“when facts speak, the gods remain silent,”* so too do effort and perseverance always prevail – *labor omnia vincit*.

Over the past ten years, we have achieved significant success. The Institute for Family Studies has been successfully accredited three consecutive times, enrolling 435 students, of whom 170 have already graduated and earned the title of family educator or familyologist. Our academic staff has strengthened, now comprising three permanent members: besides myself, Prof. Dr. Makedonka Radulović and Prof. Dr. Angelka Keshkinova are also employed, and numerous external collaborators from other institutes at the Faculty of Philosophy in Skopje actively participate in teaching. Together, we have authored and co-authored over 50 academic papers, 7 monographs, and have actively participated in numerous international conferences and projects. Among them, I would highlight two COST Actions which are dedicated to improving family support across Europe, our membership in the European Family Support Network (Eurofamnet), as well as our recent membership in the International Network on Blended Families.

We take great pride in being pioneers in marking the International Day of Families – May 15th, a day that the United Nations dedicated to honoring families 30 years ago. Over the past decade, together with our students, we have organized numerous humanitarian actions, forums, workshops, and debates, through which we have not only promoted the importance of this day in society but also established the humanitarian character of the Institute for Family Studies.

This conference, marking our first, modest yet significant anniversary, has allowed us to establish ourselves on the European university map and has opened new opportunities for future collaborations. Additionally, the conference demonstrated that the family remains at the center of interest for many researchers and professionals from various fields and that the challenges faced by modern families are universal. This contributed to smooth and meaningful communication among participants, as we discussed topics that concern us all—both personally and professionally.

The strong dedication to this international conference, along with the wide range of professionals who registered to participate, motivates us even more to continue improving, upgrading, and developing. Many projects, future collaborations, and plans are already in their early stages, and we hope they will come to fruition in the near future. Our mission remains to establish the professional profile of family educators and familyologists in our country – a goal we are committed to achieving and believe we will soon accomplish.

Finally, I would like to extend my sincere gratitude to all participants and collaborators of the First International Conference marking the 10th anniversary of the Institute for Family Studies, *“Challenges of Contemporary Families.”* Thank you for your presence, contribution, and the energy you shared during this significant event. With the hope that we will continue celebrating many more anniversaries and important events in the future, I leave you with the papers that emerged from this conference.

With respect,
Prof. Irena Avirović Bundalevska
Chair of the Program Committee

Почитувани,

Една од најголемите убавини во животот е можноста и привилегијата да се изгради нешто од самиот почеток, да се постават темели и постепено да се надградува, развива и усовршува. Одговорноста е голема, предизвиците се многубројни, но токму во тие предизвици лежи и убавината – во трудот, во упорноста и во секој чекор што води кон успех. Задоволството од постигнатото е уште поголемо кога знаеме со колку труд и посветеност е изградено.

Пред десет години, кога започнавме со поставувањето на темелите на Институтот за семејни студии при Филозофскиот факултет во Скопје, се соочивме со многу повеќе препреки од очекуваното. Во нашата средина, сè што е ново, се прифаќа бавно, а уште потешко се промовира. Но, соочени со овие предизвици, јас и моите колешки од Институтот за семејни студии одлучивме дека најсилното орудие за успех е трудот. Како што се вели: „пред фактите и боговите молчат“, така и трудот и напорната работа секогаш победуваат или *labor omnia vincit*.

Во изминативе десет години постигнавме значајни успеси. Институтот за семејни студии успешно беше акредитиран три последователни пати, а во него се запишаа 435 студенти, од кои 170 веќе дипломираа и се стекнаа со називот дипломиран семеен едукатор или семејнолог. Нашиот наставен кадар се зацврсти и сега го сочинуваат три постојани членови: покрај мене, вработени се и проф. д-р Македонка Радуловиќ и проф. д-р Ангелка Кескинова, а во наставата активно учествуваат и бројни надворешни соработници од другите институти при Филозофскиот факултет во Скопје. Заедно сме автори и коавтори на повеќе од 50 стручни трудови, 7 монографии и активно учествуваме на бројни меѓународни конференции и проекти. Меѓу нив би ги издвоила двете КОСТ акции посветени на унапредувањето на семејната поддршка низ Европа, членството во Европската мрежа за семејна поддршка Eurofamnet, како и од неодамна членството во Меѓународната мрежа за реконструирани семејства.

Горди сме што бевме пионери во одбележувањето на Меѓународниот ден на семејството – 15 мај, ден кој Обединетите нации го посветија на чествувањето на семејството уште пред 30 години. Во изминатата деценија, заедно со нашите студенти, организиравме низа хуманитарни акции, трибини, работилници и дебати, со што не само што го промовиравме значењето на овој ден

во општеството туку и го етаблиравме хуманитарниот карактер на Институтот за семејни студии.

Оваа конференција, која го одбележува нашиот прв, скромн, но значаен јубилеј, ни овозможи да се етаблираме и на европската мапа на универзитети и ни отвори нови можности за идни соработки. Воедно, конференцијата покажа дека семејството е во центарот на интересот на многу истражувачи и професионалци од различни области и дека предизвиците со кои се соочуваат современите семејства, се универзални. Ова придонесе кон лесна и разбирлива комуникација меѓу учесниците, бидејќи зборувавме за теми што нè засегаат сите – и на личен и на професионален план.

Големата посветеност на меѓународната конференција, како и широкиот спектар на професионалци кои се пријавија да учествуваат, ни даваат уште поголем мотив да продолжиме да се усовршуваме, надградуваме и развиваме. Во зародиш се многу проекти, идни соработки и планови кои се надеваме дека ќе се реализираат во блиска иднина. Останува наша мисија да го етаблираме профилот на семејните едукатори и семејнолозите во нашата земја – цел од која не се откажуваме и која веруваме дека наскоро ќе ја постигнеме.

На крај, сакам да упатам искрена благодарност до сите учесници и соработници на Првата меѓународна конференција по повод 10-годишнината од постоењето на Институтот за семејни студии „Предизвиците на современите семејства“. Ви благодарам за Вашето присуство, придонесот и енергијата што ја споделивте за време на овој значаен настан. Со надеж дека ќе продолжиме да одбележуваме уште многу јубилеи и значајни настани во иднина, Ве оставам со трудовите што произлегоа од оваа конференција.

Со почит,
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Претседател на програмски одбор

The Impact of Fostering on Foster Carers' Children - the Perspective of Experts from Regional Offices of the Croatian Institute for Social Work

Maja Laklija¹, Maja Karačić²

Abstract

Many factors influence the outcomes of foster care, specifically those related to the characteristics of the foster parents and foster families. When a family transforms into a foster family, many changes affect the family structure, including the family system, dynamics, and relationships. Children of foster carers (biological and/or adopted children) experience a range of benefits and challenges as a consequence of their parents' decision to become foster carers; yet, they generally remain invisible to the welfare system. This research study aimed to gain insight into the experiences of work/contact with children of foster carers from the perspective of foster care professionals at the regional offices of the Croatian Institute for Social Work (N=8) (e.g. What is the experience of foster care professionals working or having contact with children of foster carers? How do foster care professionals describe the effects of family involvement in foster care on the relationship between biological children and parents in foster families? What specific challenges do these children face?...). Data were collected through focus groups and analysed using thematic analysis. The results showed that despite their important role in foster care, biological children of foster carers remained largely "invisible" to foster care professionals and were not involved in making decisions that directly concerned them in the fostering process. Despite their unique contribution to fostering, biological children did not receive adequate support. Research data pointed to the specific position and needs of biological children of foster carers. The results could be used for designing support programs for biological children of foster carers, such as new practices/methods for preparing families with children for foster care and assisting foster families with biological children to improve familiarization and support for children of foster carers.

Keywords: Children of Foster Carers, Family, Impact of Fostering, Support, Professionals

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1. Introduction

Many factors shape the outcomes of foster care, particularly the characteristics of foster parents and foster families (Laklija, 2011). Hojer et al. (2013) point to an increased risk of giving up fostering for families with biological children, underscoring the considerable changes that transform the family structure and relationships when a traditional family becomes a foster family. According to Younes & Harp (2007), fostering children represents an intense process for all involved parties, transforming their relationships, family structure and world-view.

Children of foster parents experience a range of benefits and challenges as a consequence of their parents' decision to become foster carers (Žižak et al., 2012; Hojer et al., 2013; Nobble-Carr et al., 2014; Studer, 2014). The experience of growing up in a foster family could be described as "bittersweet" from the perspective of biological children of foster carers. Namely, research with biological children unveiled various positive aspects of the foster care experience, as well as the negative/unpleasant ones. The positive experiences include an increased awareness of the importance of family; learning how to care for others (Poland & Groze, 1993; Studer, 2014); enjoying fun and shared activities with the family; developing new skills (Nobble-Carr et al., 2014); appreciation and pride of living in a family that provides foster care (Nuske, 2010); forming new friendships; becoming more caring and compassionate; and learning to take on responsibility (Hojer et al., 2013; Studer, 2014). On the other hand, the negative, unpleasant experiences refer to sharing belongings, space, and parental attention with foster children; spending less time at home and having less contact with parents from the moment foster children join the family (Hojer et al., 2013; Nobble-Carr et al., 2014); the sense of losing support and being left to themselves as a consequence of parents' preoccupation with foster children and the demands of fostering; feeling invisible and unheard, leading to withdrawal (Poland & Groze, 1993; Nuske, 2010; Hojer et al., 2013); and experiencing emotional and behavioral difficulties (Nuske, 2010). For biological children, it is also difficult to witness the stress their parents face (Nuske, 2010; Nobble-Carr et al., 2014), cope with previous life experiences and behavioral difficulties of the foster children, as well as worries and responsibilities in the family, in some cases, related to high expectations from the parents or departure of foster children from the family (Hojer et al., 2013). According to Poland

& Groze (1993), splitting parental affection and time between biological and foster children represents the most demanding aspect of fostering for foster parents.

Relevant academic and professional literature indicates that the perspective of foster carers' children has been largely disregarded from the professional and research standpoint. Žižak et al. (2012) discuss the topic, predominantly regarding the positive experiences of children of foster carers, indicating a range of benefits (such as having foster children as family members, siblings, playmates and companions, the satisfaction of helping children in need and higher appreciation for having a family themselves). The children perceived fostering as helping children without parents by providing a substitute family. They expressed profound regret and frustration over the departure of children who had been fostered long-term by the foster family, often without clear explanation or the chance to say goodbye, and particularly suffered from losing all contact with foster siblings.

Despite their important role in foster care, research suggested that biological children in foster families remained “invisible” to foster care professionals and were not involved in making decisions that directly concerned them in the fostering process. As a result, biological children did not receive adequate support despite their unique contribution to fostering (Younes & Harp, 2007; Žižak et al., 2012; Targowska et al., 2013; Nel, 2014; Nobble-Carr et al., 2014). These research studies highlighted the need for greater consideration of biological children in foster families at the system level, including higher involvement in decision-making, training, preparation for fostering and coping with the effects of the family's involvement in foster care, alongside adequate protection and support. In other words, along with foster parents, foster care professionals were encouraged to consider the needs of biological children in foster families, and not solely focus on the foster children.

Given the insufficient consideration for this topic from the professional and research standpoint, the purpose of this research was to gain insight into the experiences of foster care professionals with biological children in foster families.

2. Aim and research questions

This research aimed to gain insight into the experiences and perceptions of the position of children of foster carers (biological and/or

adopted, hereafter referred to as children of foster carers) in foster families from the perspective of professionals at foster care services. In line with the findings presented in the introduction and the research aim, the following research questions have been defined for this study:

1. What is the experience of foster care professionals working or having contact with children of foster carers?
2. How do foster care professionals describe the effects of family involvement in foster care on the relationship between biological children and parents in foster families?
3. What are the practitioners' recommendations regarding significant aspects affecting children of foster carers, which could be relevant to the professional practice of foster care services?

3. Methodology

3.1. Research participants

The research was conducted on a sample of professionals working in foster care teams and foster care services at the Croatian Institute for Social Work (N=9). The sampling criteria were intentional. The research involved eight social workers and one psychologist. The overall professional experience of the participants in the social welfare system ranged from 1 to 39 years (M=17.77, SD=11.9), while their total experience in foster care field or foster care services ranged from 1 to 15 years (M=6.38, SD=5.23).

3.2. Data collection methods

Approval to conduct research was requested from the Ministry of Labour, Pension System, Family and Social Policy in Croatia. Directors of foster care services had initially been contacted to recruit research participants, followed by outreach to the foster care professionals. After explaining the purpose and aim of the research, written consent was requested from participants for their involvement in the study. All participants were informed of their right to refuse participation in the research, including their right to withdraw at any time. The research was conducted through an online focus group. The focus group meeting was recorded, based on consent obtained from the participants.

3.3. Data analysis methods

In line with the research aim, qualitative research methods supported an in-depth examination of the research topic. The analysis of data relied on framework analysis, appropriate for research involving themes, which had been pre-selected based on prior findings, serving as the “framework” for collecting and analysing qualitative data (Ajduković & Urbanc, 2010). This method also allowed the identification of new themes that had not been included in the initial analytical framework. The analytical process involved familiarisation, defining a thematic framework, indexing, charting, and mapping and interpretation. For each thematic area (research question), specific themes were defined. For each theme, categories were established in the indexing process, supported by participant statements coded with numbers. The credibility of the research was verified through triangulation, multiple perspectives, and reflexivity, performed by the research team during analysis. During data processing, categories and themes were discussed from multiple research perspectives (in the context of this study, two perspectives were considered).

4. Research results

4.1. How does the fact that foster carers have children influence the decision of foster care professionals regarding the placement of children in the foster family?

According to foster care professionals, most foster parents decided to begin fostering after their children had become adults and/or independent. They also observed an increase in the number of foster carers who did not have biological children (“...families applied for fostering after their biological children had gone to college.” (N7), “Mostly foster carers whose children have grown up and moved out. There are also foster carers who do not have biological children.” (N8)). The fact that foster carers already have children is considered **in the assessment of suitability for fostering and issuing licenses**. In the fostering process, foster care professionals urged foster parents to inform and seek the opinion of their children about fostering (“...we ask parents to talk with their children before deciding to foster, to ask how the children feel about fostering and whether they support it.” (N5), “...during the assessment, we inquire to what extent the foster parents are aware of their children’s attitudes, how they have prepared the children, how the children reacted, how the children would cope... in accordance

with their age, the children should express agreement with their parents' decision." (N2)). Moreover, foster care professionals also talk with the children of foster carers to learn about their attitudes ("We talk with the children in the family before issuing the license and before we start negotiations about fostering a child... I have never heard a child saying, 'No, I do not want this, and my parents are crazy.' However, in a few cases, we have assessed that the parents do not have good insight into their children's opinions... in such cases, we tend to suggest they reconsider and wait for their child to mature a bit, which they usually accept." (N10), "...we discuss their expectations. Whether they are familiar with fostering, what age of children they prefer; we want to hear what they think." (N9), "...we interview them at the centre, at home, so that we are clear about their opinion." (N8), "...we try to ensure that the children are at home on the day of the interview, that they are not at school or in kindergarten, so that we can hear their opinion" (N5), "When checking the housing conditions, we talk with the children. What is their opinion, what do they think? To what extent have their parents consulted them, what have they agreed on as a family?... what age should the foster children be?" (N7), "...after determining what the parents discussed with children, we verify how this aligns with reality through conversations with the children, usually at home." (N3), "...in one instance, a foster parent submitted a request, we wanted to talk with the child, and they ceased communicating... obviously, the child was resistant or had not been consulted." (N5)).

Foster care professionals point out that an outstanding volume of placement requests, against an insufficient number of foster families, **prevented appropriate matching between children in need of placement and foster families** ("...we do not have the luxury of matching... it comes down to finding any kind of placement and not whether the child is younger or older." (N4, N7), "...we cannot perform proper matching... we place children in available foster families." (N8), "We lack the capacities to match biological and foster children specifically." (N3)). However, when foster children are placed in families with minor children, foster care professionals mention **following specific criteria**:

a) age, ensuring that the children of foster carers are somewhat older than the foster child or that the age difference is not significant ("...we try to identify foster parents who would best meet the child's needs... ensuring that the children we place in foster care are younger than the children of foster carers so that the biological children do not

feel threatened. If foster children are older, they might dominate the biological children... sometimes families wish to foster a specific child, in which case there might be a small age difference... we consider the family dynamics." (N5), "...it should generally be younger children. They are more likely to fit in and won't create competition with the biological children." (N8), "...the children of foster carers are usually older than the foster children." (N7), "...the younger the child who joins the family, the easier it is for the children of foster carers to accept him/her." (N2)).

b) gender ("...we try to ensure the children are of the same gender, so we prevent undesirable situations once they grow up." (N5). "...we consider gender to prevent possible difficulties that might arise." (N3), "I do not consider gender a significant factor, except during the teenage years... in these circumstances, we try to avoid mixing genders. Gender is particularly relevant when foster parents do not have enough

living space." (N1), "We have to adhere to the regulations on housing conditions, which state that only children of the same gender are allowed to share a room." (N2)).

c) previous fostering experience ("If the family has previously fostered children with behavioral disorders, teenagers, and have done their best... we place younger children with them on the following occasion." (N1), "If they have previously had difficult experiences with fostering, we suggest less complicated placement that they can handle more easily." (N2)).

d) preferences of the foster family expressed during the assessment process ("...we take into account wishes of the foster family. However, we also suggest appropriate options for the family, for example, children of a certain age or gender." (N2)), and

e) specific circumstances of the children of foster carers: ("...some foster parents have children with disabilities, so we avoid placing children with medical conditions or specific outstanding needs." (N1)).

Professionals agreed that biological children learnt about children who would be joining their family from their parents ("Parents inform children about fostering, which child will be coming, and we expect feedback from parents that the children have been informed and agree with the placement." (N2), "...we pass the information on to the parents, and they share it with their children." (N9), "...we appreciate it when foster parents call back and report: 'We sat down with our

children, discussed it, and decided that we want to welcome this new child.” (N1)).

4.2. How does fostering affect the relationship between foster carers and their children?

During the initial period and throughout placement in foster families, foster care professionals observed several challenges that affected the relationship between family members. Foster care professionals noticed **an initial excitement of biological children about the arrival of the foster child**, followed by a period of adjustment and the establishment of relationships between biological and foster children (“...younger children, especially only children, are thrilled to have a playmate... At first, everyone is enthusiastic, the children are excited... the situation is presented from a positive perspective; however, after the initial period, an interesting dynamic develops.” (N1), “...an example of a family with children... they were very excited and waited eagerly, preparing toys, the room, choosing bedding, all as if a brother or sister were coming.” (N4)). During the initial stage of adjustment, and even afterwards, foster parents tend to **focus more on foster children and their needs** so the biological children might get somewhat sidelined (“...foster parents tend to focus on foster children... they try to create a sense of security for the children and provide everything the children need... this can get distressing for biological children, as they also need attention.” (N2), “...when foster children join the family, they become the center of attention.” (N8), “The biological children usually lose the spotlight...they frequently remarked that, at a certain point, they felt they were no longer the centre of their parents’ attention, as all the attention shifted to the foster children... I worked with experienced foster carers who needed a break at one point because their children started saying they felt neglected and that the parents dedicated all their attention to the foster children... one foster mother missed her child’s ceremony because the foster child was in the hospital. And then the child said, ‘Mom, you weren’t there with me.’ That was a wake-up call for the parents to take a break and focus on their children.” (N1)). Participants reported that children had to share parental attention, as well as living space and belongings; in some families, this **caused jealousy and conflicts among the children**, and ultimately, led to the termination of placement for foster children. (“...sharing parental attention; parents are no longer focused solely on biological children,

but also on the “outsiders”; sharing space, toys, and family resources. This can inspire jealousy... they are excited about the arrival of the foster children, they are interesting, talked about... Children may feel disregarded and somewhat sidelined.” (N10)), “...most difficulties arise among children of similar age... jealousy, resentment, arguments... sibling rivalry... rejection of the foster child; foster children with behavioral disorders... they lied, they neglected personal hygiene... which bothered the children of foster carers... frequent conflicts... if it is impossible to find common ground, the placement is terminated.” (N2), “...the foster child was aggressive... We advised them how to handle the situation.” (N4), “In one case, the biological child completely ignored the foster child... Despite the foster parents’ efforts, there

was resistance. Although the child initially agreed with fostering... in the end, they gave it up.” (N5)). On the other hand, participants also talked about **protective relationships between siblings** (“...in some cases, older biological children acted protective when a 2-3-year-old child joined the family... in other cases, foster parents had biological children after a foster placement, and the foster child adopted a protective attitude toward younger siblings. They even called each other brothers and sisters.” (N2)). In this respect, foster care professionals witnessed the powerful **impact of terminating placement** (“...it is traumatic for biological children when the foster children leave for adoption. In one case, the child of foster carers began self-harming because he/she couldn’t cope with the little boy being adopted; we had to be careful about whom we placed with the family next.” (N1)).

The role and position of biological children changed within the family (“...we suggest parents to involve biological children in helping children who are joining the family by introducing them to friends, sharing toys... if they are older, they can help with school...” (N5), “...older children help the younger ones with homework, take them to school...” (N8), “...they take on the role of an older brother or sister, help with the foster children.” (N9), “...they fostered a baby, and the son took care of the child, changed diapers.” (N2)). Foster care professionals suggested that **the children of foster carers occasionally adopted undesirable behaviors from foster children** (“foster parents reported their children adopted inappropriate behavior patterns from foster children, especially younger children.” (N9)).

Considering the family’s involvement in fostering, children of foster carers were also affected by **witnessing their parents cope with**

the challenges of fostering (“...children tend to take on the parents’ distress... They sense their parents’ fatigue, frustration, and fears. All kinds of words get said and heard. Sometimes they might even mention, ‘How did we get ourselves into this?’ This reflects on the children; it is hard to hide issues from the family. Especially if there is a discrepancy in the motivation levels between mom and dad.” (N10)), “...children share their parents’ struggles, they reflect the family’s circumstances. They are upset by the same things that upset their parents. We strongly advise foster parents to protect their children, to spare them certain discussions. Children are like sponges; they absorb everything. It is important not to upset them with the challenges of fostering... if necessary, we also talk with the biological children... and provide recommendations where they can get involved.” (N2)). **Sharing distressing experiences with foster children** after their contact with biological parents (“...distress arises after the visit if the contact was inappropriate or if biological parents of foster children did something that was not okay. This becomes evident at home through the foster child’s behavior, which the children of foster carers can also sense.” (N1)), “...a parent says they will visit, but then does not show up. The foster child becomes sad, and the children of foster carers empathize, seeing how upset the other child is, they go through this together.” (N5)), “...we work with foster parents to prepare the biological children for the contact of foster children with their parents... we advise them to dedicate a specific space where these meetings would take place, so the foster children can spend time with their parents without the involvement of the children of foster carers unless it is supervised...” (N3)).

Research participants observed that both foster and biological children occasionally became **victims of bullying** because their family was involved in fostering (“...difficulties arise when they attend the same school... peers might mock biological or foster children; especially if foster children are from the Roma community, peers can get quite vulgar and rude.” (N10), “...both children attended the same school... The child was the subject of ridicule... ‘you live with him, and he is such and such’...” (N3)).

However, participants concluded that children of foster carers appreciated the **benefits of their family’s involvement in fostering**. For example, some chose to pursue careers in helping professions and/or engaged in fostering in adulthood (“...after some time, they can recog-

nize the benefits of their parents' involvement in fostering: in some families, the children enrol in social work education or other helping professions or they become foster parents themselves when they grow up." (N1), "...and they also start fostering." (N4)).

4.3. Support for the biological children of foster carers

Research participants found the **children of foster carers were essentially invisible to the welfare system**, suggesting the children received support only when problems arose ("...they should be receiving support from the foster care team, but given the workload and the lack of qualified staff, they are not the focus of attention. We prioritize foster children, and the biological children are, in a way, sidelined." (N1)), "The system has overlooked biological children... as the fostering team, we focus on foster parents; they attend training sessions, and we see them. When we visit the home, the children are usually at school or in kindergarten, so we rarely see the children unless there are difficulties... no one addresses this group systematically." (N5)), "...only if there are family issues. Unfortunately, they are not our priority... we could do much more if we had more resources and time." (N8)).

Besides the organizational hurdles, which limited the capacities for systematic support to biological children, foster care professionals equally suggested they **intervened as support to the children of foster carers only at the parents' initiative** ("We usually do not work with the children of foster carers unless the parents signal an issue or request our intervention." (N7), "...we do not engage with children of foster carers unless parents signal something is wrong, only then we get involved." (N3)). Moreover, foster parents rarely reported that their children were having difficulties and/or needed support. Foster care professionals interpreted this as a reluctance on the part of foster carers to seek support from the system, given their status and the conflicting roles of the foster care team. Consequently, parents appeared more inclined to involve their children in programs offered by other service providers ("...they think, if I am a foster parent, it is not okay for my child not to be okay."). "They do not rush to us since we are affiliated with the social services; they seek help elsewhere. When a family incident gets reported at school or to the police, our colleagues in charge of the area take over. We might indirectly find out from foster children that the foster carers' child, for example, also came home intoxicated... Many foster parents are involved in associations and they

bring their children to training or workshops. But when it comes to behavioral issues, learning difficulties, or development, they normally do not consult us.” (N10), “...foster parents should notice when their children have difficulties or need support. Since the foster care team oversees foster families and issues licences, it is improbable that foster parents or their children would be willing to share their concerns openly... the children might worry that it could affect their parents, in terms of issuing or revoking their license, etc.... in a way, this represents a conflict of interest.” (N3).

Biological children of foster parents received support, usually at the parents’ initiative, in the following situations:

- problems between biological and foster children (“...teenage problems... at this age, difficulties arise between the biological and foster children; we interview them at home, ask how things are going, what is going on... if anything could be improved, we involve the professional team, and they intervene... in some cases, there is simply no improvement.” (N2)). In this respect, the research participants stressed the importance of supporting children during the adjustment period and managing the relationship between the foster and biological children (“...during the initial period, mobile teams at the centres for community services provide consistent support and assist the family because we lack the resources to support fostering adequately.” (N8), “We urge them to engage their children as much as possible, connect the foster and biological children, encourage them to explore common interests.” (N2)).

- the responses of biological children to the behavior of foster children (“...if incidents occur or when foster children behave inappropriately. How can you explain this to your children?... when children with behavioral disorders join the family, the biological children do not understand why they would lie. For example, a foster mother took in a girl... the child was with her for two and a half years, there were no issues, and then problems started, including running away from home... The foster parents and their children searched for the girl. Their daughter was the same age as the foster child, and she was upset and couldn’t sleep, so they had to consult a psychologist... Most often, biological children manifest difficulties when children with behavioral disorders join the family.” (N2)).

- violent behavior of foster children towards children of foster carers “...we are obliged to place children with behavioral disorders in

foster families rather than institutions. Therefore, we need to ensure that children do not experience abuse and that they feel safe.” (N1), “... if foster children become aggressive towards biological children... especially if biological children are exposed to children with significant behavioral issues.” (N2)).

- reports of foster children against foster parents (“...a foster child accused the foster mother of physical abuse. The daughter of the foster mother contacted us, as she couldn’t understand how the foster child could say something like that against her mother. So, we worked with the daughter.” (N7)).

- the arrival or departure of children from the family (“...our support is important when children leave the foster family, whether for adoption, returning to their parents, or moving elsewhere.” (N1), “... both at the arrival and departure of the child.” (N8, N2), “...both at the beginning and the end. They especially need support when the foster child leaves; it is difficult for them to cope with the departure of foster children.” (N5)).

- illness of biological children (“... if the biological child becomes seriously ill.” (N5))

- foster parents’ divorce (“...the foster mother was divorcing her husband... the child blamed fostering for the parents’ divorce... blamed the foster children... for all family issues, children tend to blame the fact that their parents are foster carers.” (N10)).

Foster care professionals are aware of their role and responsibility to provide support to the biological children of foster parents as part of foster families. However, they faced understaffing and reliance on community service providers (“...biological children are part of the foster family. Understaffing is a considerable challenge, so we cannot devote the space and time the children deserve; therefore, we rely on community resources. It is pivotal that the parents assess and inform us if their children need additional support. If we cannot provide it, we can advise where to seek support.” (N2), “...I see an opportunity for mobile teams, community service centres that visit foster families and support foster children, to work with biological children... offer guidance... However, not all foster families get involved.”) “House visits, once or twice a year, are not effective; we do not have time for more... many civil society organisations provide counselling services for foster parents, biological and foster children.” (N5), “...Such services give a wind at our back: we have limited capacities as members of the fos-

ter care teams. We participate in activities run by other service providers... including field trips, social events, concerts, and workshops.” (N8), “...we are fortunate to be involved in projects with civil society organisations that can arrange field trips and social events for foster parents, foster and biological children. So we get together, share experiences... through such informal gatherings.” (N7)

Considering avenues for improving support for biological children in foster families, based on cooperation with other service providers, research participants suggested the possibility of **organising annual conventions of biological children from foster families with foster care professionals** (“...if we could only bring the children of foster parents to meet at least once a year in peer groups, so they can exchange experiences... Sometimes parents may not notice there is an issue, while the children might not want to burden them with the challenges they encounter during fostering. We could gather them once a year to send a message that their problems are common, that it is okay to feel the way they feel, that they are not betraying their parents, and they can express their concerns. Keep the doors and contacts open for them to reach out.” (N10)). Participants also suggested **organising support groups for foster parents and their children** (“... hosting support groups once a month, for example, bringing biological and foster children to playrooms. They like that... continuity is important for them, as well as support for biological children and discussions about their concerns. We are parts of the same system, and we cannot act like it if teams constantly change or if a small number of foster care professionals covers too many foster families.” (N8)). Research participants concluded that they should focus more on the children of foster carers in the future (“We could increase the frequency of visits and pay more attention, take more time to consider the family as a whole.” (N8)).

5. Discussion

According to research participants, members of the foster care team stressed the value of informing and preparing children, inquiring about their opinions, and obtaining their consent for the family’s involvement in foster care. Current foster care regulations do not define the status of the children of foster carers specifically. According to the Foster Care Act (Official Gazette, No. 18/22), all adult members of the household are required to give consent for foster care, which does not apply to minor children of foster carers, limiting their par-

icipation and the right to express their opinion on matters of their concern. The children of foster carers are not required to participate in training, further education, or annual seminars, and their involvement in training depends on professional assessment. In this regard, foster care professionals referred to the provisions of the current legal framework, which specifically delegated the responsibility of preparing children for fostering to parents. Nevertheless, during home visits or office meetings, foster care professionals inquired about the information that had been communicated to children, as well as the children's attitude towards fostering. Numerous studies (e.g., Poland & Groze, 1993; Younes & Harp, 2007; Noble-Carr et al., 2014) suggested increasing the effectiveness of foster care training in addressing the needs of children of foster carers by supporting their involvement and encouraging them to exchange experiences. Research studies specifically called for support to foster parents in preparing their children for the fostering process. Accordingly, the children were expected to receive comprehensive and adequate information about fostering (including the suggestion that "there will be tough days"). Specifically, it has been advised to involve children in decision-making about fostering directly, as well as in daily activities with foster children. Moreover, it has been suggested to extend support activities to encompass the entire family. In particular, children expressed the need to be familiarized with the behavioral disorders of foster children. They also wanted to learn more about the foster care concept and the reasons why children were placed in care. Foster parents supported higher engagement of biological children and called for expanding the support activities to the entire family. Specifically, parents requested more support for their children, including peer support, to facilitate the exchange of experiences among biological children (Noble-Carr et al., 2014). Our research participants agreed with these suggestions, regretting they could not support the children of foster parents adequately due to organisational circumstances. On the occasion, foster care professionals compensated for the lack of support by cooperating and referring foster carers and children to other service providers in the community (community service centres, associations, etc.).

Like research participants, among the advantages of their family's involvement in foster care, children pinpointed several positive aspects of their position in the family, including forming new friendships, greater appreciation for family, open mindset, greater compas-

sion and readiness to help others, taking on responsibility (e.g., learning to take care of younger children), and developing new skills. They also mentioned enjoying family activities, witnessing improvements in foster children in the long term, and the gratitude expressed by the foster children. However, among the challenges, children suggested being obliged to share belongings, space, and parental time, behavioral issues of foster children (e.g., running away from home, violence, risky behaviors, vandalism), changes in roles and responsibilities partially or entirely imposed by parental expectations, jealousy, neglect and exclusion, changes in the family dynamics, family stress and conflicts, and coping with the worries and challenges associated with foster care (Höjer et al., 2013; Noble-Carr et al., 2014; Studer, 2014). Studer (2014) identified further challenges for the biological children of foster carers, including exposure to new and unfamiliar experiences introduced by the arrival of foster children (e.g. learning about the foster children's past, making connections between foster children's past and their behavior). Another challenge was witnessing their parents cope with the stress of fostering (e.g., the emotional struggle to establish relationships with foster children, the uncertainty of adoption, and coping with the departure of foster children). Moreover, the bonds formed with foster children could also become a source of distress while the children came and went from the family (particularly in the cases when foster children left unexpectedly: considering the unpredictability of the foster children's departure, some children learnt not to get too close because it was too painful when the foster children left). According to Nuske (2010), some biological children felt burdened by the responsibility of foster care, "struggling" between expressing care and acknowledging the importance of foster care, and resentment related to the fostering

experience (e.g. foster children not being grateful for what the family provided, or the stress they witnessed in their parents). This impacted their perception of foster care and their readiness to engage in fostering as adults. Namely, considering the responsibilities and other circumstances, some could not imagine themselves as foster parents; others apprehended the difficulties their parents faced. However, some adult children of foster carers considered becoming foster parents themselves, but only after their children had left home, and in the case of a smaller number of younger children.

Many studies support the current research findings regarding the negative effects of fostering on the relationship between children and parents. Specifically, research studies mention less time spent together due to parents' preoccupation with foster children (Poland & Groze, 1993; Nuske, 2010). Furthermore, foster parents experience stress due to the numerous challenges of fostering. Parental stress affects the quality of parenting, parents' mental health, and the manifestation or exacerbation of behavioral disorders in children (Mannion et al., 2023). In this study, research participants referred to foster parents' responsibility to signal when their children experienced difficulties or needed support. However, research also showed that children were often reluctant to share their problems or difficulties with parents (withholding information), which exacerbated emotional distress for some children (Younes & Harp, 2007; Nuske, 2010; Höjer et al., 2013). According to Nuske (2010), the children of foster parents had to "shout to be heard" and were frequently disregarded due to their parents' preoccupation with the foster children. Frustrated with not being heard, they began to perceive the foster children as demanding more attention and having serious problems, and consequently, avoided burdening parents with their issues. Accordingly, research participants urged parents to foster open communication within the family, spend time with their children, and show signs of affection. Furthermore, foster care professionals acknowledged the challenges of adjusting to the fostering experience, support for forming relationships between the children and resolving conflicts.

6. Conclusion

According to the aforementioned research studies, foster care was a very intense and "bittersweet" experience for the biological children of foster parents, affecting the parent-child relationship, family structure, the children's personality and worldview.

The results of this research study offered insight into the experiences and perceptions of foster care professionals concerning the needs of the biological children of foster carers. Research findings contributed to raising awareness of the position and contribution of children of foster carers to fostering, children's needs considering the impact of fostering on family dynamics, and suggestions for designing an effective support system for foster families. According to research participants, the support system should make children of foster carers

more “visible” and “recognized” at the system level as part of the foster care “team” with a significant impact on the outcomes of fostering. The priorities should involve creating the prerequisites (both legal and in terms of human resources) for systematically providing support to the children of foster carers, including developing new practices, new training modules, and extending high-quality support to foster families with children. The biological children of foster carers can and must represent an important stakeholder in shaping policies and practices, oriented at acknowledging their contribution as part of the foster care “team”, helping them interpret the circumstances surrounding their families, and supporting them with overcoming or navigating the challenges associated with fostering (Nuske, 2005; Younes & Harp, 2007).

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The p-Process of Family Change and Recovery from Drug Addiction

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Abstract

Introduction: The addiction of a family member strongly affects the entire family dynamic. Dealing with the problem of addiction leads to intense crises, traumatic experiences and disruptions in the relationships of family members accompanied by a break in basic trust. An important segment of recovery involves achieving positive changes in family through the restoration of relationships.

Objectives: The goal of this study is to deepen knowledge about the process of changes in family dynamics during the recovery of a family member from drug addiction.

Methodology: A qualitative approach was used in the study. The data was collected using a semi-structured interview method with 27 participants: former drug addicts who have successfully completed a rehabilitation program in therapeutic communities lived and successfully abstain min. 5 years (N=15) and parents of former addicts (N=12). Thematic data analysis was used in data processing. The results are related to 2 main research questions: (1) How do ex-addicts and parents of ex-addicts describe family dynamics and the process of family coping with the problem of addiction before going to a therapeutic community? (2) How do ex-addicts and parents describe the changes in the family after staying in the therapeutic community?

Results: The results show that the family's confrontation with the problem of addiction usually begins with the phase of denial and suppression of the problem, in order to maintain the status quo and apparent peace in the family. The participants point out that the insight into the problem and the necessity of solving it came about through dealing with the shocking overdose experiences of addicts or through sudden information from the police or other people from the environment. Parents of former addicts describe the initial confrontation with addiction through the metaphor of a "demon", which leads to a state of loss, hopelessness and helplessness in the family, and in the case of addicts to a weakening of the will and giving in. In the period after the addict enters the therapeutic community, the parents feel a sense of relief, often accompanied by unrealistic expectations of a quick solution to the problem through an intense fear of failure. With the passage of time, there is a gradual normalization of family life and a strengthening of confidence in the possibility of recovery. In the period after leaving the therapeutic community, the participants describe the manifestation of a complete change in various

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aspects of family life. They talk about the feeling of “returning life to the family”, forgiveness and the related “healing” of family relations, and restoration of family life.

Conclusion: In the process of recovery from addiction, it is necessary to include work with the family of addicts, with the aim of working through traumatic experiences, supporting the reuniting families and preserving the mental health of all family members. In future research, it would be desirable to include sibling’s perspectives of recovery from drug addiction in family.

Keywords: Drug Addiction, Recovery, Family Change, Mental Health

1. Introduction

Drug addiction is not only a problem of individuals, but also of family and the wider society. Coping with the problem of addiction in the family leads to intense crises, traumatic experiences and disruptions in the relationships of family members, accompanied by feelings of shame, guilt and a break in basic trust (Dayton, 2000, Adams, 2008, Orford et al. 2010). Problems in the family that arise due to drug abuse intensify during a longer period of addiction and act on the family as a chronic stressor that significantly impairs the quality of life of the entire family. It is known that the family plays an important role in strengthening the motivation of addicts to get involved in addiction treatment and strongly influences the direction and outcomes of recovery (Laudet and Stanick, 2010). Recovery is a process of change by which an individual achieves abstinence, improved health and quality of life (Laudet, 2007). The recovery process begins with treatment and includes first physical recovery from addiction (abstinence), then internal rehabilitation (reorganization of lifestyle, values, ways of dealing with problems) and an external sociological component (restoration of relationships with family, friends and wider social network), and further also forms the backbone for future relapse prevention (White, 2007). It is important to include the addict's family in the process of recovery from addiction, with the aim of working through traumatic experiences and preserving the mental health of family members, as well as providing support in rebuilding family relationships and creating cohesion within the family (Copello, Velleman and Templeton, 2005). In working with the family, it is important to strengthen family resources and develop family resilience, so that the family can be a source of hope and aspiration for positive change and a powerful resource in the prevention of relapse (Walsh, 2006). Work on strengthening family resilience includes the adoption of new patterns of family functioning that include redefining family roles, values, adopting new approaches to problem solving, strengthening optimism, cohesiveness, flexibility, etc. (Walsh, 2002). In the context of the increasing prevalence and recidivism of addiction in modern society, the questioning of efficient ways to achieve sustainable recovery from addiction today occupies an important place in professional and scientific discussions and clinical and scientific research (Granfield, 2004). Given that the family can be a key protective, but also a risk factor in the process of recovery of an individual from addiction, it is important to pay atten-

tion to the research of changes that occur within the family itself during the process of recovery from addiction.

2. Objectives

The goal of this research is to deepen knowledge about the process of changes in family dynamics during the recovery of a family member from drug addiction. In accordance with the aim of the research, two main research questions were defined: *(1) How do ex-addicts and parents of ex-addicts describe family dynamics and the process of family coping with the problem of addiction before an addicted member goes to a therapeutic community for treatment? (2) How do ex-addicts and parents of ex-addicts describe the changes in the family after the stay of the addicted member in the therapeutic community?*

3. Methodology

3.1. Research approach and research participants

A qualitative approach was used in the research. The data was collected using a semi-structured interview method. A thematic analysis was applied during the processing and presentation of the obtained data. A total of 27 participants took part in the research. When selecting the participants of this research, purposive sampling was used in order to gain specific insights into the experience of the process of change and recovery of families from drug addiction. The first group of participants consists of 15 former drug addicts (5 women and 10 men) who successfully completed the rehabilitation program in different therapeutic communities and successfully were abstain for a minimum of five years living outside therapeutic communities. The second group consists of 12 parents of ex-addicts (9 mothers and 3 fathers) whose adult children underwent recovery in therapeutic communities and are now successfully abstinent and living outside therapeutic communities for a minimum of five years. The age range of former addicts ranged from 30 to 50 years. Nine of them are married, two are cohabiting, two are single, one is a widow, and one is a monk-priest. All participants (except monks and priests) are parents of one or more children. 14 of them have completed high school, and one participant has completed college. Everyone is busy. Outside the therapeutic community, they live in the range of minimum 5 to maximum 18 years.

The age range of the parents ranged from 55 to 73 years. 6 parents are employed, and 6 are retired. Six parents have completed a college education, and six have a high school education. Nine parents are married, two mothers are widows, one is a single mother, and one mother lives in a second marriage.

3.2. Research procedure

Before conducting the research, the permission of the Ethics Committee of the Faculty of Law of the University of Zagreb was requested and obtained. In the first step of the research, all therapeutic communities that operate on areas of the Republic of Croatia for a minimum of 10 years (Reto centar, Zajednica Susret, Zajednica Cenacolo, Zajednica Remar, Đurmanec, Vrbica and Mondo Nuovo) and the leaders of therapeutic communities were asked to cooperate in forwarding information about the research to all potential participants who fit the given sampling criteria. The initial research participants were secured in the above-mentioned way, and then the next research participants who corresponded to the given sampling criteria were identified using the “snowball” (chain reaction) technique, in cooperation with the initial research participants. This process continued until the point of saturation was reached, that is, until the new research participants did not bring any new essential information. All potential research participants were explained the aim and purpose and the ethical aspects of the research (voluntariness, possibility of withdrawal, confidentiality, etc.). Interviewing ex-addicts and parents of ex-addicts lasted between 60-90 minutes on average. The interviews were recorded with a voice recorder for the purpose of processing the collected data, with the prior consent of the participants.

4. Results and discussion

The results of the research are presented in a table according to thematic areas that follow the research questions. All obtained themes, sub-themes and statements of research participants were interpreted narratively. At the same time, the results of the research are visually presented in such a way that the main topics are marked with bold letters, and the subtopics with italic letters, as well as the statements (quotes) of the participants, which are marked with quotation marks and a code indicating the group and order of participation of the par-

ticipants in the research (former addicts are marked using a 1EA to 15EA, and parents from 1P to 12P).

4.1. Family dynamics and the process of coping with the problem of addiction before the addicted member enters the therapeutic community

Table 1. Results of the thematic analysis related to the first research question “How do ex-addicts and parents of ex-addicts describe family dynamics and the process of family coping with the problem of addiction before the addicted member enters the therapeutic community?”

TOPICS	SUB TOPICS
Awareness of the existence of addiction problems in the family	Long-term neglect of addiction indicators Coping with direct signs and addiction crises Information from people from the environment Personal confession of an addict
Initial reactions of family members	Shock and disbelief A feeling of shame and embarrassment for the family Fear, disappointment and sadness Active search for solutions Distance
Changes in the overall functioning of the family	Family reunification Mutual accusations and arguments Long-term negative impact on the overall family dynamics
Encouraging addicts to change	Unsuccessful treatment attempts Family pressure and consistency saving addicts from overdoses and suicide attempts Making the decision to enter the therapeutic community

The results of the research showed that the family’s coping with the problem of addiction begins with the acceptance of **the knowledge of the existence of the problem of addiction in the family**. Former addicts and parents of former addicts state that this realization was preceded by a period *of long-term neglect of the indicators of addiction*: “In the very beginning, I did not see, or rather did not want to see, what was at stake, and in addition to a whole series of indicators that point-

ed to addiction, I connected my son's behavior with his youthful years. Unfortunately, I faced it relatively late." (1P); "Even though my parents watched my behavior for years, they found needles around the apartment, but they didn't want to believe what they saw, because I would tell them some story that they would believe (...)" (12EA); "(...) In fact, we also lived in self-delusion." (2P)

An important moment in the family's confrontation with the problem of addiction begins at the moment of cessation of denial, i.e. with the recognition of the existence of the problem of addiction. The participants of this research described that the recognition of the existence of a problem most often came through **facing direct signs and addiction crises**: "My family members found out about my addiction by finding me half-dead several times, they found needles in the room and often times where I would fall asleep in front of them, they would see me with suspicious persons." (4EA), "I had my first crisis with my relatives when I came to Osijek, I was on opiate tea... (...) That was the moment when it became obvious to them what it was all about and they sent me to Vrapče." (5EA) "Mom could no longer squint in front of such obvious indicators as a syringe in a school bag." (14EA)

In addition to the above, parents most often found out about their child's addiction problem through **information from people around them**: "I found out that my daughter was an addict at a spiritual seminar in Medjugorje, when a former addict appeared in front of me and publicly said in front of everyone: "Your daughter uses drugs ." (...). Then her present-day friend called me and informed me that my daughter was "on a needle". My world collapsed" (4P); "After talking to her boyfriend who informed me what was happening (...) after her overdose (...) I was in shock when I saw her in the hospital, how she looked and how she behaved. In fact, then I realized that it was a very big problem (...)" (6P)

As a way of finding out about the problem of addiction in the family, the research participants mention **the personal confession of the addict, after making the decision to go to treatment**: "Parents had doubts (...) they saw various problems, but they did not want to see the truth. They thought it was my whim and that they would pass me by. Until the moment when I told them that I had to go to the community for treatment and then my mom fell into a trance." (12EA) "Mine found out only when I entered the community. Since I lived most of my life outside the family, they had no insight into what was happening to me." (10EA)

From the answers received from former addicts and parents, it is evident that the ways of finding out and accepting the existence of addiction problems in the family were different. Confronting the problem was preceded by the phase of denying the existence of the problem, which is a common phase because in this way, the existing balance in the family system is apparently maintained in the families of addicts (Dayton, 2004). In this phase, the addict himself denies that he has a problem with addiction and blames others for the negative influence. The experience of addiction crisis and “rock bottom”, accompanied by despair and anxiety, is usually the moment when the addict and his family are ready to admit that there is a problem and then the opportunity for change appears (White, 2006).

Learning about the existence of an addiction problem caused different **initial reactions from family members**. The analysis of the responses of the research participants showed that the most common first reaction of family members was ***shock and disbelief***: *“Of course they were shocked (...) they were in disbelief.”* (2EA); *“When everything was 100% revealed, it was a big shock for them, because there were already addicts in the family.”* (4EA); *“Mom was in shock, she didn’t want to admit that her son was a drug addict.”* (9EA); *“They were shocked, in disbelief, traumatized.”* (10EA)

Furthermore, the knowledge of the existence of addiction problems caused the family members a ***feeling of shame and embarrassment for the family***: *“My parents came from the village to the city (...) they were educated there and it was foreign to them. When I confessed to them, they were shocked. They were not familiar with it at all (...). This deeply shook them.”* (6EA) *“The younger brother was experiencing inconvenience because of me.”* (9EA); *“They were ashamed. Mom couldn’t even imagine that this could happen to her son.”* (7EA); *“I had a hard time dealing with that knowledge. Why me (...) what will it do to me in front of my family (...) business partners (...) these human considerations were more important to me than what will happen with the child, whether he will stay alive.”* (8P)

As an initial reaction to learning about the problem of addiction among family members, a feeling of ***fear, disappointment and sadness appeared***: *“They reacted with great fear. They were very disappointed and sad (...)”* (1EA); *“They were unhappy and sad.”* (9EA); *“Sadness really reigned (...)”* (2EA); *“It was very difficult, a lot of tears, reproaches and only reproaches (...)”* (2P)

After the initial confrontation with the emotions of fear and sadness, some family members immediately took ***an active role in searching for a solution***: “(...) *the parents of the same immediately gathered strength and took all steps so that I could go to the commune.*” (1EA); “*My mother was brave and enterprising, and thanks to her will to save me, I’m still here.*” (3EA)

On the other hand, some parents reacted ***distantly***, that they distanced themselves from the problem, without expressing concern: “*They all had their own families. They left me in Vrapče and distanced themselves from it until it was resolved.*” (5EA) “*There were no visible emotions. Otherwise, the father seemed quite rigid.*” (13EA)

From the responses presented, it is evident that the initial reactions of family members to learning about the problem of addiction may differ. If the family members experience the problem of addiction as a shameful secret that should be hidden from the environment, it will cause a strong feeling of shame and stigma among the family members and will make it difficult to see the reality and face the problem of addiction. At the same time, it will lead to a change in the family’s relationship with the outside world (White and Savage, 2005).

According to the participants, knowledge about the problem of addiction led to ***changes in the overall functioning of the family***. With some families, ***family reunification*** occurred: “*Well, somehow they joined together more to help me.*” (1EA) “*Positively, the family united (...) they tried to help me.*” (11EA)

On the other hand, in some families, knowledge of the existence of an addiction problem caused ***mutual accusations and arguments***: “*They accused each other of which of them was to blame for the presence of drugs in my life (...) it is hard to know that your child is a drug addict (...) they asked the culprit around (...) non-stop quarrels*” (2EA); “*Looking at it from this angle, they reacted in the wrong way (...) accusing each other (...) they are both guilty, and we are also guilty. Then quarrels with them started (...) problems that were constant (...) it lasted constantly.*” (8EA); “*There was mutual accusation, it was about co-dependency, they connected all their problems with my addiction.*” (14EA)

Participants and research indicates that addiction in the family had ***a long-term negative impact on the overall family dynamics***: “*A very tense and difficult situation that lasted quite a long time. For them, every day was tense, because I lived as if every day was my last. In any case, everyone has traumatic experiences.*” (9EA) “*Of course, my addiction also*

affected the bad family dynamics, that no one talked too much with anyone.” (12EA); “That period was terrible (...) my family didn’t really function (...) everything was much worse than I can describe.” (2EA)

Dealing with the problem of addiction represents a significant crisis period for the family, because during this period most families face extremely high demands that exceed the usual potential for dealing with everyday stressful situations. The above can significantly disrupt the family balance and cause unfavorable changes in the family climate and relationships (Patteron, 2002, according to Berc, 2012). Due to addiction, family life becomes chaotic, filled with feelings of mistrust and guilt and mutual accusation (Dayton, 2004). The problem of emotional or physical neglect of the needs of other family members is also often present in families where there is addictive behavior (Dayton, 2004). On the other hand, family can also be a powerful resource in addiction treatment. This happens in situations where family members come together and focus on seeking constructive help and providing support to an addicted family member on the road to recovery (Dayton, 2000, Johnson and Lipski, 2006).

The statements of the participants of this research also confirm that the family plays an important role in **encouraging addicts to change**. In searching for a solution to this crisis situation, the parents state that they experienced various approaches to treatment, which ended in **failed attempts to solve the problem of addiction**: *“There was an attempt at outpatient treatment, then private treatment. (...) After all those attempts at treatment in the classical way (...) it didn’t help him, except that he had periods when he didn’t take drugs, but he came back again.” (9P); “As with any fight for recovery, everything available is tried, however the various methods of withdrawal are not equally applicable to everyone as the approach obviously needs to be individualized.” (10P); “My daughter was treated at the addiction department of the Vrapče hospital, then at the department of the Clinical Hospital Center of the Sisters of Mercy, until I found out about the therapeutic community with the help of acquaintances.” (1P)*

Family members, especially parents, tried in different ways to exert **pressure** and through **consistency** motivate the addicted member to change: *“I woke up one morning, sleeping outside on the terrace, and my father and mother were having some company and a barbecue, and I had nothing to eat (...) I haven’t even lit a cigarette (...) crisis (...) I asked to be given something to eat, they ignored me and then I made the decision*

to go to the commune.” (8EA); “I was very tired of such a life, and at the same time I was blackmailed by my family to take my son.” (2EA); “One day I squeezed him and said either commune or out. Choose. Since he knows how principled I am, he couldn’t fool around. He agreed and so he went to the commune” (7P); “This was followed by pressure from the family and a police raid.” (2P); “We talked privately, I told her that she could choose the street or the therapeutic community, and that college could wait.” (4P)

In some cases, at this stage, the family played an important role in **saving addicts from overdoses and suicide attempts**: “My father quickly came from Đakovo at the invitation of his sister and could not believe how I looked and in what condition I was. They picked me up from work and we left for Đakovo. I was thinking (...) I didn’t die of an overdose, but now I’m going to open the car door when we’re on the highway and I’m going to throw myself out. My mom calls my aunt on her cell phone and says lock the car door, he is not well, he wants to kill himself. So I didn’t succeed.” (11EA); “I remember it was Sunday and I found my son on the floor, he had already started to slow down (...) I started to revive him and I succeeded. He ended up in the hospital (...)” (8R) “She found herself with the old team and overdosed and ended up in the hospital in Split. After that, we very quickly took her to the therapeutic community Cenacolo in Italy.” (4P)

It is evident from the statements of the research participants that after intense crisis situations in the family and failed attempts at treatment, **the decision to go to the therapeutic community** was strengthened by parents and addicts: “I was constantly followed by the fear of his possible death (...). That was the turning point for the decision to enter the therapeutic community, either he will be alive or he will be dead” (9P); “I had to do something to either save his life or wait for him to end his life (...) Then I cornered him so he had to decide either-or. That’s how it was. He agreed without objection” (7P). In some cases, it was also about the independent decision of the addict to go to the therapeutic community: “After a whole series of interventions by me and my husband (...) at one stage it was as if we capitulated and were no longer or no pressure. Then the son decided on his own” (1P); “I already mentioned, the decision was difficult, but it was not the result of coercion (...) it was the only option for him.” (3P).

In other situations, the impetus for making the decision to go to the therapeutic community came from people close to them: “That

boyfriend of hers, who was also an addict, told me that he was going to the community. He also suggested to her that it would be better for her to go to the community, which she accepted.” (6P). It is important to say that the willingness to go to a therapeutic community among some addicts was also motivated by the knowledge of intense parental suffering: “What motivated her to seek treatment was the realization of how much I suffered because of the condition she was in.” That awakening of empathy was crucial.” (1P)

Summarizing the research results related to the first research question indicates that in the families of addicts, after admitting the problem of addiction, family members (most often the parent) take care of the addict in different ways.

The period of initial confrontation with addiction represents an extremely stressful period in which family members usually deal with the experiences of failed attempts to motivate the addict to abstinence and go to treatment. They often witness the life-threatening experiences of addicts, which causes additional stress and intense feelings of helplessness, hopelessness, blame and questioning what they did wrong (VOCAL, 2014). During this period, it is important to provide professional support to family members and include them in various educations and support groups so that they can cope with these challenges and adequately help themselves and the dependent family member in recovery. Providers of such support can also be therapeutic communities that, in addition to rehabilitation of addicts, also offer support groups and joint meetings for parents and their family members (Štrkalj-Ivezić et al., 2014). The results of this research confirmed that the participants of this research, after failed attempts at treatment with other methods and approaches, recognized a source of support and a possible way out of the hopeless situations that they had experienced in therapeutic communities.

4.2. Changes in the family after the dependent member’s stay in the therapeutic community

Table 2. Results of the thematic analysis related to the second research question “How ex-addicts and parents former addicts describe changes in the family after staying in a therapeutic community?”

TOPICS	SUB TOPICS
Changes in the family during the dependent member’s stay in the therapeutic community	Initial confusion and skepticism Gradual relief and release from pressure A sense of satisfaction and enthusiasm Fear of failure and giving up
Providing support to a dependent member during their stay in the community	Support from primary family members busyness of the wife
Changes in family relationships after leaving the therapeutic community	Freedom from fear and normalization of family life The process of forgiveness and reconciliation Deepening family relationships through conversion More connected and harmonious relationships in the family

Describing the processes of **changes in the family after the departure of an addicted member to the therapeutic community**, the parents point out that in the first period there was *initial confusion and skepticism in the family*: “In the beginning I was very confused (...) I had no idea where she had gone and whether it would bring a result (...)” (5P); “As I said before, I was skeptical at first (...)” (8P).

Furthermore, they state that the family gradually became *relieved and freed from the pressure*: “Finally, after several years, I slept peacefully and realized that this was it. That he was recovered and changed.” (2P); “I put my wallet on the table for the first time when she went to the commune because I was finally no longer afraid of whether she would steal from me or not. And that pressure, which had lasted for years, started to ease because of her. I was actually resting when she left.” (5P); “I felt free and sure that he was well and safe.” (7P), “Of course it gave me security and peace.” (8P). “There was a phase of relief when he went to Cenacula. That awareness that he is protected and safe.” (9P).

After the relief phase, the family members felt *a sense of satisfaction and enthusiasm*: “I was very satisfied and happy because of everything

he got in the community.” (11P); “Over time, I became enthusiastic about the functioning of the therapeutic community and the change that was visible in my son.” (8P); “And then you see in the other guys this incredible transformation. And you are delighted because you see the achievement of the goal!” (9P).

At the same time, the parents describe that at certain moments they relived **the fear of failure and giving up**: “A lot of fear that they will give up, that they will not succeed.” (2P); “And then going out, running away from the community (...) overdoses (...) deaths start happening. You become aware of how fragile it is (...) they are not closed (...) then comes the phase of fear, what he will and will not do. Understand that it is not enough just to be in the community, but it is important to use that stay for your own transformation (...)” (9P).

Parents of addicts often describe addiction mental state of their child through the use of various metaphors that represent the mythical personification of compulsive behavior (“demon”, “dragon” or “beast” whose voice should be strongly resisted) (White, 2013). In this context, parents often perceive therapeutic communities as a safe shelter that will protect the addict from possible dangers and risks that can trigger the awakening of the “dragon” in him. Parents see salvation for their addicted member in the therapeutic community and express the hope that their child will achieve recovery there and build the foundations for a meaningful life. At the same time, they are aware that freedom from addiction is possible, but that it is not easily achievable, and therefore, simultaneously with hope, they also experience an intense fear of failure and giving up (White, 2013).

Former addicts state that during their stay in the therapeutic community, they experienced great **support from their primary family members**: “Mom, grandmother and brother, they were by my side and were a great support.” (9EA); “The whole family supported me. When there were opportunities, they would come to visit, they carried me in their thoughts and prayers, I had security in them, I only realized that later” (10EA); “In any case, my parents. I had their support (...) we often contacted (...) we were very connected” (14EA); “My family was very supportive, especially my mother (...)” (15EA)

Furthermore, ex-addicts also emphasized the great **busyness of their wives** in providing support in the process of their recovery and achieving personal change: “My wife has always supported me and was always on my side in my attempts to do something good.” (6EA); “Of course my

current wife who accepted me as I am and with all the labels I had on me.” (8EA); “My present-day wife had a great influence (...) she fought like a lioness for me (...) to make me well (...) she was my greatest support and support in all my phases.” (12EA)

For addicts, the family network can be an important resource of support and empowerment in the healing process. Providing emotional support to an addicted family member is extremely powerful in achieving recovery (White, 2006). During the recovery process, addicts who are involved in treatment with strong family support show better results and a higher level of abstinence compared to addicts with weak or no support from family and members of the wider social network (Ingle et al., 2008, according to Kourgiantakis and et al., 2013).

The research participants also described their experiences of how recovery from addiction was reflected in **changes in family relationships after leaving the therapeutic community**. They pointed out that the recovery from addiction led to **a gradual liberation from fear and the normalization of family life**: *“My family was under fear for many years even after leaving the commune, but as time went by they realized that that was it and now there is no more fear (...) now we live as if drugs and that period of life didn’t even exist.” (1EA) “As a family, we are happier and share the fate and problems of average citizens of the Republic of Croatia, and our lives are devoid of the dramatic situations that we almost had during the period of our son’s addiction everyday life.” (1P)*

Furthermore, the research participants described that in the period after leaving the therapeutic community, there was a restoration of family relations through **the process of forgiveness and reconciliation**: *“We forgave each other, trust returned.” (1P); “There were tears (...) recognition of mistakes on both sides and receiving forgiveness. Thank God, everything is different and everything is good now.” (6P); “I have a wonderful relationship with my sister through the process of forgiveness and acceptance. I have a wonderful relationship with my wife and children” (13EA); “We have forgiven ourselves for the pain and hurt. Our relations have been renewed.” (14EA).*

In addition, they pointed out that there was a **deepening of family relations through the conversion of family members**: *“My family converted to religion, we each realized our mistakes and admitted them to each other, we changed. And now we are moving forward and not going back to the past.” (2EA); “Through my son, God changed me and changed and deepened our relationship. It’s something completely different, deep*

and intimate, beautiful.” (3P); “Through that experience, God touched us all and changed us.” (6P)

The research participants described their experience of the recovery of the whole family through the building of more **connected and harmonious relationships in the family**: *“Our relationships are very close now. Mom said she could finally die in peace. We are connected and we love each other.” (11EA); “We have become even closer, there are no such injuries and mistrust.” (14EA); “We are happy and laughing. We have very good relations, we are much closer (...) more honest.” (10EA); “Today, we are a functional family with harmonious relationships and great emotional attachment. We help each other.” (1P); “I think it is enough to say that our house is full of joy and laughter. That is something special. We are much more connected.” (2P).*

The results of this research show that complete recovery from addiction promotes the restoration and healing of family relationships. Forgiveness is important in this process, which represents a spiritual category, but also a specific psychological response to the experience of injustice and pain. It involves replacing negative emotions with a positive attitude and includes benevolence and compassion even towards those who have wronged and hurt us (Fincham, 2000, Worthington, 2005). Forgiveness can be a one-sided process, but when we talk about a two-way process, then forgiveness gives birth to reconciliation and mutual acceptance. Such effects of forgiveness are visible in the participants of this study who underwent a rehabilitation program in therapeutic communities, which includes processes of self-forgiveness and forgiveness of others, especially close family members. The results of this research confirmed that it takes time to restore trust and heal family relationships, but they also showed that in the families of ex-addicts there can be a rapprochement between the members and the building of harmonious relationships. Such positive effects occur as a result of the development of a sense of responsibility towards oneself and others and the achievement of maturity and progress in the personal growth and development of all family members (Walsh, 2010).

5. Conclusion

In previous research into the phenomenon of drug addiction, too little attention has been paid to studying the determinants of long-term sustainable and complete recovery, which includes improving

the overall quality of personal and family life (White, 2012). Also, very little research is devoted to monitoring changes in family dynamics and seeking answers to the question of how the family can become and remain a source of hope and aspiration for recovery and a powerful resource in maintaining recovery and preventing future crises. The results of this research showed that family members of addicts go through intense crises at different stages of dealing with the problem of addiction, and that their vulnerability and capacity for resilience come to the fore. Coping with addiction in family members usually initially causes intense feelings of shame, shock and fear, and failed attempts at treatment lead to a state of loss, hopelessness and helplessness in the family. Accommodating an addict in a therapeutic community is often seen as the last chance to save the addict, so after that, families experience a sense of relief, mixed with the fear of failure and the addict giving up staying in the community. Achieving complete change and recovery of a dependent family member greatly affects family dynamics and contains a strong potential for the restoration and healing of family relationships. In the process of achieving long-term sustainable recovery, it is important to include family members of addicts. Working with family members includes improving the quality of communication, open expression of emotions, empathy, assuming personal responsibility, collaborative problem solving, working on trauma treatment, forgiveness and restoration of trust among family members (Walsh, 2002). The results of this research, which are based on looking at the experiences of ex-addicts and parents of ex-addicts who have been successfully abstinent for more than five years, confirm that complete recovery and building resilience in the families of ex-addicts is a demanding process, but also an achievable goal. In future research on this topic, it would be desirable to include families whose members did not successfully complete the addiction treatment and rehabilitation program, as well as brothers and sisters of former addicts, in order to further expand the insights on this topic.

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Social Services for Divorced Parents in Croatia - Expert's Perspective

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Abstract

Introduction: Increased divorce rates and problems of separated conflicted parenting indicate the need for development of social services aimed to overcome emotional crises and strengthen capacity of divorcing parents for successful co-parenting after divorce.

Objectives: This paper presents the results of qualitative research. The goal of research is to deepen insight into the experts' perspective about adaptation difficulties of divorcing parents and the possibility of improving social services aimed to overcome adaptation difficulties and achieve better co-parenting after divorce.

Methodology: Semi-structured interview was used in the research. Ten experts (6 psychologists and 4 social workers) from different regional services of Family centers in Croatia participated in the study. All of them have rich experiences in working with divorcing parents. The data was analyzed through the thematic analysis procedure. The results are related to two main research questions: (1) How do experts describe adaptation difficulties of divorcing parents? (2) How do experts describe existing services for divorcing parents in Croatia and the possibility of their improvement?

Results: The results showed that experts recognise emotional, cognitive and parenting difficulties of divorcing parents, connected to acute grieving process and being overwhelmed by unpleasant emotions, such as feelings of deep hurt, anger, sadness, shame, guilt, fear of the future etc. Depending on different capacities for adjustment on new life circumstances, experts point out the need for structuring the process of assessment and referral of some divorcing parents to counselling, family mediation, therapy or other form of professional support. Experts highlight the problem of insufficient information about existing services and uneven geographical and financial availability of services for divorcing parents. The participants recognize the need for additional education of experts and the improvement of mandatory counselling in which the parents of minor children must be included during the divorce procedure. In conclusion, experts emphasize the importance of developing different levels of services and additional training of experts for the application of specific work techniques in the framework of counselling and family mediation that can contribute to strengthening parents' capacity for successful adaptation on divorce and more effective prevention of high conflict divorce.

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Conclusion: Current changes in society lead to more frequent divorces and increased needs of families for support. As a result, society's responsibility for providing adequate forms of support also increases. According to the results of the study, we suggest possible improvements of existing services and development of additional services aimed at overcoming difficulties in adjusting to divorce.

Keywords: emotional difficulties, divorcing parents, social services, experts' perspective

1. Introduction

In recent decades, at the level of the European Union, there has been a decline in the number of marriages, with a simultaneous increase in the number of divorces (Eurostat, 2024). According to the latest reports of the State Statistical Office of the Republic of Croatia (2023), there were 280 divorces per 1,000 marriages in Croatia in 2021, and out of a total of 5,100 divorced marriages, 2,894 (56.7%) were marriages with dependent children.

It is known that divorce can leave various negative consequences for all family members (Mbedzi and Williams, 2021), and if it is a divorce of a couple with minor children, this makes the divorce a particularly vulnerable period in the life of the entire family. Divorce is considered one of the most intense stressful life experiences, which are usually accompanied by significant emotional and financial challenges, questioning of one's own identity, change of place of residence and social relations, and difficulties in realizing the parental role (Leopold, 2018; Whisman et al., 2016; Zineldin, 2019, cited in Pellón-Elexpuru, 2024). Divorced people often experience health difficulties (Nielsen, David-son, Hviid and Wohlfahrt, 2014, cited in Mbedzi and Williams, 2021), and have lower levels of psychological well-being, worse self-image and lower life satisfaction (Simon and Marcussen, 1999; Simons et al., 1996, cited in Amato, 2000).

The quality and success of family members' adjustment to divorce largely depends on the availability of various sources of support, including various forms of professional assistance. Due to negative experiences after divorce, divorced people turn to different professionals, looking for services that would enable them to cope more easily with the changed parental role and other consequences of divorce (Mbedzi and Williams, 2021).

Adequate social services for divorced parents are important because they can help them adjust more easily to the consequences of divorce. Universally available social services are "a guarantor of preserving the quality of life and social inclusion of persons in a vulnerable position, as confirmed by numerous international, European and national strategic documents" (Opačić and Knezić, 2022, p.5). Unfortunately, there is still a lack of research and literature in the field of social services for divorced people, not only in Croatia, but also in the world (Raley and Sweeney, 2020).

Although several decades ago the topic of divorce was recognized as extremely important in numerous studies, in recent times there has been a trend of decreasing such studies. This is problematic for several reasons. First of all, the social and legal context of divorce is constantly changing, and there are still great differences in divorce experiences depending on the specifics of each country (Ferraro et al., 2016). Some of the important differences relate, for example, to the usual ways of organizing parental care after divorce, but also to the availability and quality of various social services for divorced parents. The above presents different challenges for family members who go through the experience of divorce, but also for experts who work in this field in different countries. Accordingly, this paper aims to contribute to the assessment of current needs for support and existing services for divorcing parents from the perspective of experts with many years of experience working in this field in the Republic of Croatia.

2. The aim of the research

The aim of this research is to deepen the insight into the expert's perspective on the adjustment difficulties of divorcing parents and the possibility of improving social services in order to overcome the adjustment difficulties and achieve better co-parenting after divorce. In accordance with the aim, two main research questions were asked: (1) *How do experts describe the difficulties of parents' adjustment to divorce?* (2) *How do experts describe the existing services for divorcing parents in Croatia and the possibilities for their improvement?*

3. Research methodology

A qualitative approach was used in the research, and a semi-structured interview method was used to collect data. The sample consists of ten family mediators (6 psychologists and 4 social workers) from different branches of the Family Center in Croatia who have many years of experience in working with divorcing parents. Eight experts were female and two were male.

During the implementation of the research, the ethical aspects of the research were taken into account. The collected data were analysed using the thematic analysis procedure.

4. Results and discussion

The results of the research are presented according to thematic areas that follow the two main research questions. The main topics are marked as subheadings in bold letters, the subtopics are indicated in the interpretation of the text in italics in bold letters, and the statements (quotes) of the participants in italics. The code after the quote (from 1S to 10S) indicates the serial number of the participants in the research.

4.1. Adjustment difficulties of divorcing parents

Based on the analysis of the collected answers of the research participants to the first research question (*How do experts describe the difficulties of parents' adaptation to divorce?*), 7 main themes were obtained: “overwhelming with unpleasant emotions”, “acute grieving process”, “cognitive difficulties”, “the position of the left and departing partner”, “different capacities for adaptation to new life circumstances”, “difficulties in parenting caused by parents' emotional needs” and “need for professional support”.

Table 1. Results of the thematic analysis related to the first research question “How do experts describe the difficulties of parents’ adaptation to divorce?”

TOPICS	SUB TOPICS
Overwhelming with unpleasant emotions	<i>Heavy emotional burden and high emotional arousal</i> <i>Feelings of injustice, guilt, anger, sadness, fear and mistrust</i>
Acute grieving process	<i>Losing a close relationship</i> <i>Different stages of grieving</i>
Cognitive difficulties	<i>Problems with logical reasoning</i> <i>Inability to receive new information</i> <i>Difficulties in expressing their needs</i> <i>Unable to focus on the subject of the dispute</i>
The position of the left and departing partner	<i>Need of the left partner for longer time and emotional processing of the situation</i> <i>Need of the left partner to define the culprit for the divorce</i> <i>Hope for the return of the lost togetherness</i> <i>Desire for the process to end as soon as possible</i> <i>Emotional coldness and unavailability</i> <i>Need for an emotional end to the relationship</i>
Different capacities for adaptation to new life circumstances	<i>Practical difficulties related to new life circumstances</i> <i>Fear of the future</i> <i>Reluctance to take responsibility for their own decisions</i> <i>Unwillingness to change personally</i>
Difficulties in parenting caused by parents’ emotional needs	<i>Difficulties in separating the partner and parental roles</i> <i>Difficulties arising from an unfinished partnership</i> <i>Inability to recognize and appreciate the child’s needs due to their own emotional blockages</i>
Need for professional support	<i>Ventilation and normalization of emotions</i> <i>Appreciate, recognize and accept their emotions</i>

4.1.1. Overwhelming with unpleasant emotions

Experts recognize that during the divorce process, parents show a change in unpleasant emotions in terms of *heavy emotional burden*

and high emotional arousal (“I see them in all these stages, but in fact they are highly agitated people in terms of the heavy emotional burden they come with.” (5S), “What they verbalize has to do with escaping from the situation, being overwhelmed by unpleasant emotions, reacting outside their window of tolerance, the escape phase and the fight phase... (1S)).

They also point out that parents in divorce express intense *feelings of injustice, guilt, anger, sadness, fear and mistrust* (“It is also noticeable that in the process of divorce people experience different feelings, from sadness, guilt, anger, jealousy, shame, fear.” (8S), “Divorce is accompanied by different emotions. The couples who come most often feel some injustice that they want to fix in a way, each one individually wants to show that they are the ones who were hurt.” (9S)). This is in line with earlier research such as the one by Levite and Coen (2011, cited in Majnarić, 2022), who showed that partners experience a whole range of difficult emotions during the divorce period, from feelings of hurt, anger and desire for revenge to feelings of shame, guilt, anxiety, weakness and life setbacks. Willén (2015) also associates divorce with strong, unpleasant emotions of anger, sadness and hurt. Using a qualitative approach, Willén (2015) investigated how parents cope with their negative emotions after divorce and found that some parents effectively regulate negative emotions after divorce, while others retain feelings of anger, hostility and resentment after divorce as a result of dysfunctional emotion regulation strategies. This research found that flexibility, rather than a preference for a particular strategy, is key to emotional adjustment and well-being.

4.1.2. Acute grieving process

Experts point out that divorced parents go through an acute grieving process (“They come in an acute grieving process, whether today they are angry, sad, miserable, disappointed, distraught. They show all the feelings that are specific to grieving and that we normally recognize in the initial stages of grieving.” (5S)). Experts associate the process of grieving with the experience of *losing a close relationship* and a complete family (“In fact, one of the losses that is somehow a fundamental loss for me that I recognized, which is difficult for me, is actually the loss of a close relationship. So, the knowledge that the family will no longer be complete and it can trigger those strong emotions and conflicts.” (8S)).

However, divorced parents are often in ***different stages of grieving***, which according to experts can affect the expression of their emotional needs and difficulties (*“One of the problems is that the people who come to me for mediation are in different stages of divorce. One is in a state of shock that this is actually happening, others are in the phase of sadness, grieving or anger, and a part of them comes in the phase of acceptance and leaving the marriage.”* (8S)).

Earlier research shows that the intense emotions associated with the grieving process, if they are not processed adequately, can lead to significant emotional problems and destructive behaviors in divorced people, such as substance abuse, depression and suicidal urges (Leary et al., 2001, cited in Frisby et al., 2012).

4.1.3. Cognitive difficulties

Experts point out that due to being overwhelmed by negative emotions, parents in divorce often have cognitive difficulties in the form of ***problems with logical reasoning*** (*“In fact, they are in big problems cognitively because of this, they have difficulties with logical reasoning, absorbing information. So, I am aware that I need to repeat everything five times, slowly offer information, check how they heard me.”* (5S)) and the ***inability to receive new information*** (*“What I see from people who come to receive information is that they are unable to receive it.”* (1S)).

Divorced parents also show ***difficulties in expressing their needs*** (*“Due to being overwhelmed with emotions, they show the inability to communicate their needs”* (1S)). Due to emotional overwhelm with difficult emotions, they are often ***unable to focus on the subject of the dispute*** (*“People do not have enough cognitive capacity to stay focused on the very subject of the dispute and therefore on the search for a solution.”* (2S)).

The mentioned difficulties are also indicated by earlier literature. For example, Moore (2017) warns that divorcing parents are asked to ignore mutual grievances and animosity, to control their emotions and behave in such a way as to fulfill society's expectations but also the rights and duties of responsible co-parenting, which for some parents is difficult to achieve at a moment of high emotional arousal.

4.1.4. The position of the left and departing partner

Experts see the differences in the position of the partner left behind and the partner leaving, and recognize the ***need of the left partner***

for longer time and emotional processing of the situation (“They come in different phases, initiators and receivers of the process. The receiver wants to stay as long as possible, he needs time...” (1S), “The most common is the story of the partner leaving. The biggest emotional difficulty is actually working through the fact that one partner has been abandoned.” (2S), “It is difficult for people to get out of it without looking back.” (7S)). Experts also point out the ***need of the left partner to define the culprit for the divorce*** (“Another thing is the emotional story about who is to blame. That story of a hurt partner because someone left, because someone cheated... That story of guilt is terribly common in mediation.” (2S)). The left-behind partner often expresses ***hope for the return of the lost togetherness*** (“The left-behind partner is still in tangled emotional circles in which he wants to keep the existing partner, even through children, which is the most common topic of family mediation.” (2S), “A part of them wants and expects from the experts to somehow preserve that marriage. Because they have a need to preserve the connection with the family, with the children.” (8S)) while the departing partner expresses the ***desire for the process to end as soon as possible*** (“The initiator wants to get out of the process as soon as possible and speed up everything...(1S)), shows ***emotional coldness and unavailability*** (“The other is cold and unavailable...” (2S)) and the ***need for an emotional end to the relationship*** (“We sometimes talk about the fact that the one who made the decision to enter into divorce proceedings had already done a large part of his emotional tumbles (10S), “A large number of them who submitted documents to the center have already reached the stage where they just want to get out of the relationship.” (7S)).

Doohan et al. (2010, cited in Frisby et al., 2012) also emphasize that divorcing people perceive divorce differently, so people initiating divorce usually perceive divorce as a release from the unpleasant feelings of depression and sadness they felt in marriage. Amato (2014) also states that for some individuals divorce leads to a feeling of personal progress and anticipation of a better future.

4.1.5. Different capacities for adaptation to new life circumstances

Experts who participated in this research describe different capacities for adaptation of people to new life circumstances related to divorce. According to their experience, some parents face ***practical difficulties related to new life circumstances*** (“Also, some parents face those difficulties where they have to establish a new household, they have to

move out of a house, there is no solution, many are also in a financial crisis, so that's one of the difficulties, they can't close loans, pay rent or buy a new house..."(8S)), as a result of which they are overwhelmed by **fear of the future** ("This fear is particularly emphasized. Fear of the future. Fear of what will happen with my children..." (8S)). Part of the parents express their **reluctance to take responsibility for their own decisions** ("Not taking responsibility, i.e. putting the responsibility on the other partner is the first thing that is expected and actually some kind of irresponsibility for their own decisions, they expect to be told what they should do now." (2S)), **unwillingness to change personally** ("A good part of mediation comes in resistance. Willingness to change is minimal, which is quite understandable" (1S)).

Following on from the above, Amato (2000) states that the psychological consequences and adaptation of the partner to divorce should be viewed through the influence of divorce as the main source of stress, then through the influence of other sources of stress (changes in everyday life with children, break-ups of friendships, conflicts with the spouse, unpleasant emotions associated with divorce, difficulties in adapting to new responsibilities) and through looking at protective factors whose presence can help former spouses adapt to new life circumstances.

4.1.6. Difficulties in parenting caused by emotional needs of parents

Experts describe the difficulties in parenting caused by the emotional needs of parents. Part of the parents notice **difficulties in separating the partner and parental roles** ("My opinion is that parents sometimes come to mediation too soon, when they should work on their feelings and when it is difficult for them, when they have not separated their feelings, when they have not separated the partner role from the parental role, they cannot reach an agreement." (4S)) and the **difficulties arising from an unfinished partnership** ("If they do not solve emotional problems, they cannot have quality co-parenting. They eventually respect the court's decision because they know they have to because they have a temporary measure. There is no co-parenting here. When people are in such high emotional difficulties." (3S)).

The research participants also note the **inability to recognize and appreciate the child's needs due to their own emotional blockages** ("When parents come to me before and during a divorce, they are burdened with their difficulties, and very often because of their emotional difficulties

and the loss they experience, due to fear of the future, because of the feeling of guilt, because of everything that happens in the grieving process, it often happens that at that moment they cannot be parents, they cannot recognize the needs of the children because they are overwhelmed by their difficulties, and at the same time they have to be good parents or good enough parents.” (4S)).

Willèn (2015) also states that unresolved emotional difficulties potentiate further conflict with the ex-spouse, which makes co-parenting after marriage difficult. Moore (2017) points out the existence of a consensus among experts that the relationship between divorced parents determines the success of joint parenting. In a study by Rix, Rose and Roman (2022) on the effects of divorce on parental self-efficacy and perceptions of parenting, it was found that although newly divorced parents feel overwhelmed and emotionally disturbed in the initial stages, if they are given sufficient support and time to stabilize while integrating into their new lives, their parenting self-efficacy grows and they are more confident in their parenting abilities. The research results of Hamidi, Ahmadi and Heydari (2024) showed that the interparental relationship, the psychological well-being of parents after divorce, their knowledge of effective parenting techniques and the use of effective parenting approaches in the context of changing family dynamics can have a profound effect on children’s adaptation to new circumstances.

4.1.7. The need for professional support

Experts recognize the need for additional professional support in the case of divorcing parents, which in an important part relates to ***ventilation and normalization of emotions*** (“Ventilation is always there to a greater or lesser extent with at least one. It is always necessary to leave a part for ventilation, either in mandatory counseling, whether in mediation.” (2S)). It is extremely important for divorcing parents that professionals ***appreciate, recognize and accept their emotions*** as natural, normal (“My experience is that both parties want to be listened to, to be heard, to be shown understanding for the situation they are in. The important part is normalization, of course it’s hard for them, they feel disappointed, angry. That is not something they expected, wanted for themselves, for their marriage and that everyone in their place would feel that way.”(9S)). Urbanc (2020) also states that, although when applying family mediation in the context of divorce, the greatest empha-

sis is placed on reaching an agreement on joint parental care, experts should not leave out issues related to emotional aspects of divorce.

On the other hand, experts state that, despite the recognized importance of respecting and recognizing the emotional needs of parents in divorce, they are completely neglected (*"Yesterday, I had a mediation where the lady was alone. She says that they didn't even listen to her at the Agency, they said what they needed, no one addressed her anger that the other party did not respond, her worry about what to do with the children, but they simply gave her a piece of paper and referred them to mediation."* (3S), *"One part of the experts focused on the fact that you are there to make an agreement, have you written a plan, what about your plan, therefore, they are more focused on the parental plan than on these emotional needs and on resolving the situation..."* (8S)). However, it should be said that experts also meet divorcing parents who expect as little intervention by experts in their personal relationships as possible (*"Some people who have already struggled with each other, and they want it to end as soon as possible, that is something from what they want to get out of, they are highly motivated to do everything to finish it as soon as possible and they don't care if someone listens to them or works with them."* (5S)). In line with the above, Coen (2009) points out that mediators should take into account the very different, and sometimes diametrically opposed needs of mediation participants and that therefore their main tasks concern shaping the structure of the mediation process, recognizing the emotions of the participants, empowering the participants in decision-making and taking responsibility, giving support, giving equal space to both sides and showing care and empathy.

4.2. Services for divorcing parents and opportunities for their improvement

By analyzing the responses of research participants to the second research question (*"How do experts describe the existing services for parents who are divorcing in Croatia and the possibilities of their improvement?"*), 5 themes were obtained: "insufficient availability of counseling centers", "limitations of professional capacities", "insufficient public information about existing services", "structuring the assessment process and directing partners to the counseling service before joining the family mediation process", "improving the quality of the family mediation service".

Table 2. Results of the thematic analysis related to the second research question “How do experts describe the existing services for parents who are divorcing in Croatia and the possibilities of their improvement”

TOPICS	SUB TOPICS
Insufficient availability of counseling centers	<i>Geographical unavailability of the services</i> <i>The inconsistency of the financing of services in the non-governmental sector</i> <i>Financial capabilities of the user as a prerequisite for using the private services</i>
Limitations of professional capacities	<i>Insufficient number of experts</i> <i>Importance of additional training for experts</i>
Insufficient public information about existing services	<i>Insufficient visibility of existing programs and services</i> <i>Uneven practice of experts in referring users to additional services</i>
Structuring the assessment process and directing the partner to the counseling service before joining the family mediation process	<i>Different practice of referring divorcing parents to counseling services</i> <i>Purposeful instruction of parents in the counseling procedure</i>
Improving the quality of family mediation services	<i>Introduction of new models of family mediation in practice</i> <i>Importance of supervision and additional training</i> <i>Better promotion of family mediation as a service</i>

4.2.1. *Insufficient availability of counseling centers*

Speaking about the availability and quality of existing services intended for divorced people with the aim of providing support in overcoming emotional difficulties and crises, experts emphasize the **geographical unavailability of the services** (“I receive people from six different agencies. Some are very far away and do not have the opportunity to join counseling. Because they have to travel 150 kilometers.” (1S), “I think that in some parts of Croatia the counseling service is very developed, but not so much in ours.” (3S), “It is not universally available, people from some parts Counties do not have the possibility to come.” (5S)).

In accordance with the above, research shows that there are significant inequalities in the availability of social services in the Republic of Croatia (Šućur et al., 2016, Berc et al., 2020), and insufficient availability of services is emphasized especially in rural areas and smaller towns (Opačić and Knezić, 2022).

In addition, experts point out ***the inconsistency of the financing of services in the non-governmental sector***, which is why their services are not continuously available (*"There are a lot of associations in Zagreb, but the question is how much of that is available because the associations are working on projects. There should be continuity that such services are provided continuously throughout Croatia."* (4S)).

Experts also emphasize that the ***financial capabilities of the user are a prerequisite for using the private services of experts***, which is why such services are not available to everyone. On the other hand, it turned out that the need for counseling and psychotherapy services are so great that even private services are not sufficiently available to all users who would be able to pay for them (*"There are private psychologists who are financially unavailable to everyone, so I don't consider it some kind of good service."* (2S), *"There is not even a private service, and especially publicly available service where partners could receive emotional support at any stage of that partnership relationship."* (6S)).

4.2.2. Limitations of professional capacities

Experts recognize limitations in terms of professional capacities, emphasizing the ***insufficient number of experts*** who conduct family mediation and counseling (*"Yesterday, I received 5 new requests for family mediation, so I am afraid that the number of mediations this year could be too high. I think that there is a lack of mediators and that insufficient attention is paid to it..."* (1S), *"The three of us practically cover our entire county and I think that is too few experts"* (8S)).

They also point out the ***importance of additional training for experts*** employed in the social care system, but also outside it (associations, counseling centers) in order to raise the quality of the service (*"There are some counseling centers that are ok, but I think they don't have enough support at the professional level."* (1S), *"But it should look different, people should be continuously educated"* (6S). Pećnik and Klarić (2020) also emphasize the importance of continuously educating family mediators regarding theoretical knowledge and dynamics of co-parenting.

4.2.3. *Insufficient public information about existing services*

Experts believe that there is also a problem of ***insufficient visibility of existing programs and services*** implemented by family centers and associations (*"I can talk about my local environment, not only it is poorly available, but what is available is poorly visible."* (6S)).

There is also an ***uneven practice of experts in referring users to additional services***, and in this respect there are differences depending on the environment, the regional office, or the expert himself (*"They refer different couples. They refer to counseling those who are indecisive, and lately they also refer those who are not able to communicate. They have poor communication, so this poor communication is reflected on their children, and experts are using this mechanism to help the parents function."* (8S)).

4.2.4. *Structuring the assessment process and directing the partner to the counseling service before joining the family mediation process*

From conversations with experts involved in this research, it can be concluded that there is a ***different practice of referring divorcing parents to counseling services*** during the mandatory counseling procedure, and before family mediation. This indicates the need to structure the assessment process and direct the partner to the counseling service (*"If there are heavy emotions, a lot of anger, they should go to counseling earlier and only then to mediation."* (4S), *"I experienced it, but somehow, how time passes, it seems to me that this is happening less and less."* (6S)). Experts point out in which situations it would be ***purposeful to instruct the parents to the counseling procedure*** (*"Those who are in a different phase of the grieving process, when we have one who is completely overwhelmed by grief, cannot function, or is completely in the phase of negation, the inability to be married, where there are differences in power, where you can work a lot in counseling with them to raise awareness of the child's position, the child's needs, their needs..."* (1S), *"These are certainly the ones who are indecisive, then when one wants to divorce the other does not and high-conflict ones who have no potential to achieve any plan. And those who are not sure of their decision if they really want to divorce."* (3S)).

Smyth and Moloney (2003) also state that for many couples, a meaningful intervention before engaging in family mediation would be to work on awareness and change dysfunctional behavior patterns, which

would ultimately affect their greater willingness to cooperate and participate in mediation.

4.2.5. Improving the quality of family mediation services

In terms of improving the quality of family mediation services, experts talk about the **introduction of new models of family mediation in practice** (“I have been doing a transformative form of mediation for years. It depends on the additional education that people have.” (1S), “It should be developed and I believe that everyone does it who have completed something other than mediation. I think that everyone consciously and unconsciously brings some other things into that process that are not just mediation techniques, the structure and that we move everything else in order to reach a plan or an agreement.” (3S), “To me personally, as a therapist, therapeutic mediation would be great and as much education and the possibility of using creative techniques as possible. We only “touched on them” a little during the education.” (4S), “Because then the mediation itself would be better suited to the needs of different couples. Of course, there is a number of couples for whom the facilitative model is quite sufficient and very useful, but there are also situations in which it is really narrow, where a much greater breadth and knowledge and skills and courage are needed to engage in something different by the mediator himself.” (6S)).

Smyth and Moloney (2003) point out that the profession’s point of view is that new approaches are needed in family mediation that have been developed in recent decades, and require special skills of mediators in order to respond to the needs of extremely conflicted parents and children who grow up in such unfavorable conditions. Pećnik and Klarić (2020) also state that the increasingly frequent occurrence of high-conflict divorces indicates the need to introduce new forms of mediation in practice, because in such cases the needs of partners who are overwhelmed by unpleasant emotions exceed the possibilities of a facilitative form of family mediation. Keoughan et al. (2001, cited in Smyth and Moloney 2003) conducted a study on the basis of which they concluded that there is a need to combine therapy with mediation techniques in order for mediation participants to be able to resolve their respective issues.

Experts also stress the **importance of supervision and additional training** and underline that this is not sufficiently represented (“Method oriented supervision is very important, it is a good step forward. It is

also the responsibility of each mediator what he will do and how he will develop. But supervision is necessary. (1S), “We do not provide ourselves with enough opportunities for professional training. (5S)”. Sladović Franz (2020, cited in Branica, 2020) also points out that the supervision of family mediators contributes to their professional development and increases the quality of their work.

Experts point out that it is also necessary to work on **better promotion of family mediation as a service** (“How can the expansion of family mediation services be improved and increased, it is certainly better to promote mediation as a form of preventive action in conflict resolution.” (1S), “I think it is the responsibility of both the association and the mediators themselves, the Ministry... but the mediators themselves must be more active and push themselves into the public a little.” (2S), “I think that my colleagues at the Agency do not have enough knowledge about what mediation is, although I gave two lectures on what mediation is for, we have flyers, we have posters, but we need to talk about it a lot more.” (2S), “It is also important to promote the family mediation service in the system, as well as professional meetings with colleagues in the system, the court, the judges themselves do not understand the service family mediation.” (3S)). Experts also consider it important to better present the possibility of resolving various family disputes through the family mediation service (“On the other hand, family mediation is viewed only in the context of divorce and cohabitation, I think that its potential is in working with all types of conflicts, preventively it is far more powerful as a social service, this is where the agencies are not sufficiently educated, they do not have enough information, and in fact it is much easier to use mediation in marital relations” (1S), “Those who are going through a divorce know about family mediation. But the population, where there is any issue, for example, caring for elderly parents - they know that they need to make an agreement, but they have no idea that someone can help them there.” (9S).

These observations are consistent with the views of Sladović Franz (2020, cited in Branica, 2020), who also points out that in Croatia there is a need to expand the mediation service to other areas of family disputes, as it is currently used mostly in the area of divorce.

5. Conclusion

Changes in society and the functioning of modern families have led to the greater instability of modern marriages and to the increasing-

ly frequent problems of separated, conflicted parenting. At the same time, there is an increasingly expressed need to provide quality professional support to parents and children who are facing the difficulties of emotional adjustment to divorce.

The findings obtained in this research are in line with earlier research that confirmed that divorce often causes partners to be overwhelmed by unpleasant emotions and leads to significant emotional problems (Leary et al., 2001, cited in Frisby et al., 2012, Willèn 2015, Levite and Coen, 2011, cited in Majnarić, 2022).

The experts involved in this research, based on their many years of experience working with divorcing couples, emphasized the importance of recognizing and respecting the emotional needs of divorcing parents and providing quality professional support to this category of users.

The results of this research speak in favor of insufficient availability and quality of existing services for parents who report emotional difficulties related to adjustment to divorce and an unresolved partner relationship. Experts emphasize the geographical unevenness in the availability of counseling, psychotherapy and family mediation services, the existing limitations of professional capacities in terms of an insufficient number of experts and the need for their additional education. They also point out that the public is not sufficiently informed about the existing services offered by family centers and various associations operating in the community, and point to the problem of uneven practice by experts in referring users to use them.

They also point out the importance of structuring the assessment process and directing partners to the counseling service before engaging in the family mediation process, recognizing the different practice in that area and the need to strengthen family centers and provide additional training for experts to work in this area.

They emphasize the importance of promoting family mediation as a service, better presentation of service levels and competences of family mediators. They also see room for improving the quality of family mediation services through the introduction of new models of family mediation in practice.

Experts point out the problem that counseling and therapy services for divorced parents in the private sector are not equally financially accessible to all parents. The above indicates that services for divorced parents should also include financial support and that it is necessary

to strengthen family policy measures aimed at reducing the poverty of divorced persons (Dobrotić, Pećnik and Baran, 2015). Also, it is important to develop additional support programs for parents who use certain services (for example, childcare services while parents are using counseling services, transportation financing for parents who live in remote, deprived communities, etc.).

It is essential to develop targeted services that are in line with the specific needs of divorced parents (Dobrotić, Pećnik and Baran, 2015). Services for divorced parents should help parents in separating the parental role from the partner role, establishing collaborative co-parenting and strengthening parenting skills and the quality of the relationship with the child. In addition, existing as well as new services need to be regularly evaluated and continuous research conducted to detect current support needs of divorced parents.

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Analysis of the Parenting Support Program for Roma Families in the Republic of Serbia

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Abstract

Parents represent figures who create a context within the family where the child can build and develop his identity and feel safe, secure, loved, and cared for. Therefore, parents are the biggest source of support. However, the influence of various risk factors for the family and the quality of care for children can be a source of “damage” to the child and its growth and development. Roma families in Serbia represent 19.84% of the total population and they are the third minority group of the population, which is marginalized on various grounds: place of residence, education, economic status, as well as the availability of services and support for their parenting.

Parenting and caretaker support includes universal programs intended for all families; selective, targeted programs for families at higher risk of lower quality of care, as well as indicated programs and individual support for parents and caretakers in those families where children have experienced violence. Parenting support programs are a way to involve families and provide them with information and support for building the competencies needed for quality child care. Therefore, this paper aims to map and analyse parenting support programs for Roma families in the Republic of Serbia, implemented from 2018 to 2023. By searching the platforms of UNICEF, CPD, and SOS-Children's Villages Serbia, 14 programs were mapped and analysed using desk analysis. The following indicators were used: name of the program, implementor of the program, place of implementation, goal of the program, learning objectives, target group, content of the program, competences developed by the program, method of implementation, duration of the program, training techniques/interventions, number of beneficiaries, and effects of programs. Results show that only 3 programs are intended exclusively for Roma families, while the others are aimed at vulnerable groups or the general population. The programs are implemented by non-governmental organizations, while only 2 programs are implemented by Centers for Social Work, and 4 by community health centres. The highest percentage of programs is implemented in Belgrade, and the lowest in the south of Serbia. The programs' goals are reducing violence in the family environment, increasing the inclusion of vulnerable groups, and increasing the coverage of preschool education. Learning objectives refer to the improvement of parenting skills and the creation of a stimulating environment for the child. The programs are implemented

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through educational and thematic sessions and workshops using group and individual work. The methods used are mostly teaching, less often modelling. For a very small number of programs there is publicly available information on the number of beneficiaries and the effects of the program.

Findings indicate that Roma families are not sufficiently recognized as a particularly vulnerable group, and very few programs are targeting parenting support for these families. They are most often expected to be included in the programs intended for families in the general population. Programs are usually implemented by the NGOs, making them project-funded. They are territorially unevenly distributed and significantly more accessible to families in large cities.

Keywords: Parenting, Support program, Roma families, Quality of care

Introduction

Parenting and its importance have been researched for many years. It consists of several elements that include the subjective experience of parenthood, parental care and parental practices (Čudina-Obradović and Obradović, 2003). Due to the complexity of the concept, researchers often chose some aspects of parenting in their research. Usually, different approaches are used in the conceptualization of parenting: attachment (Alhusen et al, 2013; Muris et al, 2000; Roelofs et al, 2006; Stansfeld et al, 2008); parenting styles (Chan, 2011; Febiyanti & Rachmawati, 2021; Joseph & John, 2008; Johari Talib & Mamet, 2011; Salavera et al, 2022); positive parenting (Amato & Fowler, 2002; Fuligni & Zhang, 2004; Kendler et al, 1997; Verhoeven et al, 2007) and nurturing (will be described in separate section).

Nurturing Care

The concept of nurturing care stems from an ecological perspective of understanding the family (Bronfenbrenner, 1979). Bronfenbrenner's ecological theory looks at development in the context of different "levels" of the environment, where each of the levels has a more or less significant impact on the individual. Any change realizes its effects on all levels (Bronfenbrenner, 1986). In Bronfenbrenner's ecological theory, four systems of the external environment are defined that interact with each other and have an impact on growth and development.

All systems within the ecosystem models affect the functioning of the family; they are dynamic and interactive. The ecological perspective quickly found its application in the understanding of families and parenting, and therefore in the practice of social work (Greene & Barnes, 1998; Jack, 1997; Rothery, 2001; Wakefield, 1996;). It is recognized as particularly important in the context of sharing the support system that a family can rely on when caring for a child (McCormic et al, 2013; Piel et al 2017;), as well as understanding the impact of various factors on the quality of parenting practices. (Hyde et al, 2020; Lee et al, 2011; Mak et al, 2020). Understanding this context in which challenges to family functioning occur can greatly contribute to the creation of effective family support programs and parenting (Swick & Williams, 2006).

Nurturing care includes five interrelated domains of childcare:

- Good health: pregnancy planning, adequate management of pregnancy, postnatal care of the child, immunization, prevention of

health and mental health, timely seeking and providing help to a sick child.

- Quality nutrition: adequate nutrition during the breastfeeding period, transition to a non-dairy diet rich in micronutrients necessary for growth and development
- Responsive parents: skin-to-skin contact immediately after birth, observing, recognizing and responding to the child's needs in daily activities, involving both parents and the wider community in the care of the child.
- Safe and secure environment: providing a safe space for the child while controlling the possibility of injury, providing healthy, clean air, water and food. Preventing the use of violent methods of education and family violence.
- Opportunities for early learning: creating a stimulating environment for the child that includes support for exploration and learning through play, reading, talking, and the like (WHO, 2018).

The concept of nurturing care represents the integration of the results of research into the early development of children to be able to define the key aspects of quality care.

Parenting support

Family and parenting support is an important aspect of improving the opportunities of parents to create a safe and secure family context in which responsive care, health protection, adequate nutrition and early learning opportunities will be provided for children. On the other hand, parenting support can also be seen as a child's right (Doland et al, 2020). In a comprehensive review of family and parenting support policies, programs, and practices, Mary Daly and colleagues (Daly et al., 2015) define parent and family support as different but related concepts. According to this approach, parenting support is a narrower construct than family support, it is focused on parents and parenting practices. Support for the family as a whole refers to the family as a social "unit" and its ecological balance, interventions are focused on family relationships and the exchange of resources between family members, and it is also considered how well the family is integrated into support networks. Therefore, family support is oriented toward the stability and general functioning of the family, while support to parents is more oriented toward parenting practices (Daly et al., 2015).

They are related since they both focus on caring for children and providing support that can improve caregiving conditions.

The family support is defined in different ways, from a special perspective in child protection, through activities based on specific values and social movement to the way of providing services to families (Canavan et al, 2019; Dolan et al, 2020; Žegarac, 2017). The framework for social protection defines family support as activities aimed at strengthening and preserving the family, preventing the separation of children from the biological family, as well as providing early interventions for families at risk (Unicef, 2012). These activities include parenting education, family legal counseling, family mediation, individual and family therapy, as well as referrals to other services and programs in the community.

Parenting support aims to provide families with adequate information about the child's developmental characteristics, expected norms, etc. Adequate information on how parents can monitor, support and encourage the child's development in line with his age; indicating the importance of the parent-child relationship for the child's growth and development; indicating the importance of family relationships and communication within the family. Also, programs should include support for the development of parental knowledge and skills and confidence in one's own parenting skills and satisfaction with one's parenting skills (Hidalgo et al, 2009). Different from previously applied parenting support programs, which focused only on the child, there is a change in focus, and now the support is directed to the entire family (Moore et al, 2013). The results of the meta study, showed that programs that include support for the entire family, in addition to achieving significant effects on the child's development, also have an impact on parental stress (Rivera et al, 2004). The ecosystem approach suggests that all systems have an impact on the functioning of the family and that they are interactive and dynamic. Therefore, understanding this context, through the ecosystem model, in which challenges for family functioning occur can greatly contribute to the creation of effective family and parenting support programs (Swick & Williams, 2006).

The formal parenting support services can be divided based on the target population for which they are intended. Parenting support services can be: universal, selected and indicated (Pecora et al, 2000). Universal or primary support covers the whole community, through pre-

ventative actions, and include initiatives, campaigns and services in the community that relate to families without a specific “entry” criterion (Hardy & Darlington, 2008; Moran et al, 2004). A study that monitored the effects of informational programs shows that the changes that occurred in the level of parental stress were very small, but the effectiveness of parenting, as well as the sense of well-being, improved (Lindsay & Totsika, 2017). Although this is only one study on the effectiveness of universal programs, the results point to the importance of the availability of the mentioned programs with the aim of a sense of well-being, but also the improvement of parenting practices.

The next level represents selected support programs intended for families identified as “at risk”, i.e. in a state of need (Hardy & Darlington, 2008). These programs include family counseling, education, and parenting skills development, and some of the services include home visits (Hardy & Darlington, 2008; Pecora et al, 2002). The indicated support programs aim at preventing abuse and neglect of children in the family. They most often include families in crisis, within which there is a high risk of toxic stress affecting all family members (Hardy & Darlington, 2008). The indicated programs include interventions that lead to the development and improvement of parental competences, but also the mental health of children and parents. The ultimate goal of these is to prevent the displacement of children from the family (Desautels et al, 2020). It is important to point out that studies of the effectiveness of indicated programs have reached important conclusions regarding the need for heterogeneous interventions within the same programs. More precisely, while analyzing the effects of the programs, the researchers observed that there was no change in the work with some families, or there was a deterioration. In order to better understand the causes and explain the findings, they noticed that their client group was heterogeneous, so the implementation of homogeneous interventions was the problem in the program (Henderson et al., 2010).

The importance of parenting support programs is reflected in the fact that research indicates the existence of the effects of these programs on parental stress and mental health of parents (Apaydin, 2022; Garcia et al, 2021; Saberi et al. 2014;) self-esteem and sense of self-efficacy of parents (Apaydin, 2022) mental health of children (Barone et al, 2019; Garcia et al, 2021; Sandres et al, 2019) and adolescents (Garcia et al, 2021; Sandres et al, 2019) as well as the progressive development of children (Sandres et al, 2014; Sanders et al, 2019). In addition, research

that dealt with indicated support programs shows that the effectiveness of indicated programs is reflected in reduced rates of displacement of children from families (van der Stouwe et al, 2014), reduction of behavioral problems in children during adolescence (van der Pol et al , 2017; van der Stouwe et al, 2014), as well as better family functioning (van der Pol et al, 2017; van der Stouwe et al, 2014).

Žegarac and colleagues conducted research in the Republic of Serbia, of which results indicate that professionals employed in social work centers and marriage and family counseling centers in Serbia recognize that they have few resources for working with families to strengthen parental competences, and that their work is limited to problem-oriented diagnostics. Also, it is observed that preventive work is used the least, while services and programs are focused on «burning problems» (Žegarac et al., 2020). When it comes to working with groups of parents, the research indicates that professionals from the social protection system recognize this form of work as «supplementary», aimed at parents who have fewer difficulties in the form of doubts related to certain problem situations. It remains unclear for what reason this form of work, with the application of adequate methods, does not work with groups of parents who have «serious» problems (such as juvenile delinquency, delinquency, etc.) (Žegarac et al., 2020). In this research, programs and services in the community that aim to support parenting and have elements of positive parenting were also mapped. Eighteen such programs have been mapped, which are mostly centralized, that is, available in larger cities, such as Belgrade, Novi Sad, Kragujevac and the like. To the greatest extent, the programs are implemented by non-governmental organizations and are part of project activities that are usually not long-term and sustainable. The goals of the mapped programs refer to encouraging parenting and early development, strengthening the family, developing parental competences and specific parenting competences such as foster care, caring for children with developmental disabilities, etc. The programs and parenting support services are not licensed and there is no systematic data on their effects (Žegarac et al., 2020).

When it comes to parenting support programs that are implemented in Novi Sad and Belgrade, as major administrative centers in the Republic of Serbia, research findings show that all support programs (eleven in total) are intended for families in the period of early development - some of them are aimed at prenatal support, while the others

are aimed at families with children from birth to three years old, or families with children up to six years old. The competencies offered by these programs are: knowledge about early development and creating a stimulating environment for the child, responsiveness (noticing, recognizing and responding to the child's needs, specific knowledge and skills characteristic of positive parenting, developing or building relationships, positive discipline skills, establishing boundaries, expressing positive feelings, establishing healthy habits of the child, choosing an educational style, recognizing safety risks, including the child in the daily routines and rituals of the family), as well as other competencies related to specific circumstances. Also, the research results point to the existence of family and parenting support services on different levels (universal, selective, indicated) as well as the target groups for which they are intended. The findings indicate that the mentioned local communities recognize the importance of responding to the different needs of families and creating services that offer families. These programs give general, informative knowledge that is intended for all families from the general population to specific narrowly defined programs, which are intended for families that may face different risk factors for the quality of child care, and require a different range of support needs (Marić Ognjenović et al, 2022).

In order for family and parenting support programs to be accessible and effective, it is necessary to continuously educate professionals and develop their skills for family and parenting support. Research and analysis of accredited training programs for family support and parenting, which are intended for professionals employed in the social protection system, mapped fifteen such programs (Polić Penavić et al., 2022). Findings suggest that program curricula focus on the whole family, which is in line with the previously mentioned trends of shifting the focus from the child to the whole family (Moore et al, 2013). Findings indicate that programs are most often focused on the development of general knowledge and skills of professionals related to family support, while the development of narrowly specific parenting support skills is modest (Polić Penavić et al., 2022).

Roma families in the Republic of Serbia

Roma families in Serbia represent 19.84% of the total population and they are the third minority group of the population, which is transgenerationally marginalized on various grounds: place of residence,

education, economic status, as well as the availability of services and support for their parenting (Tugvell et al, 2006).

Research shows that socioeconomic status has a negative impact on parenting (Belsky et al, 2007; Leyendecker et al, 2006). Results show that socioeconomic status is an important factor in child care for two reasons. First, belonging to a certain social and economic group of people includes living in temporary or long-term, even multi-generational poverty (Byrne, 2024). These groups usually have a lower level of education, which implies a lack of opportunities to develop and improve parental competences (Delale & Pećnik, 2010). Poverty affects parenting competence by limiting parental responsiveness and the availability of resources such as nutrition, health care, and supportive family environments (Coleman & Karraker, 1998; Lange et al, 2017; Leyendecker et al, 2006; Vernon – Feagans, 2013). Belonging to a minority group of the population often means belonging to a socially and economically vulnerable class, which often means living in underdeveloped, remote, isolated and polluted settlements. This affects the quality of parenting by making the family context less safe, and stimulating, limiting the availability of quality food and water, and healthy life (Belsky et al, 2007; Byrne, 2024; Fuligni & Yoshikawa, 2003; Leyendecker et al, 2006).

In Serbia, 58% of the Roma are living below the World Bank absolute poverty line, defined as purchasing power parity of USD 4.30 per day, compared to only 9% of the general population (Perić, 2006; Pavlović, 2020). There is no data on chronic poverty in Serbia; however, it is generally acknowledged that a much larger percentage of the Roma live in chronic poverty than their non-Roma counterparts. Roma appears to have high social capital as a result of close-knit families and communities. Communal networks provide day care for children of ill parents, palliative care to the elderly by younger generations in the household, and caregiving to neighbours and friends (Prvulović, 2008). Recent plans to move or demolish Roma settlements may have severe detrimental impacts on these communal networks and support mechanisms. The lifestyle of the Roma following social changes has changed compared to twenty years ago, still, but a large percentage of Roma families live in informal settlements without basic infrastructure - water supply, electricity, basic housing conditions (Martin & Gamella, 2005; Byrne, 2024). Also, the location and isolation of these settlements leads to the absence of basic services related to

child care. Schools, kindergartens, shops, playgrounds and transportation are significantly less accessible to Roma settlements (Hodžić, 1985; Frist-Dilić, 1998; Štambuk, 2000). The described living conditions of Roma families imply that parents predominantly have to rely on an informal support network, which includes mostly extended family members, neighbors and friends. These networks serve primarily as a source of information, when coping with new situations or events in the family - a new family member, illness, milestones in development, etc., but also as emotional and material support (Šućur, 2004).

The available literature indicates a relatively high prevalence of anxiety, depression and substance abuse among Roma, and females seem to be more affected than males. Roma children exhibit more externalizing and internalizing disorders when compared with non-Roma children. Mental health and perceived well-being among the Roma population are strongly linked to social determinants of health such as housing or economic income. Access to mental healthcare is limited for Roma people because of several barriers pertaining to language, lack of information regarding available services, and the insurance and economic status of Roma people. Roma people report mainly negative experiences with mental health services, including a lack of understanding from healthcare providers, and instances of racism and discrimination. There is a need for more research on mental health and access to health care in Roma people (Guerrero et al, 2024).

The results of the research show that there are positive attitudes towards the use of violent methods in the care of children in Roma families, as well as that they use violent methods in the care more often as compared to non-Roma parents (Republic Institute of Statistics, 2014; Republic Institute of Statistics, 2019; Šućur, 2004). In addition to the parenting approach, the research results indicate that in Roma families the opportunities for early learning are qualitatively different compared to non-Roma families. The results show that adult household members are less involved in four or more activities with children in Roma families compared to non-Roma families (56% and 94% respectively). In addition, the availability of stimulating material (toys and books) in families from the non-Roma population is six times higher than in families from the Roma population (Republic Institute of Statistics, 2014; Republic Institute of Statistics, 2019).

The findings suggest that parents from the Roma population need different support compared to other families. The analysis of parent-

ing support programs, in the Republic of Serbia, included only programs intended for families with children from the general population (Žegarac et al, 2020; Marić Ognjenović et al, 2022), as well as families of children with developmental disabilities (Žegarac et al 2014).

Methodology

For research implementation, a qualitative research design was used. Considering the indicated importance of the parenting support program from the earliest days since the birth of the child, as well as the created context that opens up the possibility of realizing the mentioned programs. Desk analysis was used as a data collection technique in the research, and the procedure involved documenting family support programs that took place in the form of services in Serbia in the last five years (2018-2023), based on the material that was found on the web platforms of UNICEF, MODS, CPD, SOS-Children's Villages Serbia and other related organizations that have programs to support children and families. The available platforms were searched for programs aimed at strengthening parental competences for child care, which were then further analyzed qualitatively, using a thematic analysis. The following data were used as indicators of the analysis: name of the service program, link/s, goal of the service program, learning objectives, target group, content of the service program, competencies developed by the service program, method of implementation, duration of the service program, training/intervention techniques, the number of service users, the effects of the service program.

Results

Programs' implementors: Analysis shows that non-governmental organizations implement the programs, while only 2 programs are implemented by Social Work Centres, and 4 by community health centres.

The goals of programs: Results of the analyzed services show that slightly more than half of the services are primarily concerned with the development of parenting skills: reducing violence in the family environment and creating a safe environment, increasing the inclusion of vulnerable groups, and increasing the coverage of preschool education.

Learning objectives: Learning objectives are presented through 40 individual objectives, which are classified into several groups by thematic analysis:

- Strengthening the family. This group includes programs that state the strengthening or building of the family's community network as a specific goal (four services). The programs explicitly state a specific goal - acquiring knowledge about alternative ways of raising children, as opposed to leniency or physical punishment.
- Parenting and early child development. The largest number of specific learning objectives are stated in programs dealing with early child development (nine programs deal with supporting specific aspects of parenting or groups of children during early development). In the group of these services, information on the importance and ways of stimulating early development is most often cited as a specific learning goal, while a large number of programs, according to the user group and the problem they address, cite the importance of building relationships parent-child, reading, play and the child's participation in family rituals, etc.
- Other programs are with specific topics related to parenting children with developmental disabilities or similar.

Target group: The target groups of the program can be divided into universal services intended for all parents and guardians (eleven programs); age-selective services for parents and guardians of children aged 0 to 3 (five programs) or 0 to 6 years (three programs); specific selective services for couples expecting a baby or parents who have difficulties with feeding small children (two programs; vulnerable groups for selective programs, such as families of children with developmental disabilities (one program) and marginalized families like Roma families (three programs).

Content of the service program: All fourteen programs include support in skills development. In addition, five services offer free legal services, while four services provide users with hygiene packages and didactic material. Four programs are implemented in the family environment, in places where families stay. Three programs were organized like a parenting school.

Training intervention: The programs are implemented through educational and thematic sessions and workshops using group and indi-

vidual work. Three programs used educational and thematic sessions in groups. Five programs used only workshops in groups, while two programs also used individual séances. Four programs used only individual approaches to work with families.

The methods of implementation: Programs used are mostly teaching, less often modelling. Only three programs used modelling. 11 programs used teaching and 3 programs used teaching and modelling of parenting skills in programs.

Duration of program: The duration of programs differs, from a few weeks to a few months. They rarely last continuously. The meetings are realized with different dynamics, usually once a week for an hour.

Numbers of service users: The data is usually not available. There are data on the number of users for only five programs. Those programs that are implemented in smaller territories include up to 100 beneficiaries, while regional programs include up to several thousand families.

The effects of the service program: The data is almost completely absent, it was available for only three programs. The program, which was implemented in several regions, such as Niš, Belgrade and Kragujevac, shows that parents report better communication with their children after the program. The program realized in Novi Sad, shows better use of available materials in the house for playing with children, as well as a better understanding of the child's needs.

Discussion

Findings indicate that Roma families are not sufficiently recognized as a particularly vulnerable group, and very few programs are targeting parenting support for these families. Also, the results generally show that targeted, selective support programs are important and necessary for those families who need support in the area of partnership and family functioning, in order to build a starting point for the development and improvement of parental competence. The results of the research also support that the analyzed services of non-governmental organizations are focused on parenting and the early development of children. In addition, there are also specific programs that aim to prepare for parenthood and develop partner and co-parenting relationships. These results show the importance of investing in the earliest period of a child's life is recognized as the moment of growing up when the most important and fastest changes for the child happen (Britto

et al., 2017). The skills that the services aim to develop are in favor of contemporary trends and research findings abroad on the content of proven effective programs (Hidalgo et al., 2009; Rodrigo et al., 2012), as well as those described by the concept of nurturing care: responsive parenting, good health, safe and secure environment, opportunity for the early learning and quality and adequate nutrition (WHO, 2018). The findings do not differ from the findings obtained from the analysis of programs intended for the general population in the Republic of Serbia, although other programs were analyzed and focus was on positive parenting skills (Žegarac et al, 2020, Marić Ognjenović et al, 2021).

When it comes to different levels of services, it can be seen that there is currently a spectrum of service levels (universal, selective, indicated) and target groups, but these programs are for generally population. What is definitely lacking is the recognition of families from the Roma population as specific and the lack of adaptation of the program to the needs and characteristics of these families. The above results show that there is absence of culturally competent practice in supporting the parenting of Roma families. The aforementioned additionally supports the results of the analysis of the programs implemented by Žegarac et al (2021). What distinguishes the programs that are intended exclusively for Roma families (3) is, in addition to informative and educational support, the provision of some form of material support.

Roma are most often included in the programs intended for families in the general population. Programs are usually implemented by the NGOs, making them project-funded. They are territorially unevenly distributed and significantly more accessible to families in large cities. The analyzed programs used contain an educational and informational level of support, while only a small number of programs include the modeling of parents' skills that create opportunities for developing parenting skills. Most programs use the technique of educating and informing parents. The results show that, although studies of programs abroad show that there are elements that contribute to the program's efficiency (Hidalgo et al, 2009; Rodrigo et al, 2012), in Serbia these elements, such as modeling and monitoring skills are still not developed to a sufficient extent, and appears only in few programs, while other programs are mainly focused on teaching. These results reflect the general culture and practice in Serbia, which is focused on acquiring knowledge, while practicing the skills is in the shadows, at all levels

of formal and informal education. This situation requires changes in the understanding of the learning process, from a one-way transfer of knowledge to a dynamic process, where all agents are active and have the opportunity to explore and practice the competencies foreseen by the program's goals. On the other hand, the way of realization of the programs follows modern trends in the field, and the programs are realized most often in groups of parents, with several programs combining different ways of realization, including individual meetings. The duration of the service indicates that these interventions are highly structured, which is also in line with contemporary trends in the field (Hidalgo et al., 2009; Asgary-Eden & Lee, 2012; Rodrigo et al., 2012). The existence of a structure enables better preparation of the service provider but also creates continuity and predictability of the service users themselves, which contributes to group cohesion, group dynamics, and greater readiness to adopt the competencies of positive parenting. It can be seen that Serbia is somehow more open to the appreciation of the technical aspects of proven effective programs, while much more investment is needed in the skills of implementing programs that will be based on modeling and continuous monitoring of the development of parents' competencies. If we advocate an evidence-based practice, it is necessary to systematically introduce monitoring of programs, as an integral part of the programs, which is currently missing.

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Modern and Traditional Value Orientations Regarding Family and Childbirth: Evidence from GGS

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Abstract

Changes in the demographic behavior of the population are driven by the modernization of norms and values related to family, marriage, and especially childbirth. The shifts in value norms represent an ongoing process that shapes the attitudes, perceptions, and opinions of the population regarding the role of children and family, influencing reproductive and marital behavior characteristics such as initiation of sexual life before or after marriage, prevalence of partnerships, and the average age of mothers at first birth.

The study aims to highlight the attitudinal-value determinants of family and children in Moldova from the perspective of women's level of education, place of residence, and age groups.

The study hypothesizes that the changes in value orientations regarding childbirth characteristic of the second demographic transition period lead to the alignment of women with secondary and lower education to the fertility transition process, thus reducing the average number of children born and for women with higher education to have even fewer children. Data and Methods. Based on the data from the Generations and Gender Survey 2020, statements that characterize traditional and modern attitudes toward family and children were selected. The exploratory factor analysis method, principal component analysis (Varimax rotation), was applied.

Results. There is a high prevalence of modern family and children's values among respondents under 34, urban women (including Chisinau municipality), and women with higher education. Women in older age groups, from rural areas, and with medium and low levels of education demonstrate the opposite tendency, aligning with traditional attitudes towards lifelong marriage even if the spouses are unhappy, childbirth only within marriage, and tolerance towards cohabitation without marriage registration, and having children in complete families with both mother and father. Women with medium and lower education levels accept modern attitudes towards new family values in society.

Keywords: Attitudinal-Value Determinants, Level of Education, Place of Residence, Age, GGS, Moldova

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Introduction

Moldova, a country in Eastern Europe, has experienced significant demographic changes over the past few decades. Factors such as economic instability, migration, and changing societal values have influenced reproductive behaviors and attitudes toward childbirth. Value norm changes represent an ongoing process that directs the attitudes, perceptions, and opinions of the population regarding the role of children and the family, determining particularities in reproductive and marital behavior such as initiating sexual life before or after marriage, the spread of partnerships, and the average age of mothers at first birth, among others. The decrease in social norm pressure, an increase in personal independence, and the development of “higher order” needs (Van De Kaa, 2001) contribute to the formation of new reproductive behaviors. Attitudes towards fertility regulation, the motivation to become a parent, lifestyle, freedom of choice, and a high concern for individual fulfillment (Sobotka, 2008) imply an increasingly varied differentiation of reproductive behavior models.

The Republic of Moldova aligns with the value changes in modern reproductive behavior, recording significant structural changes in the population, transforming marital behavior, spreading legally unregistered unions, and changes in the cultural model of reproductive behavior (Gagauz, 2018).

Constituting the “narrative essence” (Van De Kaa, 2001) of the transformation of “social values,” the second demographic transition attests to the direct link between the transformation of cultural and moral norms of society and the level of fertility. At the same time, changes in value norms regarding family and children within certain social groups can progress differently, having a multi-vector impact on reproductive behavior. Thus, studying the impact of sociodemographic factors on value orientations regarding family and children will allow us to address the question of existing differences at the social group level, considering the adherence to traditional or modern norms and values. In the study, perceptions and essential orientations regarding family and children were evaluated according to sociodemographic characteristics (education level, residence area, age groups) of women of reproductive age.

Literature review

Research on value orientations concerning childbirth in Eastern Europe reveals a dynamic interaction between traditional and modern attitudes, highlighting the region's broader social, economic, and cultural transformations. These value orientations are crucial to understanding reproductive behavior, family formation, and demographic trends, positioning them as a significant focus of sociological inquiry.

Empirical studies highlight the nature of changes in reproductive behavior, which are based on the concept of the second demographic transition, assuming a high concern for individual self-fulfillment, freedom of choice, lifestyle, and emancipation, reflected in the process of forming family, attitudes towards fertility regulation and motivation to become a parent (Basten, Sobotka and Zeman, 2014, p. 293). The ideational approach involves adapting to cultural and value developments, namely, adopting new Western norms, values, and attitudes as the main incentives for demographic changes, the promoters of these new values being high-level social ends of education and economically assured. Later, these new forms of behavior also extended to the less materially secured social strata and with a lower level of education (Gagauz, Grigoraș, 2018).

Traditional value orientations often stress the importance of early marriage, larger families, and conventional gender roles. These values are deeply rooted in historical, cultural, and religious norms that have shaped family life for generations. For example, in many Eastern European societies, the ideal of a multi-generational household and a strong emphasis on the continuity of family lineage have historically supported higher fertility rates and earlier transitions into parenthood (Sobotka, 2011). Such traditional values have been fundamental in promoting early family formation and reinforcing the expectation of larger family sizes. Conversely, modern value orientations emphasize individual autonomy, career advancement, gender equality, and personal fulfillment, which tend to be associated with later marriages, postponed childbearing, and smaller family sizes. The shift toward these modern values is closely intertwined with broader socio-economic developments, such as higher educational attainment, greater female participation in the labor market, and the influence of Western cultural norms (Frejka & Gietel-Basten, 2016).

The research underscores the role of modernization and globalization in shaping new value systems that prioritize individual aspirations, career goals, and gender parity. These modern values correspond to what is known as the second demographic transition, marked by delayed marriages, reduced fertility rates, and the rise of non-traditional family structures (Lesthaeghe, 2010). In Eastern Europe, these trends are evident in declining birth rates, a later age at first childbirth, and the increasing acceptance of cohabitation and single-parent families (Sobotka, 2011). Many researchers note a decrease in the pressure of social norms of society (norms related to family and marriage), an increase in personal independence and the development of “higher order” needs (Basten, 2014; Van de Kaa, 2001). In this sense, individual preferences regarding the number and timing of children are key questions for post-transition fertility research (Grigoraș, 2018).

Comparative analyses of Eastern European countries further substantiate these trends. Data from the Generations and Gender Survey (GGS) highlight significant variations in value orientations and reproductive behaviors between older and younger cohorts, urban and rural populations, and across different educational groups (Frejka & Gietel-Basten, 2016). Younger cohorts, particularly those with higher education and residing in urban areas, tend to reflect stronger modern value orientations, characterized by delayed family formation and lower fertility intentions.

Cultural norms and institutional frameworks remain pivotal in shaping family values and behaviors across Eastern Europe. In countries with strong religious influences, such as Poland and Romania, shifts toward modern values have been more gradual compared to secular nations like the Czech Republic and Hungary (Sobotka, 2008). Additionally, variations in family policies, childcare services, and measures promoting gender equality contribute to differing rates of value transformation across the region (Hajnal, 2010).

This body of research underscores the significant role that both cultural and institutional factors play in the ongoing negotiation between traditional and modern values regarding family life and fertility in Eastern Europe.

Methodology and data

This study employs data from the Generations and Gender Survey (GGS), conducted for the first time in Moldova in 2020, with a sample

size of 10,000 respondents. The GGS provides a comprehensive dataset on value orientations related to family and children, offering in-depth information on attitudes and behaviors due to its extensive coverage and detailed questionnaire. For the purpose of this analysis, a subsample of 2,705 women aged between 15 and 49 was extracted from the overall dataset to focus specifically on reproductive orientations at the national level.

To explore the attitudinal and value-related factors regarding family and children across different social groups, the GGS data were analyzed using exploratory factor analysis (EFA) with principal component analysis (PCA) and Varimax rotation. This methodological approach helps uncover the underlying factors that explain patterns of correlations among the selected statements, allowing the study to differentiate between traditional and modern value orientations. Varimax rotation—one of the most widely applied factor rotation methods—facilitated the evaluation of perceptions and core orientations regarding family and children concerning key socio-demographic variables such as education level, place of residence, and age groups among women of reproductive age.

The Kaiser criterion (retaining factors with eigenvalues greater than 1) and the scree plot guided the decision on the number of components to retain. Statements with high factor loadings on each component were carefully examined to define the specific nature of the traditional and modern value orientations. This methodological framework provided a robust means of identifying and analyzing the distinct attitudinal trends within the population, shedding light on the complex interplay of cultural, social, and demographic factors shaping family-related values.

Research results and comments

Based on the GGS data, two sets of statements characterizing traditional and modern attitudes towards family and children were selected (Table 1). The factor analysis results conducted using principal component analysis (Varimax rotation) allowed the identification of two distinct dimensions, which together explain 48.5% of the variance in the analyzed values. The identified factors can be interpreted as the population's attitudes towards marriage and children, combining several statements with the highest factor loadings.

The first factor consists of four variables, with an informational content > 1 (eigenvalue) of 2.27, and an explained variance of 28.4%. The contribution of the variables to the selected factor loadings indicates that, in the population's perception, the child represents an indispensable source of primary well-being and fulfillment in both women's lives (0.791) and men's lives (0.745). Slightly lower but statistically significant loadings are found in the statements: *"For a child to grow up happy, they need a family with a mother and father"* (0.665) and *"Marriage is a lifelong relationship and should never be broken"* (0.588). The factor loadings data allow us to interpret the traditional values factor as an important one in women's lives, which includes the importance of children and marriage-based family life. Considering that the factor variance is less than 33%, we can assert that the factor variance relative to the mean value is low, demonstrating the homogeneity of attitudes.

Table 1. Attitudinal Value Factors Regarding Marriage and Children

Items	Factor loading	
	Traditional Attitudes	Modern Attitudes
Children are an indispensable source of primary well-being and fulfillment in women's lives.	0.791	
Children are an indispensable source of primary well-being and fulfillment in men's lives.	0.745	
For a child to grow up happy, they need a family with a mother and father.	0.665	
Marriage is a lifelong relationship and should never be broken.	0.588	
It is normal for two unmarried people to live together, even if they do not intend to marry.		0.683
It is normal for a couple in an unhappy marriage to divorce, even if they have children.		0.651
A woman can have and raise a child on her own, even if she does not want to have a stable relationship with a man.		0.594
Total Variance	28.4%	20.1%

Source: Developed by the author based on GGS data, 2020
Calculation basis: women aged 15-49 years

The results of national sociological research on the studied theme demonstrate that traditional values and acceptances remain predominant among the population of the Republic of Moldova (M. Bulgaru, O. Bulgaru, 2018), with a high valuation of children and their prioritization evident in recent studies. It can be said that children represent an essential and universal social value shared by the majority of the country's population. Additionally, the societal perception does not favor the idea of a child growing up outside of a traditional family structure – with both mother and father.

The second factor (modern attitudes) accounts for 20.1% of the factor variance, with an informational content of 1.611. The variables comprising the second factor include three statements. The statement obtained the highest factor loading: *“It is normal for two unmarried people to live together, even if they do not intend to marry,”* indicating widespread acceptance of new forms of premarital behavior. Similarly, the permissive attitude towards divorce even when children are involved (*“It is normal for a couple in an unhappy marriage to divorce, even if they have children”*) also obtained a relatively high factor loading (0.651). The liberalization of moral norms concerning the link between marriage and childbearing is observed through the factor loading: *“A woman can have and raise a child on her own, even if she does not want to have a stable relationship with a man”* (0.594).

Based on the data presented in Table 3.7, it can be inferred that reproductive-aged women's representations regarding family and children exhibit a conglomerate of both traditional and modern attitudes. On one hand, respondents highly value children and complete families with both mother and father; on the other hand, they accept cohabitation without marriage, divorce, and incomplete families (comprising a single mother with child/children). The results emphasize the weakening of family values, especially among young people, particularly in urban areas. Experts note that these individuals are more oriented towards education and professional careers, with family taking a secondary role. The pursuit of self-assertion, self-fulfillment, and personal comfort and well-being leads to changes in reproductive behavior and an increase in the proportion of unstable couples/divorces.

We aimed to examine differences in respondents' attitudes toward family and children based on specific sociodemographic criteria among women aged 15-49 years. These criteria include age groups, education level, and residential environment. Figure 3.3 illustrates the average

values of these factors for the selected respondents. A positive factor value indicates that the respondents align with particular attitudes, while a negative value signifies the opposite. Furthermore, a higher value indicates a more statistically significant relationship for that group, whereas a lower value suggests less significance.

According to respondents' answers based on age groups, associations are defined between younger and older age groups regarding existing attitudes towards marriage, family, and children. The youngest generations show positive values of the modern attitudes factor, most notably among those aged 15-19 years, followed by the age group of 20-24 years. A neutral approach is observed in the age groups of 25-29 years and 35-39 years, showing negative values for both attitudes. An inverse relationship is observed among older respondents – 40-44 and 45-49 years – who associate more with the traditional attitudes factor. With increasing age, respondents tend to support traditional and conservative approaches regarding family matters, marriage, and child-rearing. Thus, the majority of younger respondents support modern values such as cohabitation without marriage, childbirth outside of marital bonds, and dissolution of marriage if partners are unhappy.

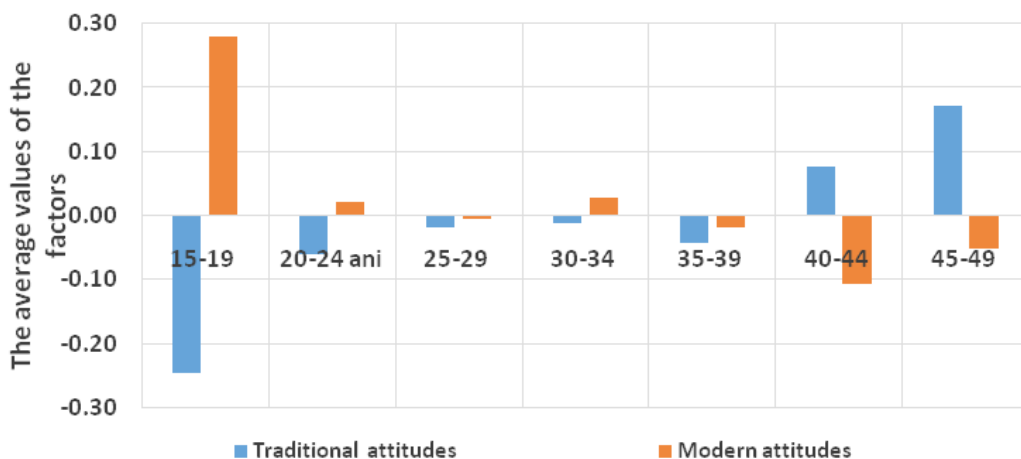


Figure 1. Average values of attitudinal factors regarding family and children across age groups (15-49 years old)

Source: Developed by the author based on GGS data, 2020

The second parameter that is interesting for us in terms of the dynamics of the value system is the level of education. Education is very important for the socialization process; it can also influence the circle

of social contacts, preferred sources of information, career ambitions, and position in the labor market. In the context of education level, the average values of the identified factors show significant differences. Low levels of education correspond to positive values of traditional family behavior perceptions. Respondents with low education levels most often associate with traditional family values, where both mother and father raise the child, and marriage is seen as lifelong. Women with a medium level of education exhibit positive values of the traditional attitudes factor, which is 0.09, indicating adherence to these attitudes. Women with higher education reject traditional attitudes and align more with modern ones, recording the highest positive values of the modern attitudes factor (0.10). An inverse relationship is observed for average values of the traditional attitudes factor, marking negative values up to -0.24.

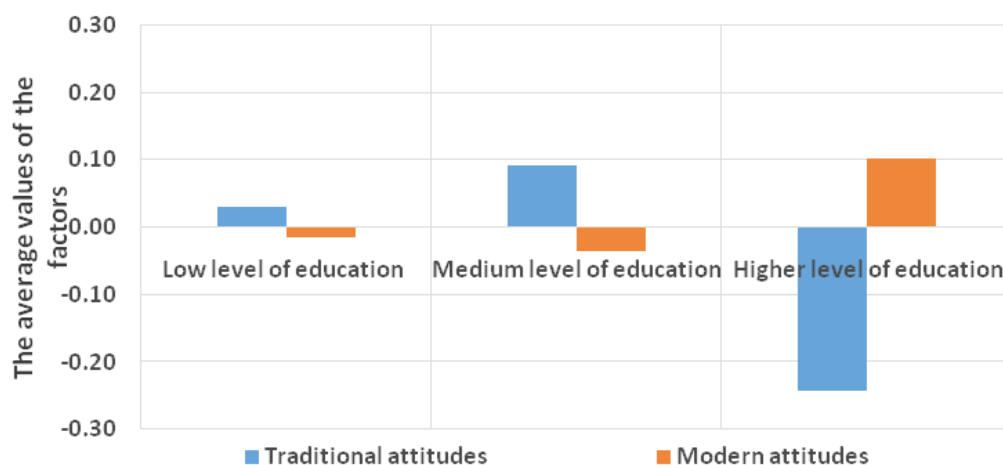


Figure 2. Average values of attitudinal factors regarding family and children, by level of education

Source: Developed by the author based on GGS data, 2020

Differences in the average values of attitudinal factors regarding family and children are observed by place of residence (Figure 3). Among women in rural areas, there are no positive values of modern attitudes towards marriage and children; instead, traditional orientations regarding childbirth within the family and child-rearing by both parents are more characteristic. The female population in urban areas aligns with modern values and attitudes towards family behavior. This alignment is statistically significant in the city of Chişinău. Since cities

represent vectors of innovation and adoption of new family and children-related values, these values spread first in larger cities.



Figure 3. Average values of attitudinal factors regarding family and children, by place of residence

Source: Developed by the author based on GGS data, 2020

The differences in the average values of attitudinal factors regarding family and children indicate shifts in attitudes among the female population based on age group, residential environment, and level of education. On one hand, alignment with the factor indicating modern attitudes was most observed among younger respondents aged 15-19, 20-24, and 30-34 years, urban women (including those in Chisinau), and women with higher education. These groups agreed with statements about living together in partnerships without marriage registration, having children even if not married, and divorcing if the couple is unhappy. On the other hand, respondents in older age groups, rural areas, and with medium to low levels of education demonstrated the opposite trend, aligning with traditional attitudes regarding lifelong marriage even if spouses are unhappy, childbirth only within marriage, and tolerance towards cohabitation within traditional family structures.

We can affirm that during the current stage of fertility transition in the Republic of Moldova, changes in the value orientations of the female population regarding marriage and childbirth are aligning women with medium and lower education levels with the fertility transition

process, thereby reducing the average number of children born, while women with higher education have even fewer children. Respondents with medium and low education levels did not show significant negative values of the modern attitudes factor, suggesting that they do not significantly reject new family values in society.

In demography, the "cognitive component of reproductive orientations" consists of the desired number of children, the planned number, and the expected number of children. According to researchers, the "desired number of children," on the one hand, involves the individual need for children within a family, while on the other hand, it reflects reproductive orientations and established attitudes that form early in life or are inherited from parents. Reproductive intentions or desires imply planning for this action in the future, which may be altered under the influence of life circumstances. Therefore, this indicator can serve as the closest numerical expression of reproductive attitude. However, it cannot serve as an exact indicator of the number of children to be born by the end of the reproductive period.

In the Generations and Gender Survey, the question about the desired number of children was not included; instead, the associated question was: *"How many children, including biological and adopted children, do you intend to have overall?"* (Fert. 16a). We will use this question as a reproductive attitude among women aged 18-40, which represents the closest question reflecting the desired number of children, both biological and adopted.

In this context, the reproductive orientations of women in the Republic of Moldova are evaluated based on their sociodemographic characteristics. Women aged 18-40, who are in their reproductive years, stated that they intend to have three children, preferred by 45.6% of respondents within this subgroup, with the average number of children intended being 2.50 per woman based on their responses (Table 2). There is no voluntary desire not to have children, indicating that in Moldova, orientations towards a child-free family model are accepted by only 2.9%. Only 7.4% of reproductive-aged respondents intend to have a family with one child.

In younger age groups, the preference is for families with two children. The highest percentages favoring this setup are among 18-19-year-olds, 52.5%, and 20-24-year-olds, 53.1%. The intention to have more children increases as we look at older age groups. Notably,

around 51% of women aged 30-34 prefer larger families, with three or more children.

Table 3. Distribution of respondents of reproductive age, by the number of children they intend to have in general, total (%)

Age of women	Number of children				Total	The average number of children they intend to have
	No children	One child	Two children	Three children and more		
18-19	3,0	8,5	52,5	36,0	100	2,33
20-24	2,0	3,1	53,1	41,7	100	2,55
25-29	1,9	7,2	44,7	46,2	100	2,49
30-34	1,2	7,4	40,7	50,7	100	2,62
35-40	6,3	9,9	36,4	47,4	100	2,43
Total	2,9	7,4	44,1	45,6	100	2,50

Source: Developed by the author based on GGS data, 2020

Marital status influences respondents' intentions regarding the number of children (Table 4). Married women intend to have a family model with three children, a difference of over ten percentage points compared to unmarried women (40.8% for unmarried women and 53.3% for married women). Only 4.2% of unmarried women and 3% of married women express no children. Thus, the average number of children intended by unmarried women is 2.31, while for married women, it is 2.61.

Table 4. Distribution of respondents by the number of children they intend to have overall and marital status, total (%)

Women	Number of children				Total	The average number of children they intend to have
	No children	One child	Two children	Three children and more		
Un-married	4,2	9,2	45,8	40,8	100	2,35
Married	3,0	9,6	34,1	53,3	100	2,61
Total	3,5	9,4	39,6	47,5	100	2,50

Source: Developed by the author based on GGS data, 2020

When examining residency, reproductive intentions show significant variation. On average, women in rural areas intend to have 2.61 children, while those in urban areas plan for an average of 2.35 children (see Table 5). Women in rural areas generally aim for more children, whereas urban women tend to have slightly lower expectations but still average above the replacement-level fertility of 2.1 children.

A majority, 57.1%, of women intend to have three or more children. In urban areas, the trend shifts towards preferring two children, with 51.8% expressing this desire. The Chişinău municipality is particularly notable, where the majority of respondents (48.4%) indicated a preference for having two children. Additionally, there is a small but significant group of women—1.9%—who do not intend to have any children, whether biological or adopted, which is the highest percentage compared to both rural and urban settings.

Table 5. Distribution of respondents by the number of children they intend to have overall and by residential area, total (%)

Women	Number of children				Total	The average number of children they intend to have
	No children	One child	Two children	Three children and more		
Rural place of residence	0,2	2,9	39,8	57,1	100	2,61
Urban place of residence	0,5	5,3	51,8	42,4	100	2,35
Mun. Chişinău	1,9	10,3	48,4	39,4	100	2,32
Total	0,3	3,9	44,9	50,8	100	2,50

Source: Developed by the author based on GGS data, 2020

Education level plays a significant role in shaping reproductive preferences. Research indicates that women with lower education levels tend to intend to have larger families, with about 49.4% expressing a desire to have three or more children. In contrast, women with higher education typically plan for smaller families, with 47.2% intending to have two children. If these intentions were fully realized, it would reflect the differing reproductive orientations based on educational attainment.

Table 6. Distribution of respondents by the number of children they intend to have overall and by level of education, total (%)

Women	Number of children				Total	The average number of children they intend to have
	No children	One child	Two children	Three children and more		
Low level of education	4,2	7,7	38,7	49,4	100	2,56
Medium level of education	2,2	6,6	46,6	44,7	100	2,50
High level of education	2,3	8,4	47,2	42,0	100	2,41
Total	2,9	7,4	44,1	45,6	100	2,50

Source: Developed by the author based on GGS data, 2020

There is a notable difference in the desired number of children among various sociodemographic groups of women. Younger women typically wish to have fewer children compared to older women. Married women prefer a family model with three children (53.3%), while unmarried women are more inclined toward a model with two children (45.8%). Women from rural areas tend to desire three or more children (57.1%), whereas those from urban areas (51.8%) and Chisinau city (48.4%) often aim for two children. Additionally, women with higher education (47.2%) and those with secondary education (46.6%) are more likely to plan for two children, in contrast to women with lower education levels, who are more likely to want three or more children (49.4%).

A high prevalence of modern values concerning family and children is observed among younger respondents aged 15-19, 20-24, and 30-34. This trend is particularly evident among urban women, including those from Chisinau, and women with higher education. In contrast, older women, those living in rural areas, and women with medium to low education levels tend to hold more traditional attitudes.

These traditional views emphasize the importance of lifelong marriage, even in unhappy situations. They advocate for having children only within marriage and support the idea of cohabitation without marriage. Additionally, this group prefers that children be raised in

traditional nuclear families. However, women with medium to low education levels do not entirely reject modern attitudes toward new family values.

The hypothesis that changing cultural attitudes toward childbirth, characteristic of the second demographic transition connects women with medium and lower education levels to the overall fertility transition—thereby reducing the average number of children born—has been partially confirmed. Weaker family values have been mainly observed among younger respondents, urban women (including those from Chisinau), and women with higher education, as indicated by their association with the “modern attitudes” factor. Conversely, older respondents, those living in rural areas, and individuals with medium to low levels of education tend to hold traditional views on family and children, showing positive values aligned with the identified factor. Notably, women with medium to low education levels do not significantly reject the emerging family values in society, as evidenced by their lack of strong negative responses to the “modern attitudes” factor.

Conclusions

This study, based on data from the Generations and Gender Survey (GGS), highlights the dynamic interplay between traditional and modern value orientations regarding family and childbirth among women in Moldova. The findings reveal significant attitudinal differences influenced by age, education, and place of residence, reflecting broader demographic trends and cultural shifts within the country.

The alignment with modern attitudinal values towards family, marriage, and children is notably observed among younger respondents, urban women (including those from Chisinau), and women with higher education, as indicated by their association with the “modern attitudes” factor. These attitudes include cohabitation without marriage, childbirth in unmarried couples, and divorce if partners are not happy. In contrast, among older women, those in rural areas, and those with medium to low levels of education, positive values correspond to perceptions of traditional family behavior, where children are raised by both parents and marriage is seen as lifelong. Women with medium to low education levels do not register significantly negative values on the “modern attitudes” factor, implying they do not significantly reject new family values in society. The place of children in a woman's value

system determines their quantitative expression, and the nature of determinants of childbirth depends on reproductive orientations.

As shown by the results, these factors largely shape perceptions of living conditions, either facilitating or hindering the psychological need to have or have more children. Reproductive intentions vary significantly across different sociodemographic groups. Younger women and those with higher education tend to prefer smaller families, with a significant proportion desiring two children. In contrast, older women, those living in rural areas, and women with lower education levels are more inclined to favor larger families, with many intending to have three or more children.

In conclusion, the findings confirm the hypothesis that changes in value orientations regarding childbirth, characteristic of the second demographic transition, have contributed to a reduction in the average number of children born among women with medium and lower education levels. While modern attitudes toward family and children are increasingly prevalent, particularly among younger and urban women, traditional values remain swaying among significant population segments, suggesting a complex and ongoing negotiation between old and new cultural norms in Moldova

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Parents' Beliefs on the Importance of Reading with Children from the First Days of Life

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Abstract

A large number of studies address the effects of shared reading with children from the earliest days, both on child development (of numerous skills and knowledge) and on the quality of care and the relationship between parent and child. The beliefs that parents have about child development influence the way they care for their children – how they respond to their needs, as well as the timeliness of such responses. It is emphasized that parental beliefs about reading, just like the environment that they create in accordance with those beliefs, influence children's activities and learning. It is thought that such beliefs are one of the most important factors that determine if, how much, and the way parents do it with their children. However, there are fewer studies that examine the factors that contribute to parents' decisions to read with their children. Therefore, the purpose of this study was to examine parents' beliefs about the importance of shared reading for child development. 971 parents (95.8% of whom were mothers) of children up to three years of age participated in this study. An instrument was developed for the study to assess beliefs about the importance of shared reading ($\alpha=.59$), which included questions about sociodemographic data. The results show that parents generally believe that there is no point in reading before the child speaks (88%), and that the type of reading itself is not important (68%), i.e., reading usually means reading a story (picture book) from beginning to end (50%). Differences in beliefs were not found for parents of children of different ages, but there were statistically significant differences when it comes to the mother's education ($F(4, 966) = 16.08, p<.01$), her employment status ($F(2,968) = 6.15, p<.01$), and the family's financial capabilities ($F(2, 968) = 5.01, p<.01$). The results are discussed in the context of providing guidelines for future research and practice in supporting families.

Keywords: Shared Reading, Beliefs About The Importance Of Shared Reading, Quality Of Interaction, Parental Responsiveness

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1. Introduction

In recent decades, reading with children has been recognized as one of the best ways to stimulate development and create a quality and stimulating environment in early childhood. According to the data of a growing number of studies, the activity of joint reading helps in the development of numerous skills and knowledge of the child, as well as the connection with parents. The quality of parent-child interaction during shared reading is recognized as a key mediator that explains the positive effects of reading on language and literacy development (Bennett et al. 2002; Sénéchal et al. 1998; Sonnenschein and Munsterman 2002). In interactions during reading that are marked as high quality, parents are supportive and responsive (Roberts et al. 2005), and children are active and involved in different ways in the same activity (van Kleeck et al. 2006). Research on reading activities with children is most often focused on examining “quantitative” indicators of reading (e.g. time during the day spent reading, number of books in the home; Dickenson and DeTemple 1998; Griffin and Morrison 1997), while “qualitative” aspects of this activity, parental responsiveness, the quality of the interaction (what it looks like) and parents’ beliefs about the importance of reading (Bennett et al. 2002; Bingham 2007; DeBaryshe 1995) - are less frequently examined. Therefore, the need to expand the concept of shared reading, as well as the factors that support the inclusion of this activity in family routines and its quality, is recognized.

1.1. Parental beliefs about the importance of early reading

Parents’ beliefs about child development, as well as activities that encourage and support it, influence which activities parents see as valuable for child development, as well as the way they engage in them (Liew et al. 2018). The authors emphasize that parental beliefs about reading, as well as the home environment they create in accordance with these beliefs, influence children’s activities and learning (Niklas et al. 2020).

Parental beliefs about reading with children and their literacy skills are seen by some authors as one of the most important factors that determine whether, and how often, parents read with children (DeBaryshe 1995; Weigel et al. 2005). However, the existence of beliefs about the importance of early reading is not necessarily associated with the quality of this activity (Barnes and Puccioni 2017). Most often, these parental beliefs about whether reading with the child is important relate

to the understanding of the importance of reading in the development of literacy and the role of parents in the development of literacy (Weigel et al. 2005), because reading itself is most often associated with academic achievements. When it comes to the activity of reading, in most cases parents, as well as professionals, see such an activity as their own involvement (reading to the child), while the child's task is to be patient and listen to the parent. However, reading with a child means an activity that is pleasant and fun for both the parent and the child - an activity in which everyone can enjoy and participate in different ways, and which involves a common object of attention such as a book and related to it - wealth of words, verbal, social and emotional exchanges. In such an activity, the child also has his role - to explore, learn, be free when dealing with reading material, while the parent encourages and supports this behavior and activity (Zuckerman and Needlman 2020). Thus, respect for children's needs for participation, its facilitation and deepening, i.e. the responsiveness of parents during joint reading activities, is a clear mediator of realizing the child's potential (e.g. Mol et al. 2008; Mol et al. 2009; Wally et al. 2015). Responsive parenting style during reading with the child, as well as other activities during the day that are related to speech, supports quality, positive parent-child interactions, provides the child with an experience of support, motivation and encouragement for active participation in interactions related to speech and language development, and contributes to the further overall development of the child (Roberts et al. 2005).

Also, parents who have positive beliefs about the importance of reading read more often with their children compared to parents who do not have such strong beliefs (Krijnen et al. 2019). Recent research indicates that parents view reading with a newborn as a fun activity because it contributes to the development of positive parent-child interactions, strengthens their connection, but also contributes to reducing parental stress and establishing reading routines (Jain et al. 2021). The findings of studies focused on reading in the earliest period of development show that parents, that is, most often mothers, who believe that reading with children can contribute to children's development in different ways, also show greater enjoyment during the activity - which further encourages it, and beliefs about reading as a valuable and enjoyable activity further strengthen (Bingham 2007; Weigel et al. 2006). Nevertheless, mothers who nurture such beliefs are generally of a higher level of education, and positive beliefs about their own experience

have an impact on beliefs about the importance of reading with a child. Additionally, children of these mothers later showed greater interest in reading, better early literacy skills, and print literacy (DeBaryshe 1995; Skibbe et al. 2008; Weigel et al. 2006). Low-quality reading interactions with children in families of lower social and economic status can be reflected in different beliefs of less educated parents about the importance, goals or structure of this activity (Crosh et al. 2024).

The authors indicate that mothers' beliefs about the importance of reading with their children are related to the child's literacy outcomes because, among other things, research shows that it is related to the way parents behave with their children in relation to literacy (DeBaryshe 1995; Weigel et al. 2006 Bingham 2007). According to some findings, mothers who believed in the importance of basic literacy skills (e.g. learning letters) were more direct in the learning relationship with their child during reading activities (Stipek et al. 1992). Conversely, mothers who believed in the importance of a holistic approach to literacy development emphasized learning through play and exploration (e.g., they told stories and read with their children more often, followed the action with drawings, sang more songs; Stipek et al. 1992; Lynch et al. 2006; Weigel et al. 2006). Mothers' beliefs have been shown to be significant in relation to children's literacy outcomes - children of mothers who believed in the importance of a holistic approach had consistently better reading and language achievement (DeBaryshe 1995; Sonnenschein et al. 1997; Weigel et al. 2006). Together, these findings further indicate that the beliefs that mothers have about the way of reading, as well as about the development of literacy, have an impact on their behavior, and that these beliefs are aligned with the quality of reading (e.g. encouraging the child to participate, expanding current stories, calling for imitation of gestures, sounds, movements, etc.).

Socioeconomic status stands out as significant in explaining both the quality and quantity of reading in families of lower social and economic status (Brezel et al. 2021; Davis-Kean and Sexton 2009; DeBaryshe 1992; Foster et al. 2005; Roberts et al. 2005). Studies show that children from families of lower socioeconomic status read less with their parents, have less reading material at home, and overall hear fewer words than children from families of better socioeconomic status (Huttenlocher et al. 2007; Hart and Risley 1995). This variable can be measured in different ways, but the indicator of mother's education is very often used because this factor has been shown in research to be a very strong indi-

cator of reading with children (Britto et al. 2002; Curenton et al. 2008; Magnuson et al. 2009; Roberts et al. 2005; Rowe 2017). Studies show that parents with a higher level of education tend to approach reading with their child in a holistic way, so that the reading activity is oriented towards learning and exploration through fun and enjoyment, rather than directive learning (Sonnenschein et al. 1997; Weigel et al. 2006). However, there are data that suggest that mothers' beliefs about interaction during joint reading can represent a mediator in the connection between mother's level of education and children's language skills (Currenton and Justice 2008; Rowe et al. 2016; Zajicek-Farber 2010), and that parents may be sensitive to the needs of reading with children, but do not know the strategies that would help them in reading activities - the question is how to read (Sawyer et al. 2018).

Bearing in mind the above data - that the inclusion of reading activities with the child in the daily life of the family most often depends on the parents' beliefs, and that the way of including the child in this activity is connected with the responsiveness of the parents, numerous foreign programs focused their support both on pointing out the importance of early reading to parents, and to demonstrate and practice this activity with parents so that the quality of this interaction between child and parent is as good as possible. Thus, there are very promising findings that support the fact that parents' beliefs, as well as the frequency and quality of reading, can be changed (e.g. Barratt-Pugh and Rohl 2012; Golova et al. 1999; Jones et al. 2000; Moore and Wade 2003). Therefore, the aim of this research was to examine the very first step - what are the initial parental beliefs regarding the importance of reading with the child in early childhood, as well as the differences that may exist in these beliefs in families with different sociodemographic characteristics.

2. Methodology

2.1. Sample

A total of 971 respondents were included in the research, most of whom were mothers (95.8%). The average age of the mothers in the sample is 32.17 years, with the majority having completed high school (41.9%). Also, mostly mothers in the sample are employed full-time (78.3%). The financial situation of the family was assessed by the respondents themselves by comparing their financial capabilities with

the capabilities of families in the surrounding area. Respondents were not offered reference groups, but the largest number of respondents see their situation as equal to that of families in their surroundings (75.4%).

Parents answered the questions with their youngest child in mind. Therefore, 4 groups of respondents were formed according to the age of the child: from birth to 6 months, from 6 to 12 months, from 12 to 24 months and from 24 to 36 months. The most represented category was the category of parents of children of the oldest age (42.8%), and the least number were parents of children up to 6 months of age (13.8%). According to the data on the beginning of reading (Mašić et al. 2023), children most often start reading around the first year (11.71 months). However, it is possible that this data is actually somewhat different because a certain number of missing answers (44) to this question were recorded, which leads the authors to the conclusion that some parents have not started reading with their children. Also, it is noted that the largest number of missing data from the total number belongs to the category of children aged up to 6 months (36.4%).

The data was collected online from April to May 2021. We also owe special thanks to the Association of Community Nurses and the Association of Nurses of Preschool Teachers in Serbia for directing parents to the given questionnaire.

2. 2. Instruments

The research used a questionnaire compiled for the purposes of the research. In addition to the questionnaire, parents also answered questions about sociodemographic indicators (education, employment and financial situation of the family), as well as questions related to reading routines (since when they read with their child and how often do they do it).

Questionnaire on parental beliefs about the importance of reading with a child. The questionnaire is composed of 17 items with yes/no answers, the aim of which is to reveal the initial beliefs about the potential positive consequences of reading to the child. The questions are aimed at examining parents' perceptions and understanding of the positive consequences of reading activities on the child's overall development and learning (future better school achievement, vocabulary enrichment, interest in books, socio-emotional development, memory and observation development: for example, *Reading with the child contributes to the*

development of feelings safety in the child; Reading with the child encourages the development of his brain functions). The reliability indicator, α , shows a marginally satisfactory value (.59), which is why further refinement of the questionnaire is needed in further research. A higher score on the questionnaire indicates more positive beliefs about the importance of reading with the child, where the theoretical minimum on the questionnaire is 17, and the maximum is 34.

3. Results

Differences in parents' beliefs about the importance of early reading were not observed according to different age groups ($F(3, 967)=1.66$, $p=.17$), which is why the total score for all respondents who participated in the research was used. Considering the small number of fathers in the research, analyses were performed only for mothers.

According to descriptive indicators, the largest percentage of parents (99%) in the sample have strong beliefs that reading with their child is important due to the enrichment of his/her vocabulary, later interest in reading (96%), development of observation and memory along with the acquisition of concepts (99%). The same percentage of parents (99%) believe that reading encourages children's imagination and creativity, and a slightly smaller percentage of parents in the sample (94%) believe that reading is important for formulating and expressing attitudes, opinions and initiative. Furthermore, a large number (97% of parents) also recognizes the importance of reading for the development of children's brain functions, with slightly fewer parents (93%) who believe in the contribution to the development of compassion, understanding their own and others' feelings, but also the development of closeness and getting to know the child by parents (97%). A slightly smaller number (90%) of parents believe that 15 minutes of daily reading can make a difference and contribute to the child's overall development, then that reading should be part of the daily routine (92%), and that it is a joint activity that implies a joint choice books and talking about them (98%).

By further reviewing the frequencies of responses to the items, it is noted that parents do not believe that reading should begin before the child speaks (about 88% of parents believe that there is no point in reading with the child before speaking). About half of parents believe that reading with a child means reading certain material (books, picture books, stories) from beginning to end, while 68% of parents believe that the way of reading with a child is not important. 15% of the parents

in the sample believe that reading with the child does not contribute to the development of the child's sense of security, while 16% believe that this activity does not contribute to the child's future academic achievement.

Tables 1, 2, and 3 show the differences in beliefs about the importance of reading according to the mother's education, her employment status, and the family's financial capabilities.

Table 1. Presentation of the significance of differences in beliefs about the importance of reading according to mother's education.

Parent	Group	N	M	SD	F	p
Mother	Elementary school	22	30.90	2.13	16.22	.00
	High school	407	31.89	1.80		
	Faculty (3 years)	130	32.15	1.51		
	Faculty (4 years)	335	32.66	1.61		
	Master's or Ph.D	75	32.89	1.14		

Further analyzes show significant differences in beliefs according to the mother's level of education: it is shown that mothers who have completed higher levels of education have more positive beliefs about the importance of early reading (at the $p < .01$ level), so differences are observed between mothers who have completed elementary school and mothers who have completed higher school, university or master's/doctoral studies, that is, mothers who have completed high school and mothers who have completed college and completed master's or doctoral studies.

Table 2. Presentation of the significance of differences in beliefs about reading with regard to the mother's employment status.

Parent	Employment	N	M	SD	F	p
Mother	Unemployed	166	31.93	1.99	6.01	.00
	Part time	43	32.88	.90		
	Full time	760	32.29	1.67		

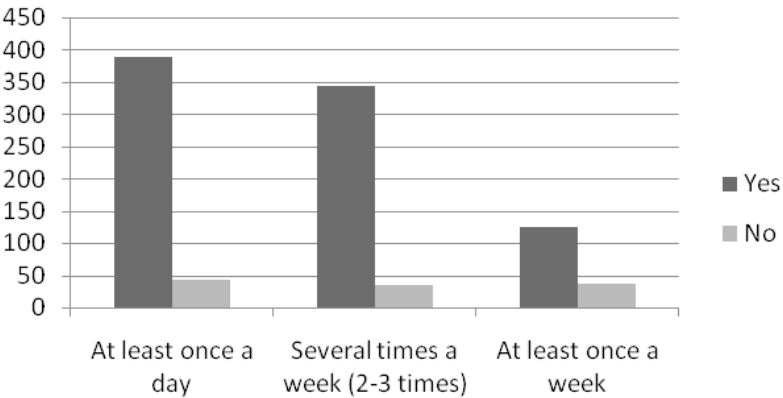
Significant differences (at the $p < .01$ level) in beliefs about the importance of reading were shown between mothers who are unemployed and mothers who are employed part-time, so that mothers who work part-time have more positive beliefs about the importance of reading with their children.

Table 3. Presentation of the significance of differences in beliefs about reading with regard to the financial capabilities of the family.

Financial possibilities	N	M	SD	F	p
Worse	107	31.83	1.85	5.01	.00
Equal	732	32.26	1.73		
Better	132	32.53	1.42		

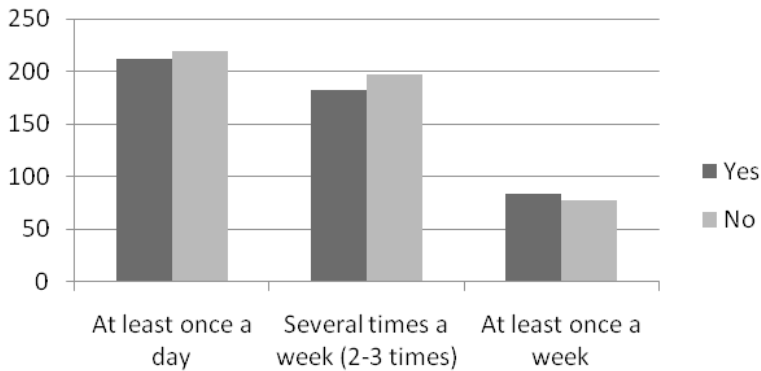
Further analyzes show significant differences between mothers who mark the family situation as worse compared to those mothers who believe that their financial opportunities are better than those of families in the neighborhood ($p<.01$) - families with better economic opportunities show more positive beliefs about the importance of early reading.

In total, about 90% of all parents who read with their child every day and 91% of parents who do so several times a week, agree that it makes sense to read to the child only when he speaks (Graph 1).



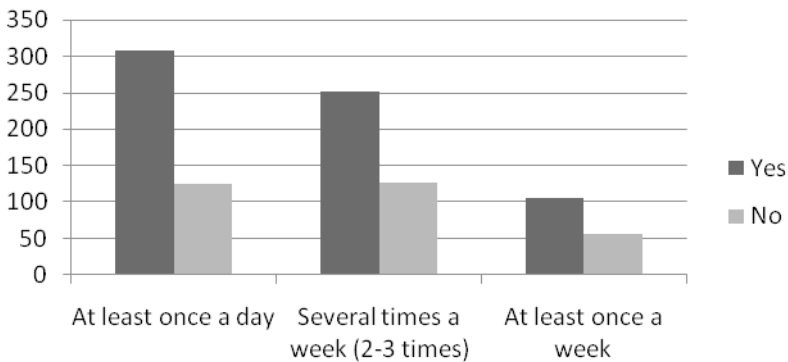
Graph 1. Frequency of answers to the question “It makes sense to read to a child only when he speaks” according to the frequency of reading with the child.

On average, half of parents, regardless of how often they report reading with their children, consider reading to be the activity of reading material from beginning to end (Graph 2).



Graph 2. Frequency of answers to the question “Reading means reading a book/picture book/story to a child from beginning to end” according to the frequency of reading.

A total of 71% of parents who report that they read to their child every day agree that the method of reading is not important, as well as 67% of parents who engage in this activity with their child several times a week, i.e. 65% of those who do it once a week (Graph 3).



Graph 3. Frequency of answers to the question “It is not important how I read with the child, it is important that he is read to” according to the frequency of reading.

4. Discussion

Beliefs about the importance of reading with children are shown to be an insufficiently researched factor that plays a significant role in the beginning of reading, but also in the frequency of reading, and the number of words that children hear in the earliest period (Hart and Risley 1995). Parents’ beliefs about the importance of a certain activity are often linked to parental responsiveness, that is, the ways in which

parents approach a given activity, include it in daily routines and use it as an opportunity for quality interactions with the child. Mothers who report understanding that the activity of reading with their child can contribute to the development of numerous skills, as well as general but also more specific knowledge, additionally report greater enjoyment and stimulation of reading with their child (Weigel et al. 2006). Therefore, beliefs related to parents' daily practices can be crucial in trying to understand differences in reading activities (Weigel et al. 2005) because they represent the first step of this activity. That is why, in the research presented in this paper, the focus was placed on beliefs that were primarily related to the recognition of the positive consequences that shared reading can have on the overall development and learning of a child.

The research sample included families of children from birth to the age of three. Differences in beliefs about the importance of reading with a child were not recorded among parents of children of different ages, which potentially indicates the homogeneity of beliefs about the importance of reading in the group of parents of children in early childhood. In further research, by including qualitative methods such as interviews or focus groups, potentially existing fine differences in thinking about the importance of reading with a child in these families could be further investigated.

In accordance with the data reported by parents - that the activity of joint reading between parents and children begins on average around the child's first year, there is also the finding that the majority of parents think that there is no point in reading with the child before he or she speaks. This data is constant regardless of how often parents report that they read with their children - which is why it is assumed that the largest number of parents who regularly read with their children (once or several times a week) have been doing so since the child's first year. Studies show that reading with an older child is up to 8 times more common than reading with a newborn or toddler (Britto et al. 2002). It is likely that parents feel that reading is an activity that has no value for the child until the child understands what is being said. Nevertheless, the characteristics of development indicate that a child is born ready for auditory and visual stimuli, that during the first months children are extremely sensitive to them, and that the period from the sixth month is a period of particular sensitivity for the development of language and communication skills (Center for the Developing Child,

Harvard University). If stimulation is absent in such an important period, the probability that the child will reach its full potential is lower, so guidelines on the importance of early reading should be offered from the earliest days of the child's life, that is, in the period of the first six months. Subsequent studies should deepen the question about the reasons for postponing the activity of reading with the child, in order to obtain more data for working with families and adequately informing parents about the importance of this activity.

Half of the mothers in the sample share the opinion that reading certain material with their child actually means reading a book or story from beginning to end. Such a finding does not depend on the frequency of reading - regardless of the frequency of joint reading, half of the parents believe in this way of interaction. And other authors (e.g. Zuckerman and Needlman 2020) point to the regularity that reading is most often a parent's activity, that is, that reading in this period of child development most often means the activity of a parent who reads a story aloud to a child who is listening. For this reason, support programs should work with parents to understand that reading with a child is actually an activity in which both parent and child are active, and which is pleasant and interesting for them both, because only in such a situation does the child have the opportunity to learn and investigate.

Parents from the sample report a better understanding of the effects of reading with their child on vocabulary enrichment, and then on various cognitive development and communication skills. There is less understanding when it comes to the effect of reading with a child on the emotional development and benefits of the child in terms of bonding with the parent and emotional security. Parents in this research believe that reading is an activity that is important for acquiring concepts, enriching children's vocabulary and later interest in reading, thus confirming previous results (de Bondt et al. 2020; Dickinson and Smith 1994; Raikes et al. 2006). The majority of parents share the belief that reading together contributes to understanding their own and others' emotional states, the development of compassion, and that reading encourages creativity and imagination while supporting the development and formulation of one's own initiative. Research findings emphasize the benefit of reading for brain development in the earliest period of life (Mustard 2006), with which the majority of parents in this research also agree.

However, all these positive consequences that reading can have on a child's development depend on the quality of this shared activity (Barnes and Puccioni 2017; Shahaeian et al. 2018). The basis of achieving the effects of reading with a child is generally the way in which the child is involved in this activity, the very quality of interaction with the parent. That is why it is worrying that the parents who participated in this research, regardless of how often they report that they read with their children, most often believe that the method of reading itself is not important, as well as that reading involves reading the material (picture book or story) from beginning to end. In the following research, attention should be paid to the in-depth analysis of the activity of reading with the child itself, with the aim of monitoring the behavior of the parents, the achieved quality of interaction and the participation of the child. Within the early development and learning support program based on parents reading with their child, one of the most important components is precisely "guiding" parents or offering information that helps parents understand the importance of early reading, while at the same time offering parents developmentally appropriate strategies for their child to enjoy this activity together. Such support programs additionally select books that are in line with the child's skills and interests, work with parents on why those particular books are chosen, and observe together with the parent what the child's reaction is to a given book and how the child can participate in everything (for parents, it may be it is necessary to convince the child that he is participating when, for example, he throws the book on the floor or to explain why the child wants to repeatedly play with the same book) (Klass et al. 2009; Zuckerman and Khandekar 2010). Parents are introduced to, according to research, the most effective style of joint reading - a dialogical way of reading, which involves asking questions, providing feedback to the child and encouraging answers, aligning yourself as a parent according to the child's needs and capabilities, and thus creating an opportunity for learning and research from reading activities (Arnold et al. 1994; Mol et al. 2008; Mol et al. 2009; Vally et al. 2015; Whitehurst et al. 1988). According to the findings of the research, and primarily, the practices that have proven to be effective, it is obvious that, in order to achieve the effects of reading with a child, attention should be paid to the introduction of reading activities, then to the content, but also to supporting parents to develop ways of interaction with the child during reading that ensures the child's participation.

The findings of this research indicate that the least positive beliefs about the importance of reading with a child are held by mothers with lower education and mothers from families with an estimated lower socioeconomic status. The obtained findings are in accordance with previous studies which say that mothers with completed education higher than high school read more often with their children (Britto et al. 2002; Magnuson et al. 2009), and that the activity of reading with the child, but also beliefs about its importance vary in families with different sociodemographic characteristics (Davis-Kean and Sexton 2009; DeBaryshe 1992; Foster et al. 2005), and that more educated parents are more often motivated to seek support, advice or reading material (Rowe 2017). These data actually once again argue who is the population of families that are at the greatest risk of not providing a sufficiently stimulating environment for the child in early childhood. Earlier research abroad (Barnes and Puccioni 2017; DeBaryshe 1992) also indicated the regularity that parents of better socioeconomic status read more often with their children, and have more reading materials. On the other hand, researches in the same way indicate the regularity that children from families of lower social and economic status in the period of early development, or until starting school, hear far fewer words compared to children from families of better status (the Word Gap). These differences are due to the small number of interactions in families of lower socioeconomic status in which verbal exchange is used (be it, for example, shared reading, talking, or singing) and they remain present during the school day (Greenwood et al. 2020; Hart and Risley 1995; Logan et al. 2019). The number of words that children hear in the early years affects their further educational achievements - a rich early vocabulary is associated with early knowledge of numbers, self-regulation skills, as well as the ability to focus on the task at hand (e.g. Chuan et al. 2020; Duursma et al. 2008; van den Heuvel-Panhuizen et al. 2016). The results of the MICS study in Serbia consistently indicate that families of low socioeconomic status are the families in which the child has the least materials for reading and playing. According to the latest survey (MICS6, 2019), only 8 percent of children under the age of 5 living in Roma settlements have at least 3 children's books at home, while 66% of these children have their own toys (Republic Institute for Statistics, 2019). In the following research, a special focus should be placed on the in-depth analysis of activities intended for the learning of children in families of lower socioeconomic status.

But these families should certainly be in the center of attention of programs aimed at increasing the capacity of parents to provide stimulating environments for children in early childhood. The results of research abroad indicate the good effects of programs designed in this way, and offer reading with children as one of the activities based on the skills of responsiveness and quality communication with the child. Such results consistently indicate that at-risk families who participated in parent-to-child reading-based early development and learning support programs, such as Reach Out and Read, show more positive early reading beliefs with more frequent reading and improvements in family activities related to literacy and speech (Needlman and Silverstein 2004; Needlman et al. 2005). Additionally, the aforementioned findings are reported among immigrant families (Golova et al. 1999; Sanders et al. 2000), as well as families who do not share the program's native language (Silverstein et al. 2002).

While data on less positive beliefs about the importance of reading with a child in families of lower socioeconomic status and mothers with a lower level of education are expected, a cautionary tendency appears when it comes to differences in beliefs about the importance of reading with a child considering the parents' employment. The results show that unemployed mothers have the least positive beliefs, but also that mothers who work full time do not differ statistically significantly from them in terms of beliefs about reading with their children. Although, due to the characteristics of the sample in this study, these results need to be followed up and explored in depth - they certainly raise the issue of families' skills to integrate professional roles and demands for supportive care and providing opportunities for learning in the home and through parent-child interactions.

5. Conclusion

As beliefs represent the first step towards the establishment of a certain activity in the family home, research in this domain is necessary so that the obtained findings can be used in support programs intended for parents in order to establish quality interactions with the child. Reading is one of the activities in which parents have the opportunity to act responsively to the child's needs and signals and thus provide him with a safe environment in which he can participate, explore, practice and develop new skills and knowledge, with the belief that his needs are important and recognized.

According to the presented findings, families that need more intensive support in informing and understanding the importance of reading with a child in early childhood are families in which mothers have a lower education, are unemployed and see their family's financial capabilities as worse compared to families in the surrounding area. Considering the fact that reading activities with children in families started only after children begun talking, this should be added to the guidelines that inform and motivates parents to start read with children much earlier and according to the pace that suits the child (e.g. High et al. 2000; Jain et al. 2021; Levesque et al. 2005). Also, according to current findings, those guidelines should pay special attention to pointing out the importance shared reading has on children's socio-emotional well-being, in addition to school readiness and vocabulary enrichment (which the parents in this sample recognize), from the earliest days of the child's life.

Early development and learning support programs based on parent reading with the child, with an emphasis on quality interaction and children's participation in this activity from the earliest childhood, show positive consequences both for the child's development and for the parents' understanding of this activity (Zevenbergen et al. 2016), as well as the overall quality of the parent-child relationship (Xie et al. 2018). Good foreign practices show that by involving health workers, it is possible to reach families of different socioeconomic status, or families that would otherwise not be visible for support programs. Such interventions or programs (e.g. Reach Out and Read, Better Beginnings, Bookstart) are initially oriented towards advice on the importance of reading with children, i.e. on changing the understanding of the child's well-being related to the activity of reading, and then deal with demonstrations and exercises quality interactions - the parent has the opportunity to see, and then to apply and practice their skills themselves. The most important message given to parents is to follow their child and adjust their activity during reading with the child according to the child's interests, initiatives and needs, which then have the opportunity to deepen and create for the child a situation in which he can learn and explore.

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Adolescent's Well-Being in Key Contexts TEEN-WELL – Project Presentation

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Abstract

Introduction: Middle and late adolescence are characterized by changes in various indicators of well-being, including emotional problems. Although trends of changes in well-being in that period of life are indicated, contextual predictors and mechanisms of these changes are still not examined enough.

Objectives: The main goal of this project is to explore changes and daily fluctuations in different indicators of well-being (life satisfaction, positive and negative affect, emotional problems), and to examine links between family characteristics and the quality of peer relationships with indicators of well-being in middle and late adolescence. Based on developmental theories, family and peers are identified as key contexts of adolescent development, and since a large part of interactions between adolescents and their peers takes place through digital media, various activities, and experiences specific to that type of communication will also be examined. It will also be investigated whether environmental sensitivity moderates longitudinal links between adolescents' well-being and the quality of parental and peer relationships.

Methodology: The project consists of two parts. In the first part, longitudinal study with two research waves spanning one year will be conducted. In the second part of the project, diary study is planned. A diary study over a shorter period will enable examination of the links between daily fluctuations in the quality of interactions with parents and peers and fluctuations in well-being indicators. Part of the participants from the previous longitudinal study - CHILD-WELL project - will be recruited, which will enable the examination of changes in well-being during early, middle, and late adolescence (10-18 years). In the first wave of research, it is planned to include around 600 high school students. Participants for the diary study (around 200 high school students) will be randomly selected and invited to participate in the second part of the project. The start of the first part of the research is expected in September 2025, the diary study will be conducted in the spring of 2026, and the second wave of research is planned for September 2026.

Results: Results of this project will enable evaluation of different aspects of bioecological model of human development. Its practical value is in possible implications of results for national and wider politics concerning child development, as well as validation of longitudinal approach to research in childhood and adolescence.

Keywords: Adolescence, Well-Being, Peer Relationships, Family, Digital Media, Longitudinal

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1. Introduction

The primary goal of this paper is to present a four-year longitudinal project that started in January 2024. The project is aimed at monitoring changes in subjective well-being of adolescents (14-17 years at the first measurement point) over the period of four years and to examine the associations of adolescent's well-being with family characteristics and quality of relationships with peers.

Subjective well-being is a way in which individuals evaluate their lives or how favorably they assess their own lives (Diener, 2012). Subjective well-being construct comprises cognitive (life satisfaction and satisfaction with specific life domains) and emotional evaluations (positive and negative emotions) (Diener, 2013). This kind of a definition is used in research on well-being in adults as well as children and adolescents (Beh-Arieh et al., 2014). Research on subjective well-being of children and adolescents focuses on general life satisfaction, but also on satisfaction with different domains of life. Most often those include school, family, peers, leisure time, and living environment (Huebner, 2004). Research shows that about 70% of adolescents are mostly satisfied with their lives (Huebner, Drane, & Valois, 2000; Park & Huebner, 2005). In a review of research on youth well-being, Proctor et al. (2009) showed that children's subjective well-being is an important predictor of positive outcomes as well as a protective factor against the stressful environmental effects and development of mental disorders (Suldo and Huebner, 2004). Other studies also show numerous positive associations of subjective well-being in children and youth with various positive outcomes such as higher self-esteem and internal locus of control (Huebner, 1991), higher levels of perceived control and social support (Casas, Figuer, González, Malo, Alsinet, & Subarroca, 2007; Suldo & Huebner, 2006), as well as less risk behavior (Shek, 2005). As far as predictors of adolescent's subjective well-being are concerned, research points to family and peer relations, as well as school and neighborhood satisfaction as the most important predictors (Lawler, Newland, Giger, Roh, & Brockevelt, 2016). The new research shows that young adult's attachment style is associated with later life satisfaction, particularly through confidence in self and others. Therefore, promoting positive interpersonal relationships and fostering greater confidence in self and others in adolescence may be an effective strategy for improving life satisfaction later in life (Blake et al., 2024).

Middle and late adolescence include the developmental period between the ages of 14 and 19. This period is characterized by changes in various indicators of well-being such as happiness and life satisfaction (González-Carrasco et al., 2017; Orben et al., 2022) as well as positive and negative emotions (Barendse et al., 2022; Holsen et al., 2000; Rapee et al., 2019). However, the contextual predictors of these changes have not yet been sufficiently investigated. Starting from the modified ecological system theory (Bronfenbrenner et al., 1996; Navarro and Tudge, 2022), in this project family and peers are identified as key contexts of adolescents' development.

The peer developmental context is viewed as part of the physical and virtual microsystem. The physical microsystem generally includes activities, roles and relationships of a developing person and their immediate "face-to-face" environment. The virtual microsystem refers to the activities, roles and relationships that a developing person experiences through various digital media (Navarro and Tudge, 2022). Since a large part of the interactions between adolescents and their peers takes place through digital media, various activities and experiences specific to this type of communication will also be examined within the framework of this research project. A corresponding theoretical framework proposed by Büchi (2021) posits that digital habits lead to various positive and negative outcomes that are related to the well-being of young people.

Although the increasing importance of peer relationships is one of the fundamental features of adolescence (Sommerville, 2013), the quality of relationships with parents and family functioning are also very important for adolescent development (Gorostiaga et al., 2019; Hoskins, 2014). Longitudinal studies of changes in various indicators of well-being are still less common than transversal ones, but existing studies indicate the important role of peer and parent support in predicting changes in adolescent well-being. Family support, the quality of relationships with parents and peers are associated with higher life satisfaction (Luijten et al., 2021; Willroth et al., 2021) and fewer depressive symptoms (van Harmelen et al., 2016), while negative experiences with peers through digital media is associated with more depressive symptoms (Liu et al., 2021) over time.

Most of the previous research examined the predictability of contextual factors related to family and peers in predicting interindividual differences between adolescents over time. An important test of the-

oretical assumptions about the role of family and peers in predicting changes in the well-being of adolescents is represented by designs that allow examining the connection between changes within adolescents and their families. Frequent measurements (three or more measurement points) with short time intervals allow examining the connection between fluctuations in indicators of adolescent well-being and fluctuations in the quality of their interactions with parents or peers. For example, in a study of diary reports (Bülow et al., 2022), it was shown that parental warmth and support for adolescent autonomy predicts positive and negative adolescent affect in over 90% of the surveyed families. This project will examine in more detail whether the quality of relationships and interactions with parents and peers predict long-term changes and daily fluctuations in various indicators of well-being.

Newer research also indicates the importance of considering the characteristics of adolescents when investigating the relationship between contextual factors and various indicators of well-being. The theoretical framework of sensitivity to the environment (Pluess, 2015; Pluess et al., 2018) predicts the existence of individual differences in how sensitive individuals are to the characteristics of their environment. Stronger connections between indicators of their well-being and parental behaviours are expected for highly sensitive children and adolescents (Bülow et al., 2022; Slagt et al., 2018). Therefore, this project will also investigate whether, depending on their sensitivity to the environment, there are equally strong longitudinal links between well-being and the quality of parental and peer relationships for all adolescents.

The project is partly a continuation of the previous project of the same research team named CHILD-WELL (Child Well-being in the Family Context) in which well-being indicators were monitored in children aged 10-14. The results of that project showed that there is a downward trend in overall life satisfaction and happiness in children of that age. Boys showed somewhat higher levels of life satisfaction and happiness compared to girls, and the decrease in subjective well-being was more consistent in girls. Children who were less satisfied with life and less happy had somewhat more emotional and behavioural problems, as well as problems with peers (Džida, et.al. 2023; Tadić Vujčić et al., 2022) Qualitative part of the research showed that social contacts were the most important source of children's happiness, and that focus of younger children on the family shifts towards friends in older

children (Lučić et al., 2023). Also, the results showed that the amount of free time that children have decreases with age, while the use of digital technologies increases (Brajša-Žganec et al., 2022; Topić et al., 2023).

When it comes to the family life, the research showed that higher maternal and paternal involvement, positive disciplining, warmth and support were associated with greater life satisfaction, more positive and less negative emotions in children in middle childhood and at the transition to adolescence (Hanzec Marković et al., 2022). Also, it was found that the greater emotional sensitivity of children can be alleviated with parental warmth (Džida et al., 2023). Higher levels of family problem solving, family communication, positive outlook, and family religiosity predicted higher levels of child subjective well-being (Brajša-Žganec et al., 2024). A greater degree to which parents equally share responsibilities regarding children's leisure activities positively contributes to child outcomes. These children had fewer difficulties in executive functions and higher school performance (Brajša-Žganec et al., 2022; Kućar et al., 2024)

2. Objectives

The primary goals of this project are monitoring the well-being of adolescents (14-17 years at the first point of measurement) over four years and determining changes in the basic indicators of well-being (satisfaction with life, positive and negative affect, emotional problems), as well as the associations of family and parental characteristics and quality of relationships with peers with indicators of well-being. Since the research is partly a continuation of the previous project in which well-being indicators were monitored for three years in children aged 10-14, some of whom will be included in this research, this will enable the determination of changes in well-being over a wider range of years (10-18). Also, diary records will be used for a shorter period of time to examine the connection between daily fluctuations in the quality of interactions with parents and peers and fluctuations in well-being indicators.

Three broad research objectives were set:

1. To examine the trend of changes in indicators of subjective well-being (satisfaction with life, positive and negative affect, emotional problems) in adolescents aged 14 to 17 years. Since

the sample of participants will include also some of the children from previous project, this subsample will cover the age range from 10 to 18 years.

2. To examine the longitudinal connection of family and parental characteristics and the quality of relationships with peers and experiences of using digital technologies with indicators of subjective well-being.
3. To examine the connection between daily fluctuations in the quality of interactions with parents and peers and fluctuations in well-being indicators.

3. Methodology

The research project is based on a design of repeated measurements that enables the identification of differences in the levels of various indicators of well-being and the examination of contextual predictors of interindividual changes over a longer period and the examination of the covariation of contextual characteristics and indicators of well-being in a shorter period of time.

The planned research design consists of two parts. In the first part, it is planned to carry out research in two waves during one year with adolescents aged 14 to 17 years at the first point of measurement. The research will be conducted in selected secondary schools (gymnasium and vocational programs) in Varaždin and Osijek-Baranja counties. Since this research project is theoretically based on the previous project of this research group named “Child Well-being in the Family Context (CHILD-WELL)”, there is a possibility of including a smaller part of the participants, who are completed primary school education from the CHILD-WELL project, into a new project research. The inclusion of the same participants would enable the monitoring of the development of the well-being of children and adolescents in the age range from 10 to 18 years. Although this is not the primary goal of the new research project, connecting the participants from the previous project would contribute to a better understanding of the development of child and adolescent well-being.

In the first part of the project, it is planned to include about 600 adolescents in the first wave of the TEEN-WELL research. Of those 600 participants, it is expected that some of the participants will overlap with the CHILD-WELL project. Given the large number of children

who participated in the CHILD-WELL project (n=1300), an overlap of 10% of the CHILD-WELL cases with the TEEN-WELL project sample is expected. That is, we expect that 100-150 children in the planned sample in the TEEN-WELL project also participated in the CHILD-WELL project. Expected attrition of participants in the first part of the project is 15-30%. The sample size was planned based on existing research and expectations about the size of the effects.

In the second part of the project, the implementation of a diary study on adolescents is planned, which would include repeated measurements during a 14-day period. A subsample of adolescents from the first part of the draft would participate in that part of the research. Participants for the diary study will be selected on a case-by-case basis and invited to participate in the second part of the project draft. About 200 adolescents are planned to participate in the diary study. The start of the first part of the research is expected in September 2025, the diary study would be conducted in the spring of 2026, and the second wave of research is planned for September 2026 (Figure 1).

Table 1. Schematic representation of the activities planned within the TEEN-WELL project

Adolescent age	CHILD-WELL	First wave	Diary study	Second wave
	[First wave – 2021			
	Second wave – 2022			
	Third wave – 2023]			
10-14 years	2021-2023 (n=1300)	September 2025 (n=600)		
14-17 years		(subsample from CHILD- WELL n=150)		
14.5-17.5 years			March 2026 (n=200)	
15-18 years				September 2026 (n=400) (subsample from CHILD-WELL n=100)

Before starting data collection for the main parts of the survey, preparatory pilot surveys will be conducted to check the functioning of the technical aspects of the survey. The research planned in the TEEN-WELL project will be conducted using online applications for data collection using the self-report method. During 2024, work has been done on the selection of participants and the development of applications for data collection, taking into account the characteristics of the research project and the selected sample of participants. Before

conducting the research, research permits and consents will also be collected from all relevant institutions. In cooperation with expert associates, the implementation of field research will be agreed upon by the members of the research team. In the first and second wave of the project, it is planned to apply questionnaire measures for indicators of well-being, parental behaviour, peer support, use of digital technologies, individual characteristics of adolescents - sensitivity to the environment. In the diary study, abbreviated and adapted measures of indicators of well-being, parental behaviours and peer support will be applied. Rewards are planned for participants for participating in all parts of the project.

4. Results & Conclusion

The longitudinal design of the research will provide new insights into changes in different domains of child and adolescent well-being and its determinants. The results of this research will enable the testing and evaluation of various aspects of the bioecological model of human development. In addition, the results of this research will have important practical implications for experts involved in designing different policies. This research also enables the acquisition of practical experiences and new knowledge related to the establishment of a national framework for longitudinal monitoring of children in Croatia, as well as national and European policies related to children and youth.

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Family Structure as Moderator of Links between Mother's Life Satisfaction and Different Types of Social Support

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Abstract

Introduction: Feeling connected and supported by family and friends are important contributors to greater life satisfaction. Social support could be especially important for mothers of early adolescents. Early adolescence brings many changes, and the mother-child relationship transforms extensively during that period. Single mothers could be especially vulnerable to these challenges and may benefit more from having stable social support.

Objectives: In this study, we explored whether perceived social support from friends and family predicts mother's life satisfaction equally for mothers from single-parent families and mothers living with their partners or spouses.

Methodology: This study is based on data collected within the second wave of the CHILD-WELL project which is financed by Croatian Science Foundation. In this study, we explored whether a mother's family structure moderates links between family and friends support and life satisfaction. Two family structures are differentiated – a single-parent structure which consists of a mother and children, and a two-parent family structure consisting of a mother, her partner, and children. There were 130 mothers from single-parent families and 955 mothers from two-parent families. Mothers gave data about their life satisfaction, perceived social support from family and friends, their age, education, and income.

Results: Single-parent mothers reported lower life satisfaction and lower perceived social support from family. The family structure did not moderate links between friends support and life satisfaction. For all mothers, friends support modestly predicted their life satisfaction. Family structure moderated the association between family support and life satisfaction. In general, higher family support predicted higher life satisfaction, however, these links were stronger for mothers from two-parent families compared to single-parent mothers.

Conclusion: These results show differential effects of perceived social support depending on family structure which points to challenges for single-parent families in utilizing different types of social support.

Keywords: Social Support, Family, Single-Parent Mothers, Adolescents, Well-Being

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1. Introduction

Two-parent families can be considered a traditional family in which there are two parents who take care of their child/children, and a common synonym is a complete family. According to the Wise (2003), two-parent families can be considered all those families in which there are two parents or two people who take care of the children (adoptive families, extramarital unions, etc.). The formation of two-parent families can be multiple such as communities consisting of biological parents, adoptive parents, mother and stepfather or father and stepmother (Čudina-Obradović and Obradović, 2006). It is very challenging to define single-parent families since, according to Grozdanić (2000), they are not a unique sociological category. Such families are most often also called incomplete, truncated or similar. The Social Welfare Act (2023) stipulates that a single-parent family is one consisting of a parent and a child, i.e. a child who lives with one parent while the other parent who does not have to live with the child, fulfils his parental obligations and has parental rights. Patterns of formation of single-parent families can be divorce of parents, death of one of the parents, birth of a child out of a wedlock, conscious choice or long-term absence of parents due to various reasons (e.g. illness, imprisonment), we can conclude that single-parent families are a heterogeneous group. The most common reason for the creation of single-parent families is divorce, which accounts for about 60% (Raboteg-Šarić et al., 2003), while since the 1990s, the birth of a child out of wedlock has become more common (Klarin, 2006). Single-parent families are mostly matrifocal, i.e. 85% of single-parent families are headed by women (Raboteg-Šarić et al., 2003). The reasons for this can be various, but the most obvious one is that mothers are traditionally more connected to the child and its care, and that they are the main parent (Raboteg-Šarić and Pećnik, 2005). According to the latest processed data from the State Statistical Office from 2021, the percentage of single-parent families in family households in Croatia is 19.8% (16.2% are single-parent families with a mother, and 3.65% with a father as the breadwinner). In other words, almost every fifth family in Croatia is a single-parent, and this number is increasing (in 2011, there were 17.6% of single-parent families in Croatia). Together with the increasing number of single-parent families, fewer people are getting married (Krčmar, 2012).

Well-being is defined as a cognitive and emotional evaluation of life (Diener, Oishi and Lucas 2003). The subjective assessment of the qual-

ity of life is represented by the assessment of life satisfaction and happiness, which can be influenced by many individual and environmental factors (Diener, 2000), and broadly refers to the evaluation of the individual - both his life and events, circumstances and reactions to them (Kim -Prieto et al., 2005; Diener, 2006). Life satisfaction is defined as a cognitive evaluation of life, events that happened to an individual, and the circumstances in which he/her lives (Diener, 2006). Social relations are one of the most important determinants of the quality of life of individuals (Luong, Charles and Fingerman, 2011; Siedlecki, et. al., 2014). People with rich and satisfying relationships, who receive social support, report feeling happy and satisfied with their lives (Diener & Seligman, 2002; Diener & Oishi, 2005). Feelings of being connected and supported by family and friends are important contributors of greater life satisfaction. We define social support as a social network that provides emotional, informational and instrumental resources (Cohen, 2004). Research shows that for individual's well-being, the source of social support, such as family, friends, close people and/or institutions, is more important than the type of support, i.e. emotional, material and/or informational (Vaux, 1990; Rodríguez-Fernández et al. , 2021) and social support is often measured as an individual's assessment of the potential help he would receive if he needed it from family members, friends, significant others and/or institutions. The family, as the primary social community, is the most important source of social support, followed by friends and institutions in society (Brajša-Žganec, Kaliterna Lipovčan and Hanzec, 2018).

There are two theoretical models in which social support can influence subjective well-being: as a general positive effect of support (the main effect model) or as a process of support through the protection of a person from the potentially harmful effects of stressful events (the so-called "buffering model") (Cohen and Wills, 1985). Raising a child as a single parent can certainly be stressful. Social support could be especially important for mothers of early adolescents. Early adolescence brings many changes, and the mother-child relationship transforms extensively during that period. Single mothers could be especially vulnerable to these challenges and may benefit more from having stable social support. The quality of life of mothers in single-parent families could differ from the quality of life of parents in two-parent families. Because of all the above, in this study we explored whether perceived social support from friends and family predicts mother's life satisfac-

tion equally for mothers from single-parent families and mothers living with their partners or spouses.

2. Methodology

2.1. Procedure

This study is based on data collected by mothers in the second wave of the CHILD-WELL project which is financed by Croatian Science Foundation. Data collection was preceded by obtaining all the necessary permits, from the Ethics committee, Croatian Ministry of Science and Education, and the school principals. A total of 15 primary schools in two Croatian counties (Osijek-Baranja and Varaždin County) were included in the research. Children aged 9-12 years in the first wave, their parents/caregivers and teachers participated in a CHILD-WELL project. The first wave was conducted in the spring of 2021, and the second wave took part in the spring of 2022. Parents/caregivers were given envelopes with participation consents and questionnaires, which they filled out at home and returned in a sealed envelope to their child's teacher. Participation was voluntary, they were guaranteed confidentiality of data. Both children and parents gave consent for participation in the study.

2.2. Participants

In this study only mothers' data from the second project wave were used. Mothers of children in early adolescence were included in the study if they gave data about their family structure and their marital status. Based on that data, 1085 mothers were included, and two categories of family structure were formed. There were 130 mothers from single-parent families, and 955 mothers from two-parent families where mothers reported living with a spouse/partner. Mothers gave data about their life satisfaction, perceived social support from family and friends, their age, education, and income. Two family structures are differentiated: a single-parent structure which consists of a mother and children, and a two-parent family structure consisting of a mother, her spouse/partner, and children.

Mothers were between 29 and 60 years old ($M = 42.23$, $SD = 4.81$). Mothers from two-parent families were mostly married (92%), while a smaller part of them was in extramarital union (7.5%) or in a relationship (0.5%). Single parent mothers reported they were unmarried

(15.4%), divorced (71.5%) or widowed (13.1%). Two-parent mothers reported completing high school (48.3%) or some type of higher education (50.1%). Single-parent mothers completed high school (59.2%) or some type of higher education (37.7%). Most of the mothers (89%) in both categories reported full-time employment. Mothers from two-parent households ($M=3.46$, $SD=0.78$) reported higher satisfaction with their income ($t=5.27$, $df=1075$, $p<.001$) compared to mothers from single-parent households ($M=3.05$, $SD=0.76$).

2.3. Measures

Social support. We assessed mother's social support using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), which consists of 12 items measuring participants' perception of support from three sources: (1) MSPSS-Social support from family (4 items, e.g. "My family really tries to help me.2); (2) MSPSS-Social support from friends (4 items, e.g. "I can count on my friends when things go wrong.") and (3) MSPSS-Social support from significant other (4 items, e.g. "There is a special person who is around when I am in need."). Participants are asked to indicate their level of agreement on a 7-point Likert scale from 1 = very strongly disagree to 7 = very strongly agree. In the analyses, we used the score for social support from family scale and social support from friend's scale. Cronbach's alphas in this study for the scales were 0.92 for family support and 0.96 for friend's support.

Life satisfaction. The life satisfaction scale includes one item, i.e. the question "How satisfied are you with your life as a whole?", and the participants on a scale from 0 to 10 (where 0 means "not at all satisfied, and 10 means "extremely satisfied") evaluated their life satisfaction. The scale is standardly used in global research and comparisons of subjective well-being between countries and has been shown to be valid for the general assessment of subjective well-being in the population (Cheung and Lucas, 2014; Jovanović and Lazić, 2020).

Control variables. In our analysis we controlled important sociodemographic variables: age, education and income.

2.4. Data analyses

We conducted Analysis by using SPSS and PROCESS Macro (Hayes, 2022). First, we examined mean level differences in social support and life satisfaction between mothers living in two-parent and single-par-

ent households. Second, we explored whether family structure moderates links between family or friends support and life satisfaction. In these analyses, we controlled for mother’s age, education and income.

3. Results

First, we will present the descriptive data.

Table 1. Descriptive statistics

Mothers	Family support		Friends support		Life satisfaction	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Two-parent families	6.07	1.01	5.74	1.21	7.86	1.54
Single-parent families	5.36	1.57	5.62	1.38	6.82	1.89
Total	5.98	1.11	5.72	1.23	7.74	1.62

Table 1 shows that the average values for all mothers who participated in the research, as well as for subgroups, of life satisfaction, support from family and friends are relatively high. Nevertheless, the ratings of family support and overall life satisfaction were higher for mothers in two-parent families than for mothers from single-parent families. Single-parent mothers reported lower life satisfaction ($F(1,1080)=50.22, p<.001$) and lower perceived social support from family ($F(1,1078)=47.58, p<.001$). There were no differences in perceived support from friends ($F(1, 1075)=1.01, p>.05$). Intercorrelations between measured variables range from 0.31 to 0.53 (Table 2). There is a higher correlation between life satisfaction and support from family compared to support from friends, for two-parents families.

Table 2. Intercorrelation between mothers’ life satisfaction and perceived social support (mothers from two-parent families are represented above diagonal; mothers from single-parent families are represented below diagonal)

Mothers	Family support	Friends support	Life satisfaction
Family support	-	0.53***	0.50***
Friends support	.49***	-	0.35***
Life satisfaction	.31***	.38***	-

*** $p<.001$.

Next, in a regression analysis conducted in SPSS with PROCESS macro, we have examined whether family structure moderates links between family or friends support and life satisfaction. The family structure did not moderate links between friends support (Table 3) and life satisfaction ($b=0.02$, $SE=0.10$, $p>.05$). In a separate analysis without interaction term, it was shown that for all mothers, friends support modestly predicts their life satisfaction ($b=0.19$, $SE=0.04$, $p<.001$). On the other hand, family structure (Table 4) moderated the association between family support and life satisfaction ($b= -0.33$, $SE=0.09$, $p<.01$). In general, higher family support predicted higher life satisfaction, however, these links were stronger for mothers from two-parent families ($b=0.61$, $SE=0.05$, $p<.001$) compared to single-parent mothers ($b=0.28$, $SE=0.08$, $p<.001$).

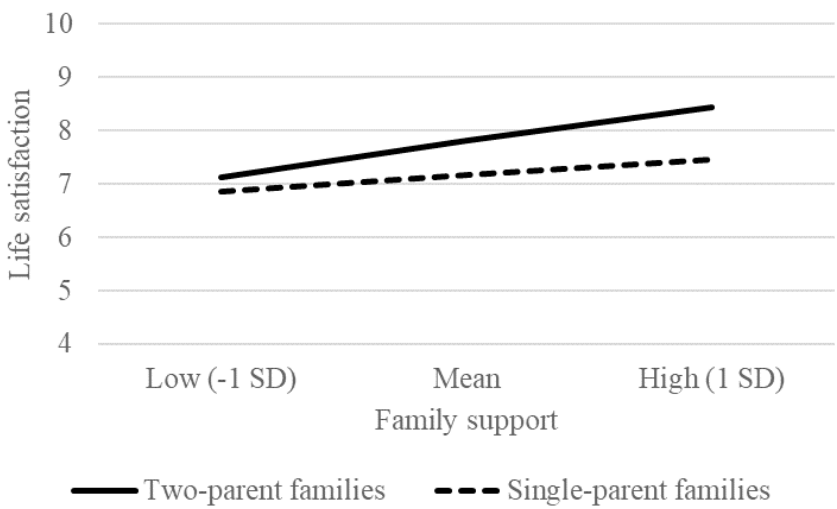
Table 3. Moderation analysis results for interaction between friend support and family structure

	<i>B</i>	<i>SE</i>	<i>p</i>
Friend support	0.19	0.04	0.00
Family structure	-0.51	0.13	0.00
Friend support X Family structure	0.02	0.10	0.86
Income	0.07	0.02	0.00
Education	0.22	0.04	0.00
Age	0.00	0.01	0.82
Family support	0.52	0.05	0.00

Table 4. Moderation analysis results for interaction between family support and family structure

	<i>B</i>	<i>SE</i>	<i>p</i>
Family support	0.61	0.05	0.00
Family structure	-0.64	0.14	0.00
Family support X Family structure	-0.33	0.09	0.00
Income	0.07	0.02	0.00
Education	0.22	0.04	0.00
Age	-0.01	0.01	0.54
Friend support	0.18	0.04	0.00

Figure 1. Visual representation of interaction between family structure and family support in prediction of mothers’ life satisfaction



4. Discussion and conclusion

This study had several goals. First, we examined differences between mothers from single-parent and two-parent families in their levels of life satisfaction and perceived family and friend support. Next, we examined whether mother’s family structure moderates links between life satisfaction and perceived support.

The obtained findings are in accordance with previous research. Other studies also found lower well-being (Meier et al., 2016) and lower perceived social support (Cairney et al., 2003) for single mothers compared to mothers from nuclear families. In line with that, our study showed that single-parent mothers had lower life satisfaction and lower perceived family support compared to mothers from two-parent families. Single mothers may have less support, and they may face communication difficulties in negotiating support and help from former partners. Devito (2004) emphasizes that communication, which in the family serves to strengthen relationships and avoid conflict, is more successful in two-parent families that have a clear division of roles in the family. Communication difficulties in single-parent families may also contribute to lower levels of received or perceived support.

In our study, single mothers did not differ in levels of perceived friend support which may be a somewhat surprising result. Galić et

al. (2022) found that mothers from single-parent families believe that they can rely less on informal support from the environment than mothers from two-parent families, which is generally confirmed by lower estimates of social support and various sources among mothers from single-parent families. The lack of social support from friends and neighbours, as well as insufficient information about regulations and assistance for mothers from single-parent families is still present in society today.

Regarding the moderating role of family structure in relationships between perceived support and life satisfaction, some interesting patterns emerged. The family structure did not moderate links between friends support and life satisfaction. For all mothers, friends support modestly predicted their life satisfaction. Family structure did moderate links between perceived family support and life satisfaction. Single mothers had lower positive links with life satisfaction compared to the mothers from two-parent families. These results show that family support has positive links with life satisfaction for both single and partnered mothers. These links are weaker, though, for single mothers which is in line with their lower perceived family support. Mothers from single-parent families systematically show higher levels of depression, worse mental state and higher levels of distress (Galić et al., 2022; Cheeseman et al., 2011; Avison et al., 2007; Liang et al., 2019) which could affect their life satisfaction. In these situations, support from the family can be of crucial importance and could perhaps increase the life satisfaction of mothers in single-parent families. On the other hand, the problems of single parenthood require new ways of adapting in difficult situations, and these ways can be greater self-confidence, self-esteem and self-efficacy (Taylor and Conger, 2017), which can ultimately result in higher life satisfaction.

Numerous studies confirm the reduced connection, cohesiveness, and warmth in the family after divorce and in families of single mothers compared to intact families (see for example Brajša-Žganec and Hanzec, 2014; Čudina-Obradović and Obradović, 2006; Davito, 2004; Damota, 2019; Miljević-Ridički and Pavin Ivanec, 2007; Taylor and Conger, 2017). Our research confirms the importance of social support from the family for the life satisfaction of mothers in single-parent families. Results also show some differential effects of perceived family support depending on family structure which points to challenges for single-parent families in utilizing different types of social support.

The limitations of this research are multiple. The data of this research is based on what the mothers themselves assess, so it is important to note that the social desirability of the answers can influence the way they answer, especially when it comes to the assessment of support from the environment and life satisfaction. Similarly, the results could have been affected by the fear of judgment, lack of understanding of certain issues or the inability of mothers to self-observe. In addition to the above, there is a problem of uneven samples in this research. Namely, there is a big difference in the number of participants among mothers from single-parent families (n=130) and mothers from two-parent families (n=955), which should be equalized in future research.

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The Impact and Role of 4-Day Week on Work-Family Balance

Kristina Sibinovska*

Abstract

In modern society, balancing work and family responsibilities has become increasingly challenging, resulting in heightened stress, exhaustion, and negative effects on employees' overall well-being and families. Recognizing the importance of this balance, various policies and practices have been developed at national, European, and organizational levels. In recent years, alongside flexible working arrangements such as flexible hours, remote work, compressed weeks, etc., there has been a growing emphasis on implementing a 4-day workweek as a potential solution to promote work-family/life balance and enhance employee well-being. Global trials of the 4-day workweek across various sectors have positively impacted employees and their families, offering numerous benefits. Although, it should be noted that this study will also use 'work-life balance' as a broader term than 'work-family balance,' due to its greater consistency with the available literature and its frequent use as an indicator in testing shorter work weeks.

Therefore, this study consists of the following objectives: examining the perceptions, attitudes, and experiences of employees in Macedonian society regarding the work-family/ life balance and the 4-day week; investigating the impact of the 4-day week on enhancing the balance between work and family/ life of employees, including key factors, benefits, and challenges; and identifying best practices for promoting work-family balance within the 4-day week context. The research combines quantitative and qualitative methods to achieve these objectives. A survey was distributed to Macedonian employees, focusing on their perceptions and experiences related to work-family/ life balance and the 4-day workweek. Desk research was conducted to gather information from companies implementing the 4-day workweek, analyzing its impact on employees' work-family/life balance. The study also reviewed case studies highlighting best practices for implementing a 4-day workweek, providing practical examples of how it could enhance work-life balance.

As a result, research was conducted to explore Macedonian employees' perceptions, the findings were analyzed, and recommendations were provided based on these insights. The study also examined the impact of the 4-day week on improving employees' work-family/life balance. Additionally, case studies of best practices for implementing the 4-day workweek were identified and presented, showcasing successful approaches for enhancing work-life balance.

Achieving a balance between employees' work and family/life is essential for overall well-being, prompting the adoption of innovative arrangements like

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the 4-day workweek. Global research consistently highlights the positive effects of this model on family dynamics, employee well-being, and broader aspects of private life. This study explores the potential of the shortened working week to improve work-family balance, examining employee attitudes, analyzing impacts, and presenting best practices through case studies from companies worldwide. Survey results from Macedonian employees reveal highly positive perceptions, with many believing the 4-day week could significantly enhance their work-life balance. The findings of this study may have practical applications in developing policies and practices within organizations and encourage further research in this area.

Keywords: Work-Family Balance, Work-Life Balance, 4-Day Week, Flexible Working Arrangements

1. The 4-day week concept

Research shows that standard work engagements make it more difficult to maintain a work-family/life balance, primarily due to insufficient flexibility and the demands for greater commitment to work amidst social, cultural, economic, and other changes (e.g., globalization, ICT development). With increasing awareness of negative impacts, such as burnout, decreased productivity, and strained family relationships, organizations seek innovative solutions to improve employee well-being and retention. As a result, in recent years, organizations have increasingly introduced flexible work arrangements, such as remote work, hybrid models, compressed weeks, etc., with the 4-day week gaining particular popularity.

The idea of a 4-day work week dates back to the last century, with the first documented experiment in 1940 when Mobil and Gulf Oil introduced the 4/40 work schedule for their truck drivers. A few firms experimented with the four-day workweek during the 1960s, and by 1969, interest grew rapidly. By the early 1970s, hundreds of companies had adopted the four-day workweek, with new adoptions occurring at a rate of sixty to seventy per month (Bird, 2010). Since then, and especially over the last decade with the emergence of the COVID-19 pandemic, the shorter work week has regained relevance among employers and managers across the private, public, and civil sectors, as well as university professors and experts worldwide. This resurgence is driven primarily by the evolving needs of both employees and employers, seeking to address modern workplace challenges and the growing demand for work-life balance.

The first research on the 4-day work week in contemporary society was conducted in Iceland between 2015 and 2019, involving 2,500 workers. The results were highly successful, as workers reported feeling less stressed, less prone to burnout, and experiencing improved health and work-life balance. They also noted having more time for family, hobbies, and household chores. Today, 86% of Iceland's workforce has either shifted to shorter working hours for the same pay or gained the right to do so (BBC News, 2021). Following Iceland's example, an increasing number of countries are testing or adopting the four-day work model, including Germany, Portugal, the United Arab Emirates (UAE), Spain, Italy, Belgium, Scotland, South Africa, etc.

The largest pilot project for a 4-day work week, involving 91 organizations and approximately 3,500 workers from countries including Ire-

land, the USA, Canada, Australia, New Zealand, and the UK, was based on the 100-80-100™ model—100% of pay, 80% of the time, in exchange for 100% productivity. The results were as follows (4 Day Week Global, 2022):

- ♦ 92% of organizations plan to continue with a 4-day week
- ♦ 71% reduction in employee burnout
- ♦ 55% increase in productivity
- ♦ 35% average income increase (compared to the previous year)
- ♦ 57% reduction in employee turnover
- ♦ 37% improved physical health
- ♦ 43% improved mental health
- ♦ 39% reduction in stress.

Additionally, positive changes were observed at the intersection of paid work and personal life, which will be elaborated in points 2.1., and 2.2. Thus, the benefits of the 4-day work week are twofold—impacting both employers and employees. This pilot project, implemented by the 4 Day Week Campaign, 4 Day Week Global, and Autonomy, continues to expand as new organizations worldwide join in testing the 4-day week.

1.1. The 4-day week and work-family/life balance

One of the key benefits of the 4-day week is the increased time for personal and family activities, which enhances work-life balance. This, in turn, improves employee health, leading to higher productivity and overall organizational success. The additional day off allows employees more time for their children, family, friends, personal development, hobbies, physical activity, and caring for elderly family members or those with special needs, etc.

The UK trial highlights these benefits, showing that 66% of men spent more time on childcare. This greater involvement of both parents in child-raising and household duties is particularly valuable in societies where women traditionally bear the responsibility for family care. A shorter workweek can help reduce this burden and promote a more balanced family dynamic.

The 4-day week also fosters a better work-life balance, reducing conflicts between work responsibilities and family duties. In the UK trial, 60% of respondents reported being better able to ‘combine paid work with care responsibilities,’ and 62% found it ‘easier to balance work with social life.’ Additionally, 96% of men and 79% of women stated that

the 4-day week had a very positive or positive impact on their work-life balance. It also improved the mental health of 56% of parents, with 78% reporting enhanced overall well-being (4 Day Week Global, 2024). These improvements contribute to better parenting and higher work quality.

Furthermore, the 4-day week influences hiring practices. Georgina Roubillard, HR director at Australian company Insured By Us, noted that the 4-day week ‘allows us to hire mums and dads who want to be more active parents’ (4 Day Week Global, 2024).

Research on the 4-day workweek also indicates that it can help reduce family expenses (e.g., transportation, hiring caregivers, or nannies) and enable spouses to spend more quality time together. It provides additional time for personal activities, relaxation, hobbies, and more.

1.2. Case studies on the impact of the 4-day week on work-family/life balance

To understand the impact of the 4-day week on work-family/life balance, this section will present best practices for implementing the 4-day work week and its benefits, such as improving employees’ work-life balance, through case studies of three companies: Perpetual Guardian, Awin Group, and Atom Bank.

1. Perpetual Guardian, a New Zealand financial services company, switched its 240 staff from a five-day to a four-day week in 2018 with the 100-80-100™ rule. The company trialed a shorter workweek by giving everyone a day off, though it was rotated because not everyone could take the same day (like Friday or Monday) (Adey, 2022). The focus was to boost productivity through worker engagement and motivation altogether to improve the company’s performance (Harika, et al., 2019).

Table 1. Percentage of different factors

Factors	Before	After
Stress	45%	38%
Work-life balance	54%	78%
Leadership	64%	82%
Commitment	68%	88%
Stimulation	66%	84%
Empowerment	68%	86%

The results in Table 1 indicate that shifting to a four-day week reduces stress and strengthens key factors like leadership, empowerment, and commitment. Work-life balance improved significantly, rising from 54% to 78%, suggesting higher employee satisfaction and better overall performance. This evidence supports the idea that a shorter workweek benefits both employee well-being and organizational success.

Once the policy became permanent, employees could choose what suited them best—whether taking a full day off or splitting it into two half days, depending on their needs (Adey, 2022). The flexibility offered by the policy, allowing employees to choose how they structure their time off, reflects a deep understanding of diverse personal needs.

Andrew Barnes, the company founder, said: *“I have a chap who’s a grandfather in my Dunedin office. He has two afternoons off a week and spends that time with his granddaughter, having tea twice a week. When he talks about it, he cries because he never thought he’d have the chance to spend such quality time with her. We’re giving him that, and that means he’s fully committed to what we’re doing here (Adey, 2022).”* Andrew Barnes’ example of the grandfather highlights the policy’s impact on family relationships, fostering well-being and strengthening loyalty. Barnes added that the policy has also removed barriers for women to progress in their careers and allowed men to take on more family roles: *“At the same time, we’re allowing our dads to be dads (Adey, 2022).”* By removing barriers for women and enabling men to take on more family responsibilities, the four-day week promotes gender equality. This flexible approach improves work-life balance while reshaping traditional roles, and creating a more inclusive work environment.

2. The affiliate marketing company **Awin Group** (Awin and ShareA-Sale) participated in the 4-Day Week UK pilot program in 2021, known as the Flexi-Week pilot. They adopted a flexible approach, allowing employees to take one full day off per week, work four full days, or split the fifth day into three full days and two half days, all while maintaining full salaries and high standards of partner and client service level agreements (Ruzgar, 2023). This approach demonstrates Awin Group’s commitment to workplace flexibility without sacrificing operational efficiency. By providing various options, such as taking a full day off or splitting it into smaller segments, the company recognized that employees have diverse needs and responsibilities. Maintaining full salaries and adhering to service agreements ensured that employee morale was

boosted without compromising business performance. Awin Group's balanced approach reflects a strategic effort to enhance work-life balance while upholding client satisfaction, which is crucial for their continued success in the competitive affiliate marketing industry.

After an 18-month trial, Awin Group, which employs over 1,300 people across 17 offices worldwide, has transitioned all staff to a flexible workweek indefinitely (Ruzgar, 2023). This decision highlights the company's confidence in the success of the Flexi-Week model and its long-term sustainability.

Evaluating the permanent implementation of Flexi-Week from a business performance perspective, Awin Group's gross profit grew by an average of 13% annually from 2019 to 2022, and NPS scores improved by an impressive 20.7 points. Additionally, regrettable employee turnover decreased by 33%, and sick leave days dropped by 21% (Ruzgar, 2023). This evidence reinforces the idea that prioritizing employee well-being can result in measurable business benefits, making the flexible shorter workweek a key strategic asset for Awin Group's continued success.

As part of this evaluation, Awin and ShareASale surveyed their employees to gauge the trial's benefits. Findings indicated that:

- 94% of respondents feel their work-life balance has improved, and more than 90% feel they now have time to do the things they did not before;
- 92% of staff are more productive at work, and say that the Flexi-Week model has improved their health and well-being;
- 70% of respondents feel the quality of their work has improved, and that they are less stressed at work;
- 85% of staff say that Flexi-Week plays a significant role in their decision to stay at Awin and ShareASale (Ruzgar, 2023).

The positive survey results indicate that a flexible work model not only enhances work-life balance but also fosters productivity and job satisfaction.

This led to Awin and ShareASale being voted #1 Best CPS Network in North America by mThink Blue Book 2022, as well as Awin being voted Best Affiliate Network at the 2022 Global Performance Marketing Awards (Crush, 2023).

3. Atom Bank has become the largest company in Britain to adopt a four-day working week for all its employees, without cutting their salaries. Atom's shift to a four-day working week aims to support im-

proved employee mental and physical wellbeing, alongside enhanced business productivity. *“A four-day week will provide our employees with more opportunities to pursue their passions, spend time with their families, and build a healthier work/life balance,”* Atom CEO Mark Mullen said in a statement (Cooban, 2021). The bank’s initiative highlights the growing recognition that employee satisfaction and productivity are closely linked. By reducing the working week without cutting salaries, Atom Bank is positioning itself as a leader in promoting sustainable work practices, which could become a blueprint for other industries.

The four-day working week commenced on November 1, 2021, with the majority of Atom’s employees choosing to adopt the new schedule. Mondays or Fridays are the default days off for most employees, except for those working in operational and service roles, whose day out of the office may vary to ensure a continuous and uninterrupted level of service for Atom’s customers (Atom bank, 2021).

Results from the four-day week show that 95% of Atom employees reported an improved work-life balance. As a result, *“Our people feel a greater sense of loyalty, being part of an organization that instills trust and belief in each other’s capabilities and our ability to do things differently and better. There is a sense of gratitude for having extra time to manage personal life, spend time with loved ones, or take time to relax and stay healthy. A personal highlight for me was being able to run the Amsterdam marathon with my dad and flex my working pattern without needing to take time off,”* said Mohammed Randeree, Operational Resilience & TPRM Lead (Atom bank, 2023). The positive employee feedback highlights the benefits of this initiative, suggesting that a 4-day week can boost engagement and satisfaction. It also shows how aligning business goals with well-being fosters a more cohesive culture.

Rachael Mclauchlan, Chief Data Officer at Atom bank, stated: *“A four-day week has been transformational in enabling me to juggle the most important parts of my life and bring energy and enthusiasm to both my career and personal life. Outside of being a CDO in a fast-paced digital bank, I am lucky enough to have quality time and fun with my awesome family and friends! The extra day a week can make for a lovely mini-break, space for personal interests or just time to do the life tasks that are normally too difficult to squeeze into a working week. As a type 1 diabetic, I also feel the benefits from a health and happiness perspective, as I can dedicate that little bit extra time to myself! The four-day week, combined with Atom’s*

flexible hybrid working, genuinely supports a busy working woman in finding some harmony while trying to ‘do it all’ (Atom bank, 2023).

Atom Bank’s success with the four-day week demonstrates that innovative work models can lead to a stronger, more balanced workforce. As more companies recognize the value of flexibility, this shift could redefine the future of work, prioritizing both productivity and employee well-being as essential components of long-term organizational success.

2. Research methodology

This research focuses on analyzing a contemporary issue: improving work-family/life balance through innovative and flexible work arrangements, specifically the 4-day work week. The purpose of the study is to explore the perceptions, attitudes, and experiences of employees in Macedonian society regarding work-family/life balance and the 4-day week.

The theoretical objective is to gain a deeper understanding of the 4-day work week and its impact on work-family/life balance, including an analysis of relevant case studies. The practical objective, based on this research, is to identify the factors that influence work-family/life balance and to examine employees’ perceptions of how the 4-day week enhances this balance. This includes an exploration of key factors, benefits, and challenges, supported by statistical data, to generate new insights for further analysis. The survey, conducted online in August 2024, consists of 23 required closed-ended questions, with a total of 70 respondents.

2.1. Analysis and interpretation of the results

1. Gender:
70 responses

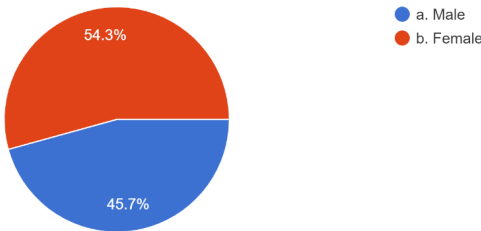


Figure 1: Gender composition of participating respondents

The cohort demographics reveal a gender composition predominantly composed of females, encompassing 54.3% of respondents, while males account for 45.7%. This slight majority suggests that women may be more engaged in the survey, potentially reflecting a greater interest in topics related to work-life balance and flexible work arrangements.

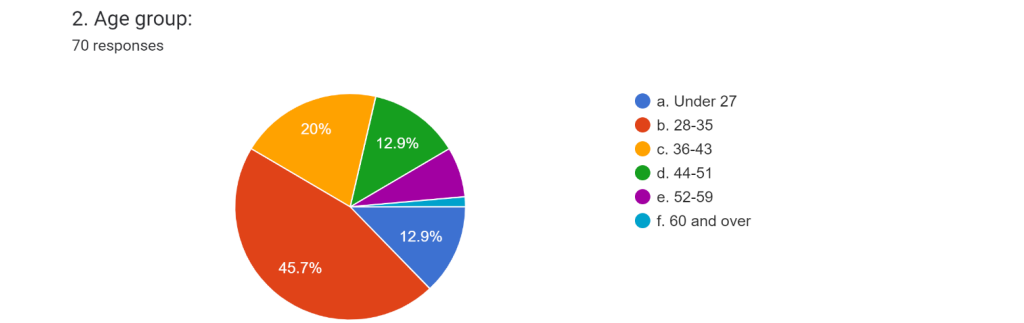


Figure 2: Age distribution of survey respondents

The age distribution in Figure 2 shows significant engagement from respondents in the 28-35 age group (45.7%), followed by the 36-43 group (20%). This indicates strong participation from younger professionals, likely in the prime of their careers and managing family responsibilities. This significant interest may indicate that work-life balance is a key concern for these age groups, who are often juggling career growth with family obligations. Smaller proportions are represented by those under 27 and those aged 44-51 (12.9% each), while the 52-59 age group accounts for 7.1%, and only 1.4% are 60 and over.

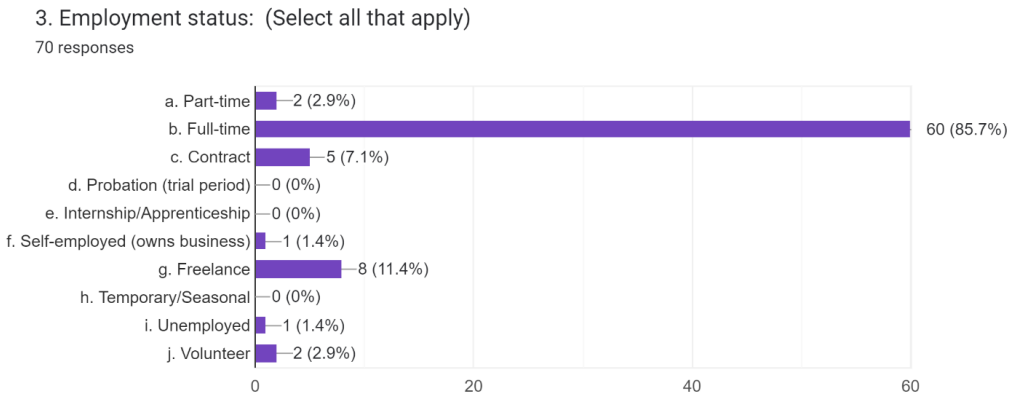


Figure 3: Distribution of survey respondents by employment status

According to the data shown, the majority of respondents are employed full-time, representing 85.7% of the sample. Freelancers make up 11.4% of the respondents, while 7.1% are employed on a contract basis. Part-time workers and volunteers each constitute 2.9% of the respondents. A very small percentage is self-employed (1.4%) or unemployed (1.4%). Notably, no respondents are currently on probation (trial period), internships/apprenticeships, temporary/seasonal positions, or other employment types.

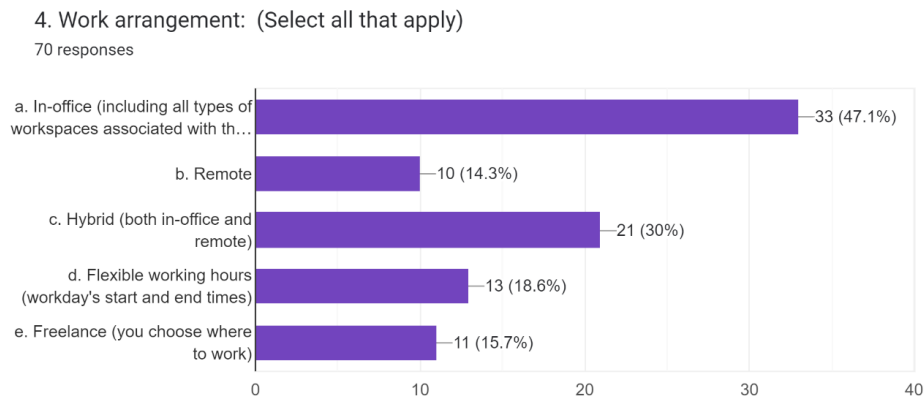


Figure 4: Types of work arrangements among survey respondents

In the fourth question, the results for types of work arrangements are presented. In-office work is the most common arrangement, with 47.1% of respondents engaged in this type, indicating that a significant portion of the workforce still operates primarily from physical office spaces. Hybrid work arrangements, reported by 30% of respondents, reflect a substantial interest in combining the benefits of both in-office and remote work environments. Remote work is chosen by 14.3% of respondents, while flexible working hours are reported by 18.6%, and freelance work is selected by 15.7%. The freelance, hybrid, and remote work options generally offer greater flexibility to fulfill personal and family needs.

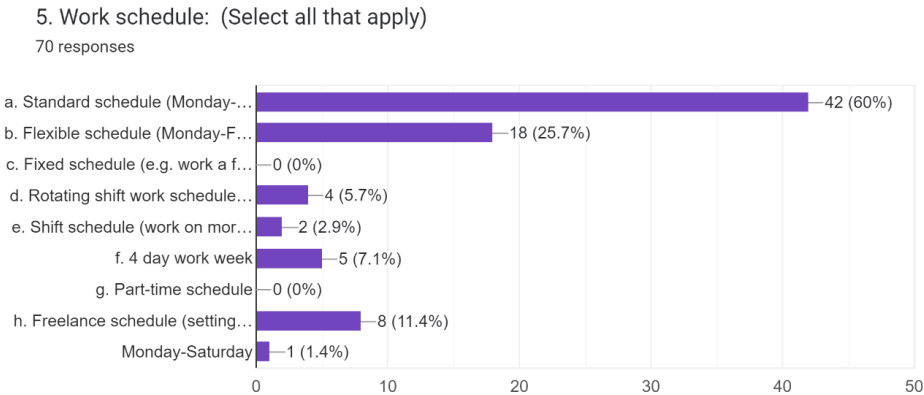


Figure 5: Work schedules among survey respondents

Figure 5 shows that 60% of respondents follow a standard schedule, which provides stability but limits flexibility for family or personal responsibilities or activities. A notable 25.7% work flexible schedules, which support work-life balance. Freelance work is chosen by 11.4%, while 7.1% report working a 4-day workweek, likely in international companies based in N. Macedonia. Additionally, 5.7% work rotating shifts, and 2.9% follow traditional shifts, both of which present challenges to work-life balance, particularly in continuous operation industries like healthcare and manufacturing. No respondents reported working a fixed or part-time schedule.

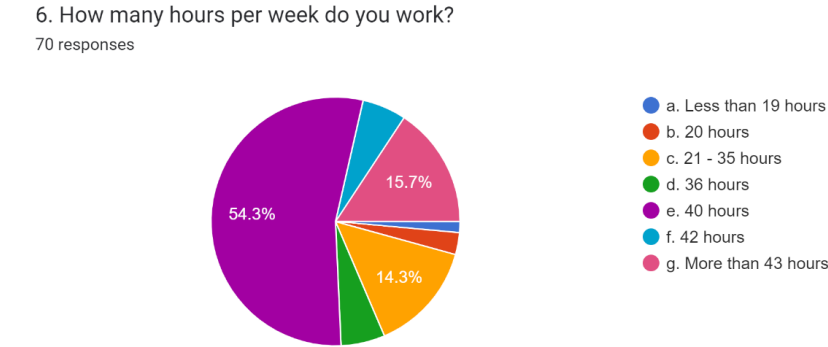


Figure 6: Distribution of weekly working hours among survey respondents

The data shows that 54.3% of respondents work 40 hours per week, 5.7% work 42 hours and 15.7% work more than 43 hours. These extended hours, including the standard 40-hour workweek, can affect

work-family and life balance and create challenges in managing personal responsibilities and family time. Additionally, 14.3% work between 21-35 hours per week, while 5.7% work 36 hours; a smaller group, 2.9%, report working 20 hours, and 1.4% work less than 19 hours per week, suggesting that these shorter hours may enable increased achievement of work-family balance and enhance the overall quality of life.

7. Please select the type of organization you work for:
70 responses

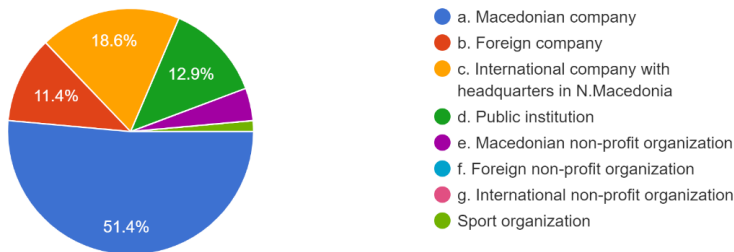


Figure 7: Breakdown of respondents by employer type

According to the respondents, 51.4% work for Macedonian companies, making this the most common employer type. International companies with headquarters in North Macedonia were selected by 18.6% of respondents, followed by foreign companies at 11.4%. Public institutions account for 12.9% of respondents, while 4.3% work for Macedonian non-profit organizations. Additionally, 1.4% of respondents reported ‘Other,’ such as sports organizations.

8. How satisfied are you with the current work-life balance?
70 responses

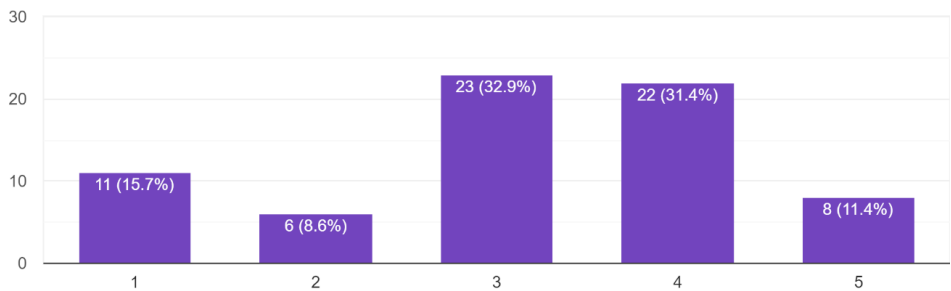


Figure 8: Respondents’ satisfaction with current work-life balance

The results show that 31.4% of respondents are satisfied (4) with their work-life balance, and 11.4% are very satisfied (5), indicating that nearly

43% have a positive outlook on their ability to balance work and personal life. Conversely, 32.9% feel neutral (3), suggesting that while they may not have strong opinions on their work-life balance, there is potential for improvement. Additionally, 8.6% of respondents are dissatisfied (2), and 15.7% are very dissatisfied (1), together representing approximately a quarter of the workforce who struggle with work-life balance.

9. How often do you feel that the work schedule interferes with your family life?
70 responses

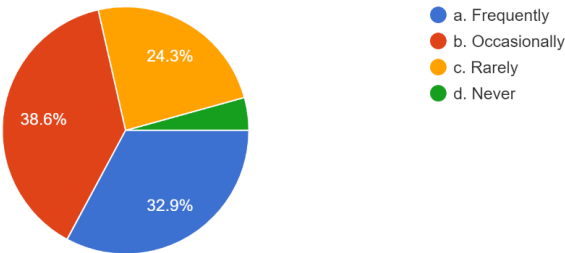


Figure 9: Frequency of work schedule interference with family life

At the time of the survey, 38.6% of respondents reported that work schedule interference with family life occurs occasionally, while 32.9% experience it frequently, highlighting a significant impact on family life for a large portion of the workforce and the need for improvement. Conversely, 24.3% report that work schedule interference happens rarely, and only 4.3% state it never occurs, indicating that a minority manages to keep work and family life entirely separate. The data indicates that many respondents find their work schedules occasionally interfere with family life, with one-third facing this conflict frequently. This emphasizes the need to explore more balanced work arrangements to improve family dynamics.

10. How often do you feel that the work schedule interferes with your private life?
70 responses

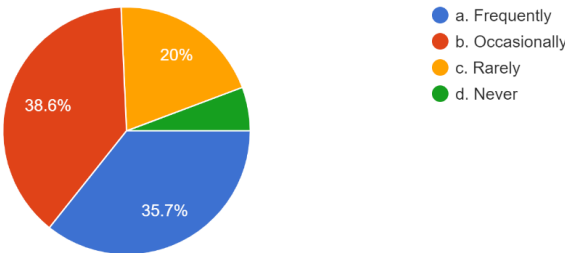


Figure 10: Frequency of work schedule interference with private life

Figure 10 shows that 38.6% of respondents report occasional interference between their work and private life, while 35.7% experience it frequently, showing that more than 70% of respondents face some level of conflict between their work and private life. This result indicates the need for work arrangements that support better work-life integration. In contrast, 20% of respondents report that their work schedule rarely interferes with their private life, and 5.7% indicate it never does, suggesting that very few respondents can maintain complete separation between work and personal life.

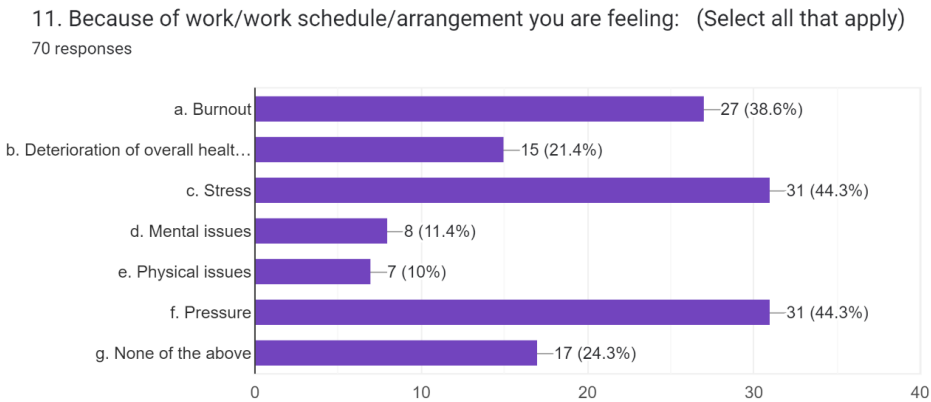


Figure 11: Impact of work schedule/arrangement on health and well-being

Stress and pressure are the most common issues, each reported by 44.3% of respondents, indicating that nearly half of the workforce experiences significant emotional strain from their work. Burnout is also a major concern, with 38.6% of respondents reporting this feeling, reflecting the growing prevalence of exhaustion from work. Additionally, 21.4% of respondents indicate a deterioration of their overall health and well-being, further demonstrating the negative effects of work-related factors. Smaller but notable percentages report mental issues (11.4%) and physical issues (10%) due to their work or work schedule. These results indicate the need for workplace interventions to support employee health and well-being. However, 24.3% of respondents selected none of the above, suggesting that this group has not experienced significant negative impacts.

12. Are you considering a job change to improve your work-life balance?
70 responses

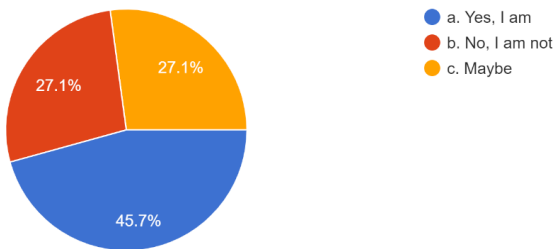


Figure 12: Consideration of job change to improve work-life balance

The data reveals that nearly half of respondents (45.7%) are contemplating a job change to improve their work-life balance, indicating a significant desire for better conditions. In contrast, 27.1% are not considering a change, while an equal percentage (27.1%) remain uncertain, indicating a maybe stance on the issue. This uncertainty suggests that many individuals are weighing their options and highlights the importance of work-life balance in career decisions.

13. How familiar are you with the concept of a 4-day work week?
70 responses

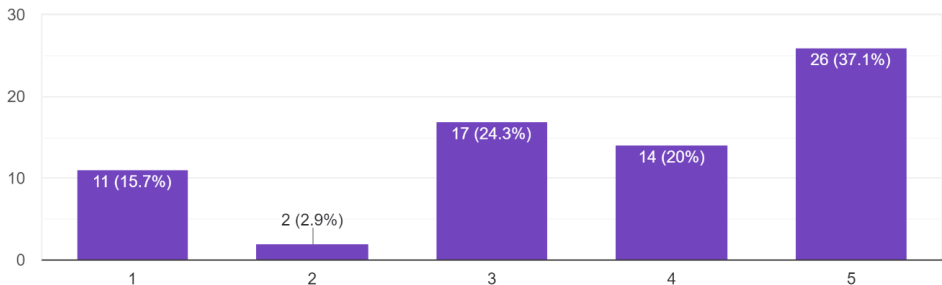


Figure 13: Familiarity with the concept of a 4-day work week

On a scale of 1 to 5, where 1 indicates not familiar at all and 5 indicates very familiar, 37.1% of respondents report being very familiar with the concept, indicating a high level of awareness and understanding. Additionally, 20% are familiar with the concept, showing that over half of the respondents have some knowledge of the 4-day workweek. However, a notable 24.3% are not familiar with the concept, and 15.7% are not familiar at all, suggesting that a significant portion of the workforce lacks knowledge about this work arrangement. Only 2.9%

fall into the category of not very familiar, reflecting minimal awareness.

14. Do you think a 4-day work week would help you manage work and personal life more effectively?

70 responses

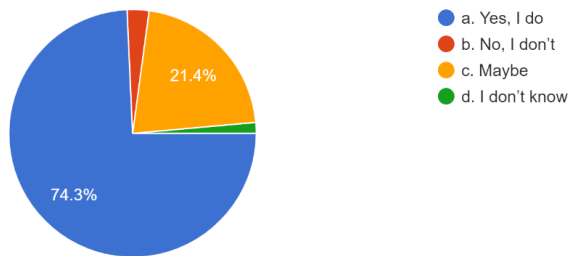


Figure 14: Potential impact of a 4-day work week on work-life balance

The data shows that 74.3% of respondents believe a 4-day workweek would help them manage their work and personal life more efficiently, indicating strong support for this model. Additionally, 21.4% are unsure, suggesting some hesitation or lack of clarity about the potential benefits. In contrast, only 2.9% think it would not be useful, and 1.4% are uncertain, highlighting that the concept of a 4-day workweek is generally well-received among respondents. This positive reception underscores the potential for this work arrangement to enhance work-life balance.

15. How likely do you think a 4-day work week would improve your work-life balance and overall quality of life?

70 responses

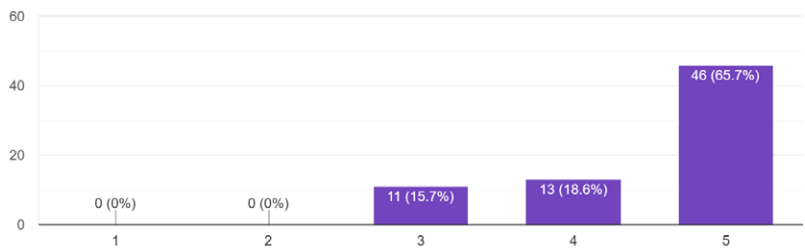


Figure 15: Likelihood of a 4-day workweek improving work-life balance and quality of life

The data reveals strong optimism about the potential benefits of a 4-day work week, with 65.7% of respondents feeling it is very likely to lead to improvements. Additionally, 18.6% believe this work ar-

rangement is likely to have a positive impact. Meanwhile, 15.7% remain neutral, indicating some uncertainty or lack of strong opinion on the issue. Notably, no respondents consider a 4-day work week unlikely or very unlikely to improve their work-life balance and quality of life.

16. In your opinion, would a 4-day work week make it easier for you to handle family responsibilities?
70 responses

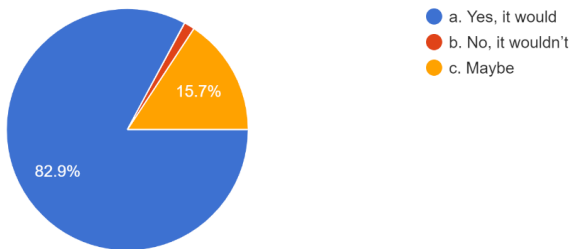


Figure 16: Impact of a 4-day work week on managing family responsibilities

A significant 82.9% of respondents believe that a 4-day work week would make it easier to manage family responsibilities, reflecting strong support for the potential benefits of this arrangement. In contrast, only 1.4% felt it would not help in coping with family duties, while 15.7% were unsure, indicating some hesitation or uncertainty about the impact a 4-day work week might have on their ability to balance family obligations.

17. In what ways do you think a 4-day work week would impact work-life balance and family dynamic? (Select all that apply)
70 responses

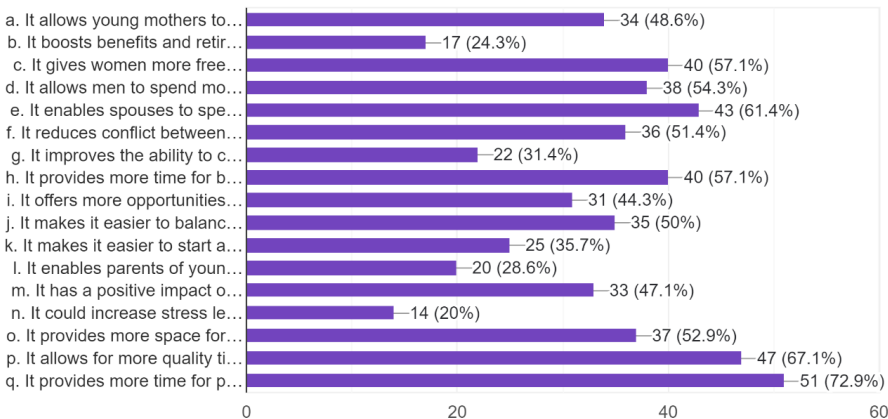


Figure 17: Respondents' beliefs on the impacts of a 4-day work week on work-life balance and family dynamics

Respondents believe that a 4-day work week would have a varied impact on work-life balance and family dynamics. According to the majority of respondents, a 4-day work week would provide more time for personal activities and relaxation (72.9%) and offer more quality time with family (67.1%). Following this, respondents believe it would give women more free time (57.1%) and allow for more time for both women and men to contribute to child-rearing (57.1%). Additionally, it would enable spouses to spend more time with each other (61.4%) and allow men to spend more time on childcare (54.3%).

Therefore, respondents expect the 4-day workweek to reduce conflict between work responsibilities and family duties (51.4%) and provide more space for parenting (52.9%). It is also anticipated to make it easier to balance work with social life (50%), offer more opportunities for both partners to share household duties (44.3%), and positively impact relationships due to more time together (47.1%).

The least mentioned impacts include boosting benefits and retirement contributions for working women, improving the ability to combine paid work with care responsibilities, making it easier to start a family, enabling parents of young children to remain at work, and potentially increasing stress levels, all being under 35%.

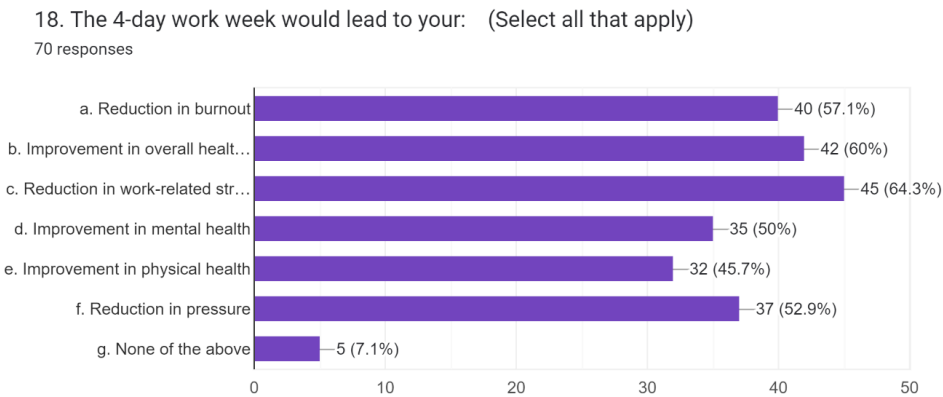


Figure 18: Anticipated effects of a 4-day work week on personal well-being

More than half of the respondents, 64.3%, believe that a 4-day work week will lead to a reduction in work-related stress, while 60% expect improvements in overall health and well-being. Additionally, 57.1% anticipate a decrease in burnout. The 4-day work week is also expected to improve mental health, by 50%, and physical health, by 45.7%. Furthermore, 52.9% believe it will reduce pressure. Only 7.1% do not

expect any of these benefits. The data indicates strong expectations for a 4-day work week to enhance various aspects of personal well-being, with significant anticipated reductions in stress and burnout, as well as improvements in overall health.

19. Would a 4-day work week make you more or less committed and loyal to your employer?
70 responses

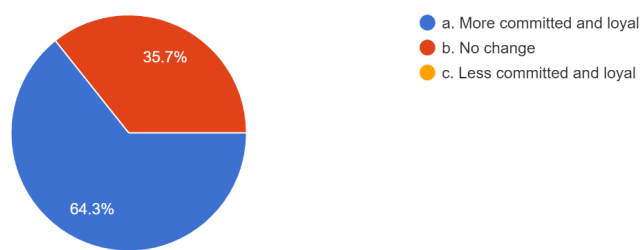


Figure 19: Impact of a 4-day work week on commitment and loyalty to employer

The results from this figure demonstrate the potential impact a 4-day work week might have on employees’ commitment and loyalty to their employers. Therefore, 64.3% of respondents report that a 4-day workweek would make them more committed and loyal to their employer, while 35.7% believe it would make no change in their commitment or loyalty. Notably, no respondents anticipate being less committed and loyal because of the change. The data suggests that a 4-day work week is likely to enhance employees’ commitment and loyalty to their employers, with no negative impacts anticipated.

20. What do you perceive as benefits of a 4-day work week for you personally? (Please select the 5 main benefits)
70 responses

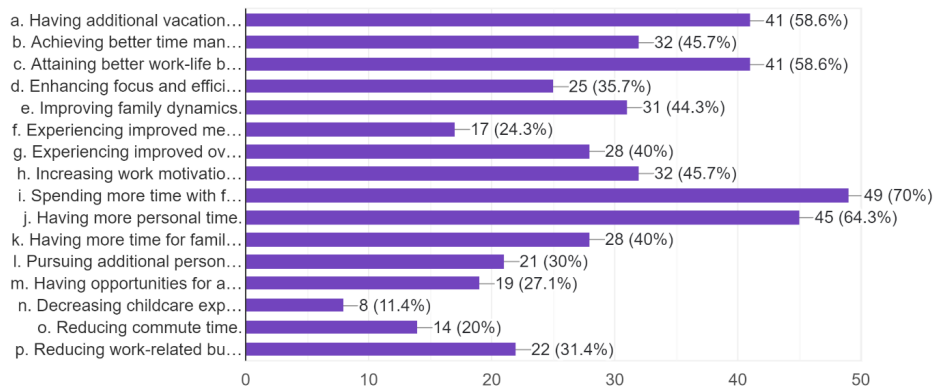


Figure 20: Personal benefits of a 4-day work week

According to the respondents, the five main benefits of the 4-day week include spending more time with family (70%) and having more personal time (64.3%). Additionally, having additional vacation days and attaining a better work-life balance each received 58.6% support. Respondents also believe that a 4-day work week would lead to better time management and increased work motivation and job satisfaction, each cited by 45.7% of respondents. The remaining potential benefits, as shown in the figure, were mentioned by fewer respondents, with each being under 45%. In conclusion, there is a strong belief in the personal advantages of a 4-day work week, particularly in terms of family time, personal time, overall balance, and improved productivity.

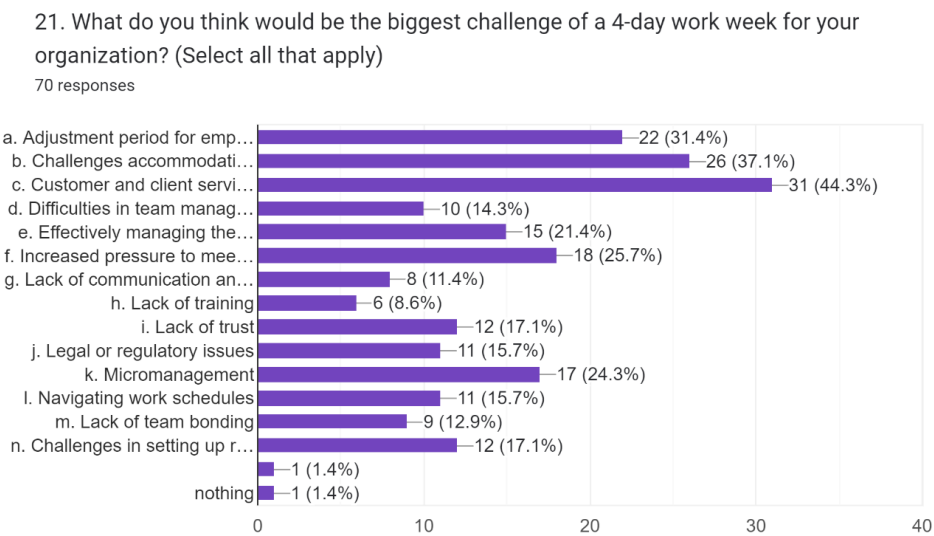


Figure 21: Perceived challenges of implementing a 4-day work week

The most significant challenge identified is customer and client service challenges, selected by 44.3% of respondents. This is followed by accommodating varying client needs and schedules (37.1%) and the adjustment period for employees and management (31.4%). Additional perceived challenges include increased pressure to meet deadlines (25.7%) and micromanagement (24.3%). Other challenges, each mentioned by fewer than 22% of respondents, include difficulties in team management, effectively managing the workload, lack of communication and clear instructions, lack of training, lack of trust, legal or regulatory issues, navigating work schedules, lack of team bonding, and challenges in setting up routines.

22. What factors would be crucial for successfully implementing a 4-day work week within your organization? (Select all that apply)

70 responses

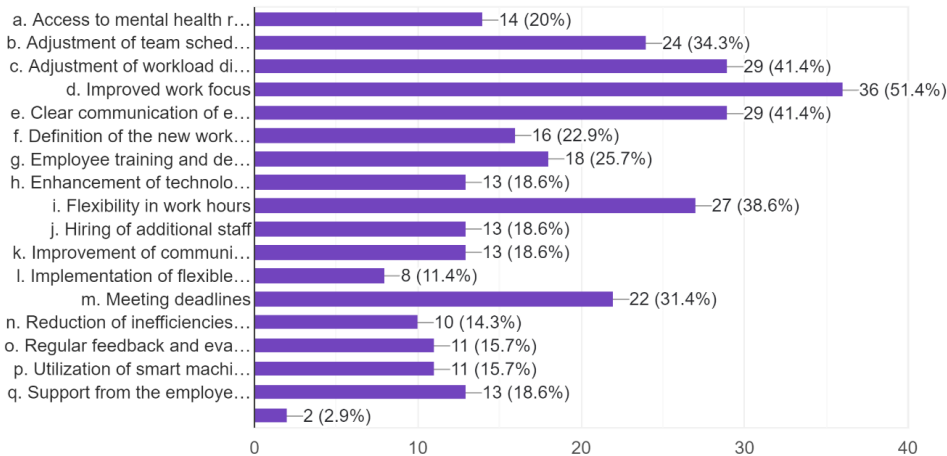


Figure 22: Key factors for successfully implementing a 4-day work week

The most important factors for a successful transition to a 4-day work week are improved work focus, which 51.4% of respondents consider essential. This is closely followed by adjustment of workload distribution and clear communication of expectations, both selected by 41.4% of respondents. Additional key factors include flexibility in work hours (38.6%) and adjustment of team schedules (34.3%). Ensuring that deadlines are met is also a significant concern for 31.4% of respondents.

Factors mentioned by fewer than 26% of respondents include access to mental health resources, definition of the new work schedule and rules, employee training and development, enhancement of technology and tools, hiring of additional staff, improvement of communication tools, implementation of flexible shifts, reduction of inefficiencies, regular feedback and evaluation, utilization of smart machines and AI tools, and support from employer/HR managers.

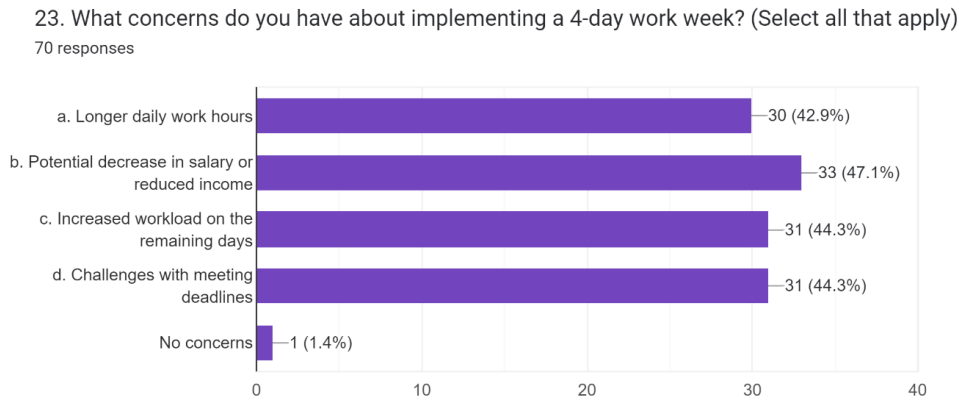


Figure 23: Concerns about implementing a 4-day work week

The most significant concern is the potential decrease in salary or reduced income, with 47.1% of respondents worried about this issue. Furthermore, increased workload on the remaining days and challenges with meeting deadlines each concern 44.3% of respondents. Additionally, longer daily work hours are also a notable concern, selected by 42.9% of respondents. Only 1.4% of respondents reported having no concerns regarding the implementation of a 4-day workweek.

3. Conclusion and recommendations

From this study, it can be concluded that the 4-day workweek can significantly improve work-family/life balance, contributing to employee well-being, job satisfaction, productivity, and many other benefits, which are two-sided—both for employers and employees. This is confirmed by the results of pilot tests from many organizations worldwide, including at the national level. The increasing participation of organizations in testing the 4-day workweek indicates wide acceptance by both employers and employees.

In the context of work-family/life balance, the findings of the study show that a shorter working week has a significant impact, enabling employees to spend more time with family, care for children, share household duties with partners, allow men to spend more time on childcare, and improve overall family dynamics. Additionally, it provides more vacation days and time for personal activities and relaxation. Hence, the 4-day week not only meets the needs of employees and

organizations but also contributes to achieving broader social goals, such as promoting gender equality and environmental sustainability.

Furthermore, the survey of Macedonian employees revealed their attitudes, perceptions, and experiences regarding work-family/life balance and the 4-day week. The findings indicate that while organizations worldwide are offering more flexible work arrangements, including the 4-day week, and there is substantial evidence—especially concerning work-life balance—traditional work arrangements with limited flexibility still dominate in North Macedonia, making it difficult to achieve work-life balance. Consequently, respondents in this survey show strong support for the potential benefits of a shorter workweek. The perceived challenges, factors, and concerns of respondents regarding the implementation of a 4-day workweek significantly influence their beliefs and perceptions about its feasibility and effectiveness. Respondents who express uncertainty or skepticism likely stem from worries about potential drawbacks, such as increased stress or the possibility of not achieving the desired work-family/life balance. These concerns contribute to a lack of confidence in the effectiveness of a 4-day workweek to improve work-family/life balance and enhance overall well-being. Addressing these challenges and fostering open discussions about implementing a 4-day workweek will be crucial in creating a more informed and supportive environment that encourages employees to reconsider their perspectives and better understand the potential impacts on both employees and organizations.

However, because this survey only involved a small sample of respondents, I recommend deeper research and analysis within Macedonian society and organizations. Based on the results of pilot projects and organizations that have already implemented the shorter workweek, it is recommended that organizations reconsider traditional work arrangements and encourage flexible schedules, such as the 4-day workweek, to support diverse family and personal needs. Additionally, it is recommended that organizations prioritize employee well-being by using this model to reduce stress, fostering open communication to align work-life balance with private needs and responsibilities, and adopting it as a strategic approach to enhance both organizational success and the overall well-being of employees.

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The Relationship between Parenting Styles in Childhood and Self-Esteem and Subjective Feeling of Happiness in Adulthood

Olivija Georgievska,¹ Dimitrinka Jordanova Peshevska², Ana Tomovska Misoska², Kate Trajkova²

Abstract

Introduction: A number of studies show a link between positive outcome of the authoritarian parenting styles and well-being, although the vast majority of the studies focus on the negative outcomes of parenting and they have rarely explored the local context of the Republic of North Macedonia.

Objectives: This study aims to investigate the relationships between experience in different types of parenting styles (authoritarian, authoritative, and permissive) during childhood by one parent and the self-esteem and happiness in adulthood.

Methodology: A convenient snowball sampling was applied in an online data collection procedure. The final sample consists of 140 participants (73.1% females and 26.2% males) from 35 to 55 years of age. Most of the participants are employed (94.5%), while 5.5% are unemployed. The following instruments were used in the study: Parental Authority Questionnaire (PAQ); Rosenberg self-esteem scale, Oxford Happiness Questionnaire (OHQ). The questionnaire also collected socio-demographic data (age, gender, employment status, type of company, marital status, and number of own children).

Results: The results showed that authoritative parenting style is a positive significant predictor of happiness and self-esteem. Authoritarian parenting style is negatively associated significant predictor of self-esteem. Permissive parenting style is positively associated significant predictor of self-esteem. The results point out the importance of authoritative or positive parenting for the well-being of children and their development.

Conclusion: Early interaction with the primary caregiver is an important for developing an internal model for socioemotional bonding with other individuals. Therefore, it is necessary to plan preventive programs for parents as a wider policy intervention for diverse categories of parents, and contributing to the children's overall development and well-being.

Keywords: Parenting Styles, Self-Esteem, Subjective Feeling of Happiness, Adulthood

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1. Introduction

Parenting is one of the most important aspect in the developmental psychology to study, that has an impact to both parents and children. Failing to provide an adequate nurturing for children's development is influencing the future of one society, and as well as entire humanity. The way of parenting and its influence on children's development (Maccoby & Martin, 1983; Baumrind, 1996) has been studied through analysing two main dimensions of parenting, demandingness and responsiveness (Maccoby & Martin, 1983; Baumrind, 1996). The demandingness of a parent is related to the control and supervision a parent is exercising on their child, while responsiveness refers to emotional support, warmth and affective communication (Maccoby & Martin, 1983; Baumrind, 1996).

Based on two main dimensions of parenting, Baumrind (1966) suggested the following parenting styles: authoritarian, authoritative and permissive parenting style. The authoritarian parenting style is expressed by high demandingness of the parent, and low responsiveness to the children's needs (Baumrind, 1966), also known as strict and punitive where parents performed rigid behaviours with strict rules. This parenting style is associated with harsh, cold behaviour of the parents who are uninterested in the child's individual growth and personality and mainly predominant style in the period of 60 and 70 years of the last century. Authoritative parenting style is characterised by a balance between demands and responsiveness where parents are sensitive to the children needs and the demands are discussed. There is no feeling of threats and punishments, but rather more democratic behaviour where children's opinion and individual are respected. Parents are demanding, but also responsive, they have warmth and are creating atmosphere of freedom and responsibility. The third style, or according to Baumrind's (1966) permissive parenting style, characterized by high responsiveness and low demands. This style is non-punitive, extremely acceptant toward children's wishes and individuals, and affirmation toward child impulses behavior.

The initial trend of the studies on parenting were focusing on the negative mental health outcomes of parenting. For example, the study of Babore and colleagues (2016), is stressing that neuroticism in parents can lead to low self-esteem and poor overall happiness. Suzuki et al (2016) revealed association between parenting style and children's problematic and antisocial behaviours. Lopes et al (2015) findings sug-

est that rearing style, characterized by high discipline (authoritarian) usually by the father in combination with the lower affectionate style (mainly by the mother) can induce and lead to more psychological criticisms and depression in adulthood.

But with the shift towards studies on well-being, more inquiries provide evidence that parenting styles affect the development of self-esteem and overall perception of happiness in children (Furnham and Cheng, 2000; Moghaddam et al 2017; Zakeri and Karimpour, 2011). For example, Moghaddam and colleagues (2017) in a cross-sectional study identified factors in the development of self-esteem in children and suggested that authoritative parenting styles have a significant correlation between authoritative parenting styles and higher sense of happiness in children. Furnham and Cheng (2000) in their study revealed that neglectful and authoritative parenting styles produce low self-esteem and in some cases neuroticism in children. Zakeri and Karimpour (2011) examined the relationship between parenting styles and self-esteem and found that a positive parenting style creates higher self-esteem in children. Sillick and Schutte (2006) examined the association of self-esteem, emotional intelligence, and happiness levels in adults with parental warmth, care, support, and affection (love). Their research indicates a significant correlation between parental love (close to concepts of warmth, care, support, and affection) and higher self-esteem in adults (Sillick and Schutte, 2006).

The evidence supports the findings that the authoritative parenting style is having significant positive impact on optimal self-esteem in children in different cultures (India, Brazil, Iran, Malaysia), among both genders (Furnham and Cheng, 2000, Milevsky, 2007, Moghaddam et al 2017; Sahitya et al 2019; Seetha and Kumar, 2013, Sillick and Schutte, 2006; Zakeri and Kaimpour, 2011; Yamawaki et al 1988; Garsia et al 2020) These studies also provide evidence and support to the argument that authoritarian parenting style, (and very often neglectful) can affect the low self-esteem in children. Some other studies by Milevsky (2007), Richter et al., (1991, 1995), Sepherian-Azar et al (2013); Zakeri and Kaimpour (2011), Moghaddam et al (2017) also classified mother/father parenting style and male/female gender differences.

2. Aim of the study

This study aims to contribute to the body of literature and fill the gap regarding the evidence globally, as well as in North Macedonia

about the positive outcomes such as happiness and self-esteem and parenting styles. Additionally, the study would explore and investigate the relationships between experience in different types of parenting styles (authoritarian, authoritative, and permissive) during childhood by one parent and the self-esteem and happiness in adulthood.

3. Methodology

3.1. Study design

The study uses a cross-sectional quantitative approach. The criterion variables in the study are: self-esteem and happiness and predictors variables are the three types of parenting styles.

3.2. Measurements

Several measurements were used in the study explained below:

Socio-demographic questions containing questions on gender, age, nationality, living place, municipality, education, work status, work experience in years, and work position at the moment.

Rosenberg scale of self-esteem (Rosenberg, 1965) is a 10-item continuous scale that measures general self-confidence by measuring both positive and negative feelings about the self. The scale is believed to be unidimensional. The participants are asked to assess their self-esteem on the ten-item scale using a 4-point Likert scale format. For example, some of the items in the scale are: "On the whole, I am satisfied with myself"; or another item "I feel that I have a number of good qualities", ranging from "Strongly Agree", scoring 4 points to "Strongly Disagree", scoring 1 point on the scale. Some items in the scale such as items 2, 5, 6, 8, 9 are reverse scored), meaning that "Strongly Disagree" is measured 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. The score on the scale indicates the level of the participant's self-esteem. Higher scores indicate higher self-esteem and reverse. Cronbach's alpha varies from 0.80 to 0.96 (Jamil, 2006; Keller & Bergman, 2012).

Oxford Happiness Questionnaire (OHQ), is derived from the Oxford Happiness Inventory (Hills & Argyle, 2002). The Oxford Happiness Inventory is a measure of personal happiness or well-being, constructed from 29 choice items. Each item was presented in four incremental levels, numbered from 0 to 3, for example: I am not particularly optimistic about the future/ I feel optimistic about the future. I feel I have

so much to look forward to. I feel that the future is overflowing with hope and promise. The participants were asked to state if they agreed with each item on a six-point Likert scale. For example, some of them are: “I can fit in everything I want to” or “I am well satisfied about everything in my life”, ranging from Disagree (1) to Agree (6). The scale has high internal consistency measured with Cronbach’s alpha value of 0.91 respectively. The high scores on this questionnaire indicate personal satisfaction and a high state of happiness and reverse. Internal reliability using Cronbach’s alpha is very high in the studies (Hills & Argyle, 2002) with values $\alpha = .92$.

The Parental Authority Questionnaire (PAQ) was developed to measure Baumrind’s (1971) permissive, authoritarian, and authoritative parental authority prototypes (Buri, 1991). The PAQ consists of 30 items on a 5-point Likert-type scale ranging from Totally agree to Totally disagree, where responses are defined by the maternal authority. For example, some of the questions were: “As I was growing up, my mother seldom gave me expectations and guidelines for my behavior” or “As I was growing up my mother often told me exactly what she wanted me to do and how she expected me to do it.”, in order to determine the expectations from the parent/mother, with answers range from totally agree to Totally disagree. The PAQ has three subscales each form consists of 10 items per parenting style and yields permissive, authoritarian, and authoritative scores for both the mother and the father; Each of these scores is derived from the phenomenological appraisals of the parents’ authority by their son or daughter. The subscales are: permissive (P: items 1, 6, 10, 13, 14, 17, 19, 21, 24 and 28), authoritarian (A: items 2, 3, 7, 9, 12, 16, 18, 25, 26 and 29), and authoritative/flexible (F: items 4, 5, 8, 11, 15, 20, 22, 23, 27, and 30). Buri’s questionnaire has different versions, where both parents are combined, but due to the inclusion of three questionnaires, it is decided that the parental bonding will be observed from the memories in connection with the mother. The questionnaire was supposed to define only three parenting styles – permissive, Authoritarian, and Authoritative. Also, this instrument demonstrated high reliability and validity in the measurements.

3.3. Participants and sampling

The study applied convenient snowball sampling. The data collection process was in the form of online questionnaires. Participants were approached through group emails sent in different industries/companies, social media, and possibly through psychologists/doctors

and general practitioners with private practice. Participants were volunteers and the results were anonymous.

The study participants included 140 adults, where female participants were 101 (73.1%) and male participants were 35 (26.2%), from age 35 and 55 years. 1 of the participants described itself as gender undetermined (0.7%), and 3 of the participants did not answer this question (2.1%). The participants' age range between 21 and 69 years old, of which $M = 48.9$, and $SD = 9.57$. According to the living environment 137 of the participants (97.9%) live in the city, 1 lives in the village (0.7%), and 2 did not answer this question (1.4%).

Participants were of Macedonian nationality, more female (73.1%) than male participants, living in the city (98.6%), with educational status as follows: high school 20 participants (13.7%), BA 71 participants, (48.6%), MA 40 participants (27.4%) and PhD 15 participants (10.3%). The employment status of the participants is as follows: 8 participants (5.5%) were unemployed, part-time 7 participants (4.8%), employed with restricted contracts 17 (11.7%), and full-time employees 113 participants (77.9%). Regarding their work experience, the participants have from 8 months (1 participant), 1 year (1 participant), 1 to 5 years (5 participants), 6 to 10 (13 participants), 11-20 (37 participants), 21 – 30 – 53 participants and above 31 years of work experience 36 participants.

The largest part of the participants, 129 are from Skopje (92.2%), but there were participants also from the smallest urban areas: 1 participant from Kavadarci (0.7%); 1 participant from Negotino (0.7%); 1 participant from Ohrid (0.7%); 1 participant from Prilep (0.7%); 1 participant from Strumica (0.7%); 1 participant from Tetovo (0.7%); 5 participants did not answer on this question (3.6%).

4. Results

The descriptive statistics of all variables are presented in Table 1. Looking at the happiness results, it can be seen that the participants in the study on average are reporting levels of happiness above the theoretical mean of 3.5. When it comes to self-esteem the average is on the upper end of the normal range (18-25) for self-esteem and leaning towards high self-esteem (Rosenberg, 1965). Looking at the parenting styles the highest score is present for authoritative parenting followed by permissive parenting.

Table 1. Descriptive statistics

	N	Min	Max	M	SD	Skewness	Kurtosis
Happiness	140	1.03	4.66	3.62	.50226	-1.253	5.215
Self-esteem	140	8	30	24.52	5.046	-1.068	.632
Permissive parenting style	140	13	44	29.00	5.968	-.432	.090
Authoritarian parenting style	140	14		26.23	7.598	.662	-.063
Authoritative parenting style	140	10	47	32.98	7.848	-.729	.071

To test the assumptions of the study a correlation analysis for all variables was done. The results are presented in Table 2. As can be seen there is statistically significant positive correlation between authoritative parenting style and self-esteem, as well as between authoritarian style and happiness and permissive parenting style and self-esteem. There is statistically significant negative correlation between authoritarian parenting style and self-esteem. There is absence of statistically significant correlation between authoritative parenting style and happiness as well as permissive parenting style and happiness.

Table 2. Correlation coefficients

	Self-esteem	Happiness
Authoritative parenting style	.264**	.053
Authoritarian parenting style	-.227**	.336**
Permissive parenting style	.237**	.136
Self-esteem		-.045

** . Correlation is significant at the 0.01 level (2-tailed).

To test the hypothesis of the study a series of regression analysis were conducted. The first regression analysis was done on authoritative parenting style as predictor of self-esteem (Table 3). Based on the adjusted R^2 value, the multiple linear regression analysis shows that 6.3% of self-esteem can be attributed to the predictor of authoritative parenting style. Additionally, the regression model is significant ($F(1; 136) = 10.162, p < 0.01$).

Table 3. Regression analysis of authoritative parenting style as predictor of self-esteem

	Non-standardized coefficient		Standardized coefficient		Collinearity	
	B	SE	β	p	Tolerance	VIF
Constant	19.114	1.781				
Authoritative parenting style	.167	.053	.264	.002	1.000	1.000

R2 =0.07, adjusted R2=0.063, F (1,136) = 10.161, p=.002

The lack of connection between the authoritative parenting style and happiness shown by the correlation coefficient is confirmed by the regression analysis as the regression model showed that the model is not statistically significant ($F(1; 136) = .388$, $p = .534$). The hypothesis that higher level of authoritative parenting style is associated with higher levels of happiness and self-esteem, is partially confirmed. The authoritative parenting style is positive predictor of self-esteem, but it is not a predictor of happiness among the participants in the study.

The next two regression models test the predictive power of authoritarian parenting. The regression model of authoritarian parenting style as predictor of self-esteem (Table 4) is statistically significant and explains 4,4% of the variance of the variable self-esteem and the model is statistically significant ($R^2=.044$, $F (1,136)=7.37$, $p<.01$). The authoritarian parenting style is a statistically significant negative predictor of self-esteem ($\beta =-.227$, $p < 0.01$).

Table 4. Regression analysis of authoritarian parenting style as predictor of self-esteem

	Non-standardized coefficient		Standardized coefficient		Collinearity	
	B	SE	β	p	Tolerance	VIF
Constant	28.539	1.496				
Authoritarian parenting style	-.149	.055	-.227	.008	1.000	1.000

R2 =0.051, adjusted R2=0.044, F (1,136) = 7.37, p=.008

The next regression analysis was done to test the predictive power of authoritarian parenting style on happiness. The results in Table 5 show that 11% of the variance of the variable happiness can be explained by the regression model and the model is statistically significant ($R^2=.11$, $F(1,136)=17.29$, $p<.01$). The authoritarian parenting style is a statistically significant positive predictor of happiness ($\beta =-.336$, $p < 0.01$).

Table 5. Regression analysis for authoritarian parenting style and happiness

	Non-standardized coefficient		Standardized coefficient		Collinearity	
	B	SE	β	P	Tolerance	VIF
Constant	3.037	.145				
Authoritarian parenting style	.022	.005	.336	.000	1.000	1.000

$R^2 = 0.113$, adjusted $R^2 = 0.106$, $F(1,136) = 17.29$, $p = .000$

The hypothesis that a higher level of authoritarian parenting style is associated with lower levels of happiness and self-esteem, is partially confirmed. The study finds that the authoritarian parenting styles is positive predictor of happiness, but negative predictor of self-esteem.

Two regression analysis were also conducted for permissive parenting style as predictor of self-esteem and happiness. The data presented in Table 6 show that 4.9% of self-esteem can be explained by predictor permissive parenting style and the regression model is significant ($R^2=.049$, $F(1; 136) = 8.117$, $p < 0.01$). The permissive parenting style is a statistically positive significant predictor of self-esteem ($\beta = .237$, $p < 0.01$).

Table 6. Regression analysis of permissive parenting style as a predictor of self-esteem

	Non-standardized coefficient		Standardized coefficient		Collinearity	
	B	SE	β	p	Tolerance	VIF
Constant	18.889	2.060				
Permissive parenting style	.198	.070	.237	.005	1.000	1.000

$R^2 = 0.056$, adjusted $R^2 = 0.049$, $F(1,136) = 8.117$, $p = .005$

The regression model for permissive parenting style as predictor of self-esteem is statistically significant ($F(1; 136) = 7.027, p < 0.01$) and it explains 1.1% of the variance of the variable happiness. However further analysis (Table 7) shows that the permissive parenting style is not a considerable predictor of happiness ($\beta = .136, p > 0.05$).

Table 7. Regression analysis of permissive parenting style as a predictor of happiness

	Non-standardized coefficient		Standardized coefficient		Collinearity	
	B	SE	β	p	Tolerance	VIF
Constant	3.287	.211				
Permissive parenting style	.011	.007	.136	.112	1.000	1.000

$R^2 = 0.019$, adjusted $R^2 = 0.011$, $F(1,136) = 7.03, p = .005$

The hypothesis that a higher level of permissive parenting style is associated with lower levels of happiness and self-esteem, is not confirmed. Namely, permissive parenting is positively associated with self-esteem and not statistically significantly associated with happiness.

5. Discussion

The actual study showed how different parenting styles affect individuals in adulthood. It also combines three active areas – parenting style, self-esteem, and happiness. The hypothesis of this study was an attempt to explore the relationships between three different types of parenting styles on overall well-being in a form of self-esteem and feelings of happiness in adults.

The results revealed that authoritarian parenting style is partially associated with lower levels of self-esteem and happiness. The results show that the hypothesis on the relation between the authoritarian parenting style and self-esteem and happiness is partially confirmed – meaning that authoritarian parenting style and feelings of happiness are in significant correlation, where this parenting style statistically has a significant negative correlation with self-esteem. Therefore, it can be stated that the authoritarian parenting style contributes towards the development of lower self-esteem and has a greater impact

than on feelings of happiness. Also, in the results obtained from the regressive analysis for authoritarian parenting style and self-esteem, it is concluded that the authoritarian parenting style is a considerable predictor of self-esteem ($\beta = -.227, p < 0.01$). The results of the regressive analysis for authoritarian parenting style and happiness, show that the authoritarian parenting style is a considerable predictor of happiness ($\beta = .336, p < 0.01$). The results of the statistical data/results show that there is no significant correlation between the authoritative parenting style and happiness, but there is a significant correlation between the authoritative parenting style and self-esteem ($r(140) = .264, p < 0.01$). The results of the regressive analysis for the authoritative parenting style and self-esteem show that this parenting style is a predictor of self-esteem and is significant. On the feelings of happiness, the regressive analysis shows that there is no significant connectivity between this parenting style and the feelings of happiness, therefore it is not a considerable predictor. These results are in line with the investigations and studies by Kopko (2007), Buri (1989), Zakeri and Kaimpour (2011), Sillick and Schutte (2006), Richter, Richter and Eise-mann (1991) and Furnham and Cheng (2000) that confirm that there is a great positive impact of the authoritative parenting style, considered in many cultures as the most positive style and that there is a negative impact of the authoritarian parenting style and the self-esteem. However findings of this study show that there is no great influence of the authoritarian parenting style on feelings of happiness, which is not in line with the studies by Edwards and Price (2002), Zimmermann, Eisemann, and Fleck, (2008), Zakeri and Kaimpour (2011), Yamawaki et al. (2011) and Furnham and Cheng (2000) that included the overall well-being of the participants, and in which studies it was concluded that authoritarian parenting style greatly impacts the feelings of happiness and occurrence of depression.

In the actual research there is a significant correlation between the permissive parenting style and the self-esteem, but no significant correlation between this style and the feelings of happiness. It is also confirmed that the permissive parenting style is a considerable predictor of self-esteem ($\beta = .237, p < 0.01$), but not a considerable predictor of happiness ($\beta = .136, p > 0.05$). Therefore it is concluded that the hypothesis that *permissive parenting style is associated with lower levels of happiness and self-esteem*, is not confirmed. It is concluded in the studies of Baumrind (1966), Maslow (1981), and Seligman (2006) that human

behavior is developed by the effects of the complexity of both nature and nurture. Therefore, we can say that in the development of individuals/adults, profound influence is the primary care received at an early age, hence the parenting style – in the form of care, warmth, affection, and love, but also neglectfulness, criticism, absence, coldness has great impact. This study is in line with the previously mentioned authors, and its findings and results also confirm that parenting style affects self-esteem and personal perspective of happiness, not only in children but also in mature adults. In Raboteg-Saric's and Sakic (2014) study on the influence of parenting style and self-esteem on students from urban areas of Croatia, it is concluded that authoritative and permissive parenting styles are a predictor of healthier and higher self-esteem, where this study supports only the findings where authoritative parenting style influence and develop higher self-esteem, unlike the data gathered on the

influence of permissive parenting style. The actual study findings clearly stated that the permissive parenting style has no impact on self-esteem in adults.

The findings of the study of Yamawaki, Nelson, and Omori (1988) support this study through the results of their study where it is concluded that an authoritative parenting style is beneficial for self-esteem among college students. The results from the regressive analysis of actual study are also in line with the study from Nigeria from Aremu Toulupe (2019), that was conveyed among adolescents. Authoritarian parenting style was confirmed as a predictor of lower self-esteem, but also in some extreme cases, development of negative misbehavior, where authoritative parenting style proves to have positive effects on self-esteem. However, actual study did not focus on the mal-behaviors and criminal potential, so as to gender distinctions (both of the parents and of the participants-adolescents).

In the studies where research is investigated in particulars on the gender of parents and gender of participants (whether students, young children, or young adults) it is confirmed that females are prone to developing low self-esteem when exposed to authoritarian maternal parenting style. However, male participants expressed less connection to parents in late childhood and, therefore expressed more “independent self-esteem” behavior that is the result of the lesser impact of the authoritarian parenting style, especially when considering the father's parenting style.

In Iran, the studies were performed through similar questionnaires as of this study, from Sepherian-Azar and a group of researchers (2013), Zakeri and Kaimpour (2011) and Mogahdam (2016), confirmed that even though cultural milieu and tradition are considered in the research, permissive and authoritative parenting styles have a great impact on self-esteem, especially among male participants (young adults, students, etc.). The studies from these authors showed that authoritarian and permissive style predicts “healthy self-esteem”, while the authoritarian parenting style defined as the strict-supervision style has a negative impact on self-esteem. Comparing the results from the actual study with studies from Brazil on parenting style and self-esteem by Martinez and Garcia (2007), it is concluded that the influence of parenting style is an important factor in developing self-esteem, but self-esteem is also connected to gender (parent/child) and is rather in connection to each culture; therefore, the impact should be re-considered through the cultural context.

There are plenty of studies considering the great connectivity and impact of parenting style and well-being, life satisfaction, mild depression as a mental disorder, etc. The results of this study present that happiness is in relationship to a certain level with the authoritative parenting style, but have not concluded that happiness is in association with the authoritarian parenting style. In Japan, due to the frequency of suicide and depressive episodes in adults, there is much research in order to identify the origin of these mental conditions. One of the studies performed by Yamawaki, Nelson, and Omori (2011) suggested that parents’ behavior is in greatly related to well-being, life satisfaction, therefore feelings of happiness. Their investigation suggested that the authoritative parenting style is one of the optimal since it is expressed with warmth and loving relation towards off-springs. This study findings are in line with the findings from actual study and confirms that feelings of happiness are connected to the authoritative parenting style.

In Norway, a study by Grotmol et al (2010) present that maternal authoritarian parenting style greatly affects and is a predictor of depressive symptoms in female, while the regressive data from this study partially confirm the impact of authoritarian parenting style on the feelings of happiness. Studies from Zimmerman et al 2008), and also the one from Richter, Richter, and Eisemann (1991) – both confirm that parenting emotional behavior in the form of warmth, care,

and responsiveness of parents (especially mother) are predictors of outbreak of depression in patients. The findings of this study confirm that the authoritative parenting style impacts feelings of happiness, which is not in line with the mentioned studies in regard to authoritarian (partially) and permissive (not correlated) parenting styles. Furnham and Cheng (2000) performed a study of the impact of parenting style on self-esteem and happiness. The evidence of this study is in line with the findings of this study since an authoritative parenting style produces better self-esteem and subjective, self-report on happiness. Sillick and Schutte's (2006) study greatly supports the findings of this study since it is conducted among adults (which is an occasional situation in research).

The results support the evidence of happiness and healthier self-esteem when parents perform love and affection as part of the authoritative parenting style. The results of this study where authoritative parenting style impacts feelings of happiness are in line with this thesis.

Several limitations of the study should be addressed. For example, it is a retrospective study that recall about parent's previous experience, that could add possible bias. Additionally, the sample is convenient that might have influence on the generalization of the study findings. The instrument used is self-filling questionnaire that could raise possible social plausible answers.

From the study findings it can be concluded that authoritative parenting style is mostly represented in North Macedonia and greatly impacts the feelings of self-esteem. The findings confirm that a higher level of authoritative parenting style is associated with a higher level of happiness and self-esteem. It is also considered to be a predictor of happiness and higher self-esteem.

The authoritarian parenting style is least represented (described by the participants), and it is confirmed by presented findings that it is associated with a lower level of self-esteem. Also, authoritarian parenting style findings conclude that it is a significant predictor of low self-esteem, but it is not a significant predictor of happiness. Therefore, the hypothesis of the influence of the authoritarian parenting style and its impact on self-esteem and happiness is partially confirmed. The findings of the survey data on the permissive parenting style and its impacts on self-esteem and happiness, confirm that there is no evidence of any impact.

There is a need for preventive interventions in order to educate future parents in the prenatal period and later, where they will become aware of the malpractices in parenting, but also the positive parenting practices and improve mental health of their children. Also, through understanding the parenting styles, young couples will become aware of the parenting style they have been raised in, could be able to detect gaps and malpractices in their own childhood, and will also become knowledgeable on what are the most effective pathways to raising their own children.

Parenting practices could be part of training not only for young couples, but also for couples who struggle with young adults (own children), in adolescence and all developmental stages and support nurturing and development.

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The Legal Possition of Vulnarable Adults in the Republic of North Macedonia In-between the Authority of the State and the Family

Elena Ignovska

Abstract

For a long period, the family laws have been focused on children's rights, including their right to opinion in matters that concern them. Vulnerable adults have been usually represented by others, while their own autonomy neglected. This has changed internationally. Many European family-law scholars consider the topic of empowerment of vulnerable adults as the most important one in the junction between Family Law and Law on Persons nowadays, especially if we have in mind that demographically Europe has an aging population, hence more adults than children. However, there are very scarce discussions on this topic in the Republic of North Macedonia, where the concepts of deprivation of legal capacity and guardianship are still a threat towards human rights of vulnerable adults. The threat is especially observed towards their equality rights (not to be discriminated against), private and family life rights (the right to make decisions about their own body, medical treatments, reproductive choices, conclusion of marriage, recognition of parenthood etc.), procedural rights (the right to access to court and administrative institutions, the right to express legally valid opinions in such proceedings), political rights (the right to vote) etc.

The Convention on Rights of Persons with Disabilities (CRPD) has been signed and ratified by the Republic of North Macedonia, whereas the Hague Convention on the International Protection of the Adults has not been signed. The country took serious measures to implement the CRPD. However, there are many complaints by the CRPD Committee and by associations/organizations that protect rights of persons with disabilities about its full implementation, as well as Courts' decisions confirming discrimination.

The objective of this study is to locate possible human rights infringements for vulnerable adults as a matter of policy enshrined in the legal documents and to try to find better solutions for integrating vulnerable adults in the society. The legal position of vulnerable adults in the country will be observed in light of the CRPD and comparatively. The final aim of the study is to shed light on the less represented by themselves and more represented by others in the country and to find modules to improve their legal position in the future.

Keywords: Vulnerable Adults, Human Rights, Family Law, Legal Capacity, Guardianship

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1. Introduction and legal background

The Constitution of the Republic of North Macedonia rests upon fundamental core values among which: appreciation of basic human rights recognized by ratified international treaties and the Constitution itself, as well as humanism, social justice and solidarity (the Constitution, art. 8). The Constitution also guarantees equality in rights and freedoms (the Constitution, art. 9). However, it only foresees a general clause on equality that does not mention disability as a ground for discrimination. Each citizen over 18 years of age (the age of majority) gains the right to vote that is equal, general and imminent. However, the right to vote is not granted to persons deprived of legal capacity (the Constitution, art. 22). The Republic of North Macedonia (RNM) should provide special care and protection of the family (the Constitution, art. 40), but it provides only subsidiary because primary care belongs to family members (parents have rights and responsibilities to take care of their children and the other way around - children have responsibilities to take care of their old, ill and exhausted parents).

The main national sources of law in the current North Macedonian's legal framework regarding legal protection measures to vulnerable adults are: the Law on Family (Family Law), and the Law on Non-contentious Procedure (Proceeding).

The Law on Family stipulates, in many instances, when a person deprived of legal capacity is not capable of performing. In that sense, a marriage cannot be concluded if a person cannot understand the meaning, rights and responsibilities that come along with marriage and is unable to reason (Law on Family, art. 18). A man can recognize his fatherhood with a child born outside of marriage only if he has at least limited legal capacity and is able to understand the meaning of the recognition (Law on Family, art. 55). Following such statement, the mother can consent (agree to the recognition) only if she has full legal capacity. If that is not the case, the consent can be given by the child's guardian followed by an approval from the Centre for Social Services (Law on Family, art. 56, par. 3). The child can also consent him/herself if he/she has reached 16 years of age (Law on Family, art. 57). A proceeding for contestation of paternity could only be initiated by persons with legal capacity. If that is not the case, they could be represented by their guardian (Law on Family, art. 94). The Law on Family stipulates that the parental right could be extended after the child reaches 18 years of age in case where the child is not capable of

taking care of him/herself on his/her own (Law on Family, art. 64, par. 3 and art 74). This article is not aligned with the Law on Non-contentious Procedure (art. 34-57) and the provisions on guardianship in the Law on Family (art. 165-172). that stipulate that a person over 18 years that is not capable of taking care of his/her own rights and interests should have limited legal capacity or be deprived of legal capacity followed by an official appointment of guardian by the Centre for Social Services (the Centre). A person can adopt a child only if he/she has full legal, intellectual and physical capacity (Law on Family, art. 100-a and 102-b, g and d.), while a consent to adopt a child from his/her biological parents will not be needed if they lack legal capacity (Law on Family, art. 103, par. 3).

The RNM has adopted a National Strategy for Rights of Persons with Disability 2023-2030 with an Action Plan 2023-2026 in 2023 (National Strategy 2023-2030). The National Strategy stipulates that several laws have to change for the purpose of improving the services of persons with disability, including laws regulating elimination of discrimination, independence and autonomy in realization of their rights, as well as their better inclusion (National Strategy 2023-2030, pg. 32).

The RNM has not signed and ratified the Hague Convention of International Protection of Adults but has signed and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2011. Prior to that, there were some efforts to protect persons with disability in the framework of protection against discrimination (Џералдин Скалион Консалтинг и Шила Роџерс, 2010). Since then, several important efforts have been made to integrate persons with disabilities in the society. Firstly, a National Coordinative Body for Implementation of the Convention (CRPD) was founded as well as a Monitoring Team for Implementation of CRPD in the Department for Protection of Rights of Children and Persons with Disabilities at the Public Defender's Office.

A new Law on Prevention and Protection from Discrimination was passed in 2020 (Закон за спречување и заштита од дискриминација, 2020). The law in its articles 4 and 5 defines persons with disabilities as those who have long lasting physical, intellectual, mental or sensory disability that if taken together with different societal barriers may disable their full and effective participation in society on equal grounds as the others. Prior to the new Law, the mechanisms for combating discrimination were not efficient when it came to people with

disabilities. In the period 2011 – 2016, the Commission for Prevention and Protection against Discrimination received 44 complaints based on disability and established discrimination only in 3 cases. When it came to Court's protection, during the same period, only 1 procedure was initiated against discrimination on the grounds of disability, in which the Court made a positive decision (Summary Report, 2018, p.6). The Law on Social Protection (Закон за социјална заштита, 2019), stipulates new rights, including increased social compensation. Persons with high level of intellectual disability, which are 26 years or older are potential beneficiaries of special disability allowance. The Law was amended in July 2021 stipulating a new provision to decrease the age from 18 to 6 years for accessing the special social service (personal assistance) aiming to improve support for the personal and educational development of persons with disabilities as well as their families. The amendments introduced a new category of children/persons with disabilities, which is a combined disability. The Law on Primary Education of 2019 (Закон за основно образование, 2019) and the Inclusive Education Conception of 2020 (Концепција за инклузивно образование, 2020) enabled inclusion of all children (including children with disabilities) in the same educational system. Children with disabilities can use educational assistance from specially trained educational assistants while attending regular school. Within the Law on Protection of Children there is a provision connected with the special allowance/fiscal benefits that are provided to one of the parents or to the guardian for "children with special needs who have impairment in physical and mental development" up to the age of 26 years. As a result, we can infer that persons with disability up to the age of 26 years are treated as children. This matrix by default has been transferred in all spheres.

The Republic of North Macedonia does not have a unified system of long-term care for persons in need. Instead, the long-term care operates via systems for social and health protection, providing financial allowances and support to family members who should provide the care (Бабовиќ et al., 2023). The social protection system does not even recognize the term 'long-term care' (Бабовиќ et al., 2023. p. 13) even though the services are aimed towards supporting daily activities of persons with restricted functional capacities (persons with disability, persons over 65 years of age or persons under social risk or with social problems). These services may include residential care in institutions, caring families or small group homes (Закон за социјална заштита,

2019). The beneficiaries who are financially maintained by other family members, have regular monthly incomes or have property in which they don't live or other property with an extra income, cover the costs of these services themselves (Правилник, 2018, art. 2 and 3). If that is not the case, then the costs should be fully or partially covered by the public health insurance, i.e. the State. The health protection is primarily oriented towards medical treatments, but also covers accommodation for ill persons, rehabilitation and palliative care (Закон за здравствена заштита, 2016). In the RNM there is a system of mandatory public health insurance and special care for vulnerable groups in the health protection system. Beneficiaries of social insurance for the elderly have the right to health protection according to the Law on Social Insurance and Health Insurance (Закон за социјална сигурност на старите лица, 2019).

2. The system of guardianship – authority of the State or authority of the family?

The provisions regulating guardianship are stipulated in the Law on Family. They are imperative, and to a larger extent, exclude autonomy of persons affected. The Centre for Social Services is the main institution that decides about establishment, rights and obligations of the guardian and termination of their role. The work of the Centre as an administrative organ is regulated by the Law on General Administrative Procedure. Guardianship is a state-ordered form of social protection of persons in need who lack it otherwise.

There are two general categories of guardianship for vulnerable adults: 1. For persons with limited/restricted legal capacity or deprived of legal capacity and 2. For 'special cases' including a. persons without official residence and without legal representative, b. unknown property owners when there is a need for protection of the property and c. other cases including when a person cannot take care of his/her own interests. The main difference between these two categories is that in the first instance, the person has limited legal capacity or is deprived of legal capacity (with an official decision by a competent Court), therefore, unable to act or represent his/her own interests alone, while in the second instance, the person is unable to act and represent his/her own interests because of other reasons. For the first type of guardianship, there has to be an official decision from a competent Court (in a non-contentious procedure) for a person to be considered to have

limited legal capacity or be deprived of legal capacity. If a person is not able to take care of him/herself because of variety of reasons enumerated in art. 34, par. 1 of the Law on Non-contentious Procedure, then the Court should as a matter of priority notify the Centre whenever a proceeding for limitation/deprivation of legal capacity is initiated. The Centre could appoint a temporary guardian of that person in the very same proceeding, if it finds it necessary. After the final decision of the Court, there has to be an urgent notification to the Center, which in turn should appoint a guardian within 30 days. If the Court decides that the legal capacity of the person should be limited, then the role of the guardian corresponds with the role of a guardian of a minor who has reached 15 years of age. If the Court decides that the person should be deprived of legal capacity, then the guardian appointed by the Centre will have responsibilities as if he were a guardian of a minor below 15 years of age. Nevertheless, there is a discrepancy between the Law on Family and the Law on Obligations in the way they treat persons with limited legal capacity or people being deprived of legal capacity (the Law on Family, art. 168 considers the borderline to be 15 years while the Law on Obligations, art. 45 – 14 years). This situation enables different interpretations in practice.

In addition to these general categories, there are two more specific ones: 3. 'special guardian' (different from the one 'in special cases' from above) which may be appointed in cases when: a. the ward is in a conflict with the guardian him/herself or they are opposite parties in a same legal deed; b. when the ward is in a conflict with another ward under the same guardian or they are opposite parties in a same legal deed. Finally, the Law on Family in its article 176, par. 1 stipulates the possibility for another kind of guardian for 4. any person which due to age, illness, or other justified reasons is not capable of taking care of him/herself (guardian for certain deeds or certain kinds of deeds appointed by the Center). The purpose of existence of this special kind of guardian is to encompass any other situation that is not mentioned in the Law, while the scope of rights and responsibilities of such guardian are determined based on the circumstances in each particular case.

Having in mind that all categories of guardianship should be officially approved and appointed by the Centre for Social Services as an organ of the Ministry of Labour and Social Policies, clearly shows that the country only has state-ordered measures regarding protection of vulnerable adults. Consequently, there is no possibility foreseen in any

law for voluntary and *ex lege* measures. There is a possibility for capable adults to give a mandate or to authorize a representative in certain situations, types of situations, deeds or cases to take actions for them, in their name and interest, but this is significantly different from voluntary and *ex lege* measures in that it does not refer to situations for example if or when the adult would potentially be deprived of capacity to reason etc. Consequently, there is a possibility for a continuing power of attorney that could enter into force immediately (not in the event of the granter's incapacity), but this is not within the meaning or to fit within the meaning given by Recommendation 2009

Regarding current provisions in the Law on Non-contentious procedure, the person affected cannot initiate a procedure for deprivation (complete or partial) of legal capacity on its own (apart from the other eligible initiators), while the same person can initiate a reversible procedure (for complete or partial restoration of the legal capacity – art. 52). This might seem strange because the person affected is not officially incapacitated before the procedure, while it still is in that person's interest (and of the society) to initiate a procedure. On the other hand, it is unclear why an officially incapacitated person should be in a position to initiate a procedure for restoration of legal capacity on its own. Further on, the Law does not ask for mandatory presence or hearing of the concerned person, while it does ask for mandatory presence of an expert and a judge at the same time. Even though throughout the procedure, the Court is entitled to investigate the situation and based on the findings to bring its own decision, in practice, the decision is regularly substituted by the expert opinion. This could lead to the conclusion that the expert makes the decision instead of the judge, while an administrative organ – the Centre further describes which acts can or cannot be taken alone by the person/appointed guardian.

The proposed Macedonian Civil Code still relies heavily on the Centre (instead of the Court) regarding the matter of appointing a guardian and setting his/her scope of obligations *vis-à-vis* rights of the ward (art. 4:247). Article 4:727 defines legal capacity in a narrow sense (деловна способност) as a capacity of a person to be able to express a legally relevant will to participate in the legal traffic. Again, the age for determining the rights and responsibilities of a guardian of a person with limited legal capacity or deprived of legal capacity is set to 15 years, instead of aligning it with the Law on Obligations – 14 years (art. 4:275). The Republic of North Macedonia should at least introduce the guard-

ian's obligation to inform and help the ward in making decisions about oneself according to his/her capacity in order to enable a more autonomous decision-making process. Following the proposed Civil Code, article 4:244 stipulates that if the ward is placed in an institution/organization, family or with a person, the Center should appoint another guardian for all other matters that the institution/organization, family, person does not encompass in their regular activities. This presupposes that there will be one responsible person of the institution taking care of more wards, which may be considered as potential conflict of interests, abuse or neglect that cannot suit personal needs of individuals.

A big problem is the system of guardianship that has to be changed with a supported decision-making system. There are no attempts to harmonize the legal system with the ratified Convention on the Rights of Persons with Disability in terms of replacement of the regime of substitute decision-making with the regime of supported decision-making, which respects personal autonomy, will and preferences of the person. This is also in line with the Oviedo Convention (The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine), especially when it comes to medical intervention without prior, informed consent of a person with disability.

The Summary Report (2018) of the State Responses to the Questions related to the initial Report of the Republic of Macedonia in the implementation of the Convention on the Rights of Persons with disabilities identifies many problems. The concept of disability itself is translated literally as "invalidity". There are a variety and a mixture of outdated terms in the legislation. The existing definitions reflect the medical paradigm of disability and do not correspond with the principles of dignity, non-discrimination, and equality.

According to the Summary Report, the Law on Family is an obvious example of discrimination and human rights abuse against persons with intellectual disability concerning the right to marriage. The minimum legal age for marriage is 18. A Court can issue a marriage license to persons between the ages of 16 and 18 if it finds them mentally and physically fit for marriage. This provision within the legislation is discriminating against persons with mental and intellectual disabilities to marry because they need to get a certificate of capability of understanding (the rights and obligations that come along with marriage)

prior to obtaining an opinion regarding their health from a health institution, including their genetically inherited diseases (Law on Family, art. 16, par. 2, art. 18, par.3). Additionally the same Act, considering the right to adoption is discriminatory against persons with disability. Namely, within the listed negative criteria that exclude a person to be eligible for adopting a child is physical disability of such a degree that it can reasonably be doubted that they are able to care for a child (Summary Report, 2018, p. 14). Comprehensive information, services and support to children with disabilities and their families are missing in order to prevent hiding, abandoning, neglecting and segregation in this matter. The support to families is regulated through the Law on Social Protection, and the Law on Family. There is a huge discrepancy between the support that the State is giving and providing to families that have a child with disabilities and the foster care families (Poposka, Kochoska et al., 2015).

Another identified problem in the Summary Report is in the field of labour rights. Article 6 of the Law on Labour Relations explicitly prohibits discrimination in general but does not provide instruction on discrimination and does not prohibit any discriminatory advertisements or statements on the grounds of disability (art. 24, par. 2). These provisions are being derogated with the provisions of the Law on Civil Servants, whereby general health capability is stated as a prerequisite for employment. The same provisions can also be found in the Law on Courts (art. 45 par. 1 point 3), the Law on the Police (art. 95) and others. This law is abounding with numerous terminologies for disability. The Law on Employment of Invalid persons needs to reflect the social model of understanding disability (Poposka, Kadriu et al.) and implement new affirmative measures that could lead from closed “sheltered” employment to employment in the open labour market and supported employment. The State needs to repeal the “school example” of systematic discrimination in the form of harassment, based on the law. The provision in article 4 paragraph 5 foresees that “[a]n invalid person may be an employer or carry out the duties of a responsible person at the employer, if the person receives a positive opinion from the Commission at the Ministry of Labour and Social Policies ...”. Such defined provision that requires obtaining an opinion on the ability of persons with disabilities performing managerial functions is considered to be discriminatory (Poposka, Kadriu et al.). There is no

data related to disability nor statistics for active, employed and unemployed persons with disability (Summary Report, 2018, p.19).

When it comes to elderly people, a recent study on long-term services in the Republic of North Macedonia clearly depicts the current situation on the topic and locates several problems (Бабовиќ et al., 2023, pp. 19-45). The problems identified include: lack of information and statistical data on the number of elderly persons in need of long-term care as well as the kind of care they need, lack of institutional residential capacities, lack of finances, lack of employees in such institutions as well as exhaustion of the staff due to lack of employees. The study concludes that the role of informal caregivers (family members who live in the same household and provide the care) is not recognized and appreciated, while they cope with stress and exhaustion. These are mostly family members who act as guardians, are appointed by a State institution but not protected or supported enough by the institution or the State who claims to rest upon solidarity. Persons in need mostly rely on their spouses and children followed by neighbours and friends. This informal care is crucial in a system that lacks developed long-term care services. Therefore, the study finds that the information about the profile, burdens and needs of guardians as caregivers is essential to uplift their satisfaction and well-functioning. The vast majority of respondents (the elderly who rely upon informal care and their caregivers) of the study (85,9%) reported that caregivers never received any help or compensation from the State for their activities. Only 8,1% of the care-givers received some support and counselling from relevant organizations and institutions, while most of them reported the need for additional help of their guardians mostly due to exhaustion or chronic illnesses. In the study sample 25,6% of persons over 65 and 64% of persons with disability were in need of long-term care. Most of them relied on informal care, while the institutional care was used very little. 21,3% of them were forced to take care of themselves alone, without help. Some of the reasons for avoiding institutional care were identified in the lack of information and their own assessment that they can still function alone. Long-term health services could be at home, in a caring family (in case the family is not capable/does not exist) or in a hospital, the first option being preferred. Closest relatives and other persons from the closest surrounding play the crucial role in long-term care for persons in need. The reasons for this could be found in the cultural attitudes in the country, as well as in the lack of

access to support services and lack of finances of the persons in need that have to provide for themselves.

3. Conclusion – rethinking the system of guardianship for vulnerable adults

Many countries in Europe reformed their systems in a way that the whole system of guardianship became obsolete because the concept of deprivation of legal capacity was considered a threat towards human rights of the concerned person. Accordingly, the concept of substitute decision making for the vulnerable person for purposes of his/her own protection and protection of public interest switched into concept of supported decision-making. During this transition, the proportion between protection and empowerment of vulnerable adults was questioned. Professor Masha Antokolskaia considers this topic as the most important in the junction between Law on Family and Law on Persons, especially if we have in mind that demographically Europe is with an aging population and has more adults than children (Antokolskaia, 2021).

In contrast, this topic is underestimated in the Republic of North Macedonia, while the system of guardianship is still a threat towards human rights, especially political rights, such as the right to vote, labour rights, private and family life rights and especially the right to conclude a marriage, make reproductive choices, the right to access to Court etc. Unfortunately, in the Republic of North Macedonia there are rare discussions about this. According to Zoroska – Kamilovska (2017), the State has to do better to implement article 12 of the CRPD regarding deprivation of legal capacity of persons with mental disabilities. She holds the opinion that the most rational choice could be found in a combined system: to keep the deprivation of legal capacity and use it only rarely in exceptional cases and to introduce an alternative support decision-making system for persons with mental disabilities. The arguments are found in that the current system for deprivation and restoration of legal capacity is flexible and in line with the modern standards (in line with Principle 3 – maximum reservation of capacity and Principle 6 – proportionality of the Recommendation (99)4) and the fact that there are still persons with severe mental disabilities which need a guardian. The parallel system of support should enable possibilities for persons with mental disabilities to make decisions about themselves.

Regarding changes in the Law on Non-contentious Procedure in light of the European Court of Human Rights case law, Zoroska - Kami-lovska (pp. 110-111) recommends that: 1. In a procedure for deprivation of legal capacity, the concerned person has to be heard and enabled to express his/her own opinion (even though such possibility is also given nowadays, but largely left upon judges' interpretation if and when a person is capable) and 2. In the Court's decision for partially depriving a person of legal capacity (limitation of legal capacity), a mandatory content has to be the scope of matters that the person cannot undertake alone anymore (nowadays, the Centre does this when appointing guardian). These recommendations suggest co-existence of both concepts: substituted and supported decision-making (substituted decision-making/representation – as a last resort and subsidiarity as an autonomous decision-making of adults with impairments as long as possible).

However, the author of this text holds an opinion that the general lack of awareness/research about the topic and the drawbacks of the national system manifest a necessity for more profound reform (Ignovska, 2024). Namely, the whole system has to be changed regarding this matter starting from revisions (abolition) of provisions about full and partial deprivation of legal capacity and introduction of the term 'limitation of legal capacity'. Maybe an introduction of the institute 'limited business capacity' instead would fit in the Macedonian context (similar to Serbia - Kovaček Stanić G., Samardžić S) From there on, many additional changes have to follow in multiple laws in order to protect human rights of vulnerable adults and to be consistent with ratified international conventions such as the CRPD (which should be anyhow a part of the internal legal system, art. 118 of the Constitution). Mostly affected are: the Law on Non-contentious Procedure (in the domain of reforming the current concept of legal capacity and deprivation of it) and the Law on Family (in the domain of regulating guardianship, as well as other provisions that exclude persons with disabilities to express wills and opinions, such as when concluding marriage, recognizing a child etc.). The guardian's primary concern is even nowadays to take care of the personal rights of the ward. However, this role should be shifted from making paternalistic decisions about the ward into empowering the ward to make decisions alone. This includes information in timely manner and considers in the utmost extent possible the ward's wishes, opinions and as far as possible,

decisions. The provision which regulates when the guardian shall be relieved of his/her duties, should be broadened to include cases when the guardian has concluded a Life-care Contract with the ward or another contract that leads to the incompatibility of the rights and obligations from the contract with the duties of the guardian (similar to Serbia - Kovaček Stanić G., Samardžić S, p. 15).

Having all the above in mind, it can be concluded that the Macedonian system is still very paternalistic when it comes to the relationship between vulnerable adults and the persons responsible to protect their interests on their behalf, appointed by the State, even though often family members. Therefore, the principle of presupposed 'best interests' dominates over the 'will and preferences' principle, while the protection of the State is only secondary and comes after the family protection. This should be changed in the future.

The Republic of North Macedonia should at least follow some comparative solutions to improve the position of vulnerable adults in the short term that do not take much of an effort for regulation or implementation. For instance, instead of the Centre setting the rights and obligations that a person with limited legal capacity can still enjoy (especially the right to vote), the Court should do it, according to a special plan. Furthermore, the Court should set the scope of matters that the person with limited legal capacity should not undertake, while everything else should be considered as permissive (similar to Serbia - Kovaček Stanić G., Samardžić S, p. 45). Moreover, the decision of the Court should become tailor-made, specified for each person and should include a guardianship plan. Regarding women's reproductive rights, a pregnant woman who is partially deprived of legal capacity should have the right to independently request an abortion. Regarding procedural rights, the Court should be able to allow that the participant with limited legal capacity institutes actions in addition to the actions for which he/she is authorised under the law, if the Court believes that he/she is capable of understanding the meaning and legal consequences of such actions. In order to gradually transit from 'best interest principle' to the 'will and preferences principle', the Republic of North Macedonia should consider an introduction of a prior consent of the guardianship authority and a previously obtained opinion of the ward when making decisions about medical interventions on the ward. When it comes to the management and disposal of the ward's property, the guardian should have an obligation to obtain the ward's opinion

and to respect his/her decisions, wishes and attitudes. Of course, there are many situations in which wards may find themselves. Appreciating their human rights would mean that they should be informed and consulted, as much as the situation allows, prior to any decision that affects them.

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Intimate Partner Sexual Violence: Seeking Support from the Counselors' Perspective

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Abstract

Intimate partner sexual violence (IPSV) is an underexplored and frequently overlooked form of violence against women within relationships and domestic violence. Most research studies focus exclusively on either intimate partner violence (IPV) or sexual violence (SV) as separate phenomena or on measurement, prevalence, outcomes, and knowledge gaps related to IPSV. This highlights the necessity of gaining a deeper understanding of the support-seeking behaviors of victims of intimate partner sexual violence (IPSV).

The aim of this paper was to gain insight into the support-seeking process of IPSV victims from the perspective of counselors. A qualitative study with convenience sampling involved seven counselors from feminist NGOs addressing violence against women. Semi-structured interviews were conducted, and thematic analysis was used to analyze the data and identify key themes. The results suggest that increasing visibility of IPSN in the media, the presence of supportive organizations, and the encouragement from loved ones are positive factors influencing the decision to seek support. Conversely, fear of societal judgment, concerns about privacy, difficulty discussing the experienced violence, fear of the perpetrator, distrust in institutions, and a perceived inability to obtain adequate support are negative factors that deter individuals from seeking help. Counselors identify numerous challenges that victims face when seeking support, including negative reactions from family and the community, inaccessibility of services for victims of violence, insensitivity among professionals, and retraumatization during legal proceedings. Counselors report that IPSN victims rarely seek any form of support, and when they do, they are most likely to turn to NGOs or psychiatrists if they are already in treatment. Among informal sources of support, victims most often confide in friends, followed by their current partner if he is not the perpetrator, priests, and online support, while they less frequently turn to family members. Counselors in the study recommend several measures for developing a support system for IPSN victims, such as public education and awareness-raising, investment in professional staff, and strengthening the network of available services. Counselors working with victims of family and partner violence should pay special attention to the identification of sexual violence, as it often goes undetected. They should enhance their skills to raise awareness about this form of violence and provide ongoing support to help victims navigate the associated challenges. It would be valuable to explore the perspectives

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of professionals from systems outside of non-governmental organizations, as well as the perspectives of the victims of IPSV themselves.

Keywords: Intimate Partner Sexual Violence, Seeking Support, Counseling, Perspectives

1. Introduction

Globally, it is known that one in three women has experienced physical or sexual violence by an intimate partner at some point in their lives (World Health Organization, 2013). However, specific data on sexual violence alone are not readily available. A review of intimate partner sexual violence (IPSV) literature in the United States found average prevalence rates of approximately 10% (Bagwell-Gray et al., 2015; Tarzia, 2020). Similar rates have been reported in Australia (McLindon et al., 2018; Tarzia, 2020). Review data for Europe highlight significant variations in methodology but suggest that more than 10% of women have experienced sexual violence involving the use of force by a partner (Hagemann-White, 2006; Martinez & Schröttle, 2006; Martinović, 2020). These rates are likely even higher, as violence is often underreported.

IPSV has historically not been recognized as a crime, and in Croatia, sexual intercourse was considered a marital duty, thus excluding the possibility of a criminal offense of rape within marriage (Aras, 2005). The cultural perception of sex within marriage as fulfilling a “marital duty” presents challenges in identifying, measuring, and reporting sexual violence in intimate partner relationships, particularly in non-heterosexual or cohabiting relationships (Bagwell-Gray et al., 2015; Wright et al., 2021). The lack of clear societal condemnation of IPSV creates difficulties for survivors in properly identifying sexual violence, reporting it, and accessing necessary services and support (Bennice & Resick, 2003).

According to the Council of Europe’s Convention on Preventing and Combating Violence Against Women and Domestic Violence, commonly known as the Istanbul Convention (2011), violence in intimate and partner relationships (partner violence) refers to violence perpetrated by a current or former partner, regardless of whether they are in a formal marriage or cohabitating. Sexual violence encompasses both physical and psychological abuse and refers to sexual harassment and/or assault, sexual abuse and/or coerced sexual acts, and rape (Masters et al., 2006). Christopher (2001) distinguishes between rape and sexual coercion, which is carried out through persistent psychological, verbal, and physical pressure (Christopher, 2001; Čudina-Obradović & Obradović, 2006, : 495). Intimate partner sexual violence (IPSV) can be defined as sexual coercion, sexual assault, sexual abuse, and coerced sexual activity perpetrated by an intimate partner (Bagwell-Gray et

al., 2015; Wright et al., 2021). IPSV also includes pressure to become pregnant, sabotage of contraception, coerced abortion, unwanted degrading sexual acts, and withholding money based on sex (Park et al., 2016; Barker et al., 2019). Research shows a connection between intimate partner sexual violence (IPSV) and post-traumatic stress disorder (PTSD), anxiety, depression, fear, shame, hyperarousal, and suicidal ideation (Bagwell-Gray et al., 2015; Tarzia, 2021). IPSV is also associated with an increased risk of pregnancy, abortion, low contraceptive use, stillbirth, infertility, bacterial vaginosis, urinary tract infections, urinary leakage, sexually transmitted infections (STIs), human immunodeficiency virus (HIV), pelvic inflammatory disease, rectal and vaginal bleeding, and hematuria (McFarlane, 2005; Barker et al., 2019). Symes et al. (2014) found that the severity of IPSV experienced by mothers affects the internalizing behaviors in children, such as anxiety and social withdrawal (Barker et al., 2019). Most of the available research focuses on the history, measurement, prevalence, outcomes, and knowledge gaps related to IPSV (Bagwell-Gray et al., 2015; Barker et al., 2019; Bennice & Resick, 2003; Logan et al., 2015; Wright et al., 2021). However, only a few studies address the barriers to help-seeking in cases of IPSV. Bennice and Resick (2003) found that women who experienced marital rape were less likely to seek help compared to those assaulted by strangers. Wright et al. (2021) concluded that IPSV may lead to increased seeking of legal, medical, and social services, but less frequent seeking of informal support compared to women experiencing non-sexual partner violence. Informal help-seeking for IPSV is low due to social stigmatization and concerns about privacy (Wright et al., 2021). Individuals experiencing IPSV who seek help may experience reduced violence and improved mental health as a result of seeking support (Wright et al., 2021). Since sexual violence is often a frequent component of domestic and intimate partner violence, counseling for women who are victims of IPSV is typically conducted by psychologists, psychotherapists, social workers, and legal professionals employed in non-governmental organizations and safe houses. According to research by Bakić et al. (2017), among women who left a safe house and continued their lives outside of it, three out of four reported that the service that helped them the most in their future lives was individual counseling (Martinović, 2020).

2. Research methodology

This paper aimed to gain insight into the support-seeking process of IPSV victims from the perspective of counselors. Based on this objective, the following research questions were formulated:

- (1) What are the important factors to IPSV victims' decision-making process in seeking support?
- (2) What support sources do IPSV victims rely on?

2.1. Research implementation and data collection

The research involved contacting all feminist NGOs with counseling centers for violence victims and the sole sexual violence center in Croatia. An email invitation outlining the study's purpose was sent to these organizations, followed by phone calls to non-respondents. The organizations then shared the information with counselors in safe houses and centers. Interested counselors contacted the researcher directly. Upon receiving formal consent, online meetings were scheduled via Google Meet or Zoom, due to geographic distance and the ongoing pandemic. Before interviews, oral consent for participation and recording was obtained. Confidentiality was ensured by anonymizing participants' statements, labeled S1 to S7.

2.2. Research participants

The study was conducted with counselors who believed they had sufficient knowledge and experience in the subject area. Thus, the research was based on a non-probabilistic, convenience sample. Counselors in the study were required to have at least one year of experience in violence against women and intimate partner sexual violence. The sample consisted exclusively of women counselors from Women's Room, BaBe Association, SOS Rijeka, SOS Virovitica, Center for Women Adela, Women's Group Korak, and the Counseling Center of Krapina-Zagorje County operating under the CESI association (N=7). All participants provide counseling in counseling centers, with two also working in a safe house. The sample included one social work undergraduate, one lawyer, and five psychologists. Among them, one counselor is trained in transactional analysis, gestalt psychotherapy, and feminist psychodrama, while two others are psychotherapists under supervision in cybernetics and systems therapy, gestalt, and CBT. The average years of

experience in counseling women victims of violence for the sample is 7.7 years.

2.3. Methods of data processing and analysis

In this qualitative study, a semi-structured interview was used for collecting empirical data according to a designed research protocol. Each interview was transcribed verbatim. The data were analyzed using thematic analysis, a flexible and valuable research method that ensures a detailed and complex data set (Braun & Clarke, 2006). The data processing involved six steps: familiarization with the empirical material, generation of initial codes, identification of themes among the codes, further analysis of the themes, definition of individual themes, and the creation of the final report. During the coding process, the constant comparative method was used (Strauss & Corbin, 1998). When data did not fit into existing codes, new codes were developed.

3. Results and discussion

The coding process resulted in five thematic areas encompassing specific topics: (1) Factors influencing the decision to seek support; (2) Challenges encountered when seeking support; (3) Sources of support that victims rely on; and (4) Recommendations for developing support systems for victims of IPSV from the counselors' perspective.

3.1. Factors influencing the decision to seek support

Table 1. Factors influencing the decision to seek support

THEMATIC AREA: Factors influencing the decision to seek support	
CATEGORIES	CODES
Negative factors influencing the decision to seek support	Fear of society's reaction
	Concern for privacy
	Feelings of guilt and shame
	Difficulty discussing the experience
	Perceived inability to obtain support
	Fear of the perpetrator
	Distrust in the institutions
Positive factors influencing the decision to seek support	Growing presence of IPSV topic in media
	Availability of organizations
	Support from loved ones as a factor in seeking formal support

When discussing the factors influencing the decision to seek support, counselors identified more negative than positive factors. Participants cited fear of social reactions and concerns about privacy as two important negative factors. Wright et al. (2021) identify social stigmatization and privacy concerns as factors that deter individuals from seeking informal forms of help. Participants also mention feelings of guilt and shame as negative factors in the decision to seek support, as well as the difficulty of discussing the experience: *"...Talking about trauma can cause immense guilt, immense shame, and when people are ashamed, it is very hard for them to talk about it at all... Guilt, of course, because there is always that aspect of taking responsibility for what happened. Each of them has a question, 'I probably could have prevented it somehow'..."* (S4); *"...In general, we encounter many women who have experienced any kind of violence, and the feelings of shame and guilt are always present, especially with sexual violence... We are raised to feel ashamed of discussing sexuality, so we are even more ashamed to talk about sexual violence, so I think that is one of the critical points..."* (S3). Participants in the study by Schrag et al. (2021), who survived intimate partner violence, also reported feelings of shame and guilt. Fear of potential negative reactions from family members and anticipated negative reactions from the community (Dunlop et al., 2005; Hart & Klein, 2013) have been previously noted as factors deterring victims of intimate partner violence from seeking support. The decision to seek support is also negatively influenced by the perceived inability to obtain support: *"...they do not seek help because they believe they will not receive it. For example, parents may not understand her marital situation, or her children are minors, so she cannot rely on them..."* (S4); *"...I would link this to the cycle of violence and psychological abuse, where the abuser at some point restricts her contacts. For example, 'Why are you going now?' or 'Don't meet with her; she's not a good friend,' or 'Do you really need to talk to your mom every day?' This really weakens their social network. So when they become aware that they are victims of violence, they simply feel that they have no one to turn to in their close circle..."* (S2). Two participants also mention fear of the perpetrator: *"...Some women are afraid, afraid of their abuser..."* (S3); *"...it instills fear because the perpetrator is not excluded from the community but is someone she will encounter. The perpetrator will tell friends and family that she is crazy, right? This is also very, very, very common..."* (S2). Another negative factor affecting the decision to seek support is distrust of the system: *"...*

Victims simply know how long trials last, and they don't see the point in entering the system and filing a complaint when they know it will take 7 to 10 years, and they are aware that it might not be proven that they are victims. It's a very real, practical decision not to report..." (S4); "... what I think is extremely discouraging for them is, umm, the experience of other women who have reported such things and where our system, I would say, is very poor... In most cases, the sentences are even conditional, which from the victim's perspective, does not provide any satisfaction..." (S2). Distrust in the legal system has also been cited by victims of sexual violence as a reason for not reporting (Wolitzky-Taylor et al., 2011), as well as by victims of intimate partner violence (Djikanović et al., 2012). As positive factors influencing the decision to seek support, counselors cite the availability of organizations: *"...that there are organizations they can turn to. They know they have someone to turn to, a safe space where they will be listened to, believed, respected, and safe..." (S2).* They also mention the presence of the topic in the media: *"...It seems that lately, it is being talked about more... The very fact that it is more present, especially in the public media space, generally discussing these topics... we have recorded a continuous increase in calls and services..." (S2).* Additionally, they mention the support of loved ones as a factor in seeking formal support: *"...The most important, and I would say the most important is the support of loved ones, friends. Only when women receive such support do they find it much easier to reach out to us in the non-governmental sector or to state services like social welfare centers..." (S2).*

3.2. Challenges encountered when seeking support

Table 2. Challenges encountered when seeking support

THEMATIC AREA: Challenges when seeking support	
CATEGORIES	CODES
Reactions of family and community	Victim blaming
	Victim rejection
	Avoidance of discussion about the victim's disclosure
	Paternal intervention
	Providing advice not focused on recovery
Inaccessibility of services	Insufficient number of services for victims of violence
	Centralization of services in larger cities
	Lack of specialized professionals
Insensitivity among professionals	Shifting responsibility to the victim
	Victim-blaming
	Inadequate approach to the victim
	Inadequate professional practices
	Denial of service provision
Retraumatization during legal proceedings	Lengthy processes
	Multiple interviews and testimonies
	Encounters with the perpetrator
	Inability to testify via audio-visual link or with a trusted person present

When seeking support, counselors identify numerous challenges that victims of intimate partner sexual violence (IPSV) face. If a woman decides to seek support from her family and close friends and shares her story, she may encounter negative reactions, such as blame from family and the community: “...One of them used to say, ‘Can someone explain to me when is the right time to reveal and report the violence because my adult children blame me for not doing it sooner? My parents blame me for reporting it now after enduring it for so many years; why can’t I endure it longer? People in the institutions ask why I waited so long. Can someone tell me when the right time is to report violence?’”

(S6). Victims of IPSV often face rejection: *"...I would attribute this to more rural areas. When a woman turns to her family, her mother, father, brother, sister, or anyone else, she often hears: 'You got married. Now you belong to them and are no longer our concern...'"* (S2); *"... 'Be quiet; why did you tell us? You brought shame on us...'"* (S7). Victims of IPSV also face a refusal to discuss their problems: *"...In some ways, it becomes too difficult for them to deal with it and talk about it, and the topic simply falls silent. The victim shares her story, and it becomes too difficult for the father to discuss it, and the topic is never spoken of again, or for the mother..."* (S4); *"...She confided in one of her friends. And she told me that her friends did not react at all, there was no reaction whatsoever..."* (S1). Victims encounter the reaction of fathers wanting to take action: *"Of course, if fathers react, if they offer support, they think that support means taking action, which is not at all helpful..."* (S7) and receiving advice that is not focused on recovery: *"...They may offer advice that is not necessarily focused on recovery, such as 'forget it, it happened three years ago, he is no longer near you,' which is simply not enough for recovery..."* (S4). Participants in the study by Schrag et al. (2021) also mentioned negative reactions from relatives, especially family, such as lack of support and blame. Counselors describe how there are insufficient services for victims of violence, how services are centralized in larger cities, and how there is a lack of specialized professionals: *"... In Croatia, women primarily encounter a shortage of available services. Telephone support is possible, but it is sometimes difficult to discuss such topics over the phone. A woman living in certain parts of Croatia may not actually have that service available..."* (S3); *"...Not all of Croatia is covered with adequate available support. Most services are in larger cities, like Zagreb and Rijeka, but the rest of Croatia does not have enough centers that specifically deal with this issue. Proper recovery and psychotherapy require more professionals. You know, there is an entire specialization in the field of sexual violence, and I think there is a shortage of professionals in that field..."* (S4). All study participants mention the lack of sensitivity among professionals in the system that victims often face. The lack of sensitivity among professionals is evident in shifting responsibility to the victim and blaming the victim: *"...This means, first and foremost, victim-blaming and the neutral position of professionals in understanding that the victim has somehow contributed. Contributed means being blamed for enduring violence or experiencing violence in the first place. They seek equal blame on both sides, and then they look for blame in*

women, suggesting she provoked it with her behavior..." (S6); "...Because those questions often arise, like 'Why didn't you report it sooner?' Especially with sexual violence... I mean, wait, are you blaming me now for not reporting it earlier?" (S5). This lack of sensitivity is also evident in inadequate approaches and actions by professionals or even the refusal to provide services that victims face: "...and then, on top of all that, there is the approach of individuals, such as police officers, prosecutors, and judges, who, I believe, further traumatize victims of violence, especially victims of sexual violence... very often comments from the social worker like 'Oh, come on, it's not that bad, maybe it just seems that way to you. ..Go home, things will be better tomorrow...' " (S2); "...More than once, I've had a woman say, 'Even the police officer said it wasn't that bad.' Then the woman questions whether it was really as bad as she thought." (S1); "Her close relative contacted the gynecologist, who refused to provide an examination, stating that she doesn't work with victims of sexual violence, especially not minors, which I find very questionable..." (S2). Research by Schrag et al. (2021) mentions victim-blaming by professionals in formal services, as well as dismissal and disengagement. It is possible that victim-blaming by professionals, the community, and loved ones stems from a lack of understanding of the dynamics of violent relationships and the fact that sexuality is a taboo in Croatian society, as is sexual violence. IPSV victims who decide to go to court often face retraumatization in the legal process. Counselors mention the length of the process: "...When they turn to the system, it all takes a long time. They are constantly retraumatized throughout the process..." (S1). Victims go through repeated questioning and testimonies and encounters with the perpetrator: "...The mere fact that the victim has to repeatedly testify about what happened leads to what is probably known as secondary victimization. Sometimes, in all of this, the victim encounters her abuser, which increases the stress..." (S4). Sometimes, IPSV victims are unable to exercise their rights to testify via audio-video link or with a person of trust: "...In Croatia, victims of sexual violence have certain rights in criminal proceedings that should, um... help them go through the process more easily and feel support from the system. However, our experience is that these rights are very often not respected in court proceedings. For example, they are denied a person of trust, or they are denied the right to testify via video link..." (S3). Although awareness of sexual violence within intimate partner relationships is increasing, the number of reports remains relatively low, and retraumatization

in legal proceedings is common. Long processes, repeated questioning and encounters with the perpetrator, combined with the inability to exercise basic rights such as testifying via video link or with a person of trust, almost certainly lead to secondary victimization.

3.3. Sources of support relied upon by victims

Table 3. Sources of support relied upon by victims

THEMATIC AREA: Sources of support relied upon by victims	
CATEGORIES	CODES
Formal support sources	Non-governmental organizations and their services
	Psychiatrists if the victim is already in treatment
	Social welfare centers
	Increase in reports to the police
Informal support sources	Friends
	Less frequent support from family
	Current partner if not the perpetrator of IPSV
	Priests
	Online support sources

All counselors indicate that victims of IPSV rarely utilize any sources of support due to the negative factors influencing their decision to seek help, as described in Table 1. As a primary source of formal support, counselors specifically mention non-governmental organizations (NGOs) where they provide counseling services, as well as other services offered by these organizations: *“I believe that civil society organizations play a significant role here, as we have chosen to operate in such a way that we have sufficient time for the victim, to listen to them, and to be with them throughout the entire process...”* (S5); *“...I think one source of support is us as an organization and what we provide to women who have survived violence. What they most often request from us is legal advice, psychological counseling, support, and assistance throughout the reporting process. ...What we offer and what some women utilize is that we can also speak with their friends, family members, etc., to help strengthen their support network...”* (S3). As other forms of formal support, counselors mention psychiatrists if the victims are already under

treatment: *“...If they have been in psychiatric treatment for a long period, they may reveal their experiences to their psychiatrists, if the treatment is appropriate. This can uncover deeper issues alongside the psychiatric or psychological disturbances that are later addressed in a good professional relationship...”* (S6). Police are also mentioned as an increasingly important source of support, as well as social welfare centers: *“... In 2020, we observed a 6% increase in reports of sexual violence within domestic violence cases, which is an encouraging sign for us...”* (S6); *“... Among all stakeholders in the system, employees of social welfare centers are the most educated and sensitive on this issue... I would also mention the police, as they are the ones to whom reports are made...”* (S2). As the primary source of informal support, counselors indicate that victims most often rely on friends: *“...Close friends are often the first source of support... We increasingly see that women report violence together with a supportive friend...”* (S6); *“...I think that women still often seek informal support, whether through friends or close acquaintances. Although when discussing this specific type of violence, it often happens that they say they have never told anyone...”* (S1). Family is less frequently mentioned as a source of support: *“...When it comes to family, it’s less common for victims to confide in their nuclear family...They tend to avoid burdening their parents, their family, or adult children further...”* (S6); *“...Not so much from the family. Many victims spare their family from the situation, meaning they don’t want to put their father in a position where he might react and end up in prison or worry their mother...”* (S7). As another form of informal support, counselors mention the current partner, provided they are not the perpetrator of the IPV: *“...For example, if the violence occurred before this relationship, partners can be a source of support. Good partners, where the relationship is based on trust, can be reliable sources of support...”* (S6). Counselors also mention priests: *“...Sometimes they turn to priests if they are involved in those communities...”* (S6). Additionally, online support sources are noted: *“...A source of support that is available to most women, though not all, includes some online spaces, such as certain Facebook groups. For instance, groups like ‘Spasime’ have proven to be places where many women share their experiences, and some women definitely find support there and in many other similar groups...”* (S3). Wright et al. (2021) argue that victims of intimate partner sexual violence (IPSV) are more likely to seek formal services (including social services) compared to women experiencing non-sexual intimate partner violence. The participants of this study

also frequently report that their clients often confide in them as their first point of contact regarding their experiences of IPSV. Nevertheless, despite this tendency, the counselors in this study note that, in some cases, support from friends, and less frequently from family, is present and of significant importance. Djikanović et al. (2012) also highlight similar findings in their research.

3.4. Recommendations for developing support systems for victims of intimate partner sexual violence (IPSV)

Table 4. Recommendations for developing support systems for victims of intimate partner sexual violence (IPSV)

THEMATIC AREA: Recommendations for developing support systems for victims of intimate partner sexual violence (IPSV)	
CATEGORIES	CODES
Public education and awareness	Media promotion of IPSV issues
	Continuous prevention and education programs for youth
Investment in professional staff	Continuous education and sensitization of professionals within the system
	Implementation of supervision
	Integration of IPSV topics into curricula for helping professions
Strengthening the service network	Integration of practitioners into the educational system of helping professions
	Expansion of the number of existing service providers
	Establishment of crisis centers or rape crisis centers for victims of violence
	Decentralization of service provision
	State-funded psychotherapy services

The participants recommend several strategies for developing support systems for victims of intimate partner sexual violence (IPSV), including public education and sensitization, investment in professional staff, and strengthening the network of services. Public education and sensitization involve promoting the issue through media: *“...The issue needs to be discussed publicly, through conferences, television panels, radio, and all possible media tools to promote counseling services and the topic of sexual violence. This should include outreach to universities,*

high schools, and elementary schools, as well as institutions, to make it a widely recognized issue..." (S4); "...Raising awareness, sensitization, and providing necessary information and knowledge so that children and young people can recognize forms of violence is essential..." (S6). Investing in professional staff involves ongoing education and sensitization of practitioners: "...We need to focus on continuous education and our own sensitization. Each case helps us recognize any stigma or reactions we might have had and learn from them. Formal education is also necessary for everyone in the system, from NGOs to police, courts, and all involved parties. The time for simply completing schooling and assuming that's enough is over..." (S1). The counselors also highlight the need for implementing supervision: "...Education and supervision are crucial, and I believe they are severely lacking in helping professions. This applies both to institutions and NGOs; anyone working with survivors is missing out on this essential support..." (S5); "...It would be beneficial if other professions, such as the police and social welfare centers, also had their own supervision or some space where they can share what challenges they face at work and why it's difficult. Although as I talk about this, it may sound somewhat utopian, and while supervision does exist in the system, not everyone has access to it..." (S4). Counselors also mention the need to include this topic in helping professions curricula: "...The topic of sexual violence and specific forms of it, including sexual violence within intimate partner relationships, could be integrated into counseling or trauma psychology courses... There is a clear need for strengthening these units..." (S6); "...I think there is an enormous lack of courses that deal exclusively with these topics..." (S2). One counselor also highlights the need for practitioners to be involved in the education system: "...I believe that practitioners are not sufficiently present in the education system. I agree, I don't have the knowledge and skills to come in and teach a course myself, but they should invite me as part of a course to talk about what the situation is like in practice, to give students insight into the real-world situation..." (S2). Regarding the strengthening of the support network, the respondents describe it through increasing the number of existing services: "...As I mentioned, Women's room is the only center for victims of sexual violence in Croatia, and it seems to me that according to the Istanbul Convention, which we have signed and ratified, we should have many more..." (S2); "...In my assessment, the number of counseling centers is also insufficient..." (S6). One counselor notes the need for crisis centers or rape crisis centers: "...What the Istanbul Con-

vention anticipates, and what is not yet resolved in Croatia, are so-called crisis centers for victims of violence. These could be rape crisis centers..." (S6). Additionally, there is an emphasis on the need for decentralizing services: *"...Firstly, not all of Croatia is covered by adequately available support. Most of the services are concentrated in larger cities like Zagreb and Rijeka, so more centers are needed in other parts of Croatia..."* (S4). There is also a need for government funding for psychotherapy services: *"...In Croatia, it is generally difficult to access free psychotherapy. It is almost impossible to find someone who can attend therapy through a referral. In my opinion, psychotherapy is a very valuable tool... It should be free and available to everyone..."* (S7). Creating a positive social culture, a culture of non-violence that will respond promptly to any form of violence, investing in the education and sensitization of professionals, increasing the number of services, and decentralizing services while adhering to the provisions of the already ratified Istanbul Convention can lead to the creation of a support network that victims of violence need.

4. Methodological limitations and recommendations for further research

One limitation of this study is the absence of a systematic database on professionals specializing in intimate partner violence and sexual trauma, which would be crucial for future research and as a resource for those seeking support. Additionally, a larger sample size could provide more diverse perspectives, enhancing the study's validity. The study is further limited by its focus on counselors employed by NGOs, as most services for female violence victims are within the civil sector. Expanding research to include other professionals could provide broader insights into support-seeking behaviors of IPSV victims. Participants in this study offered perspectives based on their work with clients who already seek support in counseling centers and safe houses. To fully understand the barriers to seeking help for IPSV, research should include individuals who have not sought support, though accessing this group is challenging due to their unawareness or reluctance to discuss the violence. Additionally, studying IPSV across diverse relationship types (e.g., marriages, domestic partnerships, heterosexual and non-heterosexual relationships) would be valuable for exploring differences in the support-seeking process.

Conclusion

This study focuses on gaining a better understanding of the support-seeking process experienced by individuals who have faced intimate partner sexual violence (IPSV). Specifically, it aims to understand how IPSV victims decide to seek support, and which support providers they choose, all from the perspective of counselors. Counselors identify negative factors influencing the decision to seek support, such as fear of other's reactions, concerns about privacy, feelings of guilt and shame, difficulty discussing the experienced violence, perceived inability to obtain support, fear of the perpetrator, and distrust of the system. They also identify positive factors influencing the decision to seek support, including the presence of the topic in the media, the availability of organizations, and support from loved ones, which can encourage seeking more formal forms of assistance. From the perspective of counselors, victims of IPSV face multiple challenges when seeking support. These challenges include reactions from family and the community, such as victim-blaming, rejection, refusal to discuss what the victim has disclosed, reactive behavior from family members like fathers, or giving advice not focused on recovery. Additionally, there is a lack of sensitivity among professionals within the system, which is evident in shifting responsibility to the victim, blaming, inadequate approaches, inappropriate actions, or even refusal to provide services. Another challenge is the inaccessibility of services, including an insufficient number of support centers for victims of violence, their centralization in larger cities, and a lack of specialized professionals. Victims also face retraumatization during legal proceedings due to lengthy processes, repeated questioning and testimony, encounters with the perpetrator, and the inability to testify via audio-video link or in the presence of a trusted person. Counselors believe that, among formal forms of support, victims of IPSV most frequently rely on non-governmental organizations and their services, and less often on psychiatrists, social welfare centers, and the police. Regarding informal forms of support, all respondents mention friends, less often family, and occasionally the current partner if they are not the perpetrator of IPSV, as well as priests and online support resources. In conclusion, despite its methodological limitations, this qualitative research offers a foundation for future studies on intimate partner sexual violence (IPSV) within the Croatian context and for improving practices in victim support. Enhancing practice requires ongoing education and sensitization

of professionals who work with IPSV victims, as well as supervision to safeguard their mental health and ensure optimal service delivery. The establishment and decentralization of specialized services, along with universal access to psychotherapy, are also essential. Continuous public education through media, prevention programs, and youth education is crucial for enabling victims to identify, report, and seek support for IPSV. Public awareness and sensitization are vital to ensure that victims find support within their communities and among loved ones. Counselors should prioritize detecting and addressing sexual violence, improving their ability to raise awareness and provide sustained support as victims navigate their challenges.

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Family Mediation as a Model for Protecting the Best Interests of the Child

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Abstract

The challenges faced by the modern family in the Republic of Serbia affect those who are the most vulnerable, namely children. The crisis of family values, methods of upbringing, and marriage as an institution lead to numerous conflicts and, consequently, mistakes in choosing ways of resolving them. Family welfare participants - social work centers and courts - are faced with the problem of the number of employees being reduced while the number of cases is increased. In addition, the development of services in local communities does not provide long-term content tailored to modern family issues. Mediation in family disputes has no prominent role, and recommendations regarding its application are mostly just a dead letter.

In the context of the aforementioned trends, the paper deals with the concept of securing and protecting the best interests of the child, makes a comparative overview of the existing domestic and ratified legislation regarding the best interest of the child, presents the advantages of family mediation as a method of resolving family disputes, and highlights it as a method by which the best interests, rights, and dignity of the child are placed as the primary principle in treatment. Also, the paper deals with the possibilities of applying mediation procedures in the prevention of criminal proceedings against marriage, family, and children, as well as in situations when the felony has already occurred.

The paper uses research and analysis of content, case studies from the practice of mediators, and data prediction of possible solutions based on the results of the application so far.

The study eventually concludes what the benefits for the family and its members are if the full implementation of the mediation procedure in family disputes is ensured, as well as how and in which way the application of mediation preserves the best interests of the child when it comes to resolving family conflicts.

Finally, the paper ends with the recommendations for improving the implementation of the existing regulations, as well as for the implementation of new solutions by which family protection will once again have an important role within the framework of social and state responsibility towards citizens, especially those who are the most vulnerable, namely children.

Keywords: Family, Family Disputes, Family Mediation, Best Interests Of The Child

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1. Modern family and family values

The modern family in the Republic of Serbia, but also beyond, is exposed to the trends of identity and integrity crisis, and so is the stability of the value system. The internationally accepted definition, according to which family is “the natural and fundamental group unit of society” (UN Universal Declaration of Human Rights, 1948) is still the basis for understanding the importance of the family on the social level, but family characteristics have changed significantly since the Second World War. First, the nuclear family replaced the earlier form of family organization - the family cooperative, which used to be the predominant form of the family. Then, the modern family increasingly took the form of a single-parent and/or reorganized family due to the global social climate, the increasing divorce rates, as well as the possibility of biomedically assisted conception (Kovaček-Stanić, 2014). Also, the community of life is increasingly ceasing to be in the status of marriage and exists as extramarital, and in recent decades, the emergence of emotional bonds in which children are born, but which do not tend to develop into a community of life, have been noticeable. It is important to contextually add the increasingly widely adopted lifestyle that is centered on the person as an individual who first of all fulfills their needs, desires, ambitions, and dreams, who prefers self-love, self-care, and independent living as top values, which means that some of the key family values and principles such as togetherness, caring, sharing, belonging, etc. are marginalized and even degraded.

Therefore, the most vulnerable members of the family and society - namely children - have the right to be protected because they are in a passive position and because “childhood is entitled to special care and assistance” (Preamble to the UN Convention on the Rights of the Child, 1989). Consequently, the priority, both as a principle and as a standard, belongs to the best interest of the child, which stands out as the key to handling family matters.

2. The best interest of the child

The best interest(s) of the child is one of the most common formulations used in family matters, both as an expression of an ethical approach and as a legal standard. Simultaneously, it is also the most interpreted principle because its content is determined and interpreted differently. In addition, it is nowhere unambiguously defined, and besides the lack of positive framework, there is no specific negative one.

The aforementioned UN Convention on the Rights of the Child stipulates in Article 3: “In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, the best interests of the child shall be a primary consideration.” then in article 18: “... the best interests of the child will be their basic concern” (refers to the obligations and responsibilities of both parents), and in article 21: “States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration.” Therefore, the convention indicates that the best interests of the child have “primary importance”, “paramount consideration”, and represent “basic concern”, which all points to the form, but not to the content.

Since there is no separate Law on Children, the rights and standards of child protection in the Republic of Serbia are regulated through social, family, and criminal law protection, and other regulations in the field of education, health, etc. The Constitution of the Republic of Serbia, as the principal legal act, does not deal with specifics such as the best interest of the child, but the content of Article 64 on the rights of the child, as well as Article 66 on the special protection of the family, mother, single parent, and child, enables further normative activity in protecting the best interests, while Article 65 on the rights of parents refers to the topic when formulating the conditions for the limitation or deprivation of parental rights.

The current Family Law of the Republic of Serbia from 2005 clearly formulated the principle of the best interest of the child, for the first time in Article 6: “Everyone is obliged to be guided by the best interest of the child in all activities concerning the child.” The Law on Social Protection of the Republic of Serbia, in Article 26, formulates the best interest of the user (and therefore children as users): “Social protection services are provided in accordance with the best interest of the user, taking into account his life cycle, gender, ethnic and cultural origin, language, religion, lifestyle, developmental needs, and the need for additional support in daily functioning.” The General Protocol for the Protection of Children from Violence from 2022 proclaims the principle as follows: “The best interest of the child is of paramount importance in all activities concerning children, i.e implies that the interest of the child takes precedence over the interest of the parents,

the guardian, institute, institution or community, in situations where these interests differ from the interests of the child.”

The instructions for formulating the content of expert opinions for guardianship authorities, as well as guides for the improvement of judicial practice in family law protection in the part concerning the best interests of the child, do not specify but indicate that the reference framework for its determination is age, gender, maturity, the needs of children, as well as the capacities and abilities of parents to respond to those needs. Circumstances of importance can also be the housing, health, and property conditions of both parents, the child's wishes regarding the exercise of parental rights, the behavior and character traits of the parents, etc. (Draškić 2005, according to Kovaček - Stanić, 2014)

In the analysis of the international regulation of the issue, the Children Act 1989, UK, stands out. It deals with the specification of the content of the best interests of the child by prescribing what it refers to: “the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding); his physical, emotional, and educational needs; the likely effect on him of any change in his circumstances; his age, sex, background and any characteristics of his which the court considers relevant; any harm which he has suffered or is at risk of suffering; how capable each of his parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his needs.” (Welfare of the child, section 343)

In Swedish legal theory, for example, the best interest of the child is defined as follows: “A child, from birth to adulthood, should develop from initial complete dependence into an individual who is independent, mature and responsible in a personal, economic, and social sense. Attitudes and actions that favor such development are in the child's best interest. Attitudes and actions that hinder or prevent such development are against the best interests of the child.” (Wetter, Appelberg, 1986, according to Kovaček - Stanić, 2014)

All of the above indicates that knowing the best interests of the child is not the “exclusive right of the parents”, and the role of the main interpreter shifts from the child's parents to the state and society as a whole; the principle of the best interest of the child becomes the basis, motive, and driver of intervention in family relations (Vlašковиć, 2012). Also, it is noticeable that the best interest of the child is subject to

cultural relativism, and it is most often interpreted, as some theories analyze it, as “the least harmful alternative for the child”.

Family mediation, as an alternative, out-of-court way of resolving family conflicts, helps adults to maintain control over the decisions they make in the best interest of children and to reach agreements that will transform the “least harmful” into the “most beneficial”. This enables a truly specific protection of the rights and dignity of children, and at the same time narrows the scope of overly general interpretation of the best interest.

3. Family mediation

So far, we have seen that in protecting children from the consequences of modern family trends, the best interest of the child emerges as the predominant ethical principle and leading legal standard. This led us to the fact that the content of this principle is relative in the cultural context and susceptible to the interpretation of different participants in its application. We have also reached the point where the best interest can be interpreted as the least harmful alternative. And when it comes to children, terms such as “relative”, “interpretation” and “least harmful” deviate from the respect of children’s rights. That is why it is so important to make children-oriented and responsible decisions that will not only represent the resolution of the disputed situation, but will also assume the protection of their rights and the provision of their best interests.

Working with families in crisis is specific because it is basically working with deep or so-called hard feelings that family members have for each other. The conflicts that arise between them most often occur in relationships between adult family members, while children appear as indirect or invisible participants. But the consequences of the way these conflicts are resolved affect the whole family, and often even other relatives. If the family conflict is approached as a crisis instead of an unsolvable situation, it is possible to (re)solve it effectively and give the family a chance for a change in relations. Mediation approaches the problem of conflict from this point.

Family mediation is mostly used as a divorce and/or custody of children mediation. It is used in reaching agreements on how to perform parental rights and duties after the end of a partnership. Also, its application is increasingly noticed in situations where minors are perpetrators of violence against other family members. The ultimate goal

of either psychological or legal intervention in family mediation is to redefine family relationships in a way that protects the best interests of the child. (Despotović Stanarević 2014). Therefore, the application of family mediation is closely related to the protection of the best interests of the child.

The European Convention on the Exercise of Children's Rights from 1996, refers to the presumption "that in the event of conflict it is desirable for families to try to reach agreement before bringing the matter before a judicial authority". Furthermore, it indicates: "In order to prevent or resolve disputes or to avoid proceedings before a judicial authority affecting children, Parties shall encourage the provision of mediation or other processes to resolve disputes and the use of such processes to reach agreement in appropriate cases to be determined by Parties."

In the Recommendation of the Committee of Ministers of the Council of Europe on the application of family mediation from 1998, it is assumed that: there are "special characteristics of family disputes, namely: the fact that family disputes involve persons who, by definition, will have interdependent and continued relationships; the fact that family disputes arise in a context of distressing emotions and increase them; the fact that separation and divorce impact on all the members of the family, especially children" Furthermore, the Recommendation takes into account "the results of research into the use of mediation and experiences in this area in several countries, which show that the use of family mediation has the potential to: improve communication between members of the family; reduce conflict between parties in dispute; produce amicable settlements; provide continuity of personal contacts between parents and children; lower the social and economic costs of separation and divorce for the parties themselves and States; reduce the length of time otherwise required to settle conflict."

3.1. Family mediation in Serbian law

One of the most significant novelties in the framework of proceedings in matrimonial disputes, introduced by the Family Law of Serbia in 2005, is the introduction of the mediation procedure (Kovaček-Stanić, 2014): "Mediation is regularly carried out in addition to the proceedings in a matrimonial dispute initiated by the lawsuit of one of the spouses". The Family Law sees mediation in two ways - as conciliation and settlement.

Mediation, in its essence, strives for reconciliation, but its purpose is not mere reconciliation, so it should not be equated with it. Observed from the perspective of chronology in the domestic legislation, this part is closer to the previously valid Law on Marriage and Family Relations, which prescribed mandatory reconciliation, and “if spouses have one or more minor children of their own, the reconciliation procedure implemented by the guardianship authority using social work methods and other professional methods, based on voluntarism and cooperation, with the use of marriage and family counselling services, and other professional organizations. In the process of conciliating the spouses, the guardianship authority determines the living and development conditions of the children of the spouses and undertakes what is necessary to ensure their upbringing, care and support, while striving to reach an agreement between the spouses that protects the interests of the children.” Conciliation, therefore, in addition to reconciliation, aimed at reaching an agreement on children. Going back to the past, in the regulations before World War II, we find that attempts at reconciliation were aimed to prevent divorce (Kovaček-Stanić, 2014). It seems important to draw a parallel with church regulations, so we find that: “The priest makes an attempt to reconcile between quarreling spouses fatherly and gently, as his pastoral duty. ... If there are children in the marriage, the priest will ask the quarreling parties for reconciliation as well as for the love of their children, who would innocently suffer.” (Marriage Rulebook of the Serbian Orthodox Church) The rule formulated in this way places the priest in the role of a family mediator who acts in such a way as to protect the best interests of children who “innocently suffer” in the conflict between their parents.

The second stage of mediation, which is implied by the Family Law, is the settlement procedure. Its purpose is to end the dispute consensually which is litigated when reconciliation has failed: “to resolve the disturbed relationship of the spouses without conflict after the annulment or divorce of the marriage” and “the court or the institution entrusted with the mediation procedure will strive for the spouses to reach an agreement on the exercise of parental rights and an agreement on the division of common property.” If the settlement is successful, the agreement reached in it is introduced into the pronouncement of judgement. It is important to point out that mediation, either as a conciliation or a settlement, is designed as a possibility only when the divorce proceedings are initiated by a lawsuit, because the cited law

implies that another possible cause of divorce - divorce by agreement already occurred after an agreement regarding issues related to children and the division of common property (if any). And yet, in practice, the most common situation is that the proposal for a consensual divorce is more motivated by avoiding litigation, as well as the possible involvement of the Center for Social Work rather than by a previously reached functional agreement. The result of this is often later litigation to change the decision on custody and/or the way the child has contact with the parent with whom he does not live.

The Law on Mediation in the Resolution of Disputes from 2014 stipulates: "Mediation is applied in disputed relationships in which the parties can freely dispose of their claims, if no other law prescribes the exclusive jurisdiction of a court or other institution, regardless of whether it is carried out before or after the initiation of court or other proceedings. Mediation is possible especially in ... family disputes, ... as well as in all other disputed relationships, in which mediation is appropriate for the nature of disputed relations and can help resolve them." "Issues that are not expressly regulated by this law are resolved in accordance with the mediation principles provided for by this law and the mediation standards contained in the acts of the United Nations, the European Union and the Council of Europe." Therefore, everything previously separated from the corpus of international conventions and recommendations also refers to the Serbian legal framework in this matter.

3.2. Advantages and scope of family mediation

In the presentation so far, we have emphasized the legal framework that supports, recommends, prescribes and enables the application of mediation in family disputes. We also pointed at the historical-geographical prerequisite, highlighting our earlier legislative solutions, the religious aspect and the appreciation of European culture in these areas. And yet, what is most important for every area of mediation, including family mediation, is that it should be recognized as an alternative to court proceedings. Not only that it should be out of court, but that the very idea of an agreement as a peaceful way of resolving disputed issues precedes the action of going to court (so that court proceedings do not even occur, except when the court has an explicit mandate to decide in a certain area).

Mediation is an opportunity to stop the conflict and try to reach an amicable solution in a peaceful way. But, if we talk about mediation in divorce proceedings, for example, it should primarily be an integral part of the process that precedes the submission of a proposal for a consensual divorce. It is possible, but not realistic to expect that two (soon to be ex) spouses, in the high emotional charge characteristic for separation, will be able to objectively look at their needs and the needs of their children, and in that environment to reach an agreement that is functional and in everyone's best interest. This is shown by the practice of working with families in a divorce crisis, as well as by theory. Today, the application of mediation is based on assumptions that have been confirmed in numerous studies (Stevenson, 2000, according to Bogdanović, 2006): "that a continuous relationship with both parents positively affects children's development; that prolonged conflict between parents is harmful for children; that the cooperation of the parents after the divorce helps the children to adapt to the situation; that parents can make joint decisions even after the divorce".

In divorce, the partners are focused on the emotional relationship whose imbalance led to the decision to end the union. They are partly focused on the parental relationship, too, but in a way that they begin to "balance the forces" and polarize into "good" and "bad" parents. This completely excludes their joint attention to the protection of children and consideration of their interests in the process of family separation. The goal of family mediation is to help parents understand the importance of their cooperation in overcoming children's reactions to separation, reducing tension, anger and misunderstanding (Casals, 2005). "Negotiating co-parenting relationships is a central topic of mediation, ... because separated and divorced parents still need to cooperate in raising children and managing personal relationships with them." (Despotović Stanarević, 2014) "Empowering parents to agree on the future of their children is the primary goal of mediation." (Emery, 1994)

Choosing mediation as an alternative or redirecting already started court proceedings that have been assessed as solvable by mediation towards a peaceful resolution of the conflict, is useful in many ways. An unavoidable element is the place of all relatives in a family conflict. Just as the spouses are not "alone" in their relationship, bringing into it the models of interactions acquired in the primary families, so their crisis spills over to other family members. From children's point

of view, the contentious relationship of their parents is also reflected in the future relationship with grandparents, uncles, aunts, brothers, sisters and other important persons from the family circle. It is in their best interest that despite the disruption of the relationship between their parents, connection with other members of the family should not be interrupted. Family mediation is, therefore, a useful alternative not only for arranging future relations between parents and children, but also for the entire circle of family ties.

3.2.1. Examples from the work practice of the Association of Mediators

♦ Divorce mediation:

Example 1

The married couple came on the recommendation of family friends, they were offered mediation before court proceedings, which they both accepted. Disturbed partner relationship, difficult communication, two minor children, living in the same city, both employed. In the mediation process, they agreed that they wanted a divorce, and agreed that the children should be entrusted to their mother for the independent exercise of parental rights. The model for maintaining contact between father and children was regulated and defined, which was particularly controversial. The agreement that was reached in mediation was translated into a proposal for consensual divorce and independent exercise of parental rights, which was submitted to the Basic Court. Immediately after, the mediator informed the Mediation Info Service about the agreement reached, and submitted a report on the completed mediation, according to the previous agreement with the couple. Within 7 days, the court sent the case to the Center for Social Work for a statement. The Center, although with an excessive volume of cases, respecting the mediation procedure, completed work within 10 days - a confirmatory report submitted to the court. The proceedings ended at the first court hearing, the parties did not pay court costs (Article 2 of the Law on Amendments to the Law on Court Fees, 2018) Exactly two months passed from the mediation to the final verdict . The mediator and the parties participated in the mediation, without lawyers.

Example 2

After the de facto separation, the married couple filed a proposal for an consensual divorce to the court. Both have hired lawyers. They have two young children, the younger son stayed with his father, and the older one moved to the mother's household. Misunderstanding in communication contributed to the decision to divorce, and continued after the separation. Both of them had a good will to continue with their parental duties, but almost every contact deepened their conflict to the extent that they wanted to withdraw the agreement proposal, i.e. to engage in litigation. The husband heard about mediation from a friend at the children's birthday party and got in touch with the mediator. The wife agreed and the lawyers did not make a negative statement (which, unfortunately, is a frequent case in practice). During the process, work was done on specifying the proposal of the agreement, as well as on raising awareness of the importance of their cooperation for children's understanding of the newly created situation. The concept of "plan B" for future situations with multiple choices was also elaborated. The agreements reached by the spouses were first presented to their legal representatives, and then incorporated into the existing proposal of the agreement, bypassing the mediator. At the only hearing that was held, the judges were presented with changes compared to the first version of the proposal, so the mediation agreement "came to life" through the judgment without having been independently formulated. The court did not ask for a statement from the Center for Social Work because one child was 15 years old and the other was over 10, and it was estimated that the agreement was in line with their best interests. The mediation procedure lasted about 2 months, and the parties were given the opportunity to return to the mediator if necessary, for the purpose of evaluating the agreement in practice, which they have done.

Example 3

The husband filed a claim to the court for divorce, and the wife filed a counterclaim. They have one common child of preschool age. The judge who assigned the case assessed that it was solvable and informed the parties about the mediation procedure. They were then referred to the Mediation Information Service in the court, where they received information about the list of active mediators. After they chose a mediator, the associate in the Info Service sent the necessary information to the mediator, who scheduled the first meeting where the spouses

signed the Agreement on Accessing Mediation. By submitting it to the court, the term for a standstill in the court proceedings began to run. The spouses came to the first mediation meeting with lawyers, after which they agreed to consult them as legal advisors, and they continued to come alone. Mediation was carried out in co-mediation because it was estimated that both parties are “difficult clients” and that such an approach would ensure a better balance and facilitate neutrality. The procedure lasted almost a full 60 days, which is the maximum period for a standstill, and the agreement was only partially reached, in the part of exercising parental rights. At the end of the procedure, the lawyers drew up a mediation agreement, which the spouses and the mediator signed and submitted to the court. The judge himself assessed that the agreement was in accordance with the best interests of the minor child. The marriage was divorced, the agreement was translated into the verdict, and the former spouses continued with the division of common property in another civil proceeding. The mediator later received information from one of the lawyers that the mediation procedure facilitated the subsequent procedure regarding the disputed property.

In these examples we see three different models of divorce mediation. But, as the mediation procedure is non-formal, the focus is on the content. That leads us to conclude that in all three examples, the focus was on guiding the spouses as parents towards considering the best interests of their children and reaching an agreement that will be relied upon in the future. Also, the examples illustrate the time efficiency of the mediation procedure, which is crucial from the aspect of protecting children in family conflicts. Finally, the examples present the networking and mutual cooperation of all participants (clients, lawyers, courts, Centers for Social Work and mediators) and their joint effort to end the conflict as favourably and quickly as possible.

- ♦ Family mediation in the procedure of juvenile violence against a family member:

The case reaches the mediator through the Center for Social Work, the High Court and the High Public Prosecutor's Office. The procedure is based on the report of the mother against the son for domestic violence, and he is a minor. The High Court is asking for a proposal for an educational measure, but the measure alone cannot repair the relationship between the mother and the son who refuses to return home,

does not want to apologize to the mother, and there is a high risk that the conflict will escalate even more. There is also a father who does not want to participate, as well as two other minors. Mediation was requested by the Center for Social Work, the procedure was carried out in co-mediation, the mother and the minor were present with two professionals from CSW. After three hours, the result was an apology and repentance from the son for the violent act committed, acceptance of responsibility for the procedure, and an agreement on further work with the family was reached. Toward the opinion of the CSW, which was based on the mediation agreement, the court issued a verdict on the imposition of the educational measure Enhanced supervision of the guardianship authority, which included counseling work with the family, in which the father was also involved. After a one-month stay with his uncle, the son returned home, and after a few months the family regained functionality.

The example indicates the importance of viewing the committed juvenile offence not only as an act, but as an act that has consequences for other family members and its overall functioning. It also points to the importance of considering the best interests of minors, observing them first and foremost as a child, and only then as a perpetrator. And, ultimately, it emphasizes family mediation as a positive instrument for ensuring a high degree of restorative justice, as well as a tool for redirecting family relations from rejection to acceptance of joint responsibility for the occurrence of the circumstances that led to the offence.

- ♦ Family mediation after the implementation of the Law on Prevention of Domestic Violence

The extramarital union is in the process of separation, the wife reported her husband to the police, the risk of possible violence was assessed, and an emergency measure of a temporary ban on access and communication provided in the Act on the Prevention of Domestic Violence was issued. They have a common one-year-old child. He came to the mediator on the recommendation of an expert from the Center for Social Work after an assessment was made that the reported event was of an incident nature and that no indicators of domestic violence could be observed. After the initial interview, the mediator concludes that there is a possibility that there is no imbalance and abuse of power and control in the relationship between extramarital spouses, but

that the reported event potentially took place in the context of stormy emotions characteristic of the period of separation. Nevertheless, the first contact with the other party was negative, the woman categorically refused mediation and pointed out that she submitted a claim for independent exercise of parental rights. She was informed about the possibility to turn to the mediator in the next week if she changes her mind. After two days, she called, the lawyer recommended her the mediation procedure. At only one mediation meeting, an agreement was reached with the exceptional cooperation of the lawyers of both parties who attended the proceedings. It was observed that the partners had different perspectives on the problem, and that they needed the help of a neutral third party to tell each other how they really felt about the breakup. The agreement was submitted to the court that acted in the case of the claim, and it also united the opinions of the competent Centers for Social Work from which a statement was requested, considering that the spouses were from different municipalities. After a month, the parents submitted to the mediator pictures from the child's birthday celebration.

This example shows the possibility that by careful observation of reported cases in which actions were taken according to the Law on Prevention of Domestic Violence, those in which violence is not involved can be singled out, but there is a risk that the existing conflict could escalate more. Also, it shows us that with the special knowledge and skills of the mediator, the relationship between the former partners can be redirected to a functional parental relationship in order to enable the protection of the best interests of the child instead of remaining stuck in an incident with elements of violent behavior. It is a delicate area that requires thorough knowledge of the phenomenology of domestic violence, which in itself excludes the possibility of applying mediation, as well as the skill to distinguish domestic violence from events in which the risk of future violence due to unresolved conflict is assessed.

4. Mediation vs. crimes against marriage and family

The provisions of the Law on Mediation in the Resolution of Disputes apply to mediation in criminal and misdemeanor matters with regard to property claims and claims for compensation for damages, as well as in labor disputes, unless otherwise prescribed by a separate law. In this connection, mediation is regulated in the same way by the

Criminal Procedure Code. In the circumstances of a private criminal lawsuit, there is a possibility of a settlement between the private plaintiff and the defendant, with the settlement of a property claim or compensation for damages, i.e, it is possible to reach an agreement on the settlement of the dispute through mediation. The key institution in the present context is the private criminal lawsuit. When it comes to crimes against marriage and the family, none of the incriminated actions provides for prosecution without the presence of a public prosecutor who undertakes the criminal prosecution of the perpetrators, considering that these are criminal acts whose punishment is due to their social danger, the whole society is interested and where the prosecution is undertaken regardless of the attitude of the person who was harmed by these acts. It is about the so-called criminal acts for which prosecution is undertaken *ex officio*.

4.1. The principle of opportunity (against the principle of legality)

Contrary to the interest of the community, public prosecutors can also decide on the degree of social danger. Namely, despite the public prosecutor's obligation to initiate criminal prosecution when there are grounds for suspicion that a certain person has committed a criminal offense for which he is being prosecuted *ex officio*, applying the principle of opportunity, he may depart from the basic principle of legality. In this way, the public prosecutor and the suspect negotiate regardless of the attitude of the injured party and the interests of society.

Contrary to the principle of legality, the Code of Criminal Procedure in Article 283 prescribes the possibility of the public prosecutor to postpone criminal prosecution for criminal offences for which a fine or a prison sentence of up to five years is foreseen, if the suspect accepts one or more obligations that are enumerated in seven points including for example to compensate for the damage caused, to pay a certain amount of money which is used for humanitarian or other public purposes, to perform certain humanitarian work, to undergo withdrawal from alcohol or narcotic drugs, to undergo psycho-social treatment in order to eliminate the causes of violent behavior, etc. Therefore, it is in the hands of the prosecutor to assess whether or not to expose the suspect to criminal prosecution. The order he makes requires him to fulfill one or more obligations within a certain period, which cannot be longer than one year, and if everything ordered

is fulfilled, the prosecutor will give up further criminal prosecution. Otherwise, if the suspect does not accept the opportunity or if does not fulfill obligations within the deadline, the public prosecutor will continue the criminal prosecution. In order to postpone the criminal prosecution, the consent of the injured party is not required. The principle of opportunity has no limitations in relation to certain criminal acts, so it is also possible for a group of criminal offences against marriage and family.

4.2. Mediation as a possibility to prevent criminal proceedings

Considering that the principle of opportunity has no limitations in relation to certain criminal acts, and that in accordance with the law can be applied to all those for which a fine or a prison sentence of up to five years is threatened, we can assume that it would be possible and expedient in such cases that criminal proceedings should be prevented by mediation. Here we will refer to only one example - confiscation of a minor, given that according to Article 191, paragraph 5 of the Criminal Code: "an offender who voluntarily surrenders a minor to the person or institution to which he is entrusted or facilitates the execution of the decision on the entrusting of a minor, may be exempted from punishment by the court." Therefore, in the mediation process, it would be possible to mediate and reach a consensual solution, which, among other things, includes the key action, which was previously described. In this case, it could prevent any intervention by the prosecution or the court. Also, this kind of mediation would reduce the costs of the perpetrator who, due to the initiation of the procedure by the public prosecutor, could agree to the postponement of the criminal prosecution, but would thus have to bear the high (and uncertain) costs of the procedure and the costs of the attorney.

All of the above indicates that mediation in family relationships with elements of criminal offenses could be implemented in practice and in the existing legislative framework, but it is necessary to specify and possibly intervene by the legislator in order to create clear pre-conditions for a possible per-criminal mediation conducted by specially trained and registered mediators. Comparative practice shows that there are legal systems that, in the aforementioned sense, ensure a wider application of the principle of opportunity, which is not conditional. In Slovenia, this concept of mediation has been introduced in criminal proceedings, which are conducted at the initiative of the

public prosecutor. It is foreseen that the state prosecutor can turn the proceedings to mediation regarding criminal offences punishable by imprisonment of up to three years or for certain enumerated more serious criminal offenses, and such possibility requires the consent of the defendant and the injured party. (Milojević, 2019)

The application of mediation in criminal offences against family and marriage would greatly contribute to the achievement of restorative justice, whose goals are understanding the consequences of a violent act and showing empathy for both the perpetrator and the victim. Mediation could encourage the responsibility and reliability of persons in conflict through their mutual cooperation, as well as contribute to the reintegration and value cultivation of the perpetrator and at the same time to protect the best interest of the child. Restorative justice aims to repair the consequences of a past event and establish a balance between the needs and interests of victims, perpetrators and community members. The ultimate goal of such action is to facilitate the recovery of the victim from the trauma of victimization, to act in the direction of prevention of future criminal behavior and to establish harmony in the community that has been disturbed by the commission of a criminal act. (Ćopić, 2010)

5. Conclusion

The protection of the best interests of children in family conflicts should be timely, efficient and expedient. The exposure to lengthy court proceedings, uncertain outcomes and deepened conflicts only distances family members from possible solutions aimed at the welfare of the children. Family mediation is not the only choice, but it is certainly the better one. It offers the possibility of faster and more economical proceedings and implies that the parties in the dispute independently construct solutions for their own problems, which makes it a favourable instrument for proceedings in family matters. Also, the fact that it is based on the principle of privacy and confidentiality of the procedure, it ensures that family members can more easily overcome the discomfort related to the intimate aspect of the disagreement, which consequently facilitates the discovery of the needs behind the expressed emotions, and the finding of a mutually acceptable solution, which will include the protection of the best interests of children.

The current way of institutional action in protecting the best interests of children does not produce the expected results because it

does not imply a coordinated and jointly directed action of all parties involved. Mediation practice, on the other hand, shows us that the networking of different participants - clients, lawyers, courts and Centers for Social Work, as well as the mediators themselves, leads to more positive results, a higher degree of satisfaction and more functional mutual relations in the future, which seem to be the most important aspect of the application of family mediation, because family relationships exist with or without conflicts, and some relationships continue even after divorce/separation, misdemeanor and criminal proceedings. Mediation brings back the focus on togetherness, caring for loved ones, familiarity; briefly - on family values versus the need to prove who is "right", who is a "better parent" or who "loves their children more". The introduction of mediation as a model and standard for handling family matters could contribute to redefining the crisis of the family value system, more clearly determining the direction of social action and more precisely creating social policy strategies in the area of help and support for families.

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Children in Early Adolescence from Families at Social Risk

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Abstract

Introduction: This thesis delves into the profound impact of challenging social circumstances on the development of children and adolescents in their families.

Objectives: The thesis delves into practical aspects by looking at existing interventions and support systems tailored to meet the unique needs of this vulnerable population with a greater focus on the various factors that contribute to their challenging circumstances and understanding how these challenges shape the development of children and adolescents in these families including the potential outcomes and also exploring factors that contribute to potential future risks among adolescents.

Methodolog: Combinate method was used to conduct this research, on a sample of 9 children, of which, three children come from families with the presence of domestic violence, three where there is use of psychoactive substances and alcohol by the parents/parent, one child from single-parent family, one child from a family with a parent with a disability and one child from a family with an absent parent.

Results: The majority of these families exhibit distant and conflicting relationships (78%) with dysfunctional behavioral patterns. Children tend to be more introverted i.e they tend to be more independent without seeking support, and they generally have low self-esteem and motivation.

Conclusion: Working with early adolescent children growing up in families at social risk requires a sensitive, informed approach that addresses their unique needs and circumstances.

Keywords: Families, Social risk, Development, Children, Adolescents.

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Introduction

Children in early adolescence from families at social risk face unique and complex challenges that can significantly impact their development. These young individuals are often exposed to environments characterized by instability, neglect, and inadequate support, which can hinder their emotional, cognitive, and social growth. The pressures of living in such conditions may lead to increased vulnerability to mental health issues, academic struggles, and problematic behaviors. Understanding the specific needs and risks faced by these adolescents is crucial for developing effective interventions that can support their resilience and promote positive outcomes during this critical stage of their lives.

Bronfenbrenner's theory is particularly significant for understanding the influence of family and society on child development. He envisioned the environment as a series of nested and interdependent structures, with microsystems such as family and/or peer groups being the most significant for a child's development. These make up the closest environments for young people and have a direct impact on their development through routine interactions and participation in mutual relationships and activities. Bronfenbrenner also emphasizes how these microsystems affect children's development through their interaction, such as when family poverty disrupts children's school success, or when parents' substance abuse causes discrimination against the child at school. He calls this interaction a "meso-system" (Crawford, 2020).

1. Families at Social Risk and Risk Factors

Risk factors are characteristics that contribute to or increase the likelihood of abuse and neglect of children and adolescents. These are a combination of individual, relational, societal, and community factors. Although children are not responsible for the harm inflicted on them, these factors increase the likelihood of them being abused or neglected. The concept of risk refers to all influences that increase the possibility of worsening or the development of problematic circumstances, while protective factors are understood as positive forces that contribute to adaptation in the presence of risk.

Risk can be analyzed across three distinct levels: the individual child, the family, and the broader community. At the individual level, one could argue that all children are exposed to some degree of

risk, although some are more vulnerable than others. For instance, children with disabilities, low self-esteem, behavioral issues, or a history of abuse are often identified as being at higher risk. Conversely, an alternative perspective suggests that children themselves should not be classified as inherently “at risk,” but rather that the risks they face stem from the environments in which they are raised. This interpretation views the family context as a potential source of risk for the child’s development. The second approach examines risk factors associated with the family, including poverty, single parenthood, low parental education, large family size, reliance on social assistance, family dysfunction, abuse, parental substance use, and family conflicts or issues that negatively impact a child’s development. The third approach shifts focus to the community, neighborhood, or school as environments that contribute to risk. For instance, a community characterized by low income, high crime rates, elevated unemployment, and low high school graduation rates can be viewed as an environment that places children and adolescents at increased risk (Dobelniece1 et al., 2015).

A family with social risk can be defined as a family with children under 18 years of age where at least one of the parents is characterized by one or more risk factors: abuse of alcohol, drugs, psychotropic or toxic substances; gambling addiction; due to a lack of social skills, is not able or is not motivated to provide adequate care for their children; psychological, physical, or sexual abuse; financial support from the state is not used for family needs, and due to these factors, there is a risk to the physical, psychological, spiritual, moral development and safety of the child. A family with social risk, as a social institution and as a type of small primary social group, does not align with the characteristics of the family’s purpose, while misinterpretation of its functions exposes them to negative social factors, which poses a risk of social problems in normal functioning in society. A family with social risk is also described as a family whose social functioning is disrupted due to some objective or subjective reasons: these may be refugee families, large families, families with children with disabilities, single-parent families. It is also likely that real social risks may arise under unfavorable economic and psychological conditions or may be caused by increasing problems in raising children, conflictual families, alcohol abuse, drug use, and the use of violence in the family (Gudzin-skiene & Augutavicius, 2018).

The factors that contribute to a family being at social risk can be grouped into the following categories (Gudzinskiene & Augutavicius, 2018):

- ♦ **Family structure** (incomplete, poor families, families with disabled members who require constant care; family with a member who is incarcerated or has recently returned from prison and is undergoing the process of reintegration into society, members who belong to different marginalized groups);
- ♦ **Disturbed nature of family relationships** (lack of shared interests, mutual distrust, as well as a lack of mutual understanding and support among family members, emotional coldness, and rough communication).
- ♦ Risk factors can also be divided into static and dynamic:
- ♦ **Static risk factors** include criminal history, disrupted mental health of parents, or a history of abuse in childhood. These risk factors are static because they cannot change over time.
- ♦ **Dynamic risk factors** include dysfunctional parental behavior, domestic violence, or dependence on alcohol or psychotropic substances by the parent. These factors are dynamic because they can be modified through appropriate prevention and treatment programs.

Risk factors have a cumulative and interactive effect: a family exposed to several risk factors is considered a high-risk family. Furthermore, children and adolescents exposed to several risk factors are also considered at high risk of taking a life path that will lead to delinquent behavior. This is because not only do the effects of risk factors accumulate, but the factors also interact with each other: the effects of one multiply the effects of the other and so on. For example, parental alcoholism causes family conflicts, which then increase the risks of substance abuse (Canada, 2022).

Different countries have a variety of concepts for defining what can be called a family at risk or a family with social risk. These concepts are heavily influenced by the cultural and political traditions of the country, perceptions of social risk as a phenomenon, and other aspects of society. According to our legal system and life reality, there are several situations where children are at social risk, and these situations are divided into several groups, such as (Дамовски, 2018):

- ♦ **Children without parents and parental care:** A child without parents and parental care is considered a child who has no living parents, whose parents are unknown or missing, a child who has parents but they refuse to care for him or her, a child whose parents have had their parental rights and working ability taken away, a child whose parents are seriously ill and undergoing long-term treatment.
- ♦ **Children victims of violence:** These children have been a problem for a long time. In some families, violence against children is part of the parents' disciplinary measures. Children who are mistreated in the family, i.e., victims of violence, more often than their peers exhibit various behavioral disorders and have more difficulty socializing than other children. They more frequently commit offenses, behave aggressively, are anxious and insecure, their moral development is disrupted, and their relationships with peers are poor.
- ♦ **Children from families with marital and family conflicts:** These children experience stressful moments that often cause their traumatization. Divorce itself represents a crisis situation for the child.
- ♦ **Children who use drugs:** Drug use among children carries great risks (psychological, somatic-neurological, and social). Drug use impairs the ability to function successfully in daily activities, creates difficulties in learning and memory. Psychological and physiological dependence that develops with drug use leads to very serious health, social, and financial problems.
- ♦ **Children from poor families:** Due to the lack of income, in addition to the threat to basic life existence, they are marginalized in terms of exercising the rights and obligations that exist in society.
- ♦ **Children with special needs:** The primary problem, in addition to activities to raise the ability level of children with special needs and their communication level, are also activities related to their socialization, i.e., integration into the social environment. Describing the personality characteristics of children with special needs, many studies indicate that they are insecure, distrustful, and prone to social isolation.

2. Early Adolescents in At-Risk Families: Current and Future Developmental Challenges

Child development can be defined as “the acquisition and growth of physical, cognitive, social, and emotional competencies necessary for full participation in family and society” (Boyden et al., 2014).

During adolescence, the entire family enters a new process of reorganization, where the parent-child relationships change significantly, accompanied by strong emotional intensity. This period is particularly stressful for the adolescent, as adolescence brings major changes, such as dealing with issues related to sexuality, developing interest in the opposite sex and forming initial relationships, redefining relationships with parents, making decisions about further education and potential employment, balancing social norms encountered in the environment with family norms, discovering themselves and their own identity, and striving for independent decision-making. Due to intense biological, physical, and cognitive changes, adolescents are particularly vulnerable to developing symptoms such as early pregnancy, delinquency, depression, suicide attempts, alcoholism, addiction, and other neurotic and psychotic conditions. In families at social risk, problems with adolescents are often due to unresolved previous difficulties, which now intensify to the level of symptoms, although they may also be temporary as an expression of efforts to resolve developmental tasks. These symptoms can also indicate marital problems, where a central issue in this phase is the mid-life crisis of one or both parents, resulting in intense rearrangement of marital relations (Galaif, et al., 2007).

Usually, the family represents a significant or potential source of economic, material, emotional, and social support, and adolescents often depend on parents or guardians for access to essential resources. On the other hand, the family can be a major source of stress and trauma, as many young people who drop out of school and/or experience social displacement and homelessness come from dysfunctional or violent families (Juventas & Mitic, 2021).

Family functioning encompasses the roles that family members take on to fulfill various family responsibilities, including how they communicate and interact with each other. A well-functioning family is closely linked to positive mental health outcomes for children. In particular, family cohesion and active parental involvement have been shown to enhance adolescents' ability to cope with challenges. Adolescents from supportive and well-functioning families tend to have

higher levels of emotional intelligence and better mental well-being. On the other hand, research has consistently demonstrated the detrimental effects of dysfunctional families on adolescents' mental health. Poor family functioning not only directly impacts teenagers' mental health but also contributes to internalizing and externalizing issues due to caregiver depression. Additionally, family dysfunction increases adolescents' vulnerability to societal risks (Yu et al., 2022).

Adolescents in at-risk families are more vulnerable to a range of dangers, including parental neglect, disrupted family dynamics, psychological and emotional abuse, substance abuse, legal issues, domestic violence, forced labor, or running away from home. These challenges can severely impact their mental and emotional well-being, especially in cases of neglect and unstable family relationships, leading to depression, low self-esteem, poor academic performance, insecurity, and isolation. Parental behavior may also influence these adolescents to engage in substance abuse or encounter legal problems, such as smoking, alcohol and drug use, and disrespect for authority. Additionally, they may become victims or witnesses of domestic violence, facing risks like psychological or sexual abuse, physical aggression, and violence. Children in these environments might be forced into labor to compensate for inadequate parental care, exposing them to child labor, street vending, illegal trade, or dangerous working conditions. Furthermore, there is a risk of emotional alienation, moving out of the home, or even running away. (Juventas & Mitic, 2021).

Research has identified the main consequences for children of inappropriate parental behavior in families at risk: inability or lack of physical, mental, spiritual, and moral development and provision of safety; the created family environment does not stimulate healthy and productive growth and development of children; poor communication and cooperation among family members limit the children's ability to express their needs and feelings; children have low self-esteem; children do not acquire necessary social skills; basic children's rights (care, education, etc.) are not fulfilled; children's opportunities to participate in the social life of society, and spiritual growth and development are limited (Gudzinskiene & Augutavicius, 2018).

3. Treatment of adolescents growing up in families at social risk

Initial research on the effectiveness of treatment for adolescents and families at risk indicates that for an intervention to be success-

ful, a comprehensive package is required that addresses both interpersonal and specific needs of all family members. Focusing solely on the individual at risk often overlooks the broader influences that shape behavior, including the social environment and community. While counseling aims to support at-risk individuals, understanding the family and community context is vital. Family involvement, when appropriate, also enhances young people's engagement in treatment, primary healthcare, and prevention efforts (Centre of Excellence, 2017). Additionally, findings suggest that in the first months of treatment, organizations should invest more intensive resources to engage the family (if acceptable), and then begin behavior change as close as possible to the initial referral. Some of the services for abused young people and families at risk include support services, peer training interventions with resilient peers, targeted treatment interventions, family protection services, and intensive family protection services (Juventas & Mitic, 2021).

- ♦ *Support Services:* These are aimed at offering help, guidance, and positive role models, similar to a big brother/big sister, adoptive grandparents, and community-based trust groups.
- ♦ *Peer Training Intervention with Resilient Peers:* This is designed to increase the social competence of vulnerable adolescents through interaction with strong peers and adults who will provide support.
- ♦ *Targeted Treatment Intervention for Families with Abuse:* This aims to increase child safety, reduce risk, identify and build on family strengths, and promote accountability in cases of child abuse through a multidisciplinary approach.
- ♦ *Family Protection Services:* These are intended for families in crisis or with chronic problems, with the goal of long-term resolution of family relationships, such as reuniting the entire family or breaking contact between parent and child (in the later stages of treatment).
- ♦ *Intensive Family Protection Services:* These are for families with children identified as being at risk of institutional placement, with the goal of preventing out-of-home placement and reducing the risk of child abuse through behavior change and skill enhancement via intensive, time-limited, and comprehensive services.

Psychological workshops can be an integral part of psychosocial intervention programs aimed at promoting the mental health of children at social risk. These workshops consist of structured group activities centered on specific topics and are divided into three parts: an introduction, the main workshop topic, and a closing segment. The chosen topics are designed to connect with the children's personal experiences and emotions, helping them to express and integrate new insights. Symbolic forms of expression, such as drawing, movement, and play, are often used to convey cognitive and emotional content. These workshops are typically conducted in accommodation facilities where the at-risk individuals are staying for an extended period, usually over a month. The primary goal of psychological workshops is to enhance coping strategies, build resilience, and support psychosocial development through diverse activities. (Markovik & Serafimovska, 2017).

Strengthening family bonds and enhancing parental capacity for supervision and support are crucial to reducing the risk of children being exposed to danger or engaging in abusive behavior, often linked to a lack of parental oversight. When parents are supportive, the influence of antisocial peers diminishes, lowering the likelihood of negative behavior. Encouraging young people to maintain or rebuild connections with family members, including extended family or guardians who can provide support, is essential. Young pregnant women and parents need comprehensive services to address both their own needs and the developmental needs of their children. Some may require additional support to effectively care for their children. (Juventas & Mitic, 2021).

4. Research methodology

Research Objectives: The primary goal of this research is to determine whether there is a connection between the various risks faced by children growing up in families at social risk and their self-esteem, motivation, introversion, and family functionality.

Hypotheses:

1. Children growing up in families at social risk have low self-esteem and motivation.
2. Children in social risk situations are more introverted.
3. Families at social risk are characterized by dysfunctional behavior patterns.

Sample: This analysis covers the responses obtained from a questionnaire administered to children and adolescents growing up in families at social risk. The questionnaire was given to a sample of 9 children, aged 13-15 years. Two of the respondents are male, and seven are female. Among them, three children come from families where there is a presence of violence, three from families where parents use psychoactive substances and alcohol, one child growing up in a single-parent family, one child growing up in a family with a disabled parent, and one child growing up in a family with an absent parent.

According to the type of family, 5 of the children live in traditional three-generational families, 1 child lives in an extended three-generational family, 1 child lives in a single-parent family, and 2 children live in nuclear families.

Research instruments: We conduct qualitative research, divided into two parts.

In the first part we conducted a semi-structured interview to determine the respondents' self-perception. The interview contained 15 questions.

The second part was conducted after the completion of the interviews and involved a qualitative analysis of the outcomes achieved after six months of working with the children by a professional team, which included a family educator, psychologist, and social worker. The intervention featured both individual and group counseling sessions focused on fostering the children's emotional and psychological well-being, along with educational workshops designed to improve their academic skills and motivation. Group-based creative workshops were also implemented to encourage positive social behavior. Additionally, family support sessions were held to address dysfunctional family behavior and enhance overall family dynamics.

Bottom of Form

5. Result analysis

1. Result analysis regarding self-esteem and motivation of the children who is growing in family at social risk.

Based on the responses, 66% of the children in our study demonstrated low self-esteem, indicating they hold low expectations of themselves and feel it is very challenging to meet those expectations. Additionally, 22% believe they can achieve their goals but anticipate facing

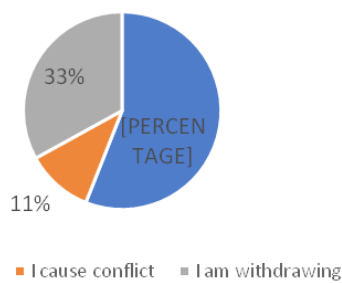
certain difficulties along the way. Notably, one adolescent (11%), from a family with an absent parent, stood out by expressing high expectations and a strong sense of confidence in her ability to meet them, in contrast to her peers. The children with lower self-esteem often hesitated in group activities and showed lower motivation, needing more encouragement. In contrast, the confident adolescent from the family with absent parent displayed resilience, actively participating and showing strong determination.

After the completion of the six-month intervention, through counseling and workshops, we noticed significant progress, especially in the area of self-esteem and motivation, with many becoming more engaged in their academic work and social interactions. Most of the children, began to participate more actively in group activities, indicating a positive shift in their social behavior.

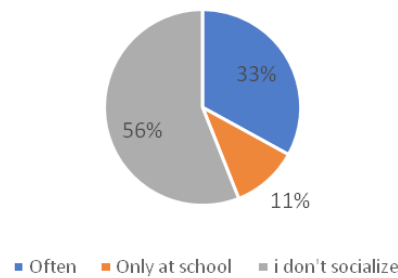
2. Result analysis regarding introversion of children growing up in family at social risk.

Most children reported that they cope with stress by leaving the house (56%) or withdrawing into themselves (33%), preferring to handle challenges alone without seeking help from others. Most socialize minimally with peers and exhibit an aversion to school. However, children from abusive families reported more frequent social interactions compared to those from other social-risk backgrounds.

How do I cope with stressful situations?



I socialize with my peers:



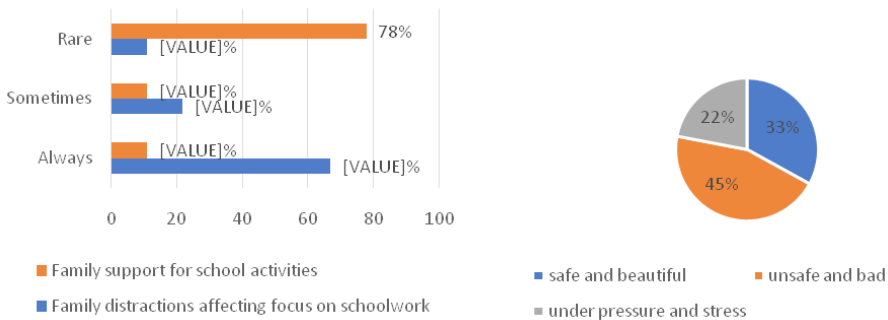
Graph 1. Statistical results regarding introversion of children growing up in a family at social risk

During the sessions, the team observed that children who withdrew were often reluctant to share their feelings and struggled to open up, maintaining a guarded demeanor. In contrast, children from abusive

families, while more socially active, displayed signs of anxiety and emotional distress when discussing their interactions. These individual observations confirm the children's self-reported introversion and difficulty in seeking support from others.

3. Result analysis regarding dysfunctional behavior patterns in families at social risk.

The results indicate that most of these families exhibit dysfunctional behavior patterns in given situations. Specifically, when the children are working on school activities at home, they often do not receive attention from family members (in 78%), and assistance with school activities from family members is almost never provided (in 11%). The majority of the children who were given the questionnaire feel unsafe and stressed at home, while a smaller portion of them feel good when at home. Regarding the question about joint activities, every child surveyed expressed a desire to be involved with a particular family member who is not often involved in activities. Additionally, in stressful situations within the family, these families tend to distance themselves, and conflicts arise among the members.



Graph 2. Statistical results regarding dysfunctional behavior patterns in families at social risk

The analysis revealed that 78% of families experience distant and conflictual relationships, while 22% report feelings of closeness and cohesion. In response to unwanted situations, 89% of families tend to react with dysfunctional patterns, such as distancing and conflict, while the remaining families adopt functional approaches, including conversation and mutual communication.

There was some difference regarding the type of social risk, the family with an absent parent showed more functional patterns i.e. the

child is getting help with the school activities from them and also is never distracted during school-related activities. Also, the family with a parent with special needs showed functional behavior patterns i.e. they are the only family from this research that are coping with stressful situations by communicating and understanding each other.

In individual sessions, the expert team observed that children from families that show dysfunctional patterns felt neglected and isolated, especially around schoolwork, while children from families with more functional behavior displayed greater emotional resilience and stability, benefiting from support and communication at home. These observations confirm the critical role of family dynamics in shaping children's emotional well-being.

The family support sessions also affected the parents, who reported better communication and a greater understanding of how to support their children's development. Overall, the intervention helped create a more supportive environment for the children, contributing to their overall emotional and psychological growth.

6. Discussions

This thesis aims to determine whether there is a correlation between the various risks to which children from families in social risk are exposed and their self-esteem and motivation, introversion, and family functionality. In the context of this issue, three hypotheses were proposed: children growing up in families at social risk have low self-esteem and motivation, are more introverted, and such families are often dysfunctional.

The first hypothesis is fully confirmed, i.e., there is a correlation between the various risks on children in families at social risk and their low self-esteem and motivation. This finding is not surprising as it is consistently documented in the literature. It is also supported by research focused on early childhood which suggests that the family environment is a crucial factor in self-development (Harter, 2015). A recent longitudinal study by (Orth, 2018) even suggests that the family environment in early childhood has a long-term, possibly lasting, effect on self-esteem that can still be observed in adulthood. In (Orth, 2018), the most important predictor is the quality of the home environment, including the quality of parenting and parental stimulation of learning.

The second hypothesis is partially confirmed, i.e., there is a correlation between the various risks on children in families at social risk and their introversion, meaning these children are withdrawn, do not spend their time with peers, and do not trust them. A recent study aimed to analyze the effects of social isolation on the development of children and teenagers, particularly its impact on their physical and mental health. The analysis included 519 studies, with 12 selected for a systematic review. This study concluded that social isolation is strongly associated with anxiety and depression in children and adolescents. Social isolation also leads to higher levels of cortisol and poorer cognitive development, indicating a significant impact on the mental and physical health of children and adolescents (Almeida et al., 2021). However, this study specifically focuses on social isolation rather than introversion in children from families at social risk. While it provides insights into the psychological and developmental impacts of social isolation, it does not directly address the relationship between social risk factors and children's introversion. A comprehensive understanding of the relationship between introversion and growing up in socially at-risk families would benefit from further research in this specific area.

The third hypothesis is confirmed, indicating that these families display clear patterns of dysfunctional behavior. The dysfunctional patterns observed in these families are evident, characterized by communication difficulties (e.g., conflicts, confrontations, and emotional distance), neglect of children's educational needs, and the development of a pervasive sense of insecurity among the children. Instead of providing the protective and nurturing environment expected of a home, these conditions exacerbate the children's vulnerability, further compounding the threat to their well-being.

In contrast, a functional family evolves, adapting to family dynamics while preserving unity and acknowledging both individual and developmental needs, particularly by providing care for children and the elderly. The functionality and success of a family are reflected in the balance between the individual, the family as a unit, and their surrounding environment. To fully validate this hypothesis, a more comprehensive, longitudinal study is required—one that delves deeper into the family's organizational processes, communication patterns, and belief systems.

7. Conclusions and recommendations

The results obtained from the analysis cannot be generalized to the general population; they only pertain to the sample. The sample was obtained from only a few children growing up in families at social risk, and it is assumed that there are differences among other children growing up in families at social risk in terms of the type of risk, family resilience, individual resilience of members, and so on.

The research findings are significant for drawing essential conclusions regarding the organization of interventions for young adolescents at social risk, as well as for guiding further studies on this issue. Based on the analysis of the results, existing practices, and theoretical insights, several recommendations are proposed to improve the care and support provided to these adolescents:

- It is crucial to establish *trust and safety* by creating a secure, non-judgmental environment where children feel understood and protected.
- *Emotional support*, including active listening and validation, is vital for addressing their emotional needs.
- Developing *social skills* through group activities that promote cooperation, empathy, and healthy communication is also essential.
- Opportunities for *self-expression*, such as through art, music, or writing, should be encouraged to help children process their emotions.
- Teaching *resilience and coping strategies*, along with providing educational support, can help them overcome challenges associated with their social environment.
- Engaging the family to build a *supportive network*, recognizing and addressing trauma, promoting physical health, and linking children and families with community resources are also critical steps.
- *Regular monitoring of* each child's progress ensures that interventions remain effective and tailored to individual needs.
- *Positive role models*, encouragement of peer interactions, and maintaining professional boundaries are equally important in fostering healthy development.

- ♦ Finally, ensuring *supervision and support* for professionals working with these at-risk populations helps maintain the quality of care.

These approaches, when tailored to the unique needs of each child, can bring about significant improvements in their development and overall well-being.

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The Transformation of Fatherhood in the Modern Family

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Abstract

The subject of this paper is the transformation of fatherhood in the context of family and social dynamics, with a particular focus on the emergence of new forms identified as “new fatherhood.” This refers to the “cultural modeling of men as fathers,” addressing the rights, duties, and responsibilities of fathers, as well as the discursive field that defines “good” and “bad” fathers.

The transformation of the family from traditional (patriarchal) to modern, especially the processes of nuclearization and the decomposition of the family core, has led to significant changes in conventional male and female roles. On the other hand, changes in the public sphere, particularly the breakthrough of women into the so-called “male” sphere, are reflected in the private, domestic, “female” sphere and have initiated a new identity for fatherhood. Hence, the aim of this paper is to conduct a gender analysis of the phenomenon of fatherhood in the contemporary social and cultural context, in order to find answers to the question of which cultural, social, and family factors determine the degree of involvement of the father in domestic activities and those related to child care.

Keywords: Fatherhood; Family; Transformation; Private Sphere; Gender Equality

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Introduction

Research on family life shows a gradual change in the way men perceive their role as fathers, how they behave toward their children and wives, and how they balance different spheres of life. This phenomenon is interpreted in the context of the democratization of social relations, the creation of symmetrical marital and family relations, individualization, and the increasing uncertainty brought by late modernity. Macedonian society, with a strong patriarchal heritage, underwent rapid modernization in the second half of the twentieth century, significantly influencing changes in gender classifications, particularly in the public sphere (Matilov, 2002; Stanojević, 2018). The private sphere, however, remained burdened by patriarchal divisions of gender roles, responsibilities, and power. Examining the private sphere from the perspective of fatherhood seems to be an interesting and exciting challenge, as research from neighboring countries and other European nations suggests that fathers' responses to the challenges of late modernity are somewhat similar but also specific, depending on the societal contexts in which they fulfill this role (Stanojevic, 2018). This study aims to understand how fathers in modern families perceive themselves, how they act as fathers, and how they function as spouses or partners.

Academic research and interest in men's parental roles largely stem from changes in family life during late modernity. Evidently, trends such as the increase in divorces, remarriages, extramarital births, and single-parent families, along with the rise in adoptions and non-heterosexual couples and families, have had significant consequences on partner relationships and parental roles in the private sphere. These shifts necessitate a reevaluation of the definitions of parenthood, particularly the role of fathers. Fatherhood is not a uniform or one-dimensional concept and is not solely defined by biological ties or shared living space between parents and children. This relationship is mediated by legal provisions (for example, in cases of sperm donation, where the biological father does not automatically have fatherhood rights) and by societal and cultural norms (such as a man's sense of his role as a father, his willingness to take on specific duties, and his acceptance by the social environment, for instance, if he lives with a woman who has a child from a previous relationship or marriage) (ibid.).

In recent decades, significant processes of modernization have been observed, leading to urbanization, deagrarization, industrialization,

and substantial inclusion of women in economic and social life, particularly after World War II. At the same time, this period is marked by many families being displaced from their traditional kinship networks, leading to greater dependence on their own resources. The nuclear family has gained increasing importance, with the gradual emergence of new family forms such as single-parent families and families of unmarried couples. Alongside these changes in the family unit, the massive inclusion of women in the labor market (public sphere), especially during the socialist period, has also altered gender roles and relationships between spouses (Tomanovič, Stanojevič, Ljubicič, 2016). Changes in the public sphere, such as the increased participation of women in the workforce and public life, have led to a reduction in gender asymmetry and greater involvement of fathers in everyday parenting tasks and domestic responsibilities. This trend has resulted in a change in fathers' identities, who have adapted to new partnership and family life demands, actively participating in their children's lives and household duties. This shift signifies that fathers are becoming more present and engaged in family life, representing a significant change from traditional gender roles (ibid.).

In the research of parenthood from a scientific discourse, fatherhood is often examined in the context of motherhood, as a remnant of the patriarchal matrix where women are doubly or triply burdened with responsibilities in both private and public spheres. While feminist ideological frameworks and research issues have focused on recognizing and analyzing the various situations women face and changes in their lives, men's lives in the private sphere have rarely been the subject of study. The image of the "distant" and "cold" father from traditional society or the early civic era is disappearing as an ideal and practice. Integration into the cultural and political space of Europe demands new values, discourses, and practices where the roles of both parents in child-rearing are almost completely equal or equitable (Stanojevič, 2018).

The Emergence of New Forms Identified as "New Fatherhood"

Perceptions of the role of fathers are changing in contemporary society. Traditionally, the father's role was reduced to that of the "breadwinner" for the family, and society provided opportunities for men to fulfill this role through higher employment rates compared to women. However, today there is a need for continuous reassessment of family

life, including the roles and relationships between parents and children. Modern research shows that the role of the father as a “breadwinner” is not always easily achievable and is further challenged by greater gender equality in the public sphere. Despite this, men as parents are still expected to retain the role of “breadwinner,” but at the same time, they are presented with opportunities to find themselves in new forms of competence. Alongside the traditional identity of the father as a “breadwinner,” there is also the concept of the “caring father.” The time fathers spend with their children cannot be the sole measure of their involvement in childcare. Father involvement is a multidimensional construct that includes not only behavioral but also affective, cognitive, cultural, and ethical components (Allen & Daly, 2007).

The notion of a “caring father” encompasses practices of “new fatherhood,” which involve a high degree of involvement in all aspects of a child’s life, acceptance of the value of gender equality, and a high appreciation of parental identity. The parental roles of a father who actively participates in raising children can be complementary but often come into conflict, similar to the experiences of mothers. Modern fatherhood emphasizes not only the need to take on traditionally maternal activities but also to foster a different relationship between fathers and children. This relationship involves expressing warmth and emotions, as well as demonstrating protection, care, and attention to the child’s health, progress, and success in school and social settings. All of this becomes an integral part of the father’s role in the modern family, shaping him as a “caring father.” The various forms of fatherhood present men (fathers) with complex and multiple roles, making the experience of fatherhood, satisfaction, and the sense of parental competence vary significantly depending on the circumstances of marital harmony and support. The best way to involve men in caring for children is to encourage them to engage in activities that both the father and child enjoy together. The goal of this encouragement is to build the father’s confidence and allow him to enjoy spending time with his children. According to modern research, fatherhood is seen as an important aspect of the creative development of the adult male, with fathers contributing uniquely to the emotional, social, and intellectual development of children. The physical absence or disinterest of the father deprives the child of the specific contribution that only

the father can offer in their development (Allen & Daly, 2007; Machin, 2018).

Thus, contrary to the traditional belief that parenting is equated with motherhood – i.e., that motherhood, as a biological aspect, is an inseparable part of a woman's identity, while men are primarily seen as providers of material and psychological support – modern perspectives reject these limited views. In many cases, modern marital relationships challenge traditional social pressures, rooted stereotypes about fatherhood and motherhood, as well as traditional gender roles both inside and outside the home. On the other hand, flexible distribution of duties and responsibilities around children is promoted, applying principles of efficiency, economy, and equal distribution of effort and time. The division of responsibilities after the birth of a child is crucial for a positive parenting experience and satisfaction for both parents. Involvement in child care, especially in the early months of a newborn's life, significantly impacts the parenting experience and subjective parental competence. The subjective experience of competent parenting, which arises from positive self-assessments by parents, influences the effectiveness of parental actions and creates an emotional climate that positively affects the child's development. Father involvement not only allows parents to achieve personal goals but also helps fathers bond with their children, while also supporting mothers/spouses in achieving their professional goals alongside child-rearing. As a result of greater father involvement, family relationships become warmer, creating a healthy emotional bond with the father (*ibid.*).

Today, as part of modern partnerships, we can observe that fathers are present at the births of their children. Although there are still not enough such examples, there is a certain degree of integration of fathers in this process, as part of the emotional and partnership support to the wife/mother during childbirth. Despite evidence that future parents view childbirth as a team experience and that a father's presence can improve outcomes for the mother and baby, many fathers still feel like "spare parts" or "bag carriers" in the early days of baby care, rather than equal participants. Yet, they can be a strong support in caring for the baby and in postpartum support for the wife/mother. Due to the obvious physical experience of mothers during childbirth, the fact that fathers also go through a transitional process with significant psychological and physiological changes is often overlooked. The father's involvement in caring for the newborn is important not only

for the family but also for his bond with the child and his role as a “caring dad.” Significant cultural reassessment of this situation and the father’s role in caring for the newborn from day one is needed (*ibid.*). To understand individual practices, it is necessary to study their self-perception and the impact these practices have on their everyday lives. Given the changes occurring in cultural representations of gender and the construction of gender, it is important to ask: how do men explain the change that parenthood (fatherhood) brings into their lives, and what significance does that change have for them? Essentially, this question boils down to how their identity as fathers is constituted. Identity is the result of the active interaction between the individual and society. Society and culture, through more or less organized systems of roles and meanings assigned to them, allow individuals to organize their activities and assign meanings to them. It should be kept in mind that society does not possess a clearly defined and final set of roles and that there is no absolute consensus on the norms and meanings that roles carry (Mead, 1962).

In this regard, the political emancipation and entry of women into the labor market/public sphere have contributed to increased pressure on their spouses (men/fathers) to become more involved in domestic responsibilities/private sphere. This new historical situation, among other things, has called for a re-examination of gender roles and identities. While women conquer spheres of public and private life that were traditionally considered male, on the other hand, men either cling tightly to their traditional roles and seek new ways to maintain gender hegemony or accept the new situation and enter spheres traditionally considered female (Burdje, 2001).

Reconstructing Masculinity: Masculinism and the New Roles of the “Caring Father” in the Modern Family

The male identity has been repeatedly revised in academic discourse, becoming a specific field of interest within gender studies—masculinity studies or male studies (Hearn & Morgan, 1990). The term “masculinity” refers to the particular gender situation of men and the identity that develops based on a set of roles men assume. Considering that no single set of roles applies to all men and that they belong to different cultural and social milieus, we can talk about masculinities—varied models of representation, identities, and practices of men. Male identity pertains to everything men do and think, encompassing all

aspects of male life, from personal beliefs and values to societal roles they fulfill. Theories of masculinity provide a conceptual framework that involves behaviors where everything men do and think aligns with identifying and being recognized as men. This includes identification with specific male standards and behaviors and the social construction of masculinity. Masculinity, therefore, refers to a cultural hierarchy where some men are considered “more manly” than others based on standards within a particular culture or society. This is largely due to varying degrees of socially accepted masculinity and ways of classifying men within social structures and cultural norms. Male roles are formed in opposition to women, meaning that anything not feminine is masculine. This distinction helps form gender boundaries and structural differences between men and women (ibid.) (Simonovska & Vasev, 2023).

In forming a male identity, parents play a crucial role. As agents of socialization, parents in the family context actively influence the development of masculine identity through daily interactions with their sons. It is evident that parents are aware of their influence on shaping their children's gender identity. They do not understand differences solely as gender characteristics but actively strive to establish clear boundaries regarding behavior, sexuality, and appearance according to the child's gender from an early age. These boundaries, in the case of boys, are set to avoid any form of feminization, helping to shape male identity within social and cultural norms. Every culture has a set of rules, embodied in phrases like “be a man,” which primarily involve controlling emotions. These rules are enforced through various mechanisms: rewards, potential or real exclusion from peers or male groups, or through more or less violent disciplinary measures from parents (especially fathers) or peers. In the process of forming male identity, a key trait boys need to develop is control—over themselves, their emotions, social relations, and others. By doing so, their status among men will become more prominent. This identity structure implies an authoritarian personality, as it demands achieving a position of authority and submissive self-control in the hierarchy of (male) power, preparing boys for life in the pyramid of economic and political power (Hearn & Morgan, 1990; Stanojevič, 2018).

Parenting itself is also a significant source of male identity. In traditional cultures, a man was considered a “true” man only if he established a family and had offspring, particularly male offspring, who

were expected to ensure the continuation of the family lineage. The fact that someone was a parent and capable of supporting a family was seen as a mark of masculinity, while everyday responsibilities were often left to the mother. Experiences of patrilineality in customary and legal practices highlight the importance of this relationship with children and also confirm the patriarchal nature of family relations (ibid.). Children, as heirs to the family name (surname) and property, are viewed as a continuation and affirmation of male identity, reinforcing the patriarchal structure of traditional societies, which still persists in our society today. The patriarchal system emphasized the importance of male offspring for continuing the family line and securing family property, which affirmed his dominant role and identity as a “true” man. This structure, which positioned men as the primary guardians of inheritance and family status, underscored their significance and role in upholding patriarchal norms and values.

With industrialization and modernization, this relationship has shifted towards legal equality, favoring mothers as the primary caregivers due to their role in nurturing and caring for children. Consequently, the identity of fathers has started to change significantly. Even in cases where the modern family model supported a complementary asymmetric model (Parsons), where gender segregation of spheres (private-public) was maintained, the father's/male identity was dominant. However, it becomes noticeable that, in contemporary family systems and value models, this identity is beginning to undergo significant changes. This transformation means that fathers are starting to reassess their self-concept by revising their self-perceptions as parents and reconstructing practices not employed by previous generations of male parents (fathers). This process of reevaluation and adaptation may lead to a rebalancing of their relationship with their partner/spouse and children. The transformation depends on various factors, including the position of women in the labor market, state social policy, and public discourses. State social policy may either support the role of the father as the financial provider (family breadwinner) or promote an equal parenting model (equal parent - “involved father”) through parental leave available to both parents, along with an active policy emphasizing the importance of the father's role in healthy child development from an early age (Tomanovič, Stanojevič, Ljubicič, 2016). Additionally, the socio-economic and class position of the family plays

a crucial role in determining the opportunities and conditions for this type of reassessment and adaptation of parental roles (Babović, 2009).

Another significant factor affecting the likelihood of developing the new fatherly identity (the “caring father” model) is the degree of compatibility between different roles and the desired image of fatherhood. Namely, even if the idea of a father being actively involved in child-rearing is accepted, it is important to examine how well this image aligns with other identities and roles of the man/father. One such identity is the professional role, particularly if the father holds a traditional male profession (such as physical labor or technical positions) and/or holds a high status within the company. In such cases, the company’s business culture may be less sensitive to his parental identity, meaning that his commitment to children might differ from the active, engaged “caring” father role (Stanojević, 2018).

Historically, significant changes have been observed in the dominant models and practices of fatherhood across different societies. In the patriarchal model, the father was considered the dominant parent (legally recognized as such), a moral educator who taught children about the outside world, while the mother was responsible for all domestic care. The basic parent-child relationship was one of duty. The transformation of the family from a patriarchal model to a modern one, especially the processes of nuclearization and decomposition of the family unit, has led to significant changes in the father’s role within the family. Today, on one hand, the father’s role as a parent is secondary due to the separation of work and family spheres, with mothers increasingly dominating children’s lives. This role is seen as the “good father,” who provides financial support and material security for the family. On the other hand, the transition from a patriarchal to a modern family has introduced new roles for the “caring father,” where the father’s authority is built through respect and spending quality time with children, emphasizing an active role in parenting, emotional support, and involvement in all aspects of their development (Матиллов, 2002).

Psychological and sociological discourse also includes critiques that an overly close relationship between mother and child leads to the feminization of boys, necessitating a more active involvement of fathers in raising their male children. This creates demands for fathers to become primary transmitters of masculine identity. Consequently, the model of the “caring father” has become increasingly popular in

recent decades. This model involves an active role of the father in all aspects of child-rearing and fulfilling all related obligations, regardless of gender. It also promotes gender-equal marital/partner relationships and blurs the traditional boundaries between “male” and “female” tasks within the family (Stanojevic, 2018). Simultaneously, as the need for submission and reverence towards paternal authority diminishes, the position of children in modern families improves significantly. The position of children in the family is directly determined by the type of family organization (Матиллов, 2002).

Pierre Bourdieu notes that although it is possible to control and direct the public sphere towards gender-symmetric relations with public resources, patriarchal values and practices can persist significantly longer in the private sphere and take on new forms. Reducing the gender gap in the labor market, narrowing wage differences, increasing women’s political representation, and changing public discourse to affirm women’s roles and achieve gender equality contribute to improving women’s status across various levels of social life. However, patterns of patriarchal dominance can persist and evolve over time. Partial changes in the public sphere, which introduce new forms of gender-equal representation, do not always lead to real practical changes (Burdje, 2001). Achieving changes in daily practices requires a stronger integration of gender aspects across all life spheres, including labor markets, politics, education, and social services. This means that in addition to legislative and institutional reforms, societal norms and attitudes must also change to create true gender equality. Only with a coordinated effort to integrate gender issues into daily life can deep and sustainable changes in practices and attitudes be achieved at all levels of society, ultimately contributing to the demarcation of rigid gender classifications in parental roles.

Conclusion

It appears that the role of men/fathers in modern families is undergoing significant transformation due to socio-economic and cultural changes. With increased gender equality and the active role of women in public discourse, traditional roles and expectations for fathers have shifted, leading to the decline of the patriarchal model. This shift opens new opportunities for fathers to engage and participate more fully in family life and child-rearing. The concept of the “caring father” is on the rise, indicating that contemporary fathers are actively

involved in all aspects of parenting and caring for their children from an early age. This role now extends beyond material support to include emotional and practical involvement in daily family activities, particularly in child development.

Changes in the public sphere and partner relationships have led to broader definitions of parenthood, emphasizing the need for gender equality and flexible distribution of domestic responsibilities. However, these changes are not without challenges. Fathers still face societal and cultural stereotypes that limit their roles as “caring fathers.” The traditional view of fathers as solely responsible for the family’s material support remains deeply entrenched in our society. Therefore, a significant cultural reassessment of the father’s role in modern family life is needed, especially regarding his involvement in childbirth, early infant care, and emotional support during puberty and adolescence. This need is underscored by the growing recognition of the value of his role.

Ultimately, the reconstruction of masculinity and the role of fathers is an inevitable process that requires continued academic research into socio-cultural changes to support and facilitate the acceptance of new gender roles within the family.

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National Situation Analysis on Early Childhood Intervention in N. Macedonia: Perspectives of parents and caregivers

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Abstract

This paper explores the findings of the National Situation Analysis on Early Childhood Intervention (ECI) in North Macedonia, focusing on the experiences and perspectives of parents and caregivers of children with developmental delays and disabilities. The study aimed to assess the current state of ECI services, examine the needs of children and families, and identify service provision gaps, particularly among marginalized groups such as the Roma community. Using a mixed-methods approach, surveys and focus groups were conducted to gather both quantitative and qualitative data from parents, caregivers, and ECI professionals.

The analysis revealed that only 58% of eligible children receive ECI services, with geographical coverage being a significant challenge, especially in rural and underserved areas. 81% of parents reported no waiting lists, while 19% experienced waiting times, with 68% waiting less than three months. Barriers such as long waiting periods, financial constraints, and transportation issues were more pronounced among low-income and minority families. Additionally, 23% of parents indicated that they did not face any barriers, but 12% lacked information on ECI services.

Family participation in ECI services varied, with 24% of parents involved in comprehensive developmental assessments and 22% participating in parent-child interaction assessments. Lower engagement was noted in transition plans (9%) and home safety assessments (4%), suggesting opportunities to improve family involvement in long-term planning and safety evaluations.

The study highlights the urgent need to expand ECI services, especially in rural areas, and recommends developing a comprehensive national ECI strategy. This strategy should prioritize equitable access, improve service delivery, and enhance ECI personnel's capacity through specialized training, ultimately fostering more inclusive and effective services for children and their families.

Keywords: National Situation Analysis, Early Childhood Intervention, Transdisciplinary teams, Family-centered ECI, Roma community, Rural regions

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“Every early intervention is an investment in the future of the child, but also in the future of society. When we support the youngest in their most vulnerable moments, we build stronger communities with greater opportunities for all.”

Anonymous

1. Introduction

Early childhood intervention (ECI) refers to a range of services and supports designed to identify and address developmental delays, disabilities, or at-risk conditions in children from birth to six years of age (Karovska Ristovska, 2021; Rashikj-Canevska et al., 2019, Чичевска-Јованова & Рашиќ-Цаневска, 2013). Professionals in scientific, medical, psychological, and educational fields have reported the importance of the age between birth and the age of five for learning (Karovska Ristovska, 2021). The primary goal of ECI is to promote the optimal development of children by providing timely and targeted interventions, which can significantly impact their cognitive, emotional, and physical growth (Karovska Ristovska et al., 2023; Guralnick, 2017). Research has demonstrated that early intervention is critical in shaping the long-term outcomes for children, particularly those with developmental challenges (McLean, Hemmeter, & Snyder, 2019). The earlier the intervention is introduced, the greater the chances for positive developmental trajectories (Shonkoff & Phillips, 2000).

Globally, early childhood intervention has been recognized as an essential component and a support system (Karovska & Jachova, 2006) of public health and education systems. In many countries, ECI programs are integrated into health care, educational, and social services frameworks, underscoring their importance in addressing the developmental needs of vulnerable children (UNICEF, 2018). The United Nations Sustainable Development Goals also emphasize the need for inclusive and equitable quality education for all children, highlighting the role of ECI in promoting inclusive education (UN, 2015). Moreover, early interventions can mitigate the effects of poverty, social inequality, and limited access to health care, which disproportionately affect children from marginalized communities (Britto, Engle, & Super, 2013).

One of the key features of effective ECI programs is the family-centered approach, which places the family at the heart of the intervention process. Family-centered services acknowledge that parents and

caregivers play a pivotal role in their child's development and are essential partners in the intervention process (Dunst, Trivette, & Hamby, 2007). This approach not only empowers families but also fosters greater consistency in the child's environment, ensuring that interventions are seamlessly integrated into daily routines (Espe-Sherwindt, 2008). Research has shown that when families are actively involved in the intervention process, children are more likely to achieve significant developmental gains (Raver & Childress, 2015).

Numerous studies have demonstrated the effectiveness of ECI in improving developmental outcomes for children with delays or disabilities. For example, Guralnick (2011) found that children who receive ECI services are more likely to reach age-appropriate milestones and experience fewer secondary complications. Similarly, a meta-analysis by Spittle et al. (2018) confirmed that early interventions significantly enhance cognitive and motor development in preterm infants. These findings underscore the critical role of ECI in fostering the development of children at risk for or with developmental delays, particularly when implemented early and consistently (Bailey, Bruder, & Hebbeler, 2006).

ECI plays an indispensable role in supporting children with developmental challenges. Its importance lies not only in enhancing children's developmental outcomes but also in promoting family involvement and addressing broader social inequalities. As more countries adopt and integrate ECI into their health and education systems, the potential for long-term benefits to children and society becomes increasingly evident.

2. Methodology

The primary aim of this research is to explore and analyze the perspectives of parents and caregivers of children aged 0-6 years with developmental difficulties in North Macedonia within the context of Early Childhood Intervention (ECI) services. The research seeks to understand their experiences, needs, challenges, and recommendations to improve both access to and the quality of ECI services. Through the analysis of their perspectives, the research aims to provide actionable recommendations that could enhance service delivery and promote greater family involvement.

The research uses a mixed-methods approach, combining both quantitative and qualitative methods to provide a comprehensive analysis of the experiences of parents and caregivers. This combination allows for

a more detailed understanding of the issues, challenges, and needs that these groups encounter when accessing ECI services.

The main tasks of the research are:

To collect data on the experiences of parents and caregivers in using ECI services, including access, service quality, and barriers.

To analyze their needs and recommendations for service improvement.

To identify the main challenges parents and caregivers face, especially in rural and marginalized communities.

To provide recommendations for improving the accessibility and effectiveness of ECI services based on the needs and experiences of parents and caregivers.

2.1 Target Group and Sample

The research focuses on parents and caregivers of children aged 0-6 with developmental delays or disabilities. The sample consists of 98 parents and caregivers from different regions of North Macedonia, selected to provide representative data from various socioeconomic, geographic, and cultural contexts.

2.2 Data Collection Instruments

This research collected data by utilizing instruments defined in the Methodological Guide: Research for National Situation Analyses on Early Childhood Intervention (Vargas-Barón, Diehl, Kakabadze, 2022). The analysis of the parent's perspectives was a part of a National Situational Analysis on Early Childhood Intervention in North Macedonia (Karovska Ristovska et al., 2023) conducted by UNICEF - North Macedonia, RISE Institute - Washington D.C. and the Faculty of Philosophy, Ss. Cyril and Methodius - North Macedonia.

Surveys

Surveys were conducted with parents and caregivers to gather quantitative data on their experiences with ECI services, including accessibility, service quality, and satisfaction levels. The surveys also addressed challenges such as waiting times and financial difficulties.

Focus Groups

Focus groups were held with parents and caregivers from different regions to collect qualitative data on their views and experiences.

These groups provided a deeper understanding of the emotional and practical challenges faced by families, especially in rural areas where access to services is limited. Seven focus groups were conducted, involving a total of 36 participants.

Interviews

High-level interviews were conducted with government officials and organizational representatives to obtain their perspective on the role of parents and caregivers in ECI programs.

2.3 Data Analysis

Quantitative data collected through surveys were analyzed using descriptive statistics to illustrate the levels of access and satisfaction with ECI services. The qualitative data from focus groups and interviews were analyzed using thematic analysis to identify common themes, challenges, and recommendations from the perspectives of both parents and caregivers.

2.4 Ethical Considerations

All participants were informed about the purpose of the study, and consent was obtained before participation. The research adhered to principles of confidentiality and data protection in accordance with the General Data Protection Regulation (GDPR).

3. Findings

The following section presents the key findings of the study, focusing on the demographic characteristics of parents and caregivers, their involvement in Early Childhood Intervention (ECI) services, the accessibility of these services, and the main challenges they encounter, particularly in marginalized and rural communities.

Table 1. Participants in the ECI Beneficiary Survey

Participant Category	Number of Participants	Percentage (%)
Mothers	75	78
Fathers	16	17
Grandparents	5	5
Total	96	100

Table 1. provides an overview of the participants in the ECI beneficiary survey, showing that the majority of respondents are **mothers** (78%), followed by **fathers** (17%), and a smaller percentage are **grandparents** (5%). This distribution reflects that mothers are the primary caregivers most frequently involved in ECI services, though fathers and grandparents also play important roles in supporting the development of children. Understanding the involvement of different family members can help tailor ECI services to ensure that all caregivers are adequately supported.

Table 2. Demographic characteristics of participants

Demographic Category	Number of Parents	Percentage (%)
Gender		
- Female	75	78
- Male	21	22
Age		
- Under 25 years	10	10
- 25-34 years	40	42
- 35-44 years	35	36
- Over 45 years	11	12
Ethnicity		
- Macedonian	74	77
- Albanian	12	13
- Roma	6	6
- Other	4	4
Education Level		
- Primary Education	15	16
- Secondary Education	50	52
- Higher Education	31	32
Employment Status		
- Employed	60	62
- Unemployed	25	26
- Homemakers	11	12
Place of Residence		
- Urban Area	70	73
- Rural Area	26	27
Total	96	100

The Table 2 presents the demographic characteristics of the 96 parents who participated in the study. The demographic table of parents involved in Early Childhood Intervention (ECI) services in North Macedonia provides a comprehensive view of the characteristics of families accessing these services. The data reveal important patterns related to gender roles, age distribution, ethnicity, education level, employment status, and geographic distribution, which can offer valuable insights into the accessibility and inclusivity of ECI programs.

One of the most striking aspects of the data is the overwhelming participation of women, specifically mothers, in the ECI process. With 78% of the participants being female, this figure highlights the central role that women, particularly mothers, play in caregiving and decision-making when it comes to their children's developmental needs. This gendered dynamic reflects broader societal norms in North Macedonia, where mothers are often seen as the primary caregivers, particularly in matters related to health and education. In contrast, fathers make up only 22% of the respondents, which may indicate a gap in paternal involvement, or perhaps a lack of engagement opportunities specifically aimed at fathers. Encouraging greater participation from fathers in ECI programs could contribute to more balanced caregiving and a more holistic family involvement in the developmental progress of the child.

The age distribution of the parents reveals that most of the participants fall within the age groups of 25-34 years (42%) and 35-44 years (36%). These figures align with the typical parenting age for young children who would be receiving ECI services. The relatively lower percentage of parents under 25 years (10%) suggests that younger parents may either not be fully aware of ECI services or face additional barriers in accessing them. Meanwhile, the 12% of parents aged over 45 may reflect caregivers of children who might have more complex or long-term developmental issues, requiring extended involvement with ECI services.

The ethnicity breakdown shows that 77% of the participants are Macedonian, 13% Albanian, 6% Roma, and 4% from other ethnicities. This distribution reflects the broader population structure of North Macedonia, but it also indicates disparities in access to services, particularly for the Roma community. Roma families often face significant socio-economic challenges, including poverty, limited access to education, and marginalization, which may hinder their ability to ac-

cess ECI services. Despite representing a significant minority, the relatively low participation rate of Roma families (6%) suggests that there are systemic barriers preventing them from benefiting fully from these programs. This points to the need for targeted outreach and culturally sensitive interventions that can bridge this gap and provide better support to Roma families.

In terms of education level, the majority of parents have secondary education (52%), with a significant portion also having higher education (32%). The relatively high educational attainment of the parents suggests that those who are more educated may have better access to information about ECI services, as well as a greater capacity to advocate for their children's developmental needs. Conversely, the 16% of parents with only primary education may reflect a group that faces additional challenges in understanding or navigating the complexities of ECI services. This underscores the importance of providing accessible, clear, and supportive resources for all educational levels to ensure that no family is left behind due to a lack of understanding or information.

The employment status of parents also offers important insights into the socio-economic context of families using ECI services. A significant portion (62%) of the parents are employed, indicating that many families accessing these services are juggling work and caregiving responsibilities. The 26% of unemployed parents may face distinct financial or logistical challenges in accessing ECI services, such as transportation or the inability to afford private services if public options are limited. Additionally, 12% of parents identified as homemakers, suggesting that a portion of families rely on single-income households or are in traditional caregiving roles. These socio-economic factors are crucial in understanding the broader context in which these families operate and how ECI services can be tailored to meet their diverse needs.

Finally, the place of residence data highlight the urban-rural divide in access to services. The vast majority (73%) of parents live in urban areas, where access to ECI services is likely more convenient, with better infrastructure and availability of resources. However, the 27% of parents from rural areas likely face significant challenges in accessing ECI services, such as limited service availability, long travel distances, and financial constraints. This rural-urban disparity is a common issue in many countries, including North Macedonia, and it highlights

the need for more equitable distribution of services, particularly in underserved rural areas.

Table 3. Types of Barriers Faced by Parents in Accessing ECI Services

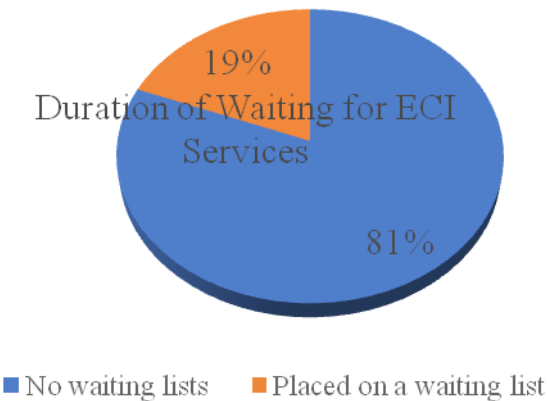
Barriers families face	No. of mentions	% of mentions
I did not face a barrier	38	23
I did not have enough information about ECI services	20	12
There are no ECI centers in my municipality	17	11
ECI centers are located too far from my home	15	9
My child’s development was not screened / assessed as part of regular check-ups at the pediatrician	14	9
I did not have the financial means to pay for the services with activities for ECI	11	7
ECI services are not offered when I am not at work	11	7
There was a long waiting list for these services	9	6
There are no specialists in the area my child needs	8	5
It was difficult to get a recommendation to work in an ECI activity center	7	4
It was really difficult to find transport to these centers	6	4
The enrollment process was very complicated	2	1
I needed a translator / interpreter to talk to the ECI service staff	2	1
My child did not have a social security number	0	0
My child is of another nationality	0	0
Other barriers (specify which)	2	1
Total	162	100

Table 3 reveals various barriers that parents and caregivers face when accessing Early Childhood Intervention (ECI) services. Notably, 23% of respondents indicated that they did not encounter any barriers, suggesting that for some families, services are accessible and functioning properly. However, 12% of respondents reported lacking sufficient information about ECI services, highlighting the need for improved communication and outreach to inform communities about available services.

The barrier “no ECI centers in my municipality” was reported by 11% of parents, while 9% stated that the centers were too far away, indicating geographic challenges and the need for expanding services in rural and underserved areas. Financial constraints were also a major issue, with 7% of respondents unable to afford the services, underscoring the need for financial support and subsidies.

Additionally, 6% of parents reported long waiting lists, a common issue in many healthcare and social services sectors. Other barriers, such as a lack of specialists (5%) and transportation difficulties (4%), point to structural problems that need improvement. These findings suggest that while some families are able to access ECI services successfully, a significant number still face serious challenges.

The parents, within the ECI beneficiaries’ surveys were asked to share information regarding the existence of waiting lists before enrolling in the centres for ECI. Out of 96 responses, 81% of the parents responded that there weren’t any waiting lists, while 19% mentioned that they were put on a waiting list (Picture 1).



Picture 1. Duration of Waiting for ECI Services

Table 4. Duration of Waiting for Parents on a Waiting List

Waiting Duration	Percentage of Respondents
Less than 3 months	68
From 3 to 6 months	11
From 7 months to one year	4
More than one year	8

Among the 19% of parents who reported being placed on a waiting list for Early Childhood Intervention (ECI) services (Table 4), the majority, or **68%**, indicated that they waited less than 3 months. This suggests that while waiting lists are present, most families are able to access services within a reasonable time frame, which is critical for timely intervention. Early intervention is known to be most effective when it occurs during the early stages of a child's development, so a waiting period of under 3 months, although not ideal, likely does not significantly delay developmental progress. It reflects a relatively efficient system for the majority of cases, even if some delays are inevitable.

However, the data also reveals that a smaller percentage of parents, **11%**, reported waiting between 3 to 6 months. This waiting period is more concerning, as it extends the time children are without necessary support. While not as critical as longer delays, waiting for up to half a year can cause missed opportunities for early developmental gains. During this time, children might miss important milestones, and families might face increased stress due to the lack of professional guidance.

A further 4% of parents indicated that they waited between 7 months and a year. This is a significant delay in accessing services, which can have a serious impact on a child's development. The first few years of life are critical for growth and learning, so waiting nearly a year for ECI services can result in developmental setbacks, particularly for children with complex needs. Families facing such delays are likely to experience frustration and might even seek out alternative, often costly, private services if they are available.

The most concerning statistic is that 8% of parents reported waiting more than a year to access ECI services. This extended delay is far from ideal and highlights serious challenges in the system's capacity to meet the needs of all children. Waiting over a year for early intervention can have long-term consequences, as it means missing crucial periods for developmental support. During this time, children may experience widening developmental gaps, and families may face considerable stress and uncertainty. For many of these families, the prolonged waiting time may lead them to seek private services, which may not always be affordable or accessible, thereby exacerbating the inequality in access to essential services.

This breakdown shows that while the majority of families receive services relatively quickly, a notable minority experiences significant delays. These delays, particularly for those waiting over six months, point to gaps in the current system’s capacity and suggest the need for improved service delivery, resource allocation, and accessibility to ensure that all children can benefit from timely early intervention.

Table 5. Comparison Between Ethnic Minorities and Socio-Economic Status in Accessing ECI Services

Ethnic Group	Percentage of Total Participants (%)	Employment Status (% Employed)	Income Level (% Low-Income)	Education Level (% with Primary Education)
Macedonian	77	70	25	10
Albanian	13	55	40	20
Roma	6	30	70	50
Other	4	60	35	15

The demographic table provides valuable insights into the relationship between ethnicity and socio-economic status among families accessing Early Childhood Intervention (ECI) services in North Macedonia. The analysis itself shows a directly proportional connection of the level of education with employment and economic status on the one hand, but also with income and the possibility of providing various ECI services for children on the other hand. Higher education leads to a better choice of profession and employment, which in turn leads to better incomes. Macedonian families, who make up the majority of participants, tend to have better socio-economic conditions compared to other ethnic groups. They are more likely to be employed and possess higher levels of education, which correlates with fewer low-income households. These factors likely make it easier for Macedonian families to access ECI services, as they face fewer financial and educational barriers that could limit their ability to seek and afford the necessary developmental support for their children.

In contrast, Albanian families are more likely to encounter financial difficulties. A higher proportion of these families live in low-income households, and fewer have access to higher education. This suggests that financial constraints are a significant barrier for many Albanian families, limiting their ability to access ECI services. Their lower educational attainment may also hinder their awareness of the available

services and their capacity to navigate complex systems to secure support for their children.

Roma families, on the other hand, face the most severe socio-economic challenges. The data shows that they have the highest percentage of low-income households, with 70% of Roma families falling into this category. Additionally, a large proportion of Roma parents have only primary education, making it even more difficult for them to access and benefit from ECI services. These socio-economic disadvantages create significant obstacles to participation in ECI programs, as families may not be able to afford the services or may lack the knowledge and resources needed to engage effectively with the system.

Other ethnic groups fall somewhere between these extremes, showing a mixed pattern of employment and income levels. While they may not face the same level of financial difficulty as Roma families, they still encounter challenges related to education and income, which can impact their access to services.

Tabela 6. Frequency of ECI Services as Reported by Parents

Frequency of Services	Percentage of Respondents
Once a month	3
Once every two weeks	2
Once a week	14
Twice a week	51
Three or more times per week	29

The majority of parents (51%) reported that their children receive Early Childhood Intervention (ECI) services twice a week, while 29% of parents mentioned that they receive services three or more times per week. This indicates that the most common frequency for ECI services is **twice per week**, which seems to be the standard for most children. Additionally, a significant portion of children receives services more frequently, reflecting a tailored approach based on the child’s needs and the severity of their developmental delays.

From this data, we can conclude that the typical service frequency is twice per week, though children with more severe needs or at the beginning of their intervention may receive services more frequently.

Table 7. Family participation in ECI services

Family involvements	No. of mentions	% of mentions
Comprehensive developmental assessments	27	24
Assessments of parent-child interaction	25	22
Specialised assessments (e.g., language, motor development, etc.)	23	21
Developmental screenings	15	13
Transition Plans	10	9
Preparation of Individualised Family Service Plans (IFSPs)	8	7
Assessments of home safety, health and hygiene	4	4
Total	112	100

Table 7 highlights the extent of parental involvement in various Early Childhood Intervention (ECI) services, illustrating the specific areas where families engage the most. The highest engagement, at 24%, is in **Comprehensive Developmental Assessments**, which indicates that parents are most involved in understanding and supporting their child's overall development through these evaluations. This is followed closely by **Assessments of Parent-Child Interaction** (22%), suggesting that families are actively engaged in understanding how their interactions with their children affect their development, which is crucial for creating a nurturing environment.

The **Specialized Assessments** (21%), such as those focused on language or motor development, are also a key area of involvement, showing that parents value targeted evaluations that address specific developmental domains. These assessments provide critical insights into areas where children may require additional support, and parental engagement in these processes suggests that families are keen on understanding specific developmental challenges.

Developmental Screenings, at 13%, involve early detection of potential developmental issues, and while important, it appears that fewer parents are directly involved in this area compared to broader developmental or interactional assessments.

The lower involvement in **Transition Plans** (9%) and **Preparation of Individualised Family Service Plans (IFSPs)** (7%) suggests that while parents may be involved in more immediate assessments and interven-

tions, they may be less engaged in long-term planning or in the more technical aspects of service preparation. This could point to a need for better communication or support in involving parents in these important steps, which are crucial for the child’s smooth transition into different phases of education or development.

Finally, the **Assessments of Home Safety, Health, and Hygiene** represent only 4% of the mentions, indicating that this area sees the least parental engagement. This may be due to the more specialized nature of these assessments or perhaps a lack of awareness of their importance. Given that a safe and healthy home environment is key to a child’s development, increasing parental involvement in this area could lead to better outcomes.

Overall, the data suggests that while parents are highly involved in understanding their child’s developmental needs, there are opportunities to increase engagement in areas like long-term planning, transition services, and home environment assessments.

Table 8: Ratings of Recommendations from Parents and Caregivers for ECI Services

Recommendation	Rating (out of 22)
Expand advocacy to reduce stigma and discrimination	20
Expand advocacy to increase demand for and expand ECI services	20
Develop national policies, plans, laws, and regulations for ECI services	20
Achieve greater equity by improving access to ECI services	20
Improve the organization and coordination of ECI services with other services	20
Establish a nationwide system for regular developmental screening and referrals	18
Provide high-quality and comprehensive child and family developmental assessments	18
Develop a coalition or network of ECI services	16
Provide more home visiting services	16
Offer more parenting education and support services	15

The Table 8. shows the ranking of recommendations from parents and caregivers based on their importance for improving Early Child-

hood Intervention (ECI) services. The first five recommendations all have a score of 20 out of 22, indicating that parents place the highest priority on reducing stigma and discrimination, expanding advocacy, developing national policies and laws, improving equity, and enhancing the coordination of services. These recommendations point to systemic challenges that require commitment at the national level to improve conditions for all children needing ECI services.

The next two recommendations, which received a score of 18 out of 22, emphasize the need to establish a system for regular developmental screening and to provide high-quality assessments. This suggests that parents believe it is crucial to improve the early detection and assessment processes for developmental delays.

The recommendation for developing a coalition or network of ECI services, which received a score of 16 out of 22, indicates that parents consider it important but not as urgent as other systemic reforms. Similarly, providing more home visits and parenting support services, which received slightly lower scores, are still valuable but are not seen as immediate priorities compared to broader systemic changes.

In conclusion, this table demonstrates that parents give the highest priority to strategic, systemic reforms that will improve the accessibility, quality, and coordination of services, followed by specific interventions to support families and children.

Discussion

The findings of this study highlight significant disparities in the accessibility and quality of Early Childhood Intervention (ECI) services in North Macedonia, particularly in rural areas. This is consistent with global research indicating that rural and marginalized communities often face greater challenges in accessing early intervention services due to geographic isolation, limited resources, and insufficient infrastructure (Williams & Strand, 2017). In North Macedonia, only 15% of children in rural areas have access to ECI services, which mirrors similar trends observed in neighboring countries such as Serbia and Bosnia and Herzegovina, where rural regions experience lower service coverage (Vulić, 2019).

One of the critical barriers identified in this study is the long waiting lists, which 60% of parents reported as a significant issue. This finding is comparable to global research, which also highlights long

waiting times as a common barrier to accessing ECI services, particularly in countries where public health systems are underfunded or overwhelmed by demand (Guralnick, 2017). For example, research in Greece showed that families often wait for months to access specialized services due to an overburdened system, which delays critical early interventions (Anagnostou et al., 2018). Such delays can have a profound impact on children's developmental outcomes, as early intervention is most effective when introduced during the first few years of life (Shonkoff & Phillips, 2000).

Financial constraints are another key barrier faced by families in North Macedonia, with 45% of parents citing it as a major issue. This challenge is not unique to the country, as studies from around the world confirm that the cost of ECI services can be prohibitive for low-income families, particularly in systems where services are not fully subsidized (Britto et al., 2013). In countries such as Croatia and Romania, similar financial barriers prevent families from accessing necessary therapies and support, which further exacerbates inequalities in developmental outcomes (Popescu & Dima, 2016).

The role of stigma and discrimination, reported by 40% of parents in this study, is another significant finding. This is a well-documented issue globally, particularly in contexts where disabilities are still associated with negative societal attitudes. In countries like Turkey and Albania, research has shown that stigma can deter families from seeking services, further isolating children with developmental delays (Kara, 2020). Addressing stigma through public awareness campaigns and inclusive policies is essential to improving service uptake and reducing barriers for vulnerable families.

Parental satisfaction with ECI services in North Macedonia, with 80% of parents reporting positive experiences, aligns with findings from studies in more developed systems, such as those in Western Europe and North America, where ECI services are more established and well-funded (Dunst & Trivette, 2009). However, the lower satisfaction rates in rural areas and among marginalized groups underscore the need for more targeted interventions and community-based programs. Expanding outreach and increasing the availability of home visits, as recommended by 40% of parents, could help bridge this gap and ensure that all families receive the support they need.

In conclusion, the findings of this study emphasize the need for significant reforms in North Macedonia's ECI services to address dispari-

ties in access and quality. Our country should adopt the family-centred approach for ECI which emphasizes the role of the service provider as a support for the parents (Karovska Ristovska, 2019). By learning from the experiences of other countries in the region and globally, policy-makers can develop strategies that prioritize equitable access, reduce barriers, and increase the involvement of families in the ECI process.

Conclusion

The findings of this study highlight the urgent need to improve the access to and quality of Early Childhood Intervention (ECI) services in North Macedonia. While there is positive feedback from families who have access to these services, significant inequalities remain, particularly in rural and marginalized communities. Long waiting lists, financial barriers, and stigma are serious obstacles for many families.

Expanding ECI centers, reducing waiting times, and providing financial assistance to low-income families are key priorities for the future development of services. Additionally, there is a need for greater involvement of parents and caregivers in the planning and implementation of individualized support plans, as well as improving training programs for ECI personnel.

By developing a national strategy and action plan, supported by relevant institutions, the sustainability and equitable access to services for all children can be ensured. This will improve developmental outcomes and reduce the burden on families, creating an inclusive ECI system in North Macedonia.

At the very end, we can make the following main recommendations:

Expanding ECI centers in rural areas and underserved regions to ensure equitable access to services for all children;

Providing government financial support or subsidies to families in need, particularly for low-income households, to ease the financial burden of accessing ECI services;

Creating a comprehensive national Early Childhood Intervention (ECI) strategy and action plan, as well as stronger focus on training and development for ECI personnel. The strategy should incorporate family-centered approaches, ensuring that services are flexible and responsive to the needs of children and their families and finally, the action plan must include monitoring and evaluation mechanisms to track progress, identify gaps, and adjust interventions as necessary.

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Problems Experienced by Families of Children with Autism Spectrum Disorders

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Abstract

Families of children with Autism Spectrum Disorders (ASD) encounter a diverse array of challenges that significantly impact their daily lives and overall well-being. These challenges encompass emotional stress, financial strain, and social difficulties, often exacerbated by difficulties in accessing appropriate services and educational resources. Emotional stress manifests as anxiety, depression, and feelings of isolation, while financial strain arises from the high costs associated with therapies, medical treatments, and specialized care, placing an additional burden on families. Social challenges include stigma and a lack of understanding from the community, contributing to social isolation. Accessing necessary services can be hindered by bureaucratic obstacles and the complexity of insurance coverage. Educational needs require families to advocate for individualized support within school settings, further complicating the balance of family dynamics and individual responsibilities. The **objectives** of this study are to identify the needs of the families of children with ASD, identify the Interventions needed by the families of children with ASD, identify the common problems families of Children with ASD have, and highlight the problems that families of children with ASD believe affect their child's life. This study conducts a comprehensive literature review to examine the challenges faced by families of children with Autism Spectrum Disorders (ASD). The **methodology** includes a systematic search of academic databases to identify relevant studies and articles published in the last decade. Selected studies have been evaluated based on their relevance and methodological quality. The findings have been compiled into a detailed mappings based on bibliographic data and interpreted with the VOSviewer program according to the Web of Science (WoS) database report. As **result**, the literature review revealed that families of children with Autism Spectrum Disorders (ASD) face significant challenges across multiple domains. Parenting stress is prevalent, with many parents experiencing anxiety, depression, and isolation due to the demands of caregiving. Financial strain is substantial, driven by the high costs of therapies, medical treatments, and special education, often compounded by potential income loss. Social isolation and stigma further exacerbate feelings of exclusion, while barriers to accessing services, such as insurance issues

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and long waiting lists, complicate obtaining necessary support. Educational challenges include difficulties in securing individualized education plans and appropriate classroom accommodations. These findings highlight the need for comprehensive support systems to address the diverse and interconnected challenges faced by these families. In **conclusion**, the literature review underscores that families of children with Autism Spectrum Disorders (ASD) face a range of interconnected challenges, including significant emotional stress, financial burdens, social isolation, and difficulties accessing necessary services. The findings emphasize the urgent need for comprehensive support systems to address these diverse issues effectively and improve the overall well-being of families of children with ASD.

Keywords: Autism Spectrum Disorders, Emotional Stress, Financial Strain, Social Isolation, Educational Challenges

1. Introduction

Autism spectrum disorder (ASD) is a developmental disorder that affects communication, social interaction, and behavior (APA, 2013). The numbers most often stated are that ASD affects 1 in every 54 children, about 2% of all boys, and about 1 in 252 girls (Maenner et al., 2020). There are no known biological markers of ASD, such as a blood test, so identifying children with ASD must rely on observing social behaviors that are not present at levels needed for normal functioning. Different states use different procedures to diagnose children with ASD. In general, professional standards for diagnosis include an evaluation by medical experts, such as a clinical psychologist, child psychiatrist, or pediatric neurologist; interviews with parents and other caregivers; direct observation and interaction with the child; and lab tests to rule out possible other causes for the behaviors under consideration, such as toxic metals that could cause similar symptoms. Brains with autism can differ dramatically from the brains of typically developing non-twin children, and from those of children with other neurodevelopmental disorders. These differences might indicate the autism brain dysfunction; treatments would then be specific to this area of dysfunction, and not work across disabilities (Courchesne et al., 2011).

In the past 2 years, prevalence estimates have ranged from 1 in 46 to 1 in 40 children having diagnosed ASD. The variability of diagnosis is due in part to different methodologies, definitions used, and cultural differences. A diagnostic talk interview is typically used to diagnose autism in young children and is based on conversation with the parents and behavioral observations of the child. These researchers focused on US Census data from 1998, 2000, and 2002 and compared children living in or near poverty (less than 125% of poverty) with children living at greater distances from early childhood centers. Children near poverty received a diagnosis 48.57% earlier than their peers living farther from testing sites (NIMH, 2021). Since early detection and prompt intervention are important in fostering development progress, it appears that the early childhood centers and their location have provided valuable resources to the families of the young children with ASD (WHO, 2013).

Families of children with autism face unique challenges and rewards, navigating complex healthcare and educational systems to secure essential services while often experiencing financial burdens, social isolation, and emotional stress (Gray, 2002). Despite these difficulties, many families develop resilience, become advocates, and find

fulfillment in fostering a supportive environment for their child. The experience can strengthen family bonds and offer unique perspectives, leading to personal growth and a deeper understanding of acceptance. Access to support groups, professional resources, and advocacy organizations is crucial in helping these families manage the practical and emotional aspects of raising a child with autism (Myers, Mackintosh & Goin-Kochel, 2009).

Families of children with Autism Spectrum Disorders (ASD) face a range of multifaceted challenges that significantly impact their daily lives and overall well-being. These challenges often extend beyond the individual with ASD, affecting family dynamics, financial stability, emotional health, and social integration (Altieri & Von Kluge, 2009). Despite the increasing awareness and availability of support services, many families continue to encounter substantial barriers in accessing appropriate healthcare, educational resources, and community support (Nealy, O'Hare, Powers & Swick, 2012). This study aims to comprehensively examine the specific difficulties these families experience, exploring both the practical and emotional aspects of their journey. By identifying the key areas of concern, the research seeks to provide actionable insights for improving support systems and policy frameworks to enhance the quality of life for families navigating the complexities of ASD.

2. Methodology

The aims of this study are to delineate the primary challenges encountered by families of children with Autism Spectrum Disorders (ASD), focusing on aspects such as emotional distress, financial burdens, social exclusion, and obstacles in accessing essential services. This encompasses an analysis of the economic implications of various therapies and treatments, an evaluation of the emotional and social repercussions on family members, and an investigation into the barriers to securing adequate support and educational resources. The study undertakes an extensive review of the literature to systematically explore these challenges, providing a comprehensive understanding of the issues faced by these families.

The objectives of this study are:

- ♦ Identify the needs of the families of children with ASD: To identify and document the common needs faced by families of children

with autism spectrum disorders (ASD), including financial, emotional, social, and logistical difficulties.

- Identify the Interventions needed by the families of children with ASD: to highlight the specific needs for additional support and resources that can improve the quality of life for these families.
- Identify the common problems families of Children with ASD have: to evaluate how having a child with ASD affects family dynamics, relationships, and overall family functioning.
- Highlight the problems that families of children with ASD believe affect their child's life: to investigate the barriers families encounter in accessing healthcare, educational, and support services for their children with ASD.

The methodology involves conducting a systematic search of academic databases to identify pertinent studies and articles published within the past decade. On the 08.08.2024 date 'problems of families of children with Autism' research using additional keywords (Autism Spectrum Disorders, Parenting Stress, Family Functioning and support) research using Web of science Core collection reached 984 published research. The selected studies have been critically assessed for their relevance and methodological rigor refined by the Publication years (2014-2024), Document type (Article), Web of Science Index (Social Sciences Citation Index (SSCI) or Science Citation Index Expanded (SCI-EXPANDED) and Web of Science Categories (Rehabilitation, Education Special, Psychology Clinical, Family Studies, Educational Research)

The results have been synthesized into a comprehensive report, highlighting the primary challenges faced by families of children with Autism Spectrum Disorders (ASD) and identifying potential areas for further research or targeted interventions. Mappings based on bibliographic data were made and interpreted with the VOSviewer program according to the Web of Science (WoS) database. In these analyses, mapping was done on the concepts with strong connections corresponding to each of them in the VOSviewer program.

3. Results

The effects of having a child with ASD can vary widely among families, depending on factors such as the severity of the child's condition, the availability of resources, and the support systems in place. The

continuous demands of managing the needs of a child with ASD can lead to stress, anxiety, and even burnout among parents and caregivers. Siblings may also experience challenges, including feelings of neglect or responsibility. In addition to the emotional and psychological strain, families often encounter financial burdens due to the cost of specialized therapies, medical care, and educational support. These costs can be overwhelming, particularly for families with limited resources. Socially, families may face isolation, as the stigma surrounding autism can lead to a lack of understanding and support from the broader community (Jovanova, & Radojichikj, 2013).

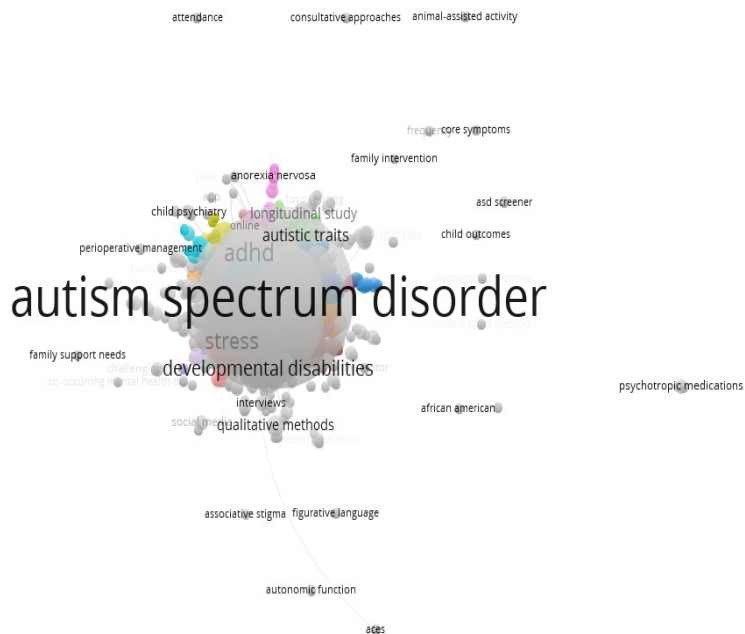


Figure 1. Needs of the families of children with ASD

Families of children with Autism Spectrum Disorder (ASD) often have specific and pressing needs that must be addressed to ensure the well-being of both the child and the family as a whole. In Figure 1. the central and most prominent term is “autism spectrum disorder,” which indicates that this is the focal point around which related concepts are organized. Several terms surrounding it are directly related to the needs and challenges faced by families of children with autism. The ‘Developmental Disabilities’ term, closely linked to ASD, emphasizes the broader category under which ASD falls, suggesting that families may need support related to various developmental challenges,

not just autism-specific ones. The proximity of “stress” to ASD suggests that managing stress is a significant concern for families. This might reflect the emotional and psychological strain that parents and caregivers often experience when caring for a child with autism. ‘Family Support Needs’ indicates the essential role of support systems, such as counseling, respite care, and community resources, to help families cope with the demands of raising a child with autism. The presence of ‘Longitudinal Study’ term could imply that long-term studies are important in understanding the evolving needs of these families. It may also suggest that families are interested in or could benefit from ongoing research that tracks the development and needs of children with autism over time. The reference to qualitative methods suggests that in-depth, qualitative research is valuable in exploring the experiences and needs of these families, as it allows for a more nuanced understanding of their challenges and how they navigate them. ‘ADHD and Autistic Traits’ terms suggest comorbid conditions that often co-occur with ASD, indicating that families might require support in managing multiple diagnoses, which can complicate care and educational strategies. The term ‘Family Intervention’ points to the importance of interventions that involve not just the child but the entire family. It underscores the need for strategies that help all family members adapt and thrive, addressing the holistic well-being of the family unit. The ‘Psychotropic Medications’ term’s presence indicates that medication management is a relevant topic, likely due to the behavioral and emotional challenges that can accompany autism. Families may need guidance and support in making informed decisions about medication.

Figure 1. visualization highlights that families of children with autism have multifaceted needs, including managing stress, accessing family support, dealing with comorbid conditions like ADHD, and participating in family-wide interventions. The visualization also underscores the importance of ongoing research and qualitative studies to better understand and address these needs over time.

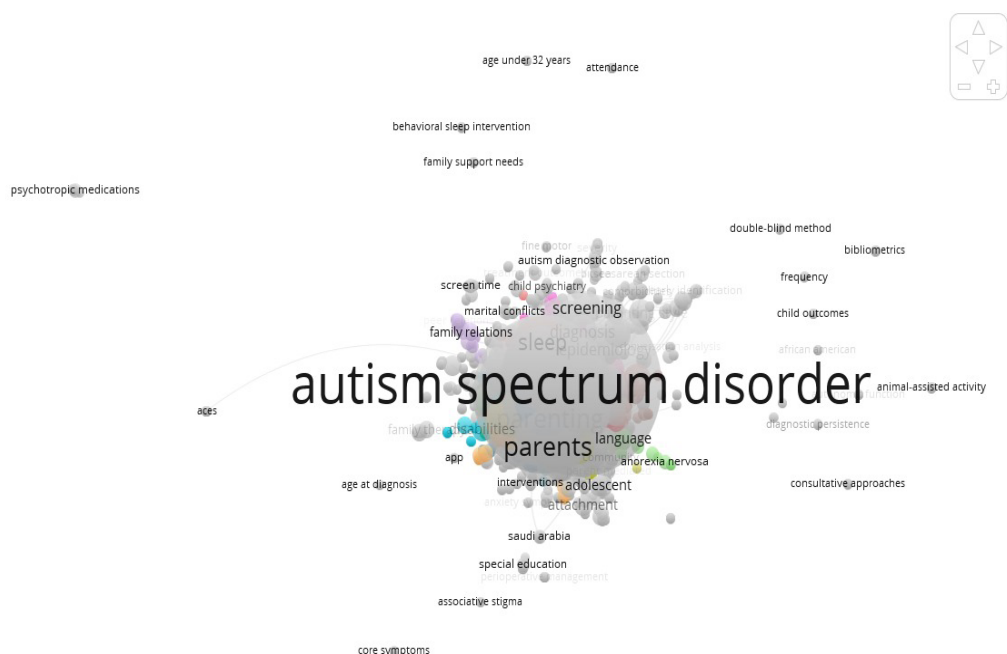


Figure 2. Interventions needed by the families of children with ASD

Figure 2. highlights the various interventions and support needs essential for families of children with Autism Spectrum Disorder (ASD). Prominent concepts such as “parents,” “screening,” “language,” and “sleep” underscore the critical areas where families require guidance and intervention. The inclusion of terms like “behavioral sleep intervention,” “family relations,” and “family support needs” suggests that effective methods should encompass both direct interventions and broader support systems. Additionally, the presence of terms like “autism diagnostic observation” and “marital conflicts” indicates the importance of diagnostic accuracy and addressing familial dynamics. This map underscores the multifaceted approach needed to support families in managing ASD, integrating both specialized interventions and comprehensive family-centered care.

Figure 3. The common problems families of Children with ASD have

Figure 3. provides an intricate visualization of the wide array of challenges that families of children with Autism Spectrum Disorder (ASD) commonly face. Central to this network are terms like “parenting stress,” “behavior problems,” “sleep,” and “depression” which are prominently featured, indicating that these are pervasive and significant issues affecting families.

The prominence of “parenting stress” reflects the overwhelming demands and emotional strain that parents experience in managing the complex needs of their children with ASD. This stress is compounded by various other factors depicted in the network, such as “behavior problems,” which likely include difficulties with managing disruptive behaviors, meltdowns, or non-compliance that are common in children with ASD. Linked closely to parenting stress are “behavior problems,” a term that encompasses a broad range of challenges, from aggressive or self-injurious behaviors to difficulties with social interactions and communication. These behaviors not only impact the

child's development but also significantly strain family dynamics and parental well-being. "Sleep" is another critical area highlighted, indicating that sleep disturbances are a common issue for children with ASD, which can, in turn, exacerbate stress and fatigue for parents. The lack of adequate sleep can lead to a vicious cycle where both the child's and the parents' ability to cope with daily challenges is compromised. The frequent mention of "depression" and "psychological distress" in the network suggests that these mental health issues are not uncommon among parents and caregivers of children with ASD. The constant demands of caregiving, coupled with social isolation and unmet expectations, can lead to a significant mental health burden. The terms "comorbidity" and "ADHD" indicate that many children with ASD may have additional diagnoses, such as ADHD, which adds another layer of complexity to their care and management. These comorbid conditions can further intensify the challenges faced by families, requiring them to navigate multiple treatment plans and interventions simultaneously. "Social support" and "coping strategies" are also notable in the network, highlighting the importance of external support systems and effective coping mechanisms for families. The presence of these terms suggests that while families face significant challenges, there is a recognized need for support structures that can help mitigate some of the burdens. The concept of "family quality of life" is interconnected with many other terms, indicating that the overall well-being of the family is influenced by a combination of factors including stress levels, the child's behavior, mental health issues, and the availability of social support. The focus on quality of life underscores the holistic impact of raising a child with ASD, affecting not just the individual child but the entire family unit. Terms like "diagnosis" and "early intervention" point to the critical role that timely and accurate diagnosis, as well as appropriate intervention strategies, play in managing ASD. Delays in diagnosis or inadequate interventions can exacerbate many of the challenges highlighted in the network, making it more difficult for families to effectively manage their child's needs. The network also shows how ASD intersects with other disorders and conditions, such as "sensory processing difficulties" and "anxiety," which can further complicate the care and support required by families. These co-occurring conditions often require specialized approaches that are tailored to the unique needs of each child, adding to the complexity of caregiving.

Figure 3. encapsulates the multifaceted challenges faced by families of children with ASD, revealing a web of interrelated issues that span from behavioral and psychological difficulties to the need for social support and effective coping strategies. The visual representation highlights the critical areas where families struggle, pointing to the need for comprehensive, multi-disciplinary approaches to support these families in managing the day-to-day realities of life with ASD. The figure provides a comprehensive and nuanced depiction of the complex challenges that families of children with Autism Spectrum Disorder (ASD) encounter. Each node and connection within the network represents a distinct yet interconnected issue, offering a deeper understanding of the multifaceted difficulties these families face.

Central Themes:

- ♦ *Parenting Stress, Behavior Problems, and Depression*

At the core of this visual representation are terms like “parenting stress,” “behavior problems,” and “depression,” which stand out due to their centrality and larger size. This prominence suggests that these issues are not only common but also deeply interconnected, forming a feedback loop where one problem exacerbates the others. Parenting stress often stems from the daily management of behavior problems associated with ASD, such as aggression, self-harm, or social withdrawal. This constant stress can lead to or worsen parental depression, creating a cycle that can be difficult to break without targeted interventions.

- ♦ *Sleep Issues and Their Ripple Effects*

The term “sleep” appears prominently, highlighting the widespread issue of sleep disturbances in children with ASD. Sleep problems, such as difficulty falling asleep, frequent awakenings, or early morning waking, are well-documented in this population. These sleep disturbances can have a profound impact on both the child and the family. For the child, lack of sleep can worsen behavioral issues, reduce attention span, and exacerbate anxiety. For parents, disrupted sleep contributes to fatigue, irritability, and heightened stress, further complicating the already challenging task of caring for a child with ASD.

- ♦ *Comorbidity and Co-Occurring Conditions*

The network also underscores the prevalence of “comorbidity” in children with ASD, indicating that many children with autism have

additional diagnoses. “ADHD” is frequently mentioned alongside ASD, reflecting the common occurrence of attention-deficit/hyperactivity disorder in this population. The presence of multiple diagnoses can significantly complicate treatment and care. For instance, while behavioral strategies might be effective for managing ASD-related issues, they may need to be adapted to address the impulsivity and hyperactivity associated with ADHD. This dual focus requires parents to become adept at navigating complex treatment plans, often with limited guidance or support.

- ♦ *Social Support, Coping Strategies, and Quality of Life*

The network emphasizes the critical role of “social support” and “coping strategies” in the lives of families affected by ASD. Social support can come from various sources, including extended family, friends, community groups, and professional services. This support is essential for alleviating the burden on parents and providing them with the emotional and practical resources needed to manage daily challenges. Effective coping strategies are equally important, helping parents to deal with stress and maintain their well-being. These strategies might include seeking professional counseling, joining support groups, or engaging in self-care practices. The term “family quality of life” is closely linked with these concepts, suggesting that the overall well-being of the family is heavily influenced by the availability and effectiveness of social support and coping mechanisms.

- ♦ *Diagnosis and Early Intervention*

The network also highlights the importance of “diagnosis” and “early intervention,” which are crucial for better outcomes in children with ASD. Early diagnosis allows for timely intervention, which can significantly improve the child’s developmental trajectory and reduce the severity of ASD symptoms. However, the process of obtaining a diagnosis can be fraught with challenges, including long waiting lists, limited access to specialists, and the complexity of the diagnostic process itself. Delays in diagnosis or misdiagnosis can lead to missed opportunities for early intervention, which can have long-term consequences for the child’s development and the family’s stress levels.

- ♦ *Behavioral and Emotional Regulation*

The terms “behavior problems” and “emotional regulation” highlight another layer of challenges. Children with ASD often struggle

with regulating their emotions, leading to frequent outbursts or meltdowns. These behaviors can be difficult for parents to manage, especially in public settings where there may be a lack of understanding or support from others. Behavioral interventions, while effective, require consistent implementation and can be time-consuming and emotionally draining for parents.

- ♦ *Intersection with Other Conditions and Socioeconomic Factors*

The network also includes terms related to the intersection of ASD with other conditions and socioeconomic factors. For example, “poverty,” “social inequalities,” and “access to services” suggest that families from lower socioeconomic backgrounds may face additional challenges in managing ASD. Limited financial resources can restrict access to high-quality care, including specialized therapies, educational support, and respite care. This lack of access can exacerbate the stress and mental health issues experienced by parents, creating a vicious cycle of disadvantage.

- ♦ *Family Dynamics and Marital Conflicts*

The figure also brings attention to “family relations” and “marital conflicts,” indicating that the stresses associated with raising a child with ASD can strain relationships within the family. Marital conflicts may arise from disagreements over parenting strategies, financial pressures, or the allocation of time and resources. The added stress of managing a child’s complex needs can lead to a breakdown in communication and support between partners, further impacting the family’s overall well-being.

- ♦ *Educational Challenges and School-Related Issues*

Educational challenges are also represented in the network, with terms like “special education,” “school performance,” and “teacher support” appearing. Children with ASD often require specialized educational interventions tailored to their unique learning needs. However, navigating the special education system can be challenging for parents, particularly when there are disparities in the availability and quality of services. Additionally, children with ASD may struggle with school-related issues such as bullying, social isolation, and academic difficulties, which can further increase parental stress and anxiety.

- ♦ *Long-Term Concerns: Adolescence and Transition to Adulthood*

The network also touches on long-term concerns, such as “adolescence” and the transition to adulthood. As children with ASD grow older, new challenges emerge, including the need for vocational training, independent living skills, and planning for the future. Adolescence can be particularly challenging due to the increased complexity of social interactions, the onset of puberty, and the need for greater independence. Parents may also worry about their child’s ability to transition to adulthood and lead a fulfilling life, given the potential for ongoing support needs.

This figure also provides a detailed and interconnected view of the many challenges faced by families of children with ASD. It underscores the importance of a holistic approach to support, one that addresses not only the child's needs but also the well-being of the entire family. By highlighting the diverse and interrelated issues these families face, the figure emphasizes the need for comprehensive, multi-disciplinary interventions that can alleviate the burden on parents, enhance the child's development, and improve the overall quality of life for the family.

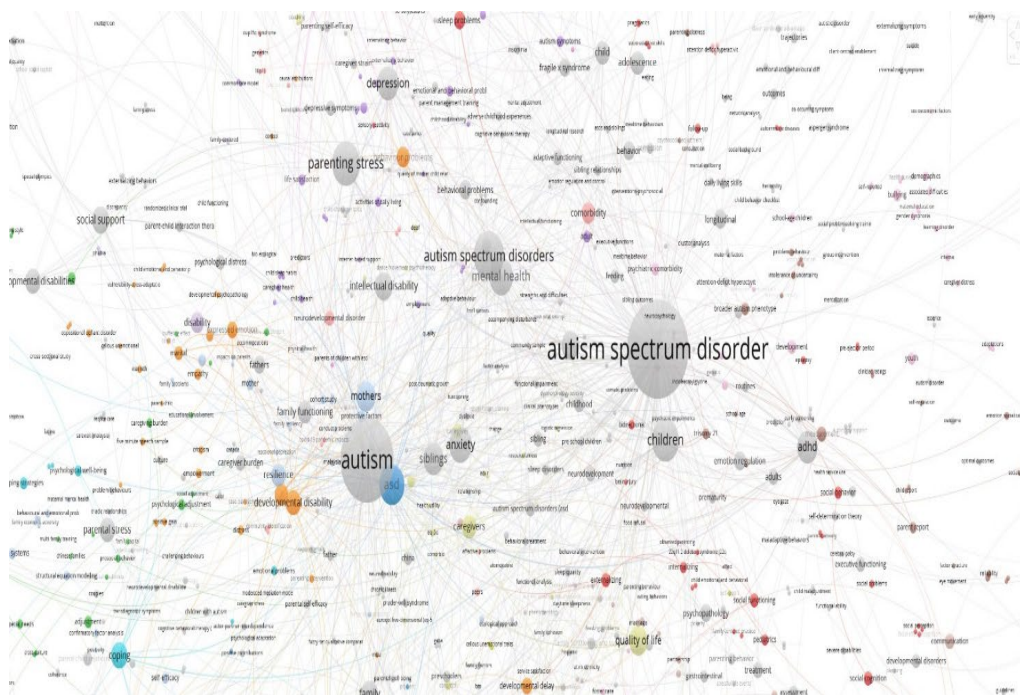


Figure 4. Problems that families of children with ASD believe affect their child's life

Figure 4. highlights several interconnected challenges that families of children with autism spectrum disorder (ASD) believe affect their child's life. Central issues include parenting stress, which stems from managing the child's behavioral and communication difficulties, as well as the educational challenges they face in finding appropriate support within school systems. Social support deficits and social isolation are also significant concerns, as families often struggle to find understanding and assistance within their communities. Additionally, the results suggest that comorbid conditions like ADHD, anxiety, and sleep problems further complicate the child's well-being, while sensory sensitivities can make everyday environments overwhelming. These interrelated problems create a complex web of challenges that impact both the child and their family's quality of life. Figure 4. includes a wide range of interconnected terms, each representing different aspects of the challenges and concerns associated with ASD. The central node in the network is the 'Autism Spectrum Disorder' term, indicating that all other terms are directly or indirectly related to it. It serves as the primary reference point for the challenges discussed in the figure. Close to "Autism Spectrum Disorder," the 'Autism' term represents the broader condition and its associated characteristics, highlighting the centrality of autism in the challenges faced by families.

Common Problems Affecting Children's Lives:

- *Parenting Stress:* This term is prominently displayed, suggesting that one of the most significant problems for families is the stress associated with parenting a child with autism. This stress can stem from the demands of managing the child's behavior, navigating educational systems, and coping with societal expectations.
- *Social Support:* The need for social support is clearly indicated, reflecting the challenges families face in finding adequate support systems. This can include support from extended family, friends, and community services. The lack of such support can exacerbate feelings of isolation and stress.
- *Communication Difficulties:* Although not a single node, the network likely includes terms related to communication, such as language delays or non-verbal communication. Communication challenges are a core issue for many children with ASD, affecting their ability to interact with others and leading to frustrations for both the child and family members.

- *Behavioral Problems:* Behavioral issues are likely represented through terms such as “aggression,” “tantrums,” or “self-injurious behavior.” These problems can severely impact a child’s ability to participate in daily activities and contribute to the overall stress and burden on the family.
- *Educational Challenges:* Terms related to schooling, such as “IEP” (Individualized Education Program), “special education,” or “school inclusion,” may appear in the network. Educational challenges are a significant concern for families, as they often struggle to find appropriate educational settings that meet their child’s unique needs.
- *Comorbid Conditions:* The presence of terms like “ADHD,” “anxiety,” or “depression” suggests that families are concerned about co-occurring conditions that often accompany autism. These additional diagnoses can complicate treatment and care strategies, creating further challenges for the child’s well-being.
- *Sleep Problems:* If present, terms related to sleep issues (e.g., “insomnia,” “sleep disturbance”) indicate that sleep is another major concern. Sleep problems are common in children with ASD and can affect the entire family’s quality of life.
- *Sensory Sensitivities:* Terms like “sensory processing disorder” or “sensory issues” might be included in the network. Sensory sensitivities can make everyday environments overwhelming for children with ASD, limiting their ability to engage in typical activities and affecting their overall quality of life.
- *Social Isolation:* Families may feel socially isolated due to the unique needs of their child. This isolation can be represented by terms related to social participation or lack thereof, emphasizing the need for community inclusion and understanding.

Figure 4. highlights a range of challenges that families of children with ASD believe negatively affect their child’s life. These include parenting stress, social support deficits, communication and behavioral difficulties, educational challenges, comorbid conditions, sleep issues, and sensory sensitivities. The interconnectedness of these terms suggests that these problems are often interrelated, creating a complex web of issues that families must navigate daily. Understanding and addressing these concerns is crucial for improving the quality of life for both the child and the family.

3.1. The specific problems of families of children with ASD in Türkiye

In Türkiye, it is estimated that there are 1.4 million individuals with autism and 5.5 million family members affected by ASD. Families of children with autism say that the problems they experience are increasing day by day. They face obstacles while benefiting from many rights such as education, health and social services are worn out both financially and spiritually due to insufficient state support. Some families are even facing foreclosure due to the loans they have taken out to cover their children's educational and healthcare expenses (Yilmaz Altuntas & Öney Doğanyigit, 2021). These families express their exhaustion and plea for understanding by stating, 'We are exhausted, hear our voices.' They describe their experiences, emphasizing that society's lack of awareness about autism, coupled with negative reactions in public settings, isolates them from social participation. The most significant challenge they face is in the area of education, as children with autism often struggle to access quality educational opportunities (BirGün, 2023).

N.I, who lives in Manisa, is one of the family members who has taken out loans for years and whose house has been foreclosed on in order to cover the education expenses of her 16-year-old son, who has autism and severe intellectual disabilities. N.I explains: "We have been struggling for years to raise my son as an individual who is not dependent on anyone. We have not achieved any progress in public schools so far. My child is in diapers. If he goes to public school, I have to take him there and wait for him. However, this is not possible because I have to work. For a while, my mother took my son to and from school. When he started having health problems, we could no longer send him to a public school. For a while, we were taking him from Manisa Turgutlu to a private sports school in Izmir Bornova every day. We were paying 20 thousand TL per month. In January, the fee was increased and it became 30 thousand, so we can no longer send him. We had actually come a long way in this sports school. However, since we could no longer afford it, we had to take him out of school. We have finally drowned by taking out loans to pay for my son's education. We wanted to restructure the loan but it didn't work. We currently have a debt of 450 thousand TL. The salary we receive is melting away before we even receive it. My husband went abroad to work so she could have a better income. I work in a pharmacy and sell honey as an extra job after work. However, we can

no longer afford the expenses at this point. We can no longer afford diapers, doctors, school and travel expenses. The only support we received from the state was the purchase of a vehicle with the discount, there is no other support. There is no good education for our children.”

C.E, who has an 8-year-old son with autism, says that one of the places that challenge them the most is the hospital corridors. C.E says, “My son is a child who gets overwhelmed easily in many environments. The most challenging thing for us is waiting in line in the hospital corridors. When he is already sick, explaining to him what it means to wait in front of so many people is a painful process.” She explains her last hospital experience: “Our last emergency experience ended with us waiting in line where about 20 people were waiting in front of us. It was just a registration line. Then, it wasn’t even a line for a doctor, a test, or a re-examination. Although we told the security that we had autism, they said, ‘You will have to wait.’ The closest solution was to go to another hospital 40 kilometers away. We set off with my son with autism in the middle of the night with fever. Even if a system is established in hospitals, the lack of education of the people who will operate this system increases the suffering for us. The right system grows with the knowledge and experience of everyone who can operate it. Making life easier for the people with disabilities is possible with everyone accepting the right system and including it in education.”

E.O., explained that her child has been diagnosed with autism at the age of 2.5 : “My son is now 11 years old. He was diagnosed with autism at the age of 2.5. Living with autism is difficult, our people’s ignorance about autism and their reactions to the negativities we experience in our environments distance us from social areas. However, the issue we are most stuck in is education. Unfortunately, autistic children cannot access a quality education. The education provided by the state is a drop in the ocean. Even if families do not want to supplement it, this means serious costs. Children with Autism need to receive well-equipped, uninterrupted and fully-fledged education. The state has left this to the economic capacity of families. It is a case of ‘If you have money, the child will receive education, if not, may God help you’. Not every school has a special education class, families are trying to open one, but even if they do, there is no equipment, no teachers in the classrooms, and no materials. Schools equipped with autism should be opened, these children are racing against time.”

Ş. Ç explains: “I have twins. My son Hüseyin and I have been struggling with autism since he was 2.5 years old. My son graduated from the lower grade of high school when he was 17. We attended the graduation of my other son, but Hüseyin (other disabled special children class) did not have graduation. And my heart was left in half, I felt half joy and half sadness. I shouted, where is the social state? Enough of you making our children dull. We are tired, hospitals, schools. There is no place for them to do sports. We go from Manisa Turgutlu to Izmir Buca every day for sports. We also suffer a lot in hospitals. We go in and explain our situation, if we are allowed we go in without waiting in line, if we are not allowed we have to wait until my son has a crisis. Then, it is again up to the family to calm them down.”

4. Conclusion

This research reveals that families of children with autism spectrum disorder (ASD) face a complex array of challenges, including parenting stress, communication and behavioral difficulties, educational obstacles, social isolation, and the impact of comorbid conditions like ADHD and anxiety. These issues are interconnected, contributing to a challenging environment that affects both the child's and the family's quality of life.

Families of children with Autism Spectrum Disorder (ASD) face a complex array of challenges that extend beyond the individual child's needs. From financial burdens and social isolation to the struggle for quality education, these families are often stretched to their limits. The lack of social understanding and the inadequate support systems exacerbate their difficulties, leading to significant emotional, mental, and financial strain. It is essential for society, educators, healthcare providers, and policymakers to recognize and address these challenges comprehensively. Understanding the multifaceted problems experienced by families of children with ASD is crucial for developing effective support systems and interventions. By addressing these challenges, it is possible to enhance the well-being of both the child and the family, fostering a more inclusive and supportive environment for all. The journey of raising a child with ASD is filled with unique challenges that significantly impact the entire family. These challenges encompass a broad spectrum of issues, including financial strain, emotional stress, social isolation, and barriers to accessing quality education. Families often find themselves overwhelmed, not just by the demands

of caring for their child, but also by the lack of societal understanding and the inadequacies of existing support systems. Financially, many families are burdened by the high costs associated with specialized therapies, medical care, and educational resources, sometimes to the point of facing foreclosure. This financial strain often compounds the emotional toll, leading to feelings of exhaustion, anxiety, and despair. The stigma surrounding autism further isolates these families, as societal ignorance and negative reactions in public spaces discourage them from participating in social activities, deepening their sense of alienation. Education remains one of the most pressing concerns for families of children with ASD. Despite the critical importance of early and consistent intervention, many children with autism struggle to access the quality education they need to reach their full potential. The gaps in the educational system leave these children underserved, which in turn affects their ability to integrate into society and live fulfilling lives. In light of these significant challenges, there is an urgent need for a multifaceted approach to support these families. This includes raising public awareness about autism, increasing access to affordable healthcare and educational services, and creating more inclusive communities that understand and accommodate the needs of individuals with ASD. Policymakers, educators, and healthcare providers must work collaboratively to develop and implement strategies that address these issues comprehensively. The voices of these families, calling out for recognition and assistance, must not go unheard. By responding to their needs with empathy, resources, and effective policies, we can help alleviate their burdens and create a society where children with ASD and their families are fully supported and valued. The path forward requires a collective commitment to understanding, inclusion, and action—ensuring that every child with autism has the opportunity to thrive, and every family has the support they need to succeed.

By increasing awareness, providing better access to resources, and fostering a more inclusive environment, we can help alleviate some of the pressures on these families. In doing so, we not only improve the quality of life for children with ASD but also support the well-being of their families, enabling them to thrive rather than merely survive. The call for action is clear: we must listen to these families and work together to create a more supportive and understanding society for all.

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Contextualizing the Intervention: “Parenting for Lifelong Health for Adolescents and Their Families” - A Case Study from North Macedonia

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Abstract

Mental health is a crucial aspect of overall well-being, particularly during early adolescence—a period marked by significant physical, emotional, and social changes. A study by UNICEF North Macedonia revealed alarming rates of depression symptoms among adolescents, emphasizing the need for effective interventions to support their mental health.

Objectives: This study aims to analyze and discuss the contextualization process of the “Parenting for Lifelong Health” (PLH) intervention for adolescents and their families in North Macedonia. The research seeks to inform practice through lessons learned during the contextualization and contribute to the development of a framework for future contextualization studies.

Methodology: The PLH intervention is a group-based socio-behavioral program developed in collaboration between researchers, the World Health Organization, and UNICEF. It focuses on enhancing positive parenting practices and adolescent-caregiver communication, aiming to promote child and adolescent health and prevent violence against children in low- and middle-income countries (LMICs). This study employs a qualitative approach, examining the process of adapting the PLH intervention to the Macedonian context, considering cultural, social, and structural factors.

Results: Preliminary findings indicate the significance of warmth and autonomy in parenting approaches associated with positive adolescent behaviors and mental health outcomes. The contextualization process highlighted the importance of aligning the PLH intervention with local values, beliefs, and practices to ensure relevance and effectiveness. Challenges faced during the adaptation process underscore the need for flexibility and collaboration with local stakeholders to address unique contextual factors.

Conclusion: The study underscores the importance of culturally sensitive and contextually relevant interventions in promoting adolescent mental health. The findings provide valuable insights into the challenges and considerations

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involved in adapting evidence-based interventions like PLH to diverse settings. Lessons learned from this study can inform future efforts to contextualize interventions and contribute to the development of guidelines for effective adaptation and implementation in similar contexts. By addressing the specific needs and challenges faced by adolescents and their families in North Macedonia, the PLH intervention has the potential to enhance mental health outcomes and promote overall well-being among this vulnerable population.

Keywords: Adolescence, Mental Health, Contextualisation Of Intervention, Macedonian Context

Introduction

Adolescence represents a important phase in a child's development, marked by significant transformations and transitions. This period serves as a second chance, after early childhood, to address issues such as poverty, inequality, discrimination, and gender-based violence. It also offers a crucial opportunity to positively influence children's future by equipping them to realize their rights and potential. Viewed through a life cycle perspective, adolescence stands out as a vital developmental stage characterized by rapid physiological, cognitive, emotional, and social growth (Nagaoka, Farrington, Ehrlich, & Heath, 2015; Lancet, 2016; Ronald E. Dahl, et al, 2016). Research highlights that adolescence is a time of accelerated neurological development, second only to the earliest years of life, with profound changes in neural networks that shape emotional, physical, and mental capacities. The growing body of research has deepened our understanding of how experiences and environments, in combination with genetics, shape the adolescent brain (Blakemore, Choudhury, 2006). This emphasizes the importance of targeting programs and policies towards adolescents to significantly influence their life trajectories (Unicef, 2018)

Typically, children and adolescents report higher levels of subjective well-being compared to adults, although this varies across different societies and vulnerable groups, such as girls, immigrants, children in care, and certain minorities (Campbell et al. 2021; Fuhrmann et al. 2022; Orben and Przybylski 2019; Stewart-Brown et al. 2009). Direct input from children is essential, as studies have shown that children's own assessments of their well-being often differ significantly from those of adults or their families. Parents' perceptions do not always accurately reflect the well-being reported by their children (Bedin and Sarriera, 2014; Casas, 2011; Casas et al. 2012; Clair, 2012) It is important to note that much of the research in this area is based on Western perspectives.

Children and adolescents generally report higher subjective well-being than adults, with variations across societies and vulnerable groups, including females, immigrants, children in care, and certain minorities. (Cerna et al. 2023; Marquez and Main, 2021; Weinstein, 2022). Research indicates that subjective well-being tends to decline from around age 10 into late adolescence and adulthood, with this decline being more pronounced in lower-income countries. (Casas and González-Carrasco, 2019; Goldbeck et al. 2007; Orben et al. 2022) varying

among groups and countries, with evidence suggesting a more profound decline in lower-income countries (Casas et al. 2014).

Additionally, studies have documented a decline in adolescent well-being in numerous countries, both before and after the COVID-19 pandemic. Adolescents are increasingly recognized as a particularly vulnerable group for mental health challenges, which have been exacerbated by the pandemic's impact on young people (Auerbach et al. 2018). Mental health issues like depression and anxiety often emerge during adolescence and peak during this time. These challenges, combined with other factors, present significant risks to adolescent mental health. (Barjaktarov et al 2023). The cumulative effects of these factors therefore pose a severe risk for adolescents' mental health. A multicenter study, which included North Macedonia, found a significant correlation between personal exposure to the COVID-19 virus and the development of symptoms of depression and anxiety in the adult population.

Thus, childhood and adolescence offer a crucial window for interventions that can have lasting positive effects on individuals and, by extension, on global society. (Ben-Arieh, 2008). Research on developmental trajectories from these periods to adulthood reveals a significant influence on later life outcomes, encompassing adult well-being, labor market success, physical health, and relationships. (Ristevska-Dimitrovska G, Batic D., 2020)

Relationships with parents and peers are particularly influential during these stages, and schools are key environments where policy interventions can be impactful. Factors such as bullying and school-related anxiety are important to subjective well-being, though their effects can vary depending on the population, country, and specific circumstances. Other significant factors include health, physical activity, time use, neighborhood safety, and children's rights. (Casas and González, 2017); Marquez and Main (2020) Most of these factors are related to the immediate environment, including family, school, and community. (Azzopardi et al. 2019; Casas et al., 2018; Department for Education, 2022; OECD, 2021)

The wellbeing of adolescents in N. Macedonia, as in many low- and middle-income countries (LMICs), is influenced by a variety of factors, including the quality of family relationships, exposure to violence, and access to supportive interventions. One of the most promising interventions aimed at addressing these factors is the Parenting for Lifelong

Health (PLH) initiative. PLH is a suite of open-access, non-commercialized parenting programs designed specifically to prevent violence in low-resource settings and to promote positive developmental outcomes for children and adolescents.

PLH programs were developed through a rigorous, collaborative effort involving major global institutions such as the World Health Organization (WHO), Stellenbosch University and the University of Cape Town in South Africa, the universities of Oxford, Bangor, and Reading in the United Kingdom, and UNICEF. These programs were conceived to be adaptable to various cultural contexts and feasible to implement in settings with limited resources. The primary objective is to prevent child maltreatment and reduce the involvement of children and adolescents in violent activities. The programs have been extensively tested and, following successful evaluations, are currently being scaled up in over 20 countries across Sub-Saharan Africa, Southeastern Europe, Southeast Asia, and the Caribbean.

The PLH programs have demonstrated significant benefits beyond violence prevention. They have been shown to enhance parent-child relationships, improve the security of child attachment, and foster cognitive and socio-emotional development. Additionally, these interventions contribute to reducing family mental health distress, increasing family economic resilience, and lowering substance use rates. By strengthening the family unit, PLH helps create a more supportive environment for adolescents, which is crucial for their overall well-being.

In the context of N. Macedonia, where socio-economic challenges and limited access to mental health services can exacerbate the difficulties faced by adolescents, the implementation of PLH programs could be particularly beneficial. Adolescents in N. Macedonia, like their counterparts in other LMICs, are at risk of experiencing violence, both within the home and in the broader community. This exposure can have long-term detrimental effects on their mental and physical health, academic performance, and future prospects. By focusing on improving parenting practices and strengthening family relationships, PLH can help mitigate these risks and promote healthier developmental trajectories for Macedonian adolescents.

PLH programs are designed to be group-based socio-behavioral interventions that operate at both the individual and family levels. The core components of these programs are based on evidence from re-

search on effective parenting practices, adolescent-caregiver communication, and other relevant outcomes. One of the key strengths of PLH is its emphasis on accessibility and ease of implementation. The programs are designed to be delivered by staff who do not need a specific professional background, making them suitable for deployment in a variety of settings, including those with limited professional resources. Additionally, the program manuals are freely available under Creative Commons licensing, which facilitates widespread adoption and adaptation.

Given the success of PLH in other regions, integrating these programs into national policies aimed at child and adolescent health in N. Macedonia could be a strategic move. Policymakers could consider incorporating PLH into existing frameworks for social services, education, and public health. Moreover, future research could focus on evaluating the specific impacts of PLH within the Macedonian context, examining factors such as cultural adaptation, program fidelity, and long-term outcomes for adolescents and their families.

The Parenting for Lifelong Health (PLH) programs represent a valuable tool for improving the wellbeing of adolescents in N. Macedonia. By addressing key issues such as violence prevention, family dynamics, and mental health, PLH has the potential to make a significant positive impact on the lives of young people in the country. As N. Macedonia continues to develop its strategies for supporting adolescents, the integration of evidence-based programs like PLH could play a crucial role in fostering a healthier, more resilient generation.

Objectives of the study

This study intends to examine and explore the process of adapting the “Parenting for Lifelong Health” (PLH) intervention for adolescents and their families in North Macedonia. The research aims to provide insights for practical application by sharing lessons learned during the adaptation process and to contribute to the creation of a framework for future adaptation studies.

The Family-Focused Adolescent & Lifelong Health Promotion (FLOURISH) project (2023-2026) is focused on adapting, optimising, and evaluating an intervention package for adolescents aged 10-14 and their caregivers in the N. Macedonia. The intervention package aims to support adolescent mental health and wellbeing through building adolescents’ and caregivers’ skills, such as problem-solving and emo-

tional regulation, strengthening social support, adolescent-caregiver relationships and communication, and improving parenting practices.

The FLOURISH project is being implementing in N. Macedonia based on data suggesting high risks for adolescent mental health, including adverse childhood experiences and poverty (WHO, 2013); lack of evidence-informed and accessible provision of prevention programmes for families with adolescents, paired with high levels of implementation readiness in the health network of Institute for Marriage, Family and Systemic Practice - Alternativa. Taking into consideration that N Macedonia is a middle-income country, among the poorest in Europe (World Bank, 2022) and has experienced rapid social, political, and economic transformation since 1990s following the dissolution of Yugoslavia and its socio-economic system.

Studies found high rates of physical punishment, emotional violence and neglect against children in the country (Sebre et al., 2004; WHO, 2013). Existing challenges were magnified by the coronavirus pandemic with higher levels of anxiety and depression among adolescents than their caregivers (Barjaktarov et al, 2023). There is stigma around help-seeking, particularly regarding mental health and well-being (Dlouhy, 2014). A recent report found that in this region support services for caregivers of adolescents, such as parenting workshops or support groups, are scarce, and highlighted the need for more such services (UNICEF, 2018), which FLOURISH project aims to help address.

This paper describes the process of adaptation, i.e. contextualization of the intervention designed to promote adolescent mental health and wellbeing in North Macedonia and introduces the FLOURISH feasibility pilot (2023-24), which will inform the next phases of a larger study by providing information for further refinement of the intervention, and its implementation and evaluation procedures.

Method

FLOURISH is shaped by the Multiphase Optimization Strategy (MOST) framework. MOST is designed to optimise an intervention package within the key constraints in three phases – Preparation, Optimization, and Evaluation (Collins, 2018). This pilot study corresponds to the Preparation phase, focused on preparing and piloting the intervention and its evaluation. Following the pilot, a factorial trial will be conducted to select the most effective and efficient treatment package (Optimization phase). In the Evaluation phase, the revised programme

package will be tested in an implementation-effectiveness randomised controlled trial.

In order to do so we further developed the objectives in specific aims:

1. To adapted the programme to be acceptable for adolescents, their caregivers, and staff in North Macedonia
2. To consider contextual factors that may influence embedding of the programme into sustainable delivery and funding mechanisms in the country.
3. To deliver the adapted programme with high fidelity and family participation.

Table 1. Overview of the adaptation of the intervention

Data	Participants	Specific aim	Framework
Advisory group consultations; focus groups	Adolescents, caregivers, staff, and (only for advisory groups) external professionals	1	ADAPT; process evaluation guidelines
Interviews	External professionals	2	CICI; ExpandNet
Attendance registers; observations; focus groups	Staff	3	Process evaluation guidelines

Study site

The study is conducted in a country-wide health and education network – Institute for Marriage, Family and Systemic Practice – ALTERNATIVA (IA) which is a professional organization dedicated to conduct psychotherapy training and supervision. IA has a national network of over 500 professionals across North Macedonia, who are focused on prevention and treatment of mental health problems of children, adolescents and their family members, substance abuse and violence prevention. In 2023 Center of Excellency in parenting was established and recognized by GISP. The organisation work with caregivers and adolescents, and has delivered Parenting for Lifelong Health (PLH) programs, and participated in evaluations (Frantz et al., 2019).

Study Design

Programme materials have been adapted prior to piloting and are being revised throughout the project. FLOURISH draws on ADAPT adaptation guidance, which emphasises improving intervention fit with a new context while preserving key intervention functions (Moore et al., 2021).

During the preparation phase we have reviewed and have selected intervention material for core intervention and intervention components. PLH teen (core intervention) was developed for LMIC settings, for South Africa in particular. PLH teen manuals available in various variants were reviewed and their associated outcome papers and discussed among the team members in terms of applicability of taking into account contextual conditions in shaping and tailoring session format, themes, length, design of illustrations addition of new content.

Initial adaptation: To support scalability, for FLOURISH the programme was condensed into six group sessions, following on an introductory meeting with the caregiver and adolescent. As in the original model, sessions in FLOURISH are delivered to a group of 10 adolescent-caregiver pairs. Each two-hour weekly session starts jointly, with a circle share, home activity discussion, agenda overview, physical exercises and games. Next, in the core lesson, a new skill is introduced and practiced, on topics developmentally relevant to adolescence. For the core lesson, the group is often split up into adolescent and caregiver parallel sessions to allow participants to share openly. After discussing the core lesson within the respective peer groups, participants come together and are encouraged to share the summary of their separate discussions in the joint group, and then further discuss their lessons learned at home. Participants are given home practice tasks to do between the sessions. For participants who miss a session, facilitators offer a brief catch-up call or meeting. Facilitators and supervisors receive training in the programme and facilitation skills. Supervisors are trained in supervision. The programme is delivered by two facilitators per group, coached weekly by supervisors to promote quality of delivery.

Tailoring the program for the macedonian context we come to a decision to shorten the content generally, to put emphasis on strategies/skills that can be used across all topics, to strengthen the work phases with activity and exercise and less theoretical input, to reduce the sexual health content, to promote communication skills more explicitly,

to provide more support for facilitators (to add challenges that may occur in the Introduction, to integrate a checklist for facilitators at the end of each session and to introduce Building Blocks sections for facilitators). Additional materials such as Helping Adolescents Thrive (HAT) comics were used to support the mental health component of the intervention and Peer Support was also part of the intervention process.

Advisory groups. Intervention adaptations have been informed by advisory group consultations and interviews. Advisory groups of adolescents, caregivers, implementation organisation staff, and other professional experts (6-8 people per group) were formed to advise on programme adaptations and the study findings. Consultations will continue throughout the study, with key points in each discussion captured by a note-taker. The adolescent group consists of adolescents aged 10-14. The parent group consists of individuals with experience of PLH or other family programs and individuals who represent diverse perspectives (e.g., male and female caregivers, ethnic minorities). Implementation staff groups consist of ALTERNATIVA staff. External professional experts include representatives from Ministries of health, social services, universities, and research organisations, youth, health-care financing agencies, local NGOs, community, and international organisations implementing programmes for young people.

Initial consultations were organized in May 2023, in terms of situational assessment (family relationships and adolescent mental health, key influences, existing challenges and supports); feedback on the intervention (who should participate in the program from a family, how to encourage attendance, best ways for participants to receive additional materials)

Advisory group analysis. Summary notes were combined into a matrix, using thematic framework and content analysis (Gale et al., 2013).

Family factors that affect adolescents are: conflicts between parents, financial problems, parents' work abroad, and parents putting pressure to study well and achieve;

Adolescent mental health is perceived negatively as a major effect of COVID-19 and isolation, increased abuse of children in the families and family violence, increased screen timeWW perceived negative impact of technology on adolescent health. Families are important for adolescent mental health, but peers and schools are also very influential (this was also important to add peer communication module in the

program and to pair up adolescents within the group to support each other). Lack of services for adolescent mental health are available in the country, especially in the provinces and rural areas.

For the intervention itself the advisory groups found that it is essential to include both parents and siblings; to a lesser extent grandparents, other relatives. Adolescents should have a say on which adult attends with them. One adolescent and adult caregiver per family is required, and one more adolescent and adult can join.

For the participation in the program it is also important that some of the sessions should be separate for adolescents and parents; In terms of encouraging adolescents to attend, adolescents and professionals were in favour of vouchers/small gifts, but parents recommended non material recognition (events, certificates).

Expert interviews. In North Macedonia ten semi-structured audio-recorded interviews with professional experts took place to map the contextual facilitators, and barriers to scaling up a programme package prepared by the FLOURISH project.

Interview analysis. We are using thematic and framework analysis for the transcripts. To organise our understanding of the country context, we are using the Context and Implementation of Complex Interventions (CICI) framework (Pfadenhauer et al., 2017). The CICI framework provides initial coding domains, with country-specific domains generated from the data. The analysis is conducted in two stages – first, a rapid synthesis to inform the intervention adaptations for the pilot study (completed); second, a detailed analysis, generating a conceptual map of key contextual factors, presented as a narrative summary (ongoing).

Table 2. Adapted intervention structure using PLH material

Week	Topic	Caregiver & adolescents
Pre-program	Individual meeting or call with facilitators to introduce the programme	Joint
1	Introducing the programme & ground rules. Psychoeducation about transitioning from a child to an adolescent: expectations, norms, and developmental stages	Separate
2	Relationship skills. Building a positive relationship through spending time together & praising each other	Joint
3	Talking about emotions and sensitive topics (sexuality, body changes, and intimate relationships)	Separate
4	Coping with difficult feelings (anger and stress)	Separate
5	Solving problems together as a family. How to communicate and solve problems around disagreements without conflict	Separate
6	Establishing rules and routines	Separate

Post-program focus groups. To inform further programme adaptations and answer process evaluation questions about the context, how the programme was implemented, and its mechanisms of change, we have conducted participant focus groups. A sub-sample of the adolescents, caregivers, and intervention staff was recruited to participate in post-program audio-recorded focus groups (6-8 people/group, minimum 3 groups). The focus groups explored participant experiences of the program. The participants were selected having diverse backgrounds and experiences.

Focus group analysis. Focus group transcripts were analysed using thematic and framework analysis, with codes developed both based on the initial questions and new unexpected insights.

Intervention participants: There were mixed views to include multiple people from the same family;

Intervention components: The PLH group sessions were helpful & enjoyable both for caregivers and adolescents; Manual needs improvement in order and priority of topics and facilitators made some modifications; Amount of content needs to be longer and needs time to practice; Attendance incentives such as vouchers and certificates

were appreciated; Helping Adolescent Thrive (HAT) comics offered during the preprogram session with the family, were not used very often, time was a constraint due to schoolwork and home practice. There were adaptations of the comics (design, and formatting) and facilitators suggested links between comics and session content; Peer support (Buddy) system didn't show how much was used, but for some adolescents was helpful and worked fine.

Topics covered: There were mixed views on sexual and reproductive health content, but it should be reduced. Adolescents did not suggest additional topics, but caregivers and facilitators suggested several other topics (bullying, use of media, screentime, communication, etc).

Perceived impact: all participants reported improvements across several areas (e.g., communication, problem solving). Several parents were resistant to the conflict management without use of violence. No negative changes were reported.

Mechanisms: Practicing new skills at home was difficult due to time. Some reported they were able to practice sometimes.

Barriers and facilitators of sustainability: Time was identified as a barrier; Needs to integrate the program into existing family support services and schools; to carefully select the topics because sexuality content can be a barrier due to cultural acceptability (for this age group), can be overlapping with school covered topics.

FLOURISH is guided by the principle of "beginning with the end in mind" in ExpandNET/WHO guidance (Ghiron et al., 2021). We will adapt the programme alongside developing a scaling-up strategy. This includes building capacity for scale-up and making choices to support institutionalization and expansion to more settings.

Further the pilot includes a process evaluation, guided by UK MRC process evaluation guidance (Moore et al., 2015), which focuses on implementation processes, potential mechanisms of impact, and contextual factors. Primary programme targets are adolescent mental health and wellbeing. The pilot study will assess pre-post changes in the intervention outcomes reported by adolescents and their caregivers, following lessons learned in a previous pilot feasibility study, on which this project builds (Frantz et al., 2019; Jansen et al., 2021).

Conclusion

The FLOURISH pilot study has successfully laid the groundwork for adapting a mental health intervention program for adolescents and their caregivers in North Macedonia. By applying the Multiphase Optimization Strategy (MOST) framework, the study navigated through the Preparation phase, emphasizing the contextual adaptation of the Parenting for Lifelong Health (PLH) teen intervention. Key modifications included condensing the program, emphasizing practical skills over theory, and reducing the sexual health content to ensure cultural alignment. Advisory groups and professional consultations played a crucial role in shaping these adaptations, confirming the importance of family dynamics, peer influence, and the limited availability of mental health services in rural areas.

The intervention was well-received by participants, with mixed feedback on some topics, such as sexual health, and a strong emphasis on the need for family-wide participation. The program demonstrated initial positive impacts, such as improvements in communication and problem-solving, though challenges such as time constraints and cultural sensitivities were highlighted. The post-program focus groups and expert interviews further supported these findings, providing actionable insights for further refining the program.

Implications

1. **Cultural Sensitivity and Contextual Adaptation:** The program's success depends on its alignment with cultural norms and the local context. Reducing the focus on sexual health and emphasizing skills like communication and problem-solving ensures greater acceptance. Further adaptations may be required to better integrate family members, such as siblings, and tailor content to local needs.
2. **Sustainability and Scalability:** The pilot study underlined the need for embedding the intervention into existing family support services and schools. Institutionalization will require building capacity, supporting facilitators, and addressing barriers like time constraints and cultural acceptability. The “beginning with the end in mind” principle will help guide future expansion and ensure long-term sustainability.

3. **Facilitator Support and Training:** Continued training and supervision for facilitators are crucial for maintaining program fidelity. Additional tools, such as checklists and coaching, have proven beneficial and should be expanded to ensure consistent delivery as the program scales.
4. **Targeting Broader Mental Health Needs:** Adolescents and caregivers face broader mental health challenges, such as those exacerbated by COVID-19 and increased screen time. The inclusion of peer support mechanisms and the use of materials like the Helping Adolescents Thrive (HAT) comics can provide further mental health support, though the time required to engage with such materials should be carefully managed.
5. **Policy and Funding Support:** The success of FLOURISH also depends on securing stable funding and policy support to ensure the program's sustainability. Partnerships with local government agencies, NGOs, and international organizations will be crucial in scaling up the intervention across North Macedonia.

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Work-Life Balance as a Catalyst for Gender Equality

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Abstract

Work-Life Balance is a crucial issue in achieving de facto gender equality. A set of gender responsive policies and documents have been adopted at the EU level followed by the Work-Life Balance Directive. Although, EU policies are gradually becoming part of the country's national policies women still shouldered a disproportionate burden of domestic work and childcare that affects their career prospect and overall well-being. Cultural attitudes towards gender roles, limited support structures for working parents, insufficient social, health and transport infrastructure continue to be barrier for achieving work-life balance.

The objective of the research is to show the interconnectedness between the work-life balance and gender equality

in North Macedonia. The methodological approach used in the research consist of qualitative research techniques.

Initial and critical analysis of current legislation and relevant strategies in North Macedonia is conducted. The data on activity and employment rates of men and women, the participation of men and women in child care and household tasks, and the data on the distribution of social and care services are also included as secondary pertinent longitudinal data.

The results indicate that while North Macedonia has made significant policy adjustment and demonstrates an understanding of the issue, legislative amendments are still required to clearly distinguish between the three types of leave-maternity, paternal and parental as well as to increase the use of flexible work schedules and part-time work without decreasing wages. Achieving work-life balance is further hampered by the unequal territorial distribution of child and elderly care facilities. As a result the country has to invest in social and health infrastructure. A national wide campaign encouraging men to use parental leave is a crucial element in dismantling gender stereotypes as well as gender transformative approach that challenge the status quo situation and rebalances power and redistributes resources is required. The principles of flexicurity and feminist economics are important principles that should be taken into account for future avenues of the issue.

Keywords: Gender, Unpaid Work, Parental Leave, Flexibility

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1. Gender unequal economy

1.1. Gender unequal economy in EU

The economy benefits greatly from increased female labor market participation. It also gives women the confidence to direct their own lives, participate in public life, and pursue economic independence. Despite slight progress, many barriers persist that prevent women from fully participating in and benefiting from the labor market. Women continue to face structural barriers that can deter them from entering certain sectors or advancing to higher positions. Because of the convergence of gender with other variables such as marginalization, or being a member of an ethnic or religious minority, some women are structurally underrepresented in the labor market, often facing multiple barriers. Uneven access to education, skills development programs, and vocational training can also significantly impact women's employability and career advancement (*Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and the Committee of the Regions A Union of Equality: Gender Equality Strategy 2020-2025*, 2020).

Data indicates that 78% of men and 67% of women in the EU are employed, meaning that there is an 11.6% gender gap. In certain industries with high demand, the proportion of men is significantly higher than that of women. In the digital sector, the proportion of men is 3.1 times higher than that of women. On the other hand, 55.3% of women born outside the EU are employed, in contrast to 69.7% of women born within the EU, highlighting the intersectional disparities. In the EU, just 16% of Roma women hold paid jobs. The gender pay gap is 15.7%, while the pension gap is 30.1%. 80% of care in the EU is provided by informal care workers, 75% of whom are women (*Ibid*).

Reducing gender disparities in high-demand industries along with policy intervention, which includes enforcing equal pay legislation, promoting gender-responsive budgeting, adopting family-friendly policies, and addressing discriminatory practices in recruitment and promotion, can be a good model for reaching work-life balance.

1.1.1. Gender unequal economy in North Macedonia

The establishment of an efficient legal and institutional system for the promotion of gender equality is an indispensable part of the country's integration into the European Union. Reducing the gender

gap in women's economic involvement in the labor market through an intersectional approach is one of the strategic goals of the latest Strategy for Gender Equality, adopted in 2022. The Strategy sets out measures to improve the quality of work by implementing policies like more flexible work schedules, more community-based child and elderly care facilities, non-transferable parental leave for men, and more kindergarten enrollment. Measures to close the gender pay gap and increase the proportion of women utilizing employment policies prioritizing groups that are underrepresented are also included (*Strategy for Gender Equality 2022-2027*).

Based on the data provided in the Strategy for Gender Equality (2022–2027), out of a total of 964.014 active populations in 2019, there were 571.635 economically active men and 392.397 economically active women. The same year, the activity rate for men was 67.8% and for women, 46.6%. In the third quarter of 2020, the employment rate for men aged 15 to 64 was 62.75, and for women, it was 45.2%. Women's employment was 38.3% in 2021, while their activity rate was 44.9%. In 2019, 7.2% of men and 5.2% of women earned a salary between 25,000 and 30,000 MK denars, while 77.6% of men and 22.4% of women earned a salary over 40,000 MK denars. Moreover, there is a 12% gender pay gap, while the gender disparity in pensions was 18.7% for those 65 to 74 years old and 23.8% for those under 65. Additionally, there is a notable degree of sectoral segregation, with a large concentration of women in the 'care' sectors of education, health, and social work, as well as in the industries such as textile and shoe making. There is a significant difference between the activity rates of different categories of women; i.e., women from urban and women from rural areas, with 59.4 percent of women active in urban areas, but only 45.9 percent of women active in rural areas in 2021 (*UN Women, 2023*). The most disadvantaged on the labor market are Roma women. The NEET rate among Roma women (aged 15 to 24) in 2017 was 73.6 percent, compared to 32.8 percent of non-Roma women. The employment rate of Roma women was 13 percent versus 26 percent of non-Roma women while the unemployment rate was 58 percent, compared to the national average of 19 percent in 2017 (*Ibid*).

In 2022 the country released its second Gender Equality Index using the European Institute for Gender Equality's methodology. The values of the six domains that constitute up the Index—Work, Money, Knowledge, Time, Power, and Health are determined using the most recent

data for 2019. Intersecting Inequalities and Violence are additional domains. The subdomains that constitute up each domain are used to determine the overall scores for each domain. The domain of Work is measured through two subdomains: Participation and Segregation and Quality of Work. The first one assesses the distinctions between women and men in terms of employment and duration of working life through two indicators: the rate of full-time employment rate (population aged 15+) and the duration of working life (population aged 15+). The later (Segregation and Quality of work) is measured through sectoral (horizontal) segregation and quality of work. The quality of work is measured by flexible working time arrangements and career prospects (*Bashevska*, 2022). According to the data gathered by the Index, employment rates climbed for both men and women between 2015 and 2019. However, the gender disparity in full-time employment rates grew from 16.5 percentage points in 2015 to 18.3 percentage points in 2019 as a result of the greater growth in the employment rate for men compared to women (*Ibid*).

Table 1. Full-time equivalent employment rate (% , 15+ population)

Year	Women	Men	Gender gap (p.p)
2015	32.5	49	-16.5
2019	35.9	54.2	-18.3

* Gender Equality Index for North Macedonia, 2022

According to the Index, employed women in North Macedonia on average have less flexibility in working time than men, which means they have less opportunity to strike a work-life balance. This factor also has a detrimental impact on women's labor market participation. The Index indicates a 3.1 percentage point gender gap in work flexibility among those aged 15 and above.

Table 2. Flexibility in work time (% , 15+population)

Year	Women	Men	Gender gap (p.p)
2015	41.1	44.2	-3.1

* Gender Equality Index for North Macedonia, 2022

1.1.2. *The gendered nature of unpaid care in EU*

Unpaid work is one of the main obstacles to gender equality and women's economic and social empowerment. According to Elson (1997), unpaid work can be defined as "all non-market, non-remunerated activities, including both relational work and direct care of persons, such as children or the elderly, and indirect care, such as cooking, cleaning or fetching water." Formally, it is classified as non-market labor, and it is still viewed as a private, family, or home matter. It is not included in a country's GDP or national accounting systems. Women perform the majority of unpaid work in all societies; they account for 76% of all unpaid work, which is more than three times as much as men do (ILO, 2018). The same remains true for informal employment, where men outnumber women in formal employment (28%) compared to 23% for women. In general, social protection and job rights like parental leave and sick pay are not as common in informal work (ILO, 2018a).

A broad variety of factors, including marital status, the presence or absence of children in the home, double or solo income earners, and being a single parent, influence how unpaid domestic and care work is divided. Compared to women in couples without children, women in couples with children devote over twice as much time to caregiving (5.3 hours per day versus 2.4 hours). While working mothers continued to perform a large amount of unpaid work, non-working mothers dedicated the majority of their time to childcare and housework (Blaskó and Sanjuán-Belda, 2022). The way that couples with young children divide up care duties shows the gender gap in childcare. For instance, just 6% of men and 50% of women in relationships are largely in charge of providing the personal and physical care such as bathing, feeding, and changing diapers for their children. In addition, men who look after children devote more time to leisure activities; 38% of men and 29% of women, respectively, spend one to three hours a day on leisure activities (European Institute for Gender Equality, 2023).

When it comes to lone parents, in 2023, 5.4% of adult women aged 25-54 were single parents with children, against 0.9 % of adult men (Eurostat, 2023). Women are more likely than men to pursue flexible, but less well-paying, and less stable employment, such as temporary contracts and involuntary part-time labor. Female-headed single-parent households had twice the likelihood of experiencing material deprivation than male headed single-parent households (20% vs. 9%). Specifically, this impacts mothers of young children (EIGE, 2016).

1.1.3. The gendered nature of unpaid care in North Macedonia

The most significant factor contributing to the disadvantageous position of women in the labour market in North Macedonia is the burden of unpaid domestic work and care. 72.5% of unpaid work in the home is performed by women, who are mostly responsible for cooking, cleaning, laundry, and household maintenance in addition to providing care for adults, children, and those with special needs. Due to caregiving obligations, 59.3% of female aged 20 to 64 were inactive in 2020 compared to 61.6% in 2019. Conversely, only 2.3% of men claimed that their caregiving duties were the cause of their economic inactivity (compared to 5.2% in 2019). In 2021, 44.1% of the inactive female population was registered in the category of “housewives” (*UN Women, 2023*).

The Time Use Survey’s most recent data (2014/2015) highlighted in *UN Women, Country Gender Equality Profile (2023)* confirm the traditional gender division of paid and unpaid labor: women are expected to take care of domestic responsibilities and children and dependents, including the elderly, while men are expected to support the family financially. This division persists even when both partners work outside the home. Men work three hours a day on income-generating activities on average, whereas women only 1.6 hours. In contrast, men spend 1.1 hours a day doing household chores, while women spend 3.4 hours. Women therefore have roughly 20% less free time than men (*UN Women, 2023*). Gender stereotypes that dictate that domestic work “naturally” belongs to women have a substantial impact on women’s opportunities and time to engage in paid work, pursue career development or participate more in public life, or engage in other activities of interest. If the unpaid work performed by women in North Macedonia was valued at the minimum wage, it would have a monetary value of about 17 percent of the country’s GDP. Noteworthy is the fact that different categories of women are impacted differently. Rural women spend 20% more time on daily household duties than urban women, suggesting that rural women face much more household pressure due to limited social services of different types. Single-parent families are another group that is impacted significantly by the unequal distribution of labor in the home and in child care. The data in *Women and Men in 2023 in North Macedonia* indicates that 10.1% are single mothers with children, and 3.2% are single fathers with children (*State Statistical Office, 2023*).

The findings demonstrate that during the Covid-19 epidemic, the amount of time that men and women spent caring for children and other persons as well as engaging in unpaid chores at home increased. Men were more involved in childcare activities than household-related activities, which also reveal that the gender disparity in care activities was lower than the gender gap in housework. During the pandemic, more women than men changed jobs and continued to work from home. Flexibility and adaptation of work requirements as a result of the crisis can have positive impacts on the work-life balance if these arrangements are maintained and expanded upon in the post-crisis period. Enhancing flexible options for parents, male and female, is particularly important from the perspective of a more equitable division of household duties and child care as well as for reducing discrimination against women in the labor market (*Bashevska, 2020*)

The shortages of child care facilities and the unequal geographic distribution of kindergartens and elderly care housing are major issues facing the entire country. In the municipalities of Skopje, there were over 3,000 children waiting to be enrolled in kindergartens in 2022. Additionally, there are other issues with the quality of services provided, such as the large number of children in the groups and the lack of a sufficient number of staff in kindergartens. Despite the fact that kindergartens have been opened in some rural areas, prior studies have shown that the distance to the facility makes it difficult for individuals to access services including kindergartens. Previous researches indicate that 46.8% of all population in rural areas reside more than 10 km or at a distance of 5–10 km from a kindergarten. Due to these distances, women are frequently compelled to stay home with their children, thus family income is reduced and the general financial security of the household is deteriorated (*Amdiu, Nestorovska & Hadzivasileva, 2019*).

2. The concept of Work-Life Balance

The concept of Work-Life Balance dates back to the late stage of the Industrial Revolution in UK, when the average daily working hours were 14-16 hours. Later labor reforms stipulated fewer working hours for women and children. At the same time, in the USA long working hours posed serious health and safety risks for workers. In 1940 the USA officially amends the Fair Labor Standard Act and adopted the 40-hours work week (*Kumanu, 2024*). The actual term “Work-Life Balance” appears in the 80s in the UK as a result of the Women’s Lib-

eration Movement. The movement promoted flexible scheduling and maternity leave for women. However, men were socially free to pursue their career goals without regard for these responsibilities, whereas working women were expected to work and maintain responsibility for housework and family rising. Whether working women could “have it all” was raised frequently in the 1980s in response to this glaring disparity between work and life. Unlike the 1980s, there is a growing emphasis on creating a more gender-neutral work-life balance nowadays. Work-life balance is typically defined as the amount of time one spend doing one’s job versus the amount of time one spend doing what’s important outside of work, whether that is the time spend with loved ones, taking care of children and/or elderly or pursuing personal interests and hobbies (*Ibid*). It represents a harmonious and holistic integration of work and private life. There are various aspects of one’s personal life that can intersect with work, including family, leisure and health. Correlation between work and personal life can be harmful (conflict between work and private life) or beneficial (enrichment of work and personal life). Work-life conflicts are known to be associated with many health problems, including poor physical health, low self-esteem, psychological problems, poor mental health, and life dissatisfaction. The lack of balance between private and work life and health outcomes can also differ by gender, because of the unequal distribution of work and roles played by women and men. Some previous research has found that women who had unbalanced work and family activities recorded a higher level of fatigue, stress and physical symptoms than those who recorded a good balance and equal distribution of responsibilities in the home (*Radulović, Spahić, Radonjić, & Rajović, 2020*).

At the inception of the concept, men were excluded from work-life balance. They have only recently been encouraged to consider themselves outside their duties as main breadwinners. The work-life tension for men has reached a breaking point due to the mounting need to preserve their financial standing while at the same time taking on caregiving responsibilities and improving themselves in that. The numerous advantages that come from men’s involvement at home in care and household work is the reason that a focus on men is crucial. Children that have involved fathers in childcare are healthier and happier. In addition, men report better connections with their partners/spouses and children when they are not as stressed in their management

of dual roles, and they also perceive health benefits from this. But, taking time off from work for men, particularly for child care, continues to be a stigmatized activity with serious material repercussions. This paradox is addressed by the metaphor of the “glass handcuffs,” which explains the unseen mechanisms that keep men away and keep them working continuously. Since men are more often found in high decision-making positions that influence business and organizational culture, policies and practice, they have to show that implementing work-life policy is something that all staff members are expected to do, because if gender equality at both (work and home) is improved women’s and men’s lives would improve (*Blithe, 2015*).

Prior to the use of the term Work-Life Balance, the term Reconciliation of work and private/family life was widely used. In *Women and the Economy*, European women’s lobby pointed out that “The greatest challenge to female employment in Europe continues to be reconciling family life, with the demands of the labor-market.” In the same paper, EWL considers that the terms ‘Reconciliation of work, private and family life’ and ‘Promoting a life-cycle approach to work’ are neutral terms. Accordingly, EWL recommends adoption of different directives that will refer to fully paid paternity leave, and other forms of paid leave. It also suggests ensuring that self-employed parents and temporary working parents will have equal rights to various paid leave options, and that the economic impact of women’s unpaid labor will be recognized (*EWL, Women and the Economy*).

2.1. The concept of Work-Life Balance and involvement of women and men in North Macedonia

Gender roles have been shifting in Macedonian society recently. Previously, women’s duties were mostly associated to the household, caring for the children and the family, and men’s roles were primarily dedicated to providing for the needs of the family. Globalization trends and the growing number of women in higher education, the workforce and the presence of women in social sphere have contributed to the transformation of gender roles in Macedonian families. Although in the past men were almost entirely absent from household and family tasks, there has been slight progress in newer generations. The new generation of fathers increased involvement in the parenting process and in spending time with children, but not in household tasks (*Jovanova, 2019*). Fathers in the Republic of North Macedonia, have the right to

use maternity leave. The Labor Law stipulates that the father can replace the mother and use maternity leave instead. Although, the Law provides for such an opportunity, it is rarely used in the country. In the period from 2012-2014, around 15-20 men yearly used maternity leave. Over the last years, the number of men who used it has increased. In 2021, 57 fathers used this opportunity. The slight increase of men taking the leave can indicate an increase in men's awareness of the issue, or may indicate that they were not informed previously about the legal possibility of usage. The table below gives an overview of the number of men who used maternity leave in the period 2012-2021.

Table 3. Men users of maternity leave in North Macedonia (2012-2021)

Men users of maternity leave in North Macedonia	Year
2012	19
2013	16
2014	14
2015	29
2016	54
2017	79
2018	44
2019	63
2020	47
2021	57

*Health Insurance Fund of North Macedonia

These figures are still negligible when compared with the proportion of men who use paternity or parental leave in Iceland (95%), Sweden (85%). Even in the region, men utilize maternity leave more; approximately 110 men in Montenegro and over 225 men in Serbia use maternity leave annually (*Jovanova*, 2019).

Despite the fact that maternity leave is provided for by law, one category of women was deprived of the right. Female farmers were not granted maternity leave and paid sick leave for a very long period. This harsh policy has disproportionately harmed them, which is especially troubling as they are a workforce that experiences poverty and has limited access to social, health, and educational resources. On the suggestion of the Ministry of Agriculture, Forestry, and Water Management, the Program for Support for the Social Security of Women

engaged with agricultural activities was approved in 2023. According to the Program, support up to a certain financial compensation was provided for a nine-month maternity allowance. While this is a positive development, it is only a temporary solution, not a systemic one. (Antonovska, 2024).

3. Policies for Work-life balance

3.1.1. Policies for work-life balance at EU level

The first European coordinated strategy in the field of employment and social policies was adopted in 1997 accompanied by European Employment Guidelines and a yearly National Action Plan for Employment (Busby, 2007). In 2006, the Directive on the implementation of the principle of equal opportunities and equal treatment of men and women in employment and occupation was adopted. This Directive brought together the access to employment, including promotion, vocational training, working conditions, pay and social security schemes. The Framework Agreement on Parental Leave and the 1996 Council Directive on Parental Leave were improved in June 2009. Individual rights to a leave period were expanded by the Framework Agreement from three to four months, with one month being non-transferable between parents. Later, changes are proposed to the 1996 Council Directive on the application of the principle of equal treatment for self-employed men and women, including those working in agriculture and protection of pregnant women and mothers. The Directive for parental leave (2010/18/EU) puts into effect the revised Framework Agreement on parental leave from 2009. Men and women employees are entitled under the Directive to individual parental leave for the birth or adoption of a child, with the purpose of caring for the child until a maximum age of eight years. In order to promote equal opportunities and treatment for men and women, at least one of the four months of leave on a non-transferable basis must be taken on to promote more equitable use of time off by both parents. (*Council Directive 2010/18/EU as of 8 March 2010 Implementing the revised Framework Agreement on parental leave concluded by BUSINESSEUROPE, UEAPME, CEEP and ETUC and repealing Directive 96/34/EC*).

In December 2007 Common Principles of Flexicurity were adopted by the Council of the European Union. Flexicurity is defined as an “integrated strategy for enhancing, at the same time, flexibility and secu-

rity in the labor market.” The EU identified a set of common flexicurity principles among which principle no.6 refers to “Flexicurity should support gender equality, by promoting equal access to quality employment for women and men and offering measures to reconcile work, family and private life” (*Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and the Committee of the Regions Towards Common Principles of Flexicurity: More and better jobs through flexibility and security*, 2007).

In 2019, the Work-Life Balance Directive was passed as one of the deliverables of the European Pillar of Social Rights. On the other hand, the European Pillar of Social Rights consists of twenty principles. The principles of Work-Life Balance, and Childcare and Support to Children are among principles. Other equally important principles are equal opportunity, wages, education, training, and lifelong learning.



Figure 1. The European Pillar of Social Rights in 20 principles

The Work-Life Balance Directive addresses the issues that working parents and caregivers encounter. Individual rights are also covered by the Directive in the areas of paternity leave, parental, caregivers’ leave, and flexible work schedules for caregivers and working parents. Along with the aspects of Time (flexible work schedules and family leave), it also addresses the aspects of payment for leave as well as access to services. More specifically the Directive includes: paternity leave for fathers and/or second parents to 10 working days of paternity leave

at the time of birth of the child; it strengthens the right of 4 months of parental leave by making 2 out of the 4 months non-transferable, it also foresees the right of parents to take the leave in a flexible way. It introduces carers' leave to workers that provide personal care or support to a relative or person living in a same household (5 days per year). It gives opportunity to request flexible working arrangements such as reduced working hours and flexible working hours to all working parents of children up to at least 8 years old and all carers (*Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU*).

The European Care Strategy adopted in 2022 addresses the difficulties and disparities in the provision of care within the EU and sets out a vision for care on a European level. The Care Strategy highlights the need to enhance the quality, cost, and accessibility of formal care services while also places a strong focus on the necessity of giving men and women equal responsibility for childcare (*A European Care Strategy for caregivers and care receivers*, 2022).

3.1.2. Policies for Work-life balance at national level

The country makes efforts to adjust policies and to show an understanding of the issue of Work-Life Balance. The policies typically include: measures to reduce and redistribute unpaid work, providing for sufficient and effective child and elderly care facilities, enabling flexible working arrangements and different types of paid and/or unpaid leave entitlements.

In accordance with the Labor Law (art.165), a working mother during pregnancy, birth and parenthood has the right to paid leave from work for a period of nine continuous months, and if several children are born at once (twins, triplets and more) the leave is 15 months. Additionally, the Law regulates the use of parental leave by a father or adoptive parent of a child (art.167). If the leave from work for parenting is not used by the working mother, the right to leave is used by the child's father or adoptive parent. In terms of fathers' rights, legislation currently provides for up to seven days maximum leave for fathers, which varies depending on the collective agreement and is covered by the employer as paid leave for family circumstances. Although maternity leave is transferable, it cannot be split between parents, meaning that in order for fathers to take the leave, working mothers must give

it up entirely. Such a model is outdated because it treats parenting as a matter exclusively related to the mother. Also, this approach in country's legislation does not meet the goals of the country's Gender Equality Strategies (2013-2020 and 2022-2027), the recommendations of the UN CEDAW Convention, the Beijing Declaration and the Platform for Action, Agenda 2030 of the UN, the existing EU Directive on Parental Leave 2010/18 and the Directive on Work-Life Balance nor the recommendations of the International Labor Organization for three types of leave: maternity, paternal and parental leave (*Reactor-Research in Action*, 2019). The Committee on the Elimination of All Forms of Discrimination against Women's 2018 Concluding Recommendations, state that the country must accelerate the amendment of paternity leave legislation and ensure mandatory paternity leave in addition to ensuring the promotion of men's role in parental care (*Ibid*).

The country has ratified conventions by the International Labor Organization that refer to motherhood and parenthood such as the Convention for the Protection of Motherhood, 2000 (No. 183) which opened a broad framework for the prevention of pregnant workers and nursing mothers as well as the Convention for Workers with Family Responsibilities, 1981 (No.156) that refers to equal opportunities and equal treatment of men and women workers with family responsibilities. Thus, article 171 of the Labor Law states that a working mother who continues to breastfeed her child after the paid maternity leave has ended is entitled to a one and a half-hour paid break during working hours. This break is in addition to the daily break. This is enjoyed by the working mother until the child turns one year old. Working mothers are also entitled to three months of unpaid parental leave following the completion of their leave from work related to pregnancy, childbirth, and parenthood, up until the child reaches the age of three.

Part-time employment is permitted under the Labor Law, but only under certain circumstances, such as those that are hard, demanding, or hazardous to one's health, or when one is engaged in medical rehabilitation or has a disability. Additionally, parents of children with disabilities and special education requirements are entitled to work part-time, but only if they are single parents or if both parents are in a working relationship, and only based on the recommendations of a medical committee. This indicates that, except of the aforementioned situations, part-time work requested by employees as beneficial adjustments that would support work-life balance do not exist. The flexibili-

ty in working time is measured by the employees' ability to take one or two hours off during working hours due to personal or family needs. As already mentioned, working women have on average less flexibility compared to men (see table 2).

Rarely kindergartens are opened in institutions. As a significant example is the kindergarten in the Ministry of Finance, with the capacity to receive 40 children. One promising example is the recent implementation of paid paternity leave for male employees at Stopanska Banka that covers 15 working days of leave after becoming a father or parent in addition to the days that follow the collective agreement. With this decision, Stopanska Banka becomes the first company in the country which, in accordance with the EU Work-Life Balance Directive, introduces paid paternity leave (*Stopanska Banka*, 2024).

During 2023 a new draft law has been drawn up, which provides for the replacement of the previous term "maternity leave" with three new terms: maternal, paternal and parental leave. The proposed law stipulates that the maternity leave will last for five months, that is, 5 months of maternity leave, and then another four months of parental leave also for the mother. For the father, 15 days would be provided, which will be used from the moment the baby is born, and in addition, the father, will have the right to four months of parental leave, which actually means that both parents would get a total of 13 months (*Telma*, 2023) These legal proposals are certainly a step forward towards compliance with the European regulation and would enable the work-life balance; however they are not yet adopted.

4. Conclusion and recommendations

Even though the Republic of North Macedonia has demonstrated its willingness to address work-life balance by making numerous adjustments to its national legislation in accordance with EU legislation, there is still much work to be done. The current parental leave system in the state is insufficient, and in the near future, it will be necessary to establish a climate that would support the family by better protect parenthood. This will involve expanding the models of parental leave to include distinctions between paternity, parental, and maternity leave. Macedonian parents require a model that will create new chances for fathers in place of the outdated current one; all leave must be fully paid, non-transferable, and of equal duration for women and men.

Campaigns to dispel stereotypes that child care is “women’s work” and that father(s) are not fit to care for their children are also crucial and can encourage the participation of fathers in child care. These campaigns can transform the rigid gender roles and contribute to positive societal and cultural practices. At the same time, it is important to disseminate and implement effective national practices, such as those of already open kindergartens within institutions or those of institutions that currently provide fathers with additional days for childcare.

The social and labor laws need to be amended to allow for more use of flexible working hours, or more flexible work arrangements for working mothers, as well as increased use of part-time work without significantly decreasing wages. In order to close the gender gap in paid labor, it is also advisable to look into the possibility of a shorter fully paid working week (30–35 hours) for all employees.

In rural areas there are practically no facilities for caring for pre-school-aged children. The poor quality of available services at the national level is also a significant concern. This is a common reason why mothers leave the workforce. Because of this, it is essential to create more suitable conditions for kindergartens; investments in social infrastructure and road infrastructure are required, even in cases where kindergartens are present, as prior research indicates that they are located farther away. To close the gap between absences and care-related services, full-time education and care services for children ages 0–3 should be publicly funded. Provision of long-term care, nursing and health care services for the elderly and disabled is also necessary to guarantee a work-life balance for women and men engaged in care work. In addition, it is important to provide assistance with the transition from unpaid domestic work and child and elderly care to the formal economy.

The flexicurity and feminist economics concepts should also be considered by the government in order to have sustainability and to promote the long-term work-life balance. When considering the concepts of feminist economics, the focus should shift from the care of capital and income to the care of people, their health, and other non-market activities like education and personal potential. Also, it is necessary to regularly monitor and assess how the EU Work-Life Balance Directive is being implemented at the national level.

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Reconciliation: A Transformative Tool for Families in Post-Conflict Environments

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Abstract

Quality of life of families that have gone through military conflicts and now live in post-conflict regions is closely related to a complex, long-term and sensitive process of reconciliation. Reconciliation is a *conditio sine qua non* for a constructive approach by opposing family structures to the many challenges in various, yet common aspects of everyday life, such as health, social, educational, labour, civil rights, etc. Reconciliation deserves to be considered as a holistic and transformative educational tool of the lifelong learning platform. Benefits of the reconciliation process (based on capacity building for dialogue) were observed through longitudinal micro-qualitative research conducted in post-conflict regions of three Balkan countries. The research was oriented towards:

- ♦ defining the stages in building dialogue-skills of families;
- ♦ determining the factors for providing and encouraging integrative processes between families;
- ♦ monitoring the transformation of the value system in family communities.

Methodological framework of the research was based and developed using findings obtained by participant observation and semi-structured and unstructured interviews with many focus groups of family representatives, representatives of local self-governments, educational institutions, and representatives of political parties, as well as analysis of relevant documentation. The respondents sample reflected the ethnic, gender, social, educational, generational, cultural and linguistic diversity. The research findings affirmed the importance of systematic, planned and strategic guidance of opposing family representatives through a dialogue that will initiate reconciliation in several stages, with the ultimate goal of: establishing mutual relations through familiarization; building awareness of one's own viewpoints, as well as the viewpoints of the others; mutual recognition and acceptance; detecting common needs and interests and showing support for smooth institutional operation. Reconciliation is ongoing pedagogical and andragogical challenge, and its implementation should reflect a multidisciplinary approach that enables the development of a set of competencies and skills

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of family members, which in the long-term leads to transformation of their personal values.

Keywords: Reconciliation, Transformation, Conflict, Post-Conflict Environments, Dialogue.

1. Introduction

Reconciliation plays a critical role in improving the quality of life for families living in post-conflict environments. As a complex, long-term, and sensitive process, reconciliation is essential for addressing the challenges faced by families who have experienced conflict. Beyond merely restoring peace, reconciliation serves as a transformative educational tool that builds dialogue and fosters mutual understanding among opposing groups. In post-conflict settings, reconciliation helps bridge divides in daily aspects of life, such as health, education, labor, and civil rights.

This paper explores the transformative power of reconciliation as a tool for fostering dialogue among families in post-conflict Balkan regions. Through a longitudinal, micro-qualitative study conducted across three Balkan countries, the research examines how reconciliation can reshape family structures, values, and interactions. By focusing on the development of dialogue skills, integrative processes, and value transformation, the study highlights how reconciliation can create a foundation for peaceful co-existence in post-conflict societies.

The findings from this research emphasize the need for systematic, planned, and strategic guidance in promoting reconciliation, with a particular focus on the role of families. Through dialogue, families can work toward resolving past conflicts and building a more cohesive and peaceful future.

2. The Role and Importance of Reconciliation in Post-Conflict Environments

The reconciliation process should be considered as a complex, multilayered, and long-term cycle that is crucial for managing opposing sides in post-conflict social contexts and conditions. The term itself underscores the importance of building peaceful relations and the need to bridge gaps between hostile and opposing parties. Reconciliation has a strong impact on the transforming and rebuilding of relations between communities and groups that were endangered, disrupted, or entirely severed by violence and conflict. It should occur on both a horizontal level, by fostering peace-building initiatives between individuals, and a vertical level, by strengthening relationships between people and institutions (Clogg, 2021).

Designing and managing reconciliatory commitments, steps, and efforts requires a unique approach and policy tailored to the specif-

ic local social and political context. When examining and comparing global experiences in this field, it becomes clear that reconciliation, as a long-term effort, is a crucial aspect of this process. However, one must not overlook the so-called *soft* component, which includes building trust, developing collaborative relationships, improving mutual dialogue, and maintaining peace and harmony within society. These benefits are essential for the overall well-being and survival, in the broadest sense, of families who have experienced or are still facing conflict situations.

The goal of reconciliation, as one of the holistic policy approaches, is to foster new connections between people and families, creating a foundation for better mutual understanding. While reconciliation does not have to be the only relevant intervention, it is crucial for building peace in post-conflict periods, as it is closely tied to the potential for further democratic, economic, cultural, and educational development. Viewing reconciliation from this perspective highlights its pedagogical and psychological dimensions, with dialogue serving as its primary tool.

2.1. Dialogue: A Tool in the Reconciliation Process

The reconciliation process is rooted in dialogue building, which serves as both a method for gaining insight into the truth and an approach to life (Bryn, 2015). Dialogue is a key driver of reconciliation because it actively engages a variety of participants across multiple stages in building channels for understanding and recognizing different, even opposing, viewpoints, values, beliefs, and historical narratives. The broad benefits of this approach stem from its unobtrusive nature – free of any propaganda or advocacy – and its flexible structure, with the primary goal being for people to learn from one another, following the “listen–learn–change” cycle. The noble and transformative aspects of this sensitive process include a deeper understanding of *others*, the ability to overcome stereotypes, and the capacity to change personal viewpoints, seen not as a weakness but as a strength and a personal capacity (Bryn, 2015).

International experiences (in Northern Ireland, Libya, the South Caucasus, Georgia, Abkhazia, Ukraine, etc.), as well as field practices from the Balkans, clearly highlight the need to establish partner networks in these efforts, emphasizing the role and impact that families can have in supporting peace initiatives.

Understanding the principles of dialogue management is a prerequisite for proper strategic involvement of families as a key pillar in reconciliation. It outlines the subtle boundary between debate and dialogue (Bryn, 2015).

Table 1. Debate – dialogue comparison

Debate	Dialogue
The goal is to win	The goal is to understand
Convince / argue	Explain / tell
Search for the other's weak argument	Look for the counterpart's strengths
Talk	Listen
Moral judgment	Make the counterparts feel safe
Confrontational body language	Tolerance
To change one's opinion is a sign of weakness	Self-discipline/self-criticism

When initiating the transformative process with families, the aforementioned specifics should be used to design pedagogical and psychological approaches that support and facilitate reconciliation, while also respecting the characteristics of local social and political context. International experiences offer a clear roadmap for shaping an algorithm for long-term, systematic, and constructive management of reconciliation, i.e.:

- openness, transparency and sense of community in planning the goals, topics, schedule, methods, etc.;
- getting to know each other face to face;
- equal, not similar participants;
- detecting the easiest and most acceptable common topics;
- continuous active and careful listening;
- well prepared questions as support for the development of dialogue;
- right to express personal opinions and experiences;
- avoiding to ascribe viewpoints to certain groups or sub-groups because of their particular affiliation or characteristic;
- comparing experiences, perceptions and practices of participants with different viewpoints;

- ♦ respecting the privacy when discussing certain topics;
- ♦ ensuring safe socio-emotional climate for developing and conducting dialogue;
- ♦ continuous and cyclic nature of a dialogue (Bryn, 2015).

To ensure that reconciliation and dialogue pave the way to peace and harmonious relations in post-conflict circumstances, it is crucial to establish a broad yet clearly structured network of participants working together on this task. Positive international experiences suggest involving the following entities in the overall efforts: local political and municipal authorities and institutions; teachers and educational authorities; families (including parents, guardians, and students); representatives of refugees and displaced persons; and representatives of the international community. Families play a key role as an inter-generational and unifying element in interactions and communication with all other stakeholders.

2.2. Reconciliation of the Balkan Area

The last decade of the 20th century and the beginning of the 21st century was marked by extensive political turmoil, tension, violence, and armed aggression in many Balkan countries. The necessity of continuing (co)existence in a common, shared space – despite later redefinitions and transformations in territorial, administrative, institutional, and legislative terms – strongly highlighted the need for reconciliation, which lasted for years. The Balkan experience in reconciliation is viewed as a relevant and unique approach on the international level, offering valuable lessons and recommendations from its development stages.

The adverse effects of wars in Croatia, Bosnia and Herzegovina, Kosovo, Serbia, Montenegro, and Macedonia were the primary drivers behind the planning, organizing, and implementation of hundreds of dialogue-seminars held over a decade. The initial efforts began in 1995, led by a group of experts and enthusiasts from the Nansen Academy in Lillehammer, Norway. They pursued their mission through a network of Nansen Dialogue Centres in nearly all the former Yugoslav republics, now independent countries. These centres supported initiatives to encourage local stakeholders across different countries to engage in reconciliation efforts. Analysis of the extensive archive and documentation of these activities points to several significant insights:

- the complexity of the conflicts in the Balkans can be fully understood only through direct mutual communication, free from media or political propaganda. The personal involvement of all key stakeholders fosters an awareness of one's own position as well as the positions of *others* during the conflict;
- life in segregated societies does not imply everyday living in physically divided territories;
- international efforts that focus on peacebuilding through institutional capacity building often overlook the importance of the "soft" component, which involves advancing dialogue to break the transgenerational transfer of viewpoints, stereotypes, and prejudices towards *others*;
- building a network of local dialogue supporters that would reflect the diversity of local contexts.

This initiative is the largest international project ever undertaken by the Nansen Academy and has been internationally recognized, receiving numerous notable awards.

3. Transformative Role of the Dialogue

In response to the series of tragic events and turmoil in the Balkans over a single decade, which created a pressing need for reconciliation, the research focused on a qualitative analysis of extensive archives of data, insights, records, and documents. These were compiled after longitudinal monitoring of the role and impact of reconciliation in three Balkan countries that have undergone various social and political transformations and experienced armed violence and aggression of differing durations and timings. Our research focused on three key moments: the need for dialogue and reconciliation in Bosnia and Herzegovina after 1995, Kosovo after 1999, and North Macedonia after 2001. This approach provides a foundation for assessing the benefits of dialogue and comparing its impact both on a macro level (social interactions) and a micro level – family, as one of proactive social entities.

3.1. Methodological Framework

The research focused on a qualitative analysis of an extensive database created during the planning and implementation of reconciliation efforts in three Balkan countries from 1998 to 2008. The research goals were oriented towards:

- defining the stages of building dialogue-skills among families;
- determining the factors for establishing and supporting integrative processes between families;
- monitoring the transformation of the value system in family communities.

The methodological framework of the research was developed based on the advantages of participant observation, as well as semi-structured and unstructured interviews with various focus groups, including family representatives, local government officials, educational institutions, political party representatives, and an analysis of relevant documentation. The respondent sample reflected ethnic diversity (Macedonian, Albanian, Serbian, Croatian, Bosniak origin), as well as variations in gender, social status, education, generational, cultural, and linguistic backgrounds (Macedonian, Albanian, Serbian, Croatian, Bosnian languages). The experiences from all three Balkan countries underscored the necessity of reciprocity in participation in dialogue sessions and seminars by all stakeholders. This requirement implied a broad diversity within all focus groups with which the Nansen Academy team worked. The analysis focused on sets of statements, testimonies, perceptions, values, expectations, and projections for future developments from all participants in the dialogue seminars, aiming to identify common topics, challenges, and issues.

Given the extensive data available, the research interest remained on focus groups composed of family members as crucial agents and supporters of changes in local environments, which is a prerequisite for improving relations on a broader societal level.

3.2. Research Findings

Participation of family members was crucial for initiating transgenerational changes, which had a definitive and decisive impact on potential qualitative advancements in several areas of life. The findings will be presented as a cross-section of multi-year monitoring of the transformations that took place in:

- 24 family communities (12 Macedonian, 12 Albanian) from the municipality of Jegunovce;
- 18 family communities (11 Albanian, 7 Serbian) from the municipality of Novo Brdo;

- 36 family communities (15 Bosnian, 21 Croatian) from Prozor-Rama municipality.

The majority of participating families were traditionally oriented: in two municipalities with a predominant focus on agriculture as the primary source of income. The smallest family unit consisted of four members, while most were larger families with three generations living together.

Three focus groups representing family communities from three different Balkan contexts shared several common characteristics. One commonality was their rural origins. Another similarity was found in the significantly larger participation of male family members (grandfathers, fathers, and uncles) in dialogue seminars compared to the much less frequent participation of female members (grandmothers and mothers). Male family members primarily shared personal family stories and experiences, and they were also the ones making key decisions that drove transformative processes. What also emerged as a recurring experience was the inclusion of multiple male members from the same families, reflecting generational differences. Extremely rare were examples and challenges where a unified stance was not established within a family unit, considering the possible generational gap. Encouraging were the cases where the inclusion of one family member led to the gradual involvement of the extended family, particularly when there was a high level of mutual trust and a safe climate within the focus groups. Profiling the participating families led to another common characteristic: lower social status and issues with unemployment in local communities. An additional challenge was that some male family members had been involved in military conflicts on opposing sides, despite originating from nearly the same territory. This highlights the importance of the reconciliation process, showing that it aims not only to overcome ethnic challenges and barriers but also to foster dialogue in divided and deeply segregated societies (Bryn, 2015).

The extensive work of the expert team with groups of parents revealed another specificity: the need not only for conducting dialogue with the help of facilitators but also for supporting the restoration of forcibly interrupted connections, relationships, and communication between the local populations in the targeted municipalities. These populations had maintained various forms of interaction before the war, including familial, economic, legal, commercial, educational,

sports, and cultural connections. Following the outlined algorithm for providing a reconciliation platform, all steps are reflected through the summarized benefits for the three focus groups:

- ♦ openness, transparency, and sense of community were crucial in planning goals, topics, schedules, and methods. Parents consistently played an active and decisive role in negotiating and specifying details for all dialogue seminars and sessions. This included selecting session locations, tailoring the dynamics of implementation to their professional and family responsibilities, choosing relevant topics for the group, and using methods that provided greater flexibility and autonomy while aligning with their real-life experiences, prior knowledge, and lifestyles. Achieving a sense of community within the group was a top priority in this complex process, requiring significant effort to identify common interests, which in turn enhanced openness, communication, and connections. It is also important to highlight the effective practice of holding dialogue seminars in neutral locations – whether in a home, a neighbouring country, or at the Nansen Academy. This practice helped shift the focus from local to international, offering a broader perspective and dimension;
- ♦ getting to know each other face-to-face: in most cases, family members were able to re-establish relationships interrupted by the military conflict. The immediate and direct meetings during the dialogue seminars provided a safe space, allowing participants to meet, see, and hear each other;
- ♦ equality, not similarity of participants: given the diversity within the focus groups, it was essential to create an environment where everyone felt equal, rather than similar to others. Despite potential similarities in individual family settings, it was crucial for each participant in the reconciliation process to feel equal to all others. This is why round table discussions were used, titles were omitted, and speaking time was equally allocated, ensuring that everyone can be heard and recognized (Bryn, 2015);
- ♦ detecting the easiest, most acceptable common topics: identifying common topics that are both easily acceptable and relevant is a crucial turning point in shaping and managing dialogue with families. This is especially important once families recognize that certain topics are equally relevant and critical for the future

quality of their lives. Family focus groups typically acted cohesively regarding the perspectives and future well-being of their children, grandchildren, and descendants, highlighting the importance of the upbringing and educational process. Additionally, a unifying effect was observed in discussions about local infrastructure, such as water supply networks, the quality and safety of local roads, and the conditions of local upbringing and educational institutions;

- continuous active and attentive listening: it was essential to create an atmosphere of empathy and heightened awareness to prevent any type of ignoring or underestimating among the reconciliation parties;
- well- prepared questions to support dialogue development: open-ended questions are crucial as they facilitate open communication between participants and provide diverse perspectives. In contrast, closed-ended questions, or those requiring concise answers, as well as questions that resemble an interrogation, are highly unfavourable for this type of process (Bryn, 2015);
- right to express personal opinions and experiences: a crucial message for families participating in reconciliation efforts was the recognition that their opinions were valued from the outset, and that no one would be coerced or directed to alter their views;
- not ascribing viewpoints to certain groups or sub-groups based on some affiliation or characteristic: it was observed that family members developed trust much more easily towards others in the focus groups after they saw that the expert group did not encourage any kind of generalizations based on ethnic, religious, linguistic, cultural origin, level of education, social status, etc.;
- comparison of experiences, insights and perceptions of participants with different viewpoints: many participants in the family focus groups confirmed that the dialogue seminars provided a unique opportunity to encounter, for the first time, the diverse viewpoints, experiences, fears, expectations, and hopes of the other side, which enabled them to understand the concept of multiperspectivity;
- respect for privacy when discussing certain topics: crucial aspect of conducting the dialogue seminars was the strict rule against asking questions that could induce fear, shame, unease, or dis-

comfort among participants, or that might infringe upon their privacy, political or religious affiliations, family background, and other sensitive areas;

- ♦ provision of a safe social and emotional climate for developing and conducting dialogue, which implied the readiness of the expert team to recognize and address a range of feelings, with different signs, without labelling, ridiculing, or ignoring any participant. While the dialogue process is not a therapeutic session, it should allow space for participants to express joy, sadness, anger, rage or revolt;
- ♦ dialog must be implemented in continuous and cyclic manner: dialogue should not be confined to a specific timeframe but should continue on later occasions, since it fosters ongoing understanding between participants, which is permanent need and challenge.

4. Conclusions

Reconciliation through dialogue as the main tool enabled the transformation of values and perceptions within family communities from different, previously opposing sides. This transformation was encouraged by identifying common, important, and relevant topics that fostered cohesion, agreement, complementarity, and support. Hence, qualitative changes were observed in the statements and actions undertaken by family communities from diverse ethnic backgrounds. These transformations are reflected in:

- ♦ joint initiatives for educational activities (extracurricular, curricular, and free courses). A notable example is the municipality of Jegunovce, where families requested free non-native language courses, which saw increasing interest from local families. The initiative was successful because family communities viewed it as a way to enhance their children's language skills and competencies, rather than perceiving it as a threat to their ethnic or linguistic identity;
- ♦ mutual assurance of safety while moving through the municipality, particularly in former monoethnic war zones, and negotiating and coordinating joint activities for children;

- the change in one generation within the family most often initiated transformative processes both horizontally and vertically within the family. If there was any obstacle to supporting reconciliation steps, it was more frequently observed among family members directly involved in military actions or among the oldest members of the families;
- mutual support and assistance to families in their local communities, especially when (in the initial stages of reconciliation) some were labelled as “traitors” or collaborators with *others*. Through the conducted interviews, families reported the discomfort and unpleasant experiences they faced from their neighbours, fellow citizens, and compatriots. Despite these challenges, their primary motivation remained the well-being of their children and grandchildren;
- after the initial positive experiences with the dialogue seminars and the easing of tense relations, family representatives began positively influencing their neighbours, relatives, and friends, thereby expanding the support network. Additionally, the participation of female family members, particularly mothers, gradually increased over the following years. Their involvement significantly contributed to the reconciliation process, especially through their valuable support for intercultural educational activities;
- what became evident was the clear separation between past events that contributed to conflict and violence and the common aspirations for the future of their descendants. This distinction served as a guideline for the development of national strategies that support dialogue as a holistic and effective practice;
- the crucial role of the family as a connective tissue in the reconciliation process is evident in cases where central-level decisions were made without consultation and direct involvement of family communities. Consequently, these decisions often failed to be implemented effectively and efficiently. In such circumstances, some families became sources of significant passive resistance (due to insufficient information, fear, hasty decisions, unprepared ground, and lack of human capacities and resources);
- for an extended period, families played a direct role in supporting pioneering upbringing and educational efforts to address school segregation issues, such as two schools operating under one roof,

ethnic shifts, and instruction in different languages at physically separated school facilities. Particularly notable were instances of self-initiated volunteer participation from nearly all families to improve school infrastructure, all in the best interest of their children.

The above highlights the potential of families as a key element in reconciliation and underscores the necessity for their interaction with all other stakeholders in this complex network of teachers, school governing bodies, municipal and administrative authorities, and political parties. Dialogue has made families more visible as active subjects and pioneers of change, demonstrating that reconciliation efforts cannot rely solely on immediate centralized decisions that overlook the family's central role. Furthermore, dialogue with families has emphasized the human dimension in post-conflict settings, addressing aspects such as children's upbringing, healthcare, environmental care, music, food, sports, crafts, and volunteering.

Understanding the *other* as a mission of reconciliation is closely related to the essential role of the family in fostering human values and developing the capacities of future generations. The transformative power of the family in the reconciliation process stems from its inherent capacity for significant and profound influence. This potential should be harnessed systematically and strategically from psychological, pedagogical, and sociological perspectives.

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Families and Intercultural Challenges

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Abstract

Intercultural upbringing and educational initiatives are a contemporary pedagogical trend and a precondition in school contexts that reflect diverse characteristics. Encouraging intercultural education as a concept and philosophy is closely related to the value system nurtured and practiced within the family, serving as a foundation for forming, shaping, or transforming attitudes and values towards diversity and otherness. Following this premise, the active participation of families is crucial and constructive recommendation for supporting and sustaining intercultural upbringing and educational approaches. To this end, a study was conducted focusing on elucidating the following aspects of the presented issues:

- examining the role of family communities of different types and structures in embracing intercultural values and orientation;
- identifying the factors influencing families' decisions to take part in intercultural initiatives;
- determining the similarities in different family structures involved in intercultural upbringing and educational approaches.

The qualitative methodological framework of the research was designed based on participant observation, semi-structured interviews with multiple focus groups, and analysis of pedagogical documentation. The ethnic, gender, social, educational, age, cultural, linguistic, and geographic diversity of the parents' sample provided both a deep insight into obstacles they face and their motivations to take part in intercultural activities, as a prerequisite for further involving their children of early school age. Possible obstacles that parents faced included concerns about overburdening their children with additional school activities; unfamiliarity with the languages of other ethnic communities in the country; unfavourable social and political conditions in various local contexts; and fear of possible misunderstandings or conflicts. A crucial finding of this research were the universal encouraging factors among the parent's sample (regardless of diversity across various grounds) for a support of intercultural educational activities. Human values such as child well-being, quality education, and the opportunity for children to meet and interact with peers from different ethnic backgrounds were main reasons for

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the parents' positive stance, further supported by strong trust in class teachers and their intercultural competencies.

Keywords: Interculturalism, Family Values, Diversity, Participation, Intercultural Upbringing And Educational Approaches.

1. Introduction

In today's increasingly interconnected world, intercultural education has become a critical aspect of fostering understanding, tolerance, and cooperation among diverse communities. As societies grow more multicultural, schools play a pivotal role in shaping young minds to embrace diversity. However, the foundation for intercultural values and attitudes is often laid within the family. Families are essential partners in the educational process, and their active involvement can significantly enhance intercultural initiatives in schools.

The study presented in this paper explores the intersection between family involvement and intercultural educational approaches, particularly focusing on how families from different ethnic, linguistic, and social backgrounds contribute to shaping attitudes toward diversity. By examining the role of various family structures, the factors influencing family participation in intercultural activities, and the similarities in their experiences, this research provides valuable insights into the challenges and opportunities in promoting intercultural education through familial engagement.

Through a qualitative methodological framework, including participant observation, semi-structured interviews, and pedagogical documentation analysis, the study uncovers both obstacles and motivating factors that families encounter when engaging in intercultural initiatives. The findings highlight the universal human values that unite parents across diverse backgrounds, emphasizing the importance of child well-being, quality education, and opportunities for social interaction in promoting intercultural understanding.

This paper not only sheds light on the crucial role of families in intercultural education but also provides constructive recommendations for fostering sustained family involvement in educational initiatives that celebrate diversity and otherness.

2. Interculturalism: A Contemporary Pedagogical Trend and Tendency

Interculturalism should be understood and considered as a multi-layered concept, reflecting political, sociological, pedagogical, psychological, cultural, and social commitments and policies. By examining it through all these lenses, we can address the weaknesses and gaps that emerge in multicultural societies, where tension and super-

ficial, sporadic interactions between diverse groups are common. Unlike multicultural realities, where various cultural and sub-cultural influences are evident but lack continuity in interactions, interculturalism holistically unites and advocates a range of human values such as tolerance, solidarity, cooperation, equality, peace, justice, openness, non-discrimination, assistance, interaction, exchange, and impartiality. As a societal priority and framework, it facilitates the development of a dynamic process of influence among language, ethnic, culture, social status, and gender diversities. Its philosophy offers ample space for encouraging otherness as both a challenge and a benefit rather than an obstacle.

The rapid global development of intercultural engagement over the past five decades has introduced numerous approaches and solutions for strengthening intercultural practices across educational, cultural, social, and legal spheres. One effective and sustainable practice involves promoting intercultural dialogue as a dynamic and active tool that facilitates open share of viewpoints between individuals and groups with diverse backgrounds, based on mutual understanding and respect, with an ultimate goal to create a cooperative and receptive environment to overcome political and social tensions (Council of Europe, 2008). The main dimensions of intercultural dialogue include: sharing and respecting viewpoints, valuing diversity, interaction, dialogue based on equality, learning about each other, learning from each other, and social transformation (Council of Europe, 2008).

Integrating intercultural principles and values into various social contexts has led to the development of numerous national strategies, concepts, curricular solutions, legal frameworks, social packages, and cultural initiatives. The analysis below will focus on comparing the Macedonian context with the intercultural advancements made in the field of education.

The adoption of the National Strategy for One Society and Interculturalism in 2019 established the foundational principles for developing an intercultural social environment in our country. The Strategy brings together seven areas that need to be addressed with an integrated and synchronized approach to support this commitment. The document outlines the contributions required in the following key areas: legal framework, education, youth, culture, media, social cohesion, and local self-government. The Strategy is developmental in nature, focusing on two periods: 2020-2022 and 2024-2026. Comparing the two

government solutions, while focusing solely on the Education pillar due to the authors' research interests, highlights the role of families in supporting intercultural influences. This is reflected in the priority given to increased collaboration between schools, parents, and students as essential to advancements in implementing numerous intercultural curricular and extracurricular activities. It also emphasizes the support for children's and students' interest in learning the languages spoken in our country, strengthening cohesion, and fostering harmony within school communities. Viewing parents and the family unit as supporters and active contributors to the process of interculturalism within the community indicates that numerous challenges arise at the micro family level, which introduces interculturalism into the upbringing and educational process enriched with intercultural values.

The National Strategy builds on previous efforts that signalled a comprehensive, socially engaged approach to promoting interculturalism. The Concept for Intercultural Education (2016) offered a range of practical approaches and protocols for schools – whether monolingual, bilingual, multilingual, monoethnic, or ethnically diverse – to develop an intercultural ethos. It also emphasized the key role of the family as a component in decision-making regarding participation in intercultural interventions, which is crucial for ensuring its long-term sustainability.

The document entitled Standards for Intercultural Education (2021) provides a clear outline of the knowledge, skills, and competencies that students can achieve in this field. While the focus is primarily on students' potential accomplishments, the role of the family in nurturing and practicing certain intercultural skills and competencies should not be overlooked. Families are also pivotal in fostering intercultural values and attitudes free from the burden of stereotypes and prejudices.

All reform-oriented documents in the field of upbringing and education since the beginning of the second decade of the 21st century have emphasized principles such as inclusiveness, gender sensitivity/equality, and interculturality, aimed at improving interethnic integration in education and social cohesion in society (Concept for Primary Education, 2021). These provisions and orientations are further supported by the defined principles and goals outlined in the Law on Primary Education (2021):

- promoting similarities and embracing differences, interculturality, multiculturalism, interculturalism and multiculturalism;
- establishing partnerships between schools, parents or guardians, and local government units (Article 4, Law on Primary Education, 2021);
- educating students to respect diversity, collaboration, and fundamental human rights and freedoms;
- developing students' awareness of their belonging to the Republic of North Macedonia, and fostering national, civic, ethnic, and cultural identity;
- preparing students for responsible life in a free, civil, and democratic society (Article 7, Law on Primary Education, 2021).

The framework of these principles implies not only the indirect but also the direct involvement of both the immediate and extended family in the continuous, consistent, and unified support and implementation of the established intercultural guidelines.

3. Families and Interculturalism

The idea for this research stemmed from the awareness that over the past decade and a half, numerous project activities have been implemented in primary and secondary schools across the country, aimed at integrating intercultural and interethnic components into everyday school life. Considering the complexity and intricacy of this educationally transformative process, and drawing from the recommendations of official national documents, the need arises to highlight the role of the family as an entity that can serve as a strong support or a potential obstructive factor. This understanding is based on direct field experience dating back to 2010, when the implementation of the government's strategy for integrated education (Steps Toward Integrated Education) faced open resistance from parents. In June of the same year, the Constitutional Court overturned a decision by the Ministry of Education that required children from non-majority communities to start learning the Macedonian language from the first grade. Civil organizations and the non-governmental sector further emphasized the need for the active involvement of families, parents, and guardians in the decision-making process regarding intercultural approaches in the upbringing and educational process. The implementation of the

Nansen Dialogue Centre Skopje (NDC Skopje) project facilitated capacity-building among families through a series of programs designed to collaborate with parents. This was achieved by systematically and strategically involving families in the decision-making processes related to educational initiatives undertaken in various local contexts across the country. The 2016 Concept for Intercultural Education specifically outlined the goals for cooperation with parents:

- ♦ creating a safe, intercultural, and stimulating school environment;
- ♦ raising awareness of the values and principles of intercultural education;
- ♦ strengthening cooperation between parents from diverse ethnic, religious, linguistic, and social backgrounds through team-based work;
- ♦ developing strategies to successfully overcome the sources of stereotypes and prejudices in multicultural school and local environments;
- ♦ enhancing cooperation and trust between parents and the school, as well as the teaching staff (Concept for Intercultural Education, 2016).

To achieve the aforementioned goals, a set of recommendations has been developed and offered for their effective operationalization through:

- ♦ joint parent meetings and gatherings;
- ♦ counselling sessions for parents;
- ♦ joint school events and project activities involving parents;
- ♦ participation of the parent council in the development of intercultural school policies and plans;
- ♦ preparation of bilingual/trilingual informational materials for parents (brochures, catalogues, and manuals) (Concept for Intercultural Education, 2016).

These forms of collaboration are designed to positively influence parents in the following areas:

- ♦ enhancing their sense of trust and fostering an active, participatory role in shaping the school environment;

- building a positive image of the school;
- overcoming stereotypes and prejudices related to certain aspects of school operation or specific educational entities;
- increasing awareness of various innovative initiatives undertaken by the school;
- improving skills for developing a partnership with the school in preparing students from diverse backgrounds for life in a diverse environment (Concept for Intercultural Education, 2016).

The role of the family clearly underscores its close connection to the sustainability of initiatives and advancements in local contexts, which served as the foundation for this research.

3.1. Research Methodology

The structuring of the research in the pre-pandemic period, specifically during the 2019/2020 school year, aimed to highlight the following aspects:

- examining the role of family communities of various types and structures in adopting intercultural values and orientations;
- identifying the factors influencing family decisions to participate in intercultural initiatives;
- determining the similarities between different family structures involved in intercultural educational approaches.

The research was qualitative in nature, utilizing the benefits of participant observation, conducting semi-structured interviews with multiple focus groups of parents from several municipalities in the country, and performing a detailed analysis of documentation provided by the NGO NDC Skopje. The parents' sample reflected ethnic, linguistic, cultural, social, and gender diversity and included:

- 18 Macedonian parents and 24 Albanian parents from Skopje, partners in PS Bratstvo, located in the municipality of Karposh. In this focus group, 62% were women and 38% were men. The instruction at the school is conducted in two languages, Macedonian and Albanian;
- 7 Macedonian parents, 3 Bosniak parents, and 21 Albanian parents, partners in PS Nikola Karev, located in the village of Borino, municipality of Krushevo. In this focus group, 86% were men and

14% were women. This is a regional school where instructions are held in both Macedonian and Albanian;

- ♦ 16 Macedonian parents and 24 Turkish parents from Radovich, partners in PS Krste Petkov Misirkov, municipality of Radovich. In this focus group, 76% were women and 24% were men. The school conducts its educational activities in both Macedonian and Turkish.

The semi-structured interview was organized into four categories of questions:

- ♦ perceptions of intercultural education;
- ♦ possible challenges and concerns regarding intercultural activities;
- ♦ expectations from intercultural initiatives for the child and the family;
- ♦ parents' motivation to support intercultural education.

The semi-structured interviews were conducted in Macedonian, Albanian, and Turkish, respecting the language preferences of the parents participating in the focus groups. Parents in all focus groups shared their experiences, projections, and expectations regarding intercultural education in the class teaching, given that the children were of early school age, i.e., from first to fifth grade.

Participant observation was initiated to examine three aspects:

- ♦ the role of class teachers in engaging families;
- ♦ communication between parents of different ethnic backgrounds;
- ♦ the school ambiance and didactic resources supporting intercultural upbringing and educational initiatives.

3.2 Research Findings

All focus groups were organized between September and October 2019 in the school premises of the mentioned educational institutions. This was conducted by the NDC Skopje NGO as part of its annual program for collaboration with parents, aimed at timely informing parents about possible and planned extracurricular activities (various types of school clubs), which students participated in weekly within heterogeneous ethnic groups. A key partner in presenting and showcasing intercultural efforts were the class teachers, who also had a

significant influence on the attendance and response of parents at the organized meetings. Parents from all six focus groups (two at PS Bratstvo, Karposh; two at PS Nikola Karev, Borino; and two at PS Krste Petkov Misirkov, Radovich) showed exceptionally high trust in their respective class teachers. The communication proved to be open, sincere, and constructive, with clear signs of respect and willingness for cooperation among families. The most common sentiment expressed by parents in all focus groups was based on immense trust in the teachers' choices, including their proactive involvement in project-based intercultural activities and multiple cycles of intercultural education training. The teachers were observed as key role models, which was later reflected by the parents. Some of the statements supporting this view are as follows:

“As long as the teachers are involved in these trainings and activities and believe it's good for the children, we will support them.”;

“If our teacher is involved, it's not a problem for the children to be involved as well.”;

“The teacher has a lot of experience; I believe that he will do everything for the benefit of the children through these activities.”

Even in cases where there was hesitation or uncertainty among a small portion of the parents, the awareness that the class teachers would regularly pay attention to all children and that they recommended the intercultural activities always resulted in affirmative decisions from the families. The participant observation revealed that initially (before the parents of students from the same grade but of different ethnic backgrounds had the chance to meet) they even hesitated to get involved in communication. This hesitation reflected common cultural and social norms during such occasional meetings. However, once families had the opportunity to meet the teachers who provide instruction in different languages (as members of bilingual tandems) and the families of students from those classes, the communication became more content-rich and multi-directional. In fact, such presentations and meetings served as an initial catalyst for further interaction and communication among families, which proved to be significant stakeholders in the local community contexts.

It was also evident that an important incentive for families was the enhanced pedagogical design of classrooms and school corridors. They perceived this as a benefit for the children, who had the opportunity to use a variety of intercultural didactic resources such as flashcards,

maps, posters, photographs, toys, audiovisual materials, traditional costumes, instruments, multilingual children's literature, messages in multiple languages, symbols, flags, and more.

Some of the commonly expressed statements in all focus groups were: "If we are happy, the children are surely even happier", "I'm glad that efforts were made for better education through intercultural activities, bringing novelties to the children", and "This should be available for all children in the school, so they are educated this way from a young age".

The semi-structured interviews showed almost uniform responses of parents across all four areas of questioning, regardless of their ethnic background and social status, or whether they lived in urban or rural areas.

The first topic addressed in the interviews focused on the parents' perceptions of intercultural education, i.e., how they perceive and define it. Most commonly, their views were that intercultural education involves informing children about other cultures, both locally and globally. Generally, parents were not familiar with the broader aspects of intercultural education as a concept that embraces all kinds of diversity, not only ethnic background or language but also other differences. It was observed that parents often correlated their experiences with intercultural upbringing and educational influences to initiatives for ethnic integration within the school. However, it was encouraging to see their openness to supporting other approaches as well. Parents expressed interest in participating in future activities that would be part of an intercultural curriculum, and they particularly emphasized the importance of an open approach from teachers, the school, and the NGO. This synergy among all stakeholders, which does not ignore parents' opinions and allows them to make decisions about planned activities for students, was recognized as a new and positive experience. All focus groups confirmed that they had not previously had such positive experiences.

The second topic addressed was the reasons for concerns and possible challenges in implementing intercultural activities. Again, a nearly identical line of thinking was observed across all focus groups. Parents openly expressed their concerns about possible conflicts between some students due to potential provocations. However, the understanding that the class teachers would be responsible for implementing these activities had a decisive impact, leading all parent groups to minimize

this as a threatening factor. Another notable challenge mentioned was the lack of proficiency in the non-native languages. However, parents constructively accepted the bilingual approach of the teacher tandem and the full freedom to use native languages during the planned activities. Another common concern identified by all focus groups was the negative influence during pre-election periods, when heightened political rhetoric often spills over into local contexts and sometimes, regrettably, into the educational institutions. Parents were aware of their significant role in harmonizing relationships under such threatening circumstances.

The third topic highlighted the expectations from intercultural initiatives, particularly the benefits these initiatives would bring to the children. Parents from all focus groups presented very similar and related ideas and projections: the opportunity for children to get to know peers who are learning in a different language; establishing trust and building friendships; developing relationships with teachers who speak another language; opportunities for socializing in local communities; learning a non-native language through play; and expanding the knowledge. The welfare of the child was the leading motive for all parents in the six focus groups, and this was further emphasized in the discussion of the fourth category of questions. Furthermore, parents emphasized the importance of upbringing activities that would not burden them with additional responsibilities and tasks, would not strain the family budget, and would take place within the school premises. They also noted that intercultural activities are planned to be implemented throughout the entire class teaching process.

The analysis of the pedagogical documentation archived at NDC Skopje confirmed yet another significant process and major benefit: the intercultural transformation of the parents and families themselves. In the subsequent school years (2020/21, 2021/22, 2022/23), all these groups of parents remained cohesive parent communities that enhanced their communication and took part in a series of activities, such as open days, performances, exhibitions, birthday celebrations, participation in other research, media products, charitable actions, and more.

4. Conclusions and Recommendations

Human values, such as the child's well-being, quality education, and the opportunity to meet and interact with children from different

ethnic backgrounds, were the main reasons for the parents' positive stance, further reinforced by strong trust in the class teachers and their intercultural competencies.

Another crucial aspect in this complex process was the equitable and timely involvement of parents in decision-making regarding their children's education. The authors of this work argue for the mandatory involvement of parents in similar project-based activities, emphasizing timely familiarization with all aspects of the planned and possible activities, and enabling each parent or family to independently decide on their child's participation.

The sustainability of many such initiatives depends on the support of families, as the "extended arm" of schools in developing and nurturing intercultural skills and competencies.

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Family Violence with Reference to Violence Against Women

Daniela Trajkovski¹

Abstract

Domestic violence has existed throughout history. At one time it was even perfectly okay to physically abuse children and women. Women and children had to be in a subordinate position below the man. Especially the women. Women did not have the right to speak in the home, to make decisions, they had to serve the man, it was perfectly okay to suffer beatings. The woman was mainly as an object owned by the man.

Today we are witnessing an increasing number of domestic violence against women. Every day we hear a new incident of domestic violence against women and even murder. And that today in the 21st century.

Female victims usually do not report because of shame or because they are women and cannot return to their parents' house.

Domestic violence has terrible consequences on the female victim as well as on the children, i.e. their psychological development and their social behavior.

Institutions should undertake rigorous measures to protect women victims of domestic violence, understanding and raising the mentality.

Domestic violence has always been evil and is still evil and the most terrible thing that can happen to a woman. It is beneath all dignity. It is disrespectful to women as human beings.

The perpetrator must receive the deserved punishment.

The purpose of this paper is to give a definition of domestic violence, to explain the forms of domestic violence. At the same time, the harmful consequences of domestic violence should be explained and preventive measures should be proposed.

Professional literature, Internet searches, interviews with experts and data on representation of domestic violence in the Republic of Macedonia will be used as methodology.

At the end of the paper, conclusions and results of the research will be presented.

Keywords: Violence, Victim, Consequence, Woman, Punishment

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1. Introduction

Although we are in the 21st century, we witness daily news about domestic violence especially against women. The daily news is bursting with incidents of ridiculous violence and murders against women by their spouses or common-law partners and ex-partners, not least by brothers and fathers.

Even in the 21st century, those backward, patriarchal beliefs rule that a woman is “for someone else’s house”, that she should leave her parents’ house to go to her husband, be silent and suffer because she chose him herself, because of shame, because of the children, etc. .

Even after the breakup of Yugoslavia, especially due to the war, in many mixed marriages on an ethnic and religious basis, violence against wives and murders have been observed.

The woman has always been a victim throughout the wars, it was like a trophy for a woman to be raped by the enemy side and even more pregnant.

The individual may also be exposed to violence in the family during all his life, starting from childhood, until old age. Agreed though a large number of researches and analyses, as the most common victims of domestic violence occur women, children and the elderly.(Dimkovska I 2019:5) Domestic violence usually involves forced behavior control, which is dangerous to life and affects all communities regardless of gender, age, sexual determination, race, ethnicity or social position (Dimkovska I 2019:5).

In the last four years of women-victims of violence for different two family data, labor data and social policy. According to their analysis, the number of victims in 2018 was 919, of which 665 tickets were women, while in 2021 it rose to 1,608, of which even 119 were women. A large part of them survived forms of physical or psychological violence. Similar data is also available in the Ministry of Internal Affairs, whose data shows that a large number of you, about 40, are protected by the councils, then the children.

2. Main part

The reason why so many women are abused is due of their unequal status in society and traditional norms. Because of the subordinate role they have in the family and society, women usually keep silent about the violence and remain trapped in a magical circle torn by shame, fear for security and the lives of their children, economic de-

pendence, possible pregnancy. This problem is minimized at all levels and there is a social it is the perception that causes the violence. The picture about violence against women in the public is shaped by stereotypes and everything believes that the bully comes from the lowest social strata, that they are uneducated, addicts, mentally ill. But in reality we have a completely different picture.(Sokolova I. Gazepova V. 2011)

Usually, every society encourages the thesis that the family is a private matter. However, with this attitude, violence in the family is silenced, and those who have less power within the family, namely women and children, then lose the possibility of having support to get out of the violence. Men are taught to dominate the family, and sometimes or often they do it violently. Children who grow up in a situation of violence do not know any other way of communication. Therefore, the state will punish perpetrators of domestic violence. This is the case in all countries in Europe, and in the largest number of countries in the world. Many activists and feminists of the women's movement are responsible for all the laws that punish domestic violence and sexual violence, who have been advocating for such laws to be formulated and adopted in their countries for years.

Violence can be considered from different aspects therefore it can be defined in several ways, but for the needs of this manual will use those definitions resulting from the practice itself in dealing with this problem.

- ♦ Any application of physical or mental coercion to the physical or the mental integrity of a family member.
- ♦ Any procedure of one family member or another a person who can cause physical or mental pain,
- ♦ economic damage.
- ♦ Causing fear or personal danger or injury of dignity by blackmail or other form of coercion. (Sokolova I. Gazepova V. 2011)

Domestic violence is divided into: Physical, psychological, economic and sexual.

Physical violence is the most egregious example of the violence that is perpetrated against women, which, unlike psychological and sexual violence, is often visible noticeable to other people. Physical domestic violence is also defined as “use of physical force or the threat that

physical force will be used against the spouse or the extramarital partner or towards another family member.(Dimkovska I 2019:6)

In relation to other types of violence, physical violence is the easiest to prove, because, as a rule, it is about causing visible injuries. But existence visible Injuries to the victim's body are not the only indicator of physical violence.(Lukic M, Jovanovic S 2001) Physical violence includes, slapping, punching, choking, hitting with objects, using a gun, knife and other sharp object, throwing objects, kneeling, rough pulling, tying up, banging on walls and doors, following a partner, destroying of her belongings, destruction and tearing of her clothes, locking the partner at home, forced use of substances (drugs and alcohol), depriving the partner of the necessary medicines,interference and control in meeting the partner's basic physical needs (eg food or sleep), etc.(Sekulovska N. Trajkovski D. 2023)

Psychological violence includes: verbal threats, humiliating the partner in front of family, friends or other people, jealousy and accusations of infidelity, abuse or threat of harming the victim's children, even when the intention is emotional harm to the partner through the threat of children the abuser that he will hurt himself, insulting and using offensive and vulgar words, criticizing and degrading the victim, shouting in order to intimidate the victim. Mental violence threatens the mental health or tranquility of a family member and is usually treated as an indicator or companion to other forms of violence. Practically, any form of dishonest, negligent and malicious behavior, which led to the violation of the psychological integrity, mental health or tranquility of a family member should be qualified as domestic violence. (Dimovski, D., Kostic, M., 2013:45).

Sexual violence is understood as; coercion of sexual intercourse, attempted coercion or other type of sexual activity, sexual harassment, such as "pushing", or any form of sexual activity (eg touching, caressing, fondling) against the will of another person, coercion of sex , rape) Use of force or rudeness for forced sex, rape with the use of an object, refusal of the partner's request for sex with protection. Sexual violence is any act of sexual act and sexual harassment of a person without consent.

Sexual violence is understood as; coercion of sexual intercourse, attempted coercion or other type of sexual activity, sexual harassment, such as "pushing", or any form of sexual activity (eg touching, caressing, fondling) against the will of another person, coercion of sex , rape)

Use of force or rudeness for forced sex, rape with the use of an object, refusal of the partner's request for sex with protection. Sexual violence is any act of sexual act and sexual harassment of a person without consent.(Sekulovska N. Trajkovski D. 2023) .Sexual violence is considered a specific form of violence because it causes specific consequences for the victim. (Todorova,B. Apasiev, D.Maksimova,E. Shutova,M. Koshevaliska, O. Stojanovski, S. 2020:34).

Economic violence is understood as; forbidding the partner to work, threatening the partner's employment by creating conflict situations at work, threats not to go to work due to injuries or forced substance abuse, controlling contributions, bank accounts and joint property, demanding the partner's accounts for all the money he spends, confiscation of credit cards, money, etc. falsification of the partner's signature reckless expenses and financial indebtedness, destruction of her property.(Fawole, O.,2008).

Women of all age categories, from rural/urban areas, different levels of education, from all social backgrounds and different family status can and are victims of domestic violence. However, when the various forms of violence are analyzed more closely, the existence of certain differences can be seen. Women who are neither employed nor financially independent are more often victims of economic violence. More than a third of women victims of violence do not leave the abuser due to existential problems because they have nowhere to go or no means of support. The material condition conditionally determines the provision of opportunities for women to get out of violent relationships and affects women's vulnerability to violence.

Many women who are victims of violence grew up in families of origin where violence was present and with such experience they believe that violence is a common partner relationship. A woman may be discouraged by a previous negative experience of contacting the police or a center for social work. This includes the fear of loneliness, a new beginning and the uncertainty that a new future may bring. The victim may also fear that the violence will not stop simply by ending the relationship. The woman is afraid that the abuser will hurt her, as well as the people close to her. This is also confirmed by the fact that a large number of abusers increase their violence when a woman tries to get out of a violent relationship in order to force the victim to "reconcile".

3. Interview

In a conversation with a police officer who wanted to remain anonymous, it was found that women often change their statement to the Public Prosecutor even if they report the violence due to pressure from their parents, shame of divorce, what the environment will say, because of the children, financial dependence, etc.

The woman stays with the abuser for several reasons:

because no one supports her, because no one believes her, because others find fault in her, because legal procedures take too long, because he is afraid of bullies, because there is not enough income, because he has nowhere to go, because she has children, because she is afraid that he will take her children, because he is ashamed of what people will think, because she is emotionally dependent on her partner, because he cares about the abuser, because he believes it will get better.

I conducted an interview with a psychologist from the neighboring Republic of Serbia via e-mail about how men commit violence against women, why women usually remain silent and do not report, and what are the motives for men's violence against women.

- ♦ *How does a man achieve long-term violence against a woman?*

- * ISOLATION: With different methods, he isolates the woman from her family, friends, the outside world... Isolation has many forms: turning off the phone, locking women, insulting her in front of friends, confiscating documents...

- * MOMENTS OF "GENTLENESS" : A man has moments when he is kind and gentle until the next act of violence. He buys her flowers, perfumes, takes her for a walk, buys gifts for the children, gives her a kiss... With that positive behavior and promises, he gives hope to the woman that she will change. Over time, these moments become rarer.

- * COMPLETE CONTROL: The goal of the abuser is control over the woman. The abuser usually positions himself as the supreme controller who decides in all situations where the woman's life is at stake. He decides what to do, what to say, what to think, when to call, how much money she needs. She usually has to answer to him for everything she does. He marks this control as his love and care for her.

- * DECEPTION: One of the successful control techniques. The abuser achieves control through constant intimidation: I will set your hair on fire, throw you off the roof, cut you into pieces, find you wherever you

go... These threats often refer to children or people close to you: parents or sisters and brothers.

♦ *Why do women in many cases not report the violence?*

- Taboo and “bear and shut up” It is obvious that in most cases the victims of domestic violence are women. That is why we are not surprised by the warnings of experts in the field of mental health, that women who are mentally and sexually abused are more prone to depression, fatigue, nervousness, lack of concentration that sometimes leads to suicide, which is another taboo and a topic for which many little is said. It is not unusual for victims to stay in an abusive relationship because they are not financially stable, although there are also examples of women staying due to sheer manipulation by their partners. A large number of women stay because they are afraid of the judgment of the environment or they do not have the support of their loved ones or they do not see the possibility of choice. This is especially pronounced in rural areas where women are taught to live according to the principle of “shut up and suffer”. It is the culture of non-reporting that still exists, so these women are mostly left to fend for themselves. Time has shown that even people who witness violence rarely decide to file a complaint, but follow the motto that “it’s none of their business”, which contributes to the woman closing herself off even more and cutting off social contacts, often due to a feeling of shame, especially if there are pronounced physical injuries that could testify to violence, which brings us to stigmatization on the one hand, and on the other, patriarchy, which is still dominant, at least in our societies in the Balkans, which represents another taboo. Fear of abusers, shame due to experienced violence, fear of judgment from those close to them, unfavorable economic situation and mistrust in institutions are the main reasons why women do not report domestic violence. What would encourage women to report violence is support from family and friends, institutions, as well as financial support.

♦ *What are the most common reasons for a man to commit violence against a woman?*

- The most common reasons are: jealousy, mental disorders, narcissistic and psychopathic personality structure, alcoholism, drug addiction. Victims of domestic violence are most vulnerable in their home, where they should feel safe, they lose their lives.

4. The consequences of family

Consequences of domestic violence can be psychological, emotional, physical, social, economic.

As a result of domestic violence, the female victim can fall into anxiety; chronic depression; chronic pain; dissociative states; addiction to alcoholic beverages and drugs; eating disorders; excessive emotional reactions to stimuli; panic attacks; self-harm and suicide attempts; sexual dysfunctions; sleep disorders; post-traumatic stress disorder; inability to respond adequately to the needs of his children; etc. get a variety of mental disorders, lose self-confidence and, most fatally, commit suicide. The female victim has disturbed sleep, nightmares, various traumas. Domestic violence also has consequences for physical health, such as increased blood pressure, stress, bruises and sprains, bruises, concussions, various injuries to the reproductive organs, etc. Then the female victim distances herself from her friends and withdraws into herself, does not go out, loses interest in social life, loses her job, and thus remains financially dependent.

Women are at high risk of femicide because of the secondary abuse they suffer. The consequences of torture suffered by female victims lead to a complete collapse of personality, freedom and integrity, the victim ceases to feel and loses the experience of being a person. The horrors and threat of loss of identity experienced by victims are referred to in the literature as the experience of "mental death." Society, the community, the environment can contribute to the reduction of violence, but they can also encourage it by spreading hatred towards women through social networks, tabloid reporting and messages sent by prominent individuals in the public space. The basis of violence against women is hatred of women. (The Law on Prevention, Prevention and Protection from Domestic Violence, (Article 17).)

Prevention to prevent and reduce domestic violence is the responsibility of the MTSP, the Ministry of Health, the Ministry of Internal Affairs, the Ministry of education and science, the Ministry of Justice, local self-government units, but also citizens' associations (Todorova, B. Apasiev, D. Maksimova, E. Shutova, M. Koshevaliska, O. Stojanovski, S. 2020:37).

Furthermore, local government units, in the domain of prevention and prevention of domestic violence, should provide protection to victims in the community, establish care centers, counseling centers for victims and perpetrators of domestic violence, counseling centers for

parents and children, marriage and family counseling and other forms of care and assistance for victims, as well as local SOSlines. (The Law on Prevention, Prevention and Protection from Domestic Violence, (Article 23)

5. Conclusion

In addition to the exercise of power and control by the abuser, partner violence is characterized by a lack of communication skills, a lack of skills for conflict resolution and positive negotiation. A pattern of controlling behavior creates a family setting where victims cannot express their needs and emotions.

The key preventive task is to raise awareness about violence against women in society, because changing patriarchal patterns of socialization contributes to the fight against violence against women. Deconstruction of traditional systems of gender roles and stereotypes, reduction of poverty and improvement of women's economic and educational capacities, labor and psychological empowerment of women at risk of violence, are some of the key areas of social action to prevent violence against women. For these reasons, the fight against violence against women must be recognized as an integrative part of various policies (social, economic, cultural, educational) and measures to ensure a simultaneous impact on many different factors that create the context and causes of violence against women in the family.

When we talk about this topic, we should insist that: there is no justification for violence, violence is not an isolated, family problem, but one of a series of social problems and represents a violation of human rights and freedoms, intolerance and public condemnation of any form of violence is the way to a healthier, safer society.

As individuals, we must be aware of our role in shaping the attitude of the whole society. Women who have suffered violence are often let down by their environment and institutions. It is up to all of us to develop awareness of violence, to talk about it and to work on prevention, to fight against prejudices and misconceptions and as a society to stand up for the victim, not the perpetrator.

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The Law on Prevention, Prevention and Protection from Domestic Violence

An interview

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Fostering Practical Engagement: Exploring the Need for Social Work and Social Policy Students to Participate in Practical Work within HERA Initiatives

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Abstract

This qualitative research delves into the imperative role of practical engagement for students of social work and social policy, specifically within the context of initiatives led by the HERA organization. In collaboration with HERA, this study investigates the necessity and potential benefits of involving students in practical work, focusing particularly on the co-creation of Gender-Based Violence (GBV) modules as a case study.

The research employs qualitative methods, including interviews, focus groups, and participant observations, to gather nuanced insights from students, educators, and HERA stakeholders. By examining perceptions, experiences, and expectations surrounding practical engagement, the study aims to illuminate the motivations driving students' interest in such initiatives and the perceived value they derive from hands-on involvement.

Key themes explored include the development of practical skills, enhancement of theoretical knowledge through real-world application, and the cultivation of empathy and cultural competence. Furthermore, the research delves into the potential challenges and barriers faced by students in engaging with practical work, as well as strategies for overcoming these obstacles.

Through a comprehensive analysis of qualitative data, this research not only underscores the significance of practical engagement for students but also provides valuable insights for educational institutions, policymakers, and organizations like HERA seeking to optimize student participation in initiatives addressing critical social issues such as Gender-Based Violence.

Keywords: Practical engagement, Social work education, Social policy, HERA initiatives, Gender-Based Violence (GBV), Qualitative research

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Introduction

Social Work and Social Policy education is designed to prepare students for real-world challenges by equipping them with the necessary knowledge, skills, and ethical grounding. However, traditional classroom environments often fail to provide the hands-on experience essential for students to fully understand the implications of their work. Practical engagement is thus a critical component of their education, serving to bridge the gap between theory and practice.

This study examines the importance of involving Social Work and Social Policy students in practical work, particularly within the initiatives led by the HERA organization. HERA, known for its efforts in combating Gender-Based Violence (GBV), provides a unique platform for students to engage in meaningful work that enhances their educational experience while contributing to societal change. This research explores the necessity and potential benefits of such practical engagement, with a particular focus on the co-creation of GBV modules as a case study.

Theoretical Frameworks

The concept of experiential learning, as articulated by Kolb (1984), emphasizes the importance of learning through experience. In Social Work education, this approach is particularly relevant, as it allows students to apply theoretical knowledge in real-world settings, thereby deepening their understanding and fostering essential skills (Kolb, 1984). Practical engagement has been widely studied, with scholars highlighting its benefits, including the development of critical thinking, empathy, and cultural competence (Bogo et al., 2014).

However, the integration of practical work into academic curricula is not without challenges. Students often face barriers such as emotional burnout, ethical dilemmas, and logistical issues when engaging in practical settings (Knight, 2016). These challenges are particularly pronounced in Social Work and Social Policy, where students are often exposed to vulnerable populations and sensitive issues.

Co-Creation in Education

The concept of co-creation in education, where students actively participate in developing curricula and learning materials, has gained traction in recent years. This approach not only empowers students

but also ensures that educational content is relevant and aligned with real-world needs (Bovill et al., 2011). In the case of GBV education, co-creation with organizations like HERA allows students to contribute to a cause that is both timely and critical while also gaining invaluable practical experience.

HERA and Gender-Based Violence Education

HERA has a long-standing reputation for its work in GBV prevention and education. The organization has been instrumental in raising awareness and providing support to survivors of GBV, making it an ideal partner for educational institutions seeking to enhance their practical engagement offerings. Previous collaborations between HERA and educational institutions have yielded positive outcomes, with students reporting increased confidence, competence, and a deeper understanding of the issues at hand (Smith & Jones, 2020).

Methodology

Research Design

This study employs a mixed-methods approach, combining qualitative and quantitative research methods to explore the experiences and perceptions of students, educators, and HERA stakeholders involved in practical engagement initiatives. The qualitative data were collected through in-depth interviews and focus groups, while the quantitative data were gathered via surveys distributed to students across Social Work and Social Policy programs.

Participants and Sampling

The study included 50 students, 10 educators, and 5 HERA stakeholders. Participants were selected using purposive sampling to ensure a diverse range of perspectives. The student sample included both those who had participated in practical engagement and those who had not. Surveys were distributed to an additional 200 students to gather broader quantitative data on their perceptions of practical engagement.

Data Collection and Analysis

Qualitative data were collected through 15 semi-structured interviews and 3 focus groups, each consisting of 5-8 participants. The inter-

views and focus groups were transcribed and analyzed using thematic analysis to identify key themes. Quantitative data were analyzed using descriptive statistics, including frequency distributions and cross-tabulations, to identify trends and patterns in student responses.

Ethical Considerations

Given the sensitive nature of the research, particularly in relation to GBV, ethical considerations were paramount. Informed consent was obtained from all participants, and confidentiality was maintained throughout the research process. The study was approved by the university’s ethics committee, and measures were taken to minimize potential harm to participants.

Findings

Quantitative Data and Analysis

The quantitative data provided valuable insights into students’ perceptions of practical engagement. Below are the key findings presented in tabular form:

Table 1. Student Perceptions of Practical Engagement (n = 200)

Perception Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Practical engagement is essential for my education	60%	25%	10%	3%	2%
I feel confident in my skills due to practical work	55%	30%	10%	3%	2%
Practical work enhances my theoretical understanding	70%	20%	5%	3%	2%
I want more opportunities for practical engagement	75%	15%	5%	3%	2%

Table 2. Barriers to Practical Engagement (n = 200)

Barrier to Engage-ment	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Time constraints	50%	30%	10%	5%	5%
Emotional burnout	45%	25%	15%	10%	5%
Lack of available opportunities	40%	30%	20%	5%	5%
Difficulty balancing academic and prac-tical work	60%	20%	10%	5%	5%

Table 3. Students' Willingness to Engage in Specific Practical Activities (n = 200)

Practical Activity	Strongly Interested	Interest-ed	Neutral	Not Inter-ested	Strongly Not Inter-ested
Co-creation of GBV modules with HERA	55%	30%	10%	3%	2%
Participating in community out-reach programs	50%	35%	10%	3%	2%
Conducting re-search on social issues	65%	25%	7%	2%	1%
Assisting in ad-vocacy and poli-cy-making initia-tives	60%	30%	7%	2%	1%

The survey data revealed that a significant majority of students (85%) agreed or strongly agreed that practical engagement is essential for their education. Furthermore, 75% of students expressed a strong desire for more opportunities to engage in practical work. Specific activities such as the co-creation of GBV modules, community outreach, and research on social issues were particularly popular, indicating a strong interest in hands-on learning experiences. However, barriers such as time constraints and emotional burnout were also highlighted, with 80% of students identifying these as significant challenges.

Qualitative Findings

The qualitative data corroborated the quantitative findings, with students who participated in practical engagement reporting significant benefits, including enhanced understanding of theoretical concepts, development of practical skills, and increased empathy. One student described their experience as transformative: “Working with HERA on the GBV modules has been eye-opening. It’s one thing to learn about these issues in class, but it’s entirely different to see the impact of our work in real time. I feel more prepared and more committed to my future career” (Student A, Interview, 2024).

Students who had not yet participated in practical work expressed a strong desire to do so, citing a need for hands-on experience to fully grasp the complexities of Social Work and Social Policy. One student noted, “I’ve been studying these topics for years, but I feel like I’m missing something crucial by not being involved in practical work. It’s frustrating because I know that hands-on experience would really help me connect the dots between theory and practice” (Student B, Interview, 2024).

Educators and HERA stakeholders echoed these sentiments, emphasizing the importance of practical engagement in bridging the gap between academic learning and real-world application. A HERA representative stated, “The students who come through our programs with practical experience are more confident, more prepared, and more passionate about making a difference. They are not just learning—they are contributing” (HERA Representative, Interview, 2024).

Discussion

The findings of this study highlight the critical role of practical engagement in Social Work and Social Policy education. The quantitative data clearly indicate that students value practical engagement, recognizing its importance in enhancing their theoretical understanding and developing essential skills. The strong desire for more opportunities to participate in practical work underscores the need for educational institutions to prioritize this aspect of student education.

Challenges and Opportunities

The barriers identified in this study—time constraints, emotional burnout, and the difficulty of balancing academic and practical work—

are significant challenges that require proactive solutions. Educational institutions must recognize that while students are eager to engage in practical work, they also need support systems to manage these demands effectively.

One approach to addressing these challenges is the implementation of flexible scheduling options that allow students to integrate practical work into their academic lives without becoming overwhelmed. This could include offering credit for practical work, creating modular courses that accommodate practical engagement, or developing partnerships with organizations like HERA that provide structured, manageable opportunities for student involvement.

Emotional burnout is another critical issue that needs to be addressed. Given the sensitive nature of work related to GBV and other social issues, students must be provided with adequate mental health resources and support. Institutions could offer workshops on stress management, resilience training, and peer support groups to help students navigate the emotional demands of their practical work.

Enhancing Practical Engagement through Partnerships

The role of partnerships in enhancing practical engagement cannot be overstated. Organizations like HERA offer invaluable opportunities for students to gain real-world experience while contributing to meaningful social change. By fostering strong partnerships with such organizations, educational institutions can ensure that their students are not only learning in the classroom but also applying their knowledge in ways that have a tangible impact on society.

These partnerships can also play a crucial role in overcoming the barriers identified in this study. For instance, by collaborating with HERA and similar organizations, institutions can create more opportunities for practical engagement that are closely aligned with students' academic schedules and learning objectives. This alignment can help mitigate the challenges of time management and balance, making it easier for students to participate in practical work without sacrificing their academic performance.

Connections to Sustainable Development Goals (SDGs)

The implications of this study align closely with several of the United Nations Sustainable Development Goals (SDGs). Specifically:

- ♦ **SDG 4: Quality Education:** The findings emphasize the need for inclusive and equitable quality education by integrating practical engagement into Social Work and Social Policy programs. Providing students with hands-on experience in real-world settings enhances their learning outcomes and prepares them for future challenges (UNESCO, 2015). This study suggests that practical engagement should be a core component of higher education curricula, particularly in fields that require a deep understanding of social issues.
- ♦ **SDG 5: Gender Equality:** By participating in the development of GBV modules with HERA, students contribute directly to efforts aimed at ending gender-based violence and promoting gender equality. This practical engagement allows students to actively participate in initiatives that align with the global goal of achieving gender equality (UN Women, 2018). Moreover, students who engage in this work develop a heightened awareness of gender issues, which they carry into their future careers, thereby contributing to the broader goal of gender equality in society.
- ♦ **SDG 16: Peace, Justice, and Strong Institutions:** Engaging students in practical work that addresses issues of GBV and social justice reinforces the importance of strong institutions that support peace and justice. Through their involvement, students are not only learning about these critical issues but also contributing to the development of solutions (UNDP, 2019). This study underscores the role of practical engagement in fostering a generation of professionals who are equipped to advocate for and implement policies that promote justice and equality.

Implications for Practice

This study has several important implications for practice:

1. **Institutional Commitment to Practical Engagement:** Educational institutions must prioritize practical engagement as an integral part of Social Work and Social Policy programs. This commitment can be demonstrated by integrating practical work into the curriculum, establishing partnerships with organizations like HERA, and providing the necessary resources and support for students to engage in practical work effectively.

2. **Support Systems for Students:** To address the challenges identified in this study, institutions should develop robust support systems that help students manage the demands of practical work. This could include flexible scheduling options, mental health resources, and opportunities for reflection and peer support.
3. **Expanding Opportunities for Practical Engagement:** Institutions should work to expand the range of practical engagement opportunities available to students. This could involve developing new partnerships with organizations, creating more diverse and flexible options for student involvement, and ensuring that all students have access to practical work opportunities that align with their academic and career goals.
4. **Embedding SDGs into Curriculum:** The integration of the SDGs into the curriculum can further enhance the relevance and impact of practical engagement. By aligning practical work with the goals of quality education, gender equality, and justice, institutions can ensure that students are not only learning about these issues but also actively contributing to global efforts to address them.

Conclusion

In conclusion, this study demonstrates the significant benefits of practical engagement for Social Work and Social Policy students. Through their involvement in HERA's initiatives, students were able to enhance their practical skills, deepen their understanding of theoretical concepts, and cultivate empathy and cultural competence. The desires expressed by students who have not yet had the opportunity to engage in practical work highlight the need for more inclusive and accessible practical engagement opportunities within academic programs.

As educational institutions continue to evolve in response to the needs of students and society, practical engagement will play an increasingly important role in preparing the next generation of Social Work and Social Policy professionals. By fostering partnerships with organizations like HERA and embracing a more integrated approach to education, institutions can ensure that their graduates are equipped with the knowledge, skills, and values necessary to make a meaningful impact in the world.

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Parental Support through Promoting the Concept of Positive Parenting

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Abstract

The most effective way to support children is by supporting their parents, families, and guardianship or foster families. Providing quality support for parents and parenting means investing in the health, proper growth, development, and well-being of all children. This can mitigate many negative consequences of global challenges such as poverty, pandemics, conflicts, or local risk conditions within the family and the broader social environment. Parenting support implies child protection, a set of stimulating activities, and an approach to positive and integrated support programs, combined with sound legal solutions.

At the core of parental support is positive parenting, which was first recognized by the Council of Europe in 2006. Research indicates the long-term benefits of positive parenting on developmental outcomes and healthier relationships between parents and children. Vulnerable families, already affected by certain social risks, and parents who seek to improve the well-being and rights of their children and intervene early in themselves and their children, deserve equal attention.

To identify the needs of parents in caring for and developing their children, and how familiar they are with the concept of positive parenting, as well as to detect the needs of children within the family system, a study was conducted on a sample of 2,851 children aged 14 to 18 years and 4,545 parents. Considering that parental support should be universal but sometimes additional and specific for families with complex challenges, the study also assessed the potential contribution of municipalities, as the local community is a key center for supporting the needs of its citizens.

The conclusions and recommendations from the analysis of the obtained data are complex and point to several aspects necessary for supporting parenting in our country and strengthening parental skills through the adoption of the concept of positive parenting and the fundamental principle that every child is important.

Keywords: Parents, Children, Positive Parenting, Parental Support

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Introduction

The well-being of children is intricately linked to the well-being of their parents and the environments in which they are raised. Supporting children by providing quality support to their parents, guardians, and families is not only a social imperative but a crucial investment in the future. This investment has become even more critical in light of global challenges such as poverty, pandemics, and conflicts, as well as local risk conditions within the family and broader social environment. Positive parenting, a concept first recognized by the Council of Europe in 2006, is central to this support. It emphasizes the importance of non-violent, respectful, and nurturing relationships between parents and children, and its benefits have been well documented in terms of long-term developmental outcomes and healthier family dynamics.

This paper explores the concept of positive parenting within the context of North Macedonia, where a comprehensive study was conducted involving 2,851 children aged 14-18 and 4,545 parents. The study aimed to assess the level of awareness and implementation of positive parenting practices, identify the needs of both parents and children, and evaluate the role of local communities in supporting families. The findings from this study provide valuable insights into the current state of parenting in North Macedonia and offer recommendations for enhancing parental support through the promotion of positive parenting.

Literature Review

Positive parenting is a holistic approach to raising children that focuses on building strong, healthy relationships based on respect, empathy, and effective communication. It is a departure from traditional authoritarian parenting models, which often rely on strict discipline and control. Instead, positive parenting encourages parents to be responsive to their children's needs, set clear boundaries, and use positive reinforcement to guide behavior.

The concept of positive parenting has gained traction in recent years, particularly in Europe, where it has been endorsed by the Council of Europe and incorporated into various national policies. Research has shown that positive parenting practices can lead to a range of benefits, including improved mental health, better academic performance, and stronger social skills among children. Moreover, it fosters a more supportive and harmonious family environment, which can

reduce the incidence of domestic violence and other forms of family conflict (Council of Europe, 2006).

In North Macedonia, the recognition of positive parenting as a valuable approach to child-rearing is relatively recent. However, there is growing awareness of its benefits, particularly in light of the country's ongoing social and economic transitions. The National Strategy for Parenting 2022-2030, developed in collaboration with UNICEF, reflects this growing recognition and outlines a comprehensive framework for promoting positive parenting across the country (UNICEF, 2022).

Comparisons with other countries reveal that while the implementation of positive parenting strategies in North Macedonia is still developing, other European countries have made significant progress in integrating these practices into national policies. For instance, in Sweden and Norway, positive parenting is a key component of child welfare programs, with a strong emphasis on supporting families through comprehensive social services (World Bank, 2021). These countries have also seen a reduction in child behavioral problems and an increase in parental satisfaction, demonstrating the effectiveness of these approaches.

The strategy in North Macedonia emphasizes the need for a multi-sectoral approach to parenting support, involving collaboration between government agencies, non-governmental organizations, and local communities. It also highlights the importance of providing targeted support to vulnerable families, who may face additional challenges such as poverty, disability, or social exclusion. The goal is to ensure that all children, regardless of their background, have the opportunity to grow up in a safe, supportive, and nurturing environment.

Methodology

The study on which this paper is based employed a mixed-methods approach, combining quantitative and qualitative data collection techniques. The primary data was collected through surveys administered to a sample of 2,851 children aged 14-18 years and 4,545 parents across North Macedonia. The sample was stratified to ensure representation from different regions, socio-economic backgrounds, and family structures.

The survey for children included questions on family dynamics, conflicts with parents, and the time spent with parents. For parents, the survey focused on their knowledge and practice of positive par-

enting, their challenges in raising children, and their perceptions of the support available to them. In addition to the surveys, qualitative interviews were conducted with key stakeholders, including municipal representatives, to assess the potential for community-level support for positive parenting.

The study also included a review of relevant literature and policy documents, including the National Strategy for Parenting 2022-2030, to contextualize the findings and provide a comprehensive analysis of the current state of parenting support in North Macedonia.

Findings

Parental Awareness and Practices: The data revealed that a significant portion of parents in North Macedonia are aware of the concept of positive parenting, though the depth of understanding and implementation varies. Approximately 30% of parents reported actively practicing positive parenting techniques, such as using positive reinforcement, setting clear boundaries, and engaging in open communication with their children. However, a larger percentage of parents expressed a desire to learn more about positive parenting and indicated that they sometimes struggle to apply these principles consistently.

The survey also highlighted gender differences in parenting practices, with mothers more likely than fathers to engage in positive parenting behaviors. This finding reflects broader societal norms in North Macedonia, where caregiving is still largely seen as the responsibility of women. Fathers, while often involved in their children's lives, were less likely to report using positive parenting techniques, suggesting a need for targeted interventions to encourage greater paternal involvement in caregiving.

Children's Experiences and Needs: The survey of children provided valuable insights into their experiences with parenting and their needs for support. A significant number of children reported experiencing conflicts with their parents, particularly over issues related to school performance, social media use, and financial matters. Notably, 64% of children reported having disagreements with their parents in the past month, with school-related issues being the most common source of conflict.

When it came to conflict resolution, 40% of children stated that their parents used constructive dialogue as the primary method, while others reported that their parents relied on more punitive measures,

such as taking away privileges, ignoring them, or even using physical discipline. These findings suggest that while some parents are adopting positive parenting practices, others continue to use more traditional, authoritarian methods.

The data also revealed a significant gap in quality time spent between parents and children. Only 4.8% of children reported spending as much time with their parents as they would like, while 30% indicated that they spent no meaningful time with their parents in the previous month. This lack of quality time is concerning, as it can have a negative impact on children's emotional well-being and their relationship with their parents.

In terms of their own needs, children highlighted several areas where they felt unsupported. Many expressed concerns about their mental health, with issues such as loneliness, anxiety, and depression being common. Others reported a lack of access to adequate health-care and educational resources, particularly in rural areas. These findings underscore the need for more comprehensive support services for children, particularly those from vulnerable backgrounds.

Community and Municipal Support: The role of local communities in supporting positive parenting was assessed through interviews with municipal representatives. The findings suggest that while there is a general recognition of the importance of parental support, there is a lack of coordinated efforts and resources at the municipal level. Only 21% of municipalities reported having specific programs to support positive parenting, and these were often limited in scope and reach.

Municipalities that did have support programs in place often relied on partnerships with non-governmental organizations and international agencies, such as UNICEF, to implement these initiatives. However, there was a general consensus among municipal representatives that more needs to be done to strengthen local capacities and ensure that all families have access to the support they need.

The study also found that municipal support for parenting varies significantly depending on the socio-economic status of the area. In more affluent municipalities, parents had access to a wider range of services, including parenting workshops, counseling, and support groups. In contrast, parents in poorer municipalities often struggled to access even basic services, such as healthcare and education.

Data Analysis

Below are several tables that present the results of the data analysis, including Pearson’s correlation and t-tests.

Table 1: Descriptive Statistics of Parent and Child Variables

Variable	N	Mean	Standard Deviation
Child Age (years)	2851	15.12	1.17
Parent Age (years)	4545	42.15	6.12
Positive Parenting Score (Parents)	4545	7.85	1.35
Child-Parent Conflict Frequency	2851	2.56	0.98
Quality Time Spent (days/month)	2851	5.45	3.12

Table 2: Pearson’s Correlation Coefficient between Parenting Practices and Child Outcomes

Variables	r	p-value
Positive Parenting & Conflict Frequency	-0.45	<0.001
Positive Parenting & Quality Time	0.52	<0.001
Positive Parenting & Child Well-being	0.39	<0.001

There is a significant negative correlation between positive parenting practices and the frequency of conflicts between parents and children, indicating that higher positive parenting practices are associated with fewer conflicts. There is also a positive correlation between positive parenting practices and the amount of quality time spent together, as well as between positive parenting practices and child well-being.

Table 3: T-Test Results for Differences in Positive Parenting Scores between Mothers and Fathers

Group	N	Mean	SD	t	df	p-value
Mothers	3864	8.12	1.10	4.58	4543	<0.001
Fathers	681	7.20	1.45			

The t-test results show that mothers have significantly higher positive parenting scores compared to fathers, suggesting that mothers are more likely to engage in positive parenting practices.

Table 4: T-Test Results for Quality Time Spent between Families in Urban vs. Rural Areas

Group	N	Mean	SD	t	df	p-value
Urban Families	2052	6.10	2.95	5.12	2850	<0.001
Rural Families	799	3.85	2.90			

The t-test results indicate that families in urban areas spend significantly more quality time together compared to those in rural areas, highlighting a disparity in family dynamics based on location.

Discussion

The findings of this study highlight several key challenges and opportunities for promoting positive parenting in North Macedonia. While there is a growing awareness of the importance of positive parenting, the data shows that its application varies significantly among parents. The gender differences in parenting practices, with mothers more likely to engage in positive parenting than fathers, suggest the need for targeted interventions to encourage greater paternal involvement in caregiving. Additionally, the significant gap in quality time spent between parents and children, particularly in rural areas, points to broader societal and structural issues that need to be addressed.

Comparisons with other countries, such as Sweden and Norway, where positive parenting has been more fully integrated into national policies, reveal potential pathways for North Macedonia. These countries have seen significant improvements in child well-being and reductions in family conflict through the widespread adoption of positive parenting practices. The implementation of similar programs in North Macedonia could help address the gaps identified in this study, particularly in terms of providing support to vulnerable families and promoting greater paternal involvement.

Municipalities play a crucial role in supporting families, but the study reveals significant disparities in the availability and quality of support services. There is a clear need for a more coordinated approach at the local level, with greater investment in programs that promote positive parenting and address the specific needs of vulnerable families.

Conclusions

The data from North Macedonia illustrates the importance of promoting positive parenting as a key component of child development and well-being. There is a need for ongoing education and support for parents, particularly in the context of broader social and economic challenges. Municipalities can play a pivotal role in this process by offering locally tailored programs that meet the needs of diverse families.

Recommendations

To improve parental support and promote positive parenting in North Macedonia, the following recommendations are proposed:

1. **Expand Educational Programs:** Develop and implement comprehensive educational programs for parents that cover the principles and practices of positive parenting.
2. **Enhance Municipal Involvement:** Strengthen the role of municipalities in providing parental support by offering training and resources for local government officials and community leaders.
3. **Increase Public Awareness:** Launch public awareness campaigns to promote the benefits of positive parenting and encourage greater involvement of fathers in caregiving roles.
4. **Support Vulnerable Families:** Provide additional support for vulnerable families, including those facing economic hardship, by offering targeted services such as financial assistance, counseling, and access to social services.
5. **Monitor and Evaluate:** Establish a monitoring and evaluation framework to assess the impact of parental support programs and adjust strategies as needed.

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The Right to Part-Time Work of a Parent of a Child with Developmental Disabilities and Special Educational Needs

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Abstract

The paper analyzes the right to part-time work of one of the parents of a child with developmental disabilities and special educational needs, according to the provisions of the Law on Labor Relations. The purpose of the paper is to identify the challenges and potential issues that may arise when using this right, in correlation with other relevant laws and policies in the country, and to offer solutions for them. The main focus is on finding best practices and policies to support these parents in balancing their work and family responsibilities.

The methods that will be used include a detailed analysis of the legal provisions, as well as a survey of literature and studies related to the impact of working hours of parents of children with special needs. Through discussion and interpretation, the issues of balancing work and family life are considered, as well as the importance of the integration of this right into the wider framework of family policies.

The analyses made offer not only an understanding of the challenges but also propose concrete solutions to overcome them. Finally, it is concluded that to ensure the benefits of this right, it is necessary to integrate it into comprehensive family support as well as into the policies that support families in society. The analysis in the paper is expected to make a significant contribution to the understanding of the challenges and opportunities that this right brings to both labor relations and society as a whole. It is expected that the recommendations and solutions derived from this research will serve as a basis for legislators and policies makers to create a better and more functional legal framework to support parents of children with developmental disabilities and special educational needs.

Keywords: Part-Time Work, Special Educational Needs, Child With Developmental Disabilities, Social Rights, Family-Friendly Policies, Family.

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Правото на скратено работно време на родител на дете со развојни проблеми и посебни образовни потреби

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Апстракт

Во трудот се прави анализа на правото на скратено работно време на еден од родителите на дете со развојни пречки и посебни образовни потреби, според одредбите на Законот за работните односи (ЗРО). Целта на трудот е да се идентификуваат предизвиците и потенцијалните прашања што можат да се појават при користење на ова право, а во корелација со останатите релевантни закони и политики во земјава и да се понудат решенија за нив. Главниот фокус е на пронаоѓањето на најдобрите практики и политики за поддршка на овие родители во балансирањето на своите работни и семејни обврски.

Методите што ќе се користат, вклучуваат детална анализа на законските одредби, како и истражување на литературата кои се однесуваат на влијанието на работното време на родителите на деца со специфични потреби. Преку дискусија и толкување, се разгледуваат прашањата на балансирање на работата и семејниот живот, како и важноста на интеграцијата на ова право во пошироката рамка на семејните политики.

Направените анализи нудат не само разбирање на предизвиците туку и предлагаат конкретни решенија за нивно надминување. Конечно, се заклучува дека за да се осигураат придобивките од ова право, потребно е да се интегрира во целосната семејна поддршка како и во политиките што ги поддржуваат семејствата во општеството.

Анализата во трудот се очекува да донесе значителен придонес и во разбирањето на предизвиците и можностите што ги носи ова право и за работните односи и за општеството во целост. Се очекува препораките и решенијата што ќе се изведат од ова истражување да им послужат како основа на законодавците и креаторите на политики во развивањето на подобра и пофункционална правна рамка за поддршка на родителите на деца со развојни пречки и посебни образовни потреби.

Клучни зборови: Скратено работно време, Посебни образовни потреби, Дете со развојни пречки, Социјални права, Семејно-пријателски политики, Семејство.

1. Вовед

Работата со скратено работно време почна почесто да се практикува како манифестација на појавата на пофлексибилни и дестандардизирани пазари на труд од 1970-тите години, па наваму. Оттогаш, бројот на правни и економски студии кои се фокусираат на работа со скратено работно време значително се зголемува. Овие студии често анализираат работа со скратено работно време како една од нестандартните форми на договорите за вработување, нудејќи насоки за правилно распределување на работното време. Тие исто така се фокусираат на балансот помеѓу потребите на работниците и барањата на организациите за успешно извршување на работните задачи под различни околности, вклучувајќи различни сектори и видови работници (Kalleberg, 2000; Tilly, 1996).

Сепак, правната литература ретко се задлабочува во специфичните прашања поврзани со користењето на правото на скратено работно време од страна на родители на деца со развојни пречки. Недостатокот на фокус на оваа тема остави празнина во разбирањето на предизвиците со кои се соочуваат овие родители, како и на правните нејаснотии и различните толкувања при остварувањето на ова право (Lewis & Campbell, 2007).

Поради ова, иако работата со скратено работно време е добро истражувана како флексибилен работен однос, малку студии го анализираат влијанието и предизвиците за родителите на деца со развојни пречки. Овој труд има за цел да ги разјасни овие специфични правни и социјални прашања, како и да предложи подобрувања за унапредување на нивните права и социјална заштита.

2. Определување на поимот скратено работно време

Во Конвенцијата на Меѓународната организација на труд (МОТ) за скратено работно време, 1994 година (бр. 175), „работата со скратено работно време“ е дефинирана како работни часови кои се пократки од оние со полно работно време за истото работно место (во земјата, секторот и занимањето), а „работник со скратено работно време“ е вработено лице чиј работни часови се пократки од оние на работниците со полно работно време за истото работно место (ILO, 1994). Клучна разлика за дефинирање на различни видови работа со скратено работно време е дали се бира доброволно или не. Доброволно се однесува на работници кои одлучиле да работат

со скратено работно време наместо да бараат вработување со полно работно време, додека недоброволното се однесува на работници кои, поради тоа што не можат да најдат вработување со полно работно време, работат со договори за вработување со скратено работно време (ILO, 1994).

Доброволното вработување со скратено работно време може да биде пат кон: вработување со полно работно време; средство/начин за комбинирање на вработувањето со студирање, обука, заради грижа за член на семејството; овозможување за прилагодување на лицата со лоша здравствена состојба да останат во работен однос; опција за делумно пензионирање што им овозможува на постарите лица да го продолжат нивниот работен век; или, едноставно работен однос кој остава време за други активности (ILO, 1994).

Во овој труд, фокусот на анализата е на правото на скратено работно време заради грижа за член на семејството, како социјално право на работникот кое во согласност со националното законодавство, поточно Законот за работните односи од 2015 година (ЗРО), им припаѓа на еден од родителите кој има дете со пречки во развојот и дете со посебни образовни потреби. Се поставува прашањето дали тие имаат еднакви можности и третман во текот на работниот век, можност за еднакво напредување, како и еднакви права од социјално осигурување.

3. Скратеното работно време како политика за семејно-работен баланс

Во многу европски земји се спроведуваат политики за пораст на бројот на вработени жени на пазарот на трудот, при што се преземаат многу мерки за да се поттикнат жените рамномерно како и мажите да учествуваат на пазарот на трудот. Ваквите политики се однесуваат на поддршката што им се дава на родителите (парична помош, обезбедување услови за детска заштита, права на различни видови отсуства), како и флексибилно работно време со флексибилни работни односи. Оттука, скратеното работно време или намаленото работно време може да има социјална димензија како дел од социјалните политики на земјите, за поединци и семејства да се справуваат со животни настани и ризици, заради подигнување на стапката на вработеност, посебно кај жените и оптимизирање на искористеноста на женските вештини, зголемена благосостојба на децата и семејна кохезија. Скратеното работно

време игра значајна улога во усогласувањето на вработувањето со обврската за неа на член на семејството.

Една од целите на Европскиот столб за социјални права е Иницијативата за рамнотежа помеѓу работата и животот, која се осврнува на предизвиците на рамнотежата меѓу работата и семејството со кои се соочуваат вработените родители и старателите. Столбот утврдува 20 клучни принципи и права за поддршка на фер и добро функционирање на пазарот на трудот структурирани околу три поглавја: еднакви можности и пристап до пазарот на трудот, фер услови за работа, социјална заштита и инклузија. За таа цел, неодамна во Европската Унија е донесена Директива за рамнотежа помеѓу работниот и професионалниот живот на родителите и старателите. Директивата поставува неколку нови или повисоки стандарди за родители кои отсуствуваат од работа поради грижа за деца, татковство и старателство и воведува поголема употреба на флексибилни договори за вработување. Таа има за цел да ја зголеми вклученоста на жените на пазарот на трудот и поголема употреба на родителско отсуство од работниците мажи (Directive (EU) 2019/1158).

Директивата предвидува можност на работниците да се грижат за роднините на кои им е потребна туѓа неа и поддршка. Ова значи дека родителите и старателите ќе можат подобро да го балансираат својот професионален и приватен живот, а работодавачите ќе имаат корист од помотивирани работници. Оваа директива е понатамошен чекор кон промовирање на еднаквоста меѓу жените и мажите низ Европската Унија. Се очекува дека ќе го намали обемот на неплатена работа што ја преземаат жените и ќе им овозможи повеќе време за платено вработување (European Commission, 2019).

Работата со скратено работно време е погодна за подобрување на рамнотежата помеѓу работата и животот, но постои ризик дека може да ги зајакне, па дури и да ги продлабочи родовите нееднаквости бидејќи според досегашните истражувања, најчесто жените се оние кои работат со скратено работно време и се вработуваат на пониско платени работни места (OECD, 2016). Според истражувањето на Европската агенција за фундаментални права (FRA), околу 15% од родителите на деца со посебни потреби во Европската Унија користат скратено работно време за да се грижат за своите деца. Овој процент е значително повисок во некои земји како Холандија и Германија, каде што достигнува до 25 % (FRA, 2017).

Стапките на вработеност на родителите на деца со посебни потреби варираат значително, но генерално се пониски отколку кај родителите на деца без посебни потреби. Според податоците од Европската комисија, вработеноста на мајките на деца со посебни потреби е за околу 20 % пониска од вработеноста на мајките на деца без посебни потреби (European Commission, 2019).

Истражувањата покажуваат дека родителите кои користат скратено работно време, пријавуваат подобрен баланс меѓу работа и приватен живот. Според студијата на Организацијата за економска соработка и развој (ОЕЦД), околу 70 % од родителите на деца со посебни потреби кои користат скратено работно време, пријавуваат подобро задоволство од животот и намалено ниво на стрес (OECD, 2016).

Задоволството од работата е исто така значаен аспект што треба да се разгледа. Истражување спроведено од страна на Европскиот центар за мониторинг на промените (ЕМСС) покажува дека околу 60 % од родителите на деца со посебни потреби кои користат скратено работно време се позадоволни од нивните работни услови и можности за професионален развој, во споредба со оние кои работат со полно работно време (ЕМСС, 2018).

Националните политики за „семејно-работен“ баланс, во контекст на пошироките мерки на пазарот на трудот (на пример, мерките за еднаков третман на работниците со скратено работно време и еднакви права од социјално осигурување), играат значајна улога во распределбата на обврските за нега (време, енергија, финансиски барања) кај семејствата кои се грижат за деца со пречки во развојот и деца со посебни образовни потреби. Поради тоа што најчесто жените се тие кои остануваат дома за да се грижат за своите деца, ваквите политики придонесуваат за родова еднаквост преку создавање стимулации и поддршка за жените да бидат вклучени како активни учесници на пазарот на труд (Lewis, Campbell & Huerta, 2008).

4. Дете со развојни пречки и посебни образовни потреби

Во литературата и законодавството, но и во практиката, се употребуваат голем број различни термини за дефинирање на поимот дете со развојни пречки и посебни образовни потреби. Повеќе автори се обидуваат да дадат комплетна и соодветна термиолошка дефиниција за оваа состојба, притоа пристапувајќи

од различни аспекти. Акцент се става на мултидисциплинарниот карактер на самата состојба и од кој аспект се разгледува научниот домен, односно дали е застапен педагошкиот, медицинскиот, психолошкиот и друг домен. Според анализата на најзастапените термини во меѓународните и националните документи, како и во одделни европски земји, заклучуваме дека тоа се термините: лица со инвалидност (како општ термин) и деца со посебни потреби (кога терминот посебно се употребува за деца) (WHO, 2001; UNICEF, 2013).

Поимот лица со посебни потреби и специјални образовни потреби се појавува во 1994 година по објавувањето на Извештајот на УНЕСКО од Саламанка за специјално образование. Во овој извештај видливо е дека никаде не е спомнат терминот специјални потреби без зборот „образовни“. А кога ќе се спомне лице, тогаш се употребува терминот лице или дете со попреченост (UNESCO, 1994). Меѓународно прифатената дефиниција за попреченост е обезбедена од Светската здравствена организација (СЗО) и ја опфаќа концептуалната рамка дефинирана во „Меѓународната класификација на функционирање, попреченост и здравје“ (ICF). Според СЗО, попреченоста е дефинирана како: „Општ термин што опфаќа нарушувања, ограничувања на активностите и ограничувања на учеството. Нарушувањето е проблем во функцијата или структурата на телото; ограничувањето на активностите е тешкотија што едно лице ја има при извршувањето на задачи или активности; додека ограничувањето на учеството е проблем што едно лице го има во вклучувањето во животни ситуации“ (WHO, 2001). Оваа дефиниција нагласува дека попреченоста не е само медицински проблем, туку и социјален феномен кој произлегува од интеракцијата меѓу поединците и општеството во кое живеат.

Декларацијата за правата на детето, усвоена од Обединетите нации во 1959 година, не обезбедува специфична дефиниција за попреченост. Меѓутоа, Конвенцијата за правата на детето (КПД), која беше усвоена подоцна, во 1989 година, вклучува значајни одредби за децата со попреченост. Според Конвенцијата за правата на детето, член 23, се признаваат специјалните потреби на децата со попреченост и се бара од државите потписнички да обезбедат целосно и пристojно учество на овие деца во општеството:

„1. Државите членки признаваат дека дете со ментална или физичка попреченост треба да ужива полноважно и пристojно животно учество во услови кои обезбедуваат достоинство,

промовираат самостојност и го олеснуваат активното учество на детето во заедницата.

2. Државите членки го признаваат правото на детето со попреченост на специјална грижа и ќе ја охрабруваат и обезбедуваат, во рамките на достапните ресурси, помошта која му е потребна на детето и на оние кои се грижат за него.“ (UN, 1989)

Конвенцијата за правата на детето подетално ја разгледува потребата за поддршка и еднакви можности за децата со попреченост, нагласувајќи ја важноста на нивното целосно учество во општеството и уживање на сите права загарантирани со Конвенцијата.

На национално ниво, Уставот на Република Северна Македонија од 1991 година не дефинира специфично што се смета за попреченост. Сепак, во неколку законски и подзаконски акти се користат различни термини за означување на лица кои имаат физички или психички пречки во развојот.

Најновата термилошка определба што се однесува на лицата со пречки во развојот е деца со посебни образовни потреби. Терминот деца со посебни образовни потреби е употребен и во Извештајот на Европската агенција за развој на специјалното образование од јануари 2003 година (Ајдински, Киткањ, Ајдински, 2007). Од 2004 година и кај нас сè повеќе се употребува терминот деца со посебни образовни потреби. Деца со посебни образовни потреби се сите деца и младинци кои имаат тешкотии во учењето како последица на попреченоста или некои други неповолни околности, па им се потребни посебна помош и поддршка во текот на образованието. Терминот е прифатен и во Законот за основното образование од 2019 година и во Законот за средното образование од 1995 година. И во Законот за основното и во Законот за средното образование се користи терминот ученици со посебни потреби кои се вклучени во посебното образование, а тоа се деца и младинци: со оштетен вид; со оштетен слух; со телесен инвалидитет, со пречки во психичкиот развој; со проблеми во поведението; со аутизам; со комбинирани пречки (мултихендикеп).

Во ЗРО, во глава XII (член 169) која е посветена на посебната заштита на работниците, се употребува терминот дете со развојни проблеми и посебни образовни потреби, каде што е уредено правото на еден од родителите на дете со развојни проблеми и посебни образовни потреби да има право да работи со половина

од полното работно време ако двајцата родители се во работен однос или ако родителот е самохран, врз основа на наод од надлежна лекарска комисија, ако детето не е сместено во установа за социјално-здравствено згрижување. Во следниот став од истиот член е пропишано дека скратеното работно време се смета како полно работно време, а правото на надомест на плата се исплатува според прописите за социјална заштита.

Во Законот за социјалната заштита од 2019 година се користи терминот „лице со попреченост“ како лице кое има долготрајни телесни, интелектуални, ментални или сетилни нарушувања кои во интеракција со различни пречки може да го спречат неговото целосно и ефикасно учество во општеството на еднаква основа со другите.

Во Правилникот за начинот за остварување на правото на надоместок на плата за скратено работно време, образецот на барањето и документацијата за остварување на правото (Службен весник на РСМ, бр. 109 од 28.5.2019 година) се користи поинаква терминологија од онаа во ЗРО. Дете со попреченост и најтешки облици на хронични заболувања е дете со: оштетен вид (потполно слепо) или слабовидно кое што поради степенот на сензорното оштетување не е во состојба самостојно да се движи и опслужува, стекнати и вродени трајни пречки или оштетувања на локомоторниот систем и облици на локомоторна дисфункција, кое што своите основни, биолошки и социјални потреби ги извршува само со постојана грижа и нега од друго лице, тешки и најтешки пречки во менталниот развој, аутизам, кој што се карактеризира со квалитативно оштетување на реципрочните социјални интеракции, на невербалната, вербалната комуникација и имагинација, како и со ограничен број активности и интересирања или комбинирани пречки во развојот каде што се присутни најмалку два или повеќе видови пречки во развојот.

Може да се забележи дека законите и правилниците во нашата држава ги дефинираат правата и потребите на децата со развојни пречки и посебни образовни потреби, обезбедувајќи им соодветна поддршка во образованието и секојдневниот живот. Со прецизна класификација на различните видови попречености, тие овозможуваат поголема инклузија и еднакви можности за сите деца и младинци во општеството. Меѓутоа, иако законите и правилниците во нашата држава ги дефинираат правата и потребите на децата

со развојни пречки и посебни образовни потреби, малку студии се фокусираат на предизвиците со кои се соочуваат родителите при користење на правото на скратено работно време.

5. Услови за користење на правото

Условите за користење на правото родителот да работи со половина работно време поради грижа за дете со развојни пречки и посебни образовни потреби треба да се исполнети кумулативно. Тие се: двајцата родители да се во работен однос или пак, родителот да е самохран; вториот услов е да постои наод од надлежна лекарска комисија; и третиот услов е доколку постои наод кај детето, тоа дете да не е сместено во установа за социјално-здравствено згрижување.

Според ЗРО, како *lex generalis* за вработени се сметаат лицата кои имаат склучен договор за вработување. Бидејќи членот 169 од истиот Закон не го прецизира видот на договорот за вработување со кој работникот засновал работниот однос, ова остава претпоставка дека предвид ќе се земе секој работен однос, без разлика на видот на договорот за вработување. Се поставува прашањето дали ова право може да се користи во случај едниот од родителите да работи со работно време пократко од полното работно време или пак, се бара договорот за вработување на двајцата родители да е склучен со полно работно време, кое во согласност со ЗРО може да биде најмалку 36 часа, а најмногу до 40 часа. И нејасно е дали ова право ќе му биде признато на родителот доколку станува збор за самовработено лице или лице кое е индивидуален земјоделец.

Покрај на еден од родителите доколку и двајцата родители се живи и познати, ова право му следува и на родителот кој е самохран. Во согласност со дефиницијата во Законот за социјална заштита, за самохран родител се смета родител кој сам ги врши родителските права и должности за детето, поради тоа што другиот родител е непознат, починат, исчезнат или од оправдани причини привремено или трајно не ги извршува родителските права и должности.

Стручниот орган (кој работи во состав на установата) кој дава наод и мислење за оцена на видот и степенот на попреченост и посебните потреби на лица со пречки во развојот, ги определува посебните потреби на детето во согласност со Законот за заштита на децата, Законот за социјалната заштита, Законот за здравствената заштита, Законот за вработувањето и осигурување во случај на невработеност и прописите од областа на образованието. Од страна на стручниот

орган (установа) се дава наод и мислење за оцена на видот и степенот на попреченост и посебните потреби на лица со пречки во развој по издадена упатница од центарот за социјална работа или по барање на родителот/старателот. Наодот и мислењето за оцена на видот и степенот на попреченост и посебните потреби на лица со пречки во развојот, установата го издава во форма на решение. Ова решение претставува клучен основ за уживање на правото на родителот/ите за користење на правото на работа со скратено работно време.

И најпосле, третиот услов е детето да не е сместено во установа за социјално-здравствено згрижување, туку да живее со родителите кои се грижат за него. Што се однесува до возраста на детето, за разлика од претходното законско решение кое предвидуваше ограничување на ова право до определена возраст на детето, односно 26 години, во согласност со измените на Законот за социјална заштита од 1997 година, кои беа направени во ноември 2017 година (сега вон сила, но истото решение е преземено и во важечкиот Закон од 2019 година), се овозможи сите родители кои го користат правото на скратено работно време, истото да го користат и по навршување на 26 години на детето. Измените на Законот за социјална заштита од 2017 година, кои го отстрануваат возрасното ограничување од 26 години, претставуваат значаен чекор кон обезбедување долгорочна поддршка за родителите на деца со развојни пречки. Оваа позитивна промена во законот ги заштитува правата на родителите и децата со развојни пречки и ги олеснува социјалните услови за живеење и развој.

Во Правилникот за начинот за остварување на правото на надоместок на плата за скратено работно време, образецот на барањето и документацијата за остварување на правото (Службен весник на РСМ, бр. 109 од 28.5.2019 година), се наведува дека родителите на дете со попреченост или најтешки облици на хронични заболувања можат да го остварат правото на надоместок на плата доколку работат со скратено работно време. Ова право може да се користи ако родителите ги исполнуваат следните услови:

1. Детето има оштетен вид, трајни пречки на локомоторниот систем, тешки пречки во менталниот развој, аутизам или комбинирани пречки.
2. Барањето за остварување на правото се поднесува до центарот за социјална работа каде што подносителот има

живеалиште, заедно со потребната документација (изводи од матичната книга на родените за родителот и детето, решение од работодавачот за скратено работно време и решение за вработување на родителите или старателот).

Сметаме дека за да биде инклузивно законското решение, треба да се толкува во смисла дека ги опфаќа сите типови договори за вработување, како и самовработените лица и индивидуалните земјоделци. Со ова ќе се обезбеди рамноправност и ќе се заштитат правата на сите родители. Исто толку важна е потребата да се обезбеди дека сите категории родители се информирани за своите права и процесот на добивање на истите. Потребна е поширока поддршка од општеството и надлежните институции за да се обезбедат дополнителни ресурси и услуги за семејствата на деца со развојни пречки. Во целост, законското решение претставува значаен чекор кон обезбедување поддршка и заштита за родителите на деца со развојни пречки. Сепак, неговата ефективност зависи од практичната примена и поддршката од сите релевантни страни.

6. Остварување на правото на работа со скратено работно време

Со ЗРО (член 169) е уредено дека скратеното работно време се смета како полно работно време, а правото на надомест на плата се исплатува според прописите за социјална заштита, како што е Законот за социјалната заштита, каде што е нормиран надоместокот на плата за скратено работно време поради неа на дете со телесни или ментални пречки во развојот (член 82). Оваа законска одредба обезбедува значителна заштита и флексибилност за родителите кои мора да се грижат за деца со посебни потреби, дозволувајќи им да балансираат меѓу професионалните обврски и семејните потреби.

Според член 82 од Законот за социјалната заштита, висината на надоместокот на плата изнесува 50 % од просечната нето-плата за полно работно време на родителот исплатена во претходната година, односно 100 % од просечната нето-плата за скратено работно време исплатена во претходната година, но најмногу до 50 % од просечната нето-плата во Република Северна Македонија за претходната година, објавена од Државниот завод за статистика. Оваа мерка е позитивна бидејќи обезбедува финансиска поддршка за родителите, но истовремено може да биде недоволна за

покривање на сите трошоци поврзани со грижата за дете со посебни потреби.

Надоместокот е усогласен со порастот на трошоците на живот за претходната година, објавени од Државниот завод за статистика, во јануари за тековната година. Ова е значајно бидејќи гарантира дека надоместокот се прилагодува со инфлацијата, што помага во одржување на куповната моќ на родителите.

Ова право родителот го остварува со поднесување барање. Барањето за остварување на правото на надоместок на плата за скратено работно време поради неа на дете со попреченост и најтешки облици на хронични заболувања се поднесува до центарот за социјална работа на подрачјето каде што подносителот има живеалиште. Процесот на поднесување барање е јасен, но би можел да биде комплексен и потребно е да се обезбедат дополнителни ресурси за олеснување на постапката за родителите.

По поднесеното барање надлежниот Центар за социјална работа испитува дали е содржана целокупната документација, по што одлучува со решение, а правото се стекнува со правосилноста на одлуката. Ова е важен аспект бидејќи осигурува дека само квалификувани случаи ќе добијат поддршка, но исто така може да предизвика одложувања во добивањето на потребната помош.

Кога вработен или самовработен родител користи родителско отсуство во моментот на поднесувањето на барањето, користењето на правото на работа со скратено работно време за да се грижи за дете со развојни пречки и посебни образовни потреби, се стекнува првиот нареден ден по престанување на користењето на правото на родителско отсуство. Оваа одредба е многу корисна бидејќи обезбедува непрекината поддршка за родителите.

Придонесите и другите обврски се пресметуваат и наплатуваат во согласност со Законот за пензиското и инвалидското осигурување, додека социјалните придонеси се пресметуваат и плаќаат во согласност со Законот за придонеси од задолжително социјално осигурување. Ова обезбедува дека родителите кои работат со скратено работно време, ќе имаат соодветно осигурување и ќе можат да ги користат сите социјални права.

Остварувањето на правото започнува со поднесување на барање од страна на родителот или старателот на детето. Ова барање за остварување на правото (со потребната документација) се доставува до Центарот за социјална работа кој функционира на

подрачјето на кое подносителот живее. Правото се остварува од денот на поднесувањето на барањето. Ова обезбедува брз пристап до поддршката, што е од суштинско значење за родителите.

Корисникот на правото е должен за настанатите промени во околностите за остварување на правото да го извести навремено центарот за социјална работа, најдоцна во рок од 15 дена. Ова е важно бидејќи осигурува дека поддршката се користи само кога е навистина потребна и се спречуваат злоупотреби.

Центарот за социјална работа како надлежен орган има право да го испита оствареното право и околностите врз кои истите е остварено, најмалку еднаш годишно. Ова е корисно бидејќи овозможува редовна проверка и осигурува дека средствата се користат ефективно и правилно.

ЗРО прави дополнителна заштита на корисниците на ова право како забрана на отказ поради родителство. Оваа заштита е многу важна бидејќи осигурува дека родителите нема да бидат дискриминирани или отпуштени поради своите обврски за грижа за дете. Имено, работодавачот не смее да го откаже договорот за вработување на работникот за време на бременост, раѓање и родителство, за време на сместување на дете кај посвоител, отсуство од работа за родителство од страна на татко или посвоител на дете и скратено работно време поради грижа за дете со развојни пречки и посебни образовни потреби и спреченост за неа на дете до тригодишна возраст (ЗРО, член 101). Оваа одредба е од суштинско значење за заштита на работните права на родителите и осигурува дека тие можат да се грижат за своите деца без да се плашат за својата работа. Отказот на договорот за вработување е ништовен доколку на денот на врачувањето на отказот работодавачот бил запознаен со околностите, или доколку работникот во рок од 15 дена од врачувањето на отказот го извести работодавачот за постоење на овие околности со доставување на добиеното решение од центарот за социјална работа. Оваа одредба дополнително ја зајакнува правната заштита на родителите и осигурува дека тие ќе можат да ги заштитат своите права дури и ако работодавачот се обиде да го заобиколи законот.

7. Заклучок

Скратеното работно време, дефинирано во Конвенцијата на МОТ, нуди флексибилност за работниците кои доброволно го избираат овој вид вработување, но исто така претставува и неопходно решение за оние кои не можат да најдат вработување со полно работно време. Признавањето на скратеното работно време како социјално право за родителите на деца со развојни пречки е од особено значење, бидејќи поставува прашања за еднакви можности и права во текот на нивниот работен век.

Политиките за скратено работно време играат клучна улога во подобрувањето на семејно-работниот баланс, особено за родителите на деца со развојни пречки и посебни образовни потреби. Иако овие мерки ја зголемуваат вклученоста на жените на пазарот на труд и придонесуваат за родова еднаквост, постои ризик тие да ги зајакнат родовите нееднаквости поради честото користење на скратеното работно време од страна на жените, што може да резултира во пониски плати и ограничени кариерни можности. Затоа, неопходно е внимателно осмислување и спроведување на овие политики за да се обезбеди фер и инклузивен пазар на труд за сите работници.

ЗРО и останатите правни прописи во нашата држава прецизно ги дефинираат правата и потребите на децата со развојни пречки и посебни образовни потреби, обезбедувајќи им соодветна поддршка во образованието и секојдневниот живот. Со прецизна класификација на различните видови попречености, тие овозможуваат поголема инклузија и еднакви можности за сите деца и младинци во општеството. Меѓутоа, иако законите и правилниците во нашата држава ги дефинираат правата и потребите на децата со развојни пречки и посебни образовни потреби, малку студии се фокусираат на предизвиците со кои се соочуваат родителите при користење на правото на скратено работно време.

Понатаму, овој труд детално ги опишува условите кои родителите мора да ги исполнат за да го користат правото на скратено работно време поради грижа за дете со развојни пречки и посебни образовни потреби. Кумулативната природа на овие услови вклучува вработување на двата родители или самохран родител, медицинско мислење од надлежна комисија и детето да не е сместено во социјално-здравствена установа. Прецизирањето дека родителите мора да имаат склучен договор за вработување, остава простор за прашања за видот на договорите, особено во случаи кога еден

родител работи со скратено работно време или е самовработен. Стручниот орган игра клучна улога во оценувањето на попреченоста и потребите на детето, издавајќи решение кое е основа за користење на ова право. Измените на претходниот Закон за социјална заштита од 2017 година, кои го отстрануваат возрастното ограничување од 26 години, претставуваат значаен чекор кон обезбедување долгорочна поддршка за родителите на деца со развојни пречки.

Во заклучокот од оваа анализа, се идентификуваат неколку клучни препораки за идни истражувања кои можат значително да придонесат за подобрување на правната и социјалната рамка за родителите на деца со развојни пречки и посебни образовни потреби. Прво, потребно е проширување на правната рамка за скратено работно време со цел да се опфатат сите видови договори за вработување, вклучувајќи и самовработените лица. Ова би обезбедило еднаква можност за сите родители да ги користат овие права, без оглед на типот на нивниот работен однос.

Дополнително, од суштинско значење е да се спроведат детални студии за тоа како скратеното работно време влијае врз кариерниот напредок на родителите, особено на жените, и да се предложат мерки за минимизирање на негативните ефекти. Во контекст на родовата еднаквост, истражувањата треба да се фокусираат и на стимулирање на мажите да користат скратено работно време и други флексибилни работни услови со цел да се постигне поголема родова еднаквост.

Исто така, неопходно е да се анализираат финансиските и социјалните импликации од воведувањето мерки за скратено работно време, вклучувајќи го и ефектот врз семејниот приход и квалитетот на живот. Интердисциплинарните пристапи кои вклучуваат соработка помеѓу различни сектори како што се образованието, социјалната заштита и здравството, исто така треба да бидат предмет на истражување за да се процени нивната ефективност во поддршката на семејствата на деца со развојни пречки.

Психолошките и емоционалните аспекти на родителите кои користат скратено работно време, вклучувајќи нивото на стрес, задоволство од животот и општата благосостојба, треба да се истражат детално за да се обезбеди сеопфатна поддршка. Улогата на новите технологии и дигитализацијата во овозможувањето на

флексибилно работно време и поддршката на родителите на деца со развојни пречки, исто така, заслужува внимание.

Континуираното следење и евалуација на постојните политики за скратено работно време е неопходно за да се идентификуваат области за подобрување и адаптација на нови мерки базирани на потребите на родителите. Во овој контекст, анализата на улогата на работодавачите во обезбедувањето флексибилни работни услови и можностите за воведување финансиски стимулации за компаниите кои поддржуваат вработени родители на деца со развојни пречки, е од големо значење.

Конечно, спроведувањето на меѓународни компаративни студии би можело да помогне во утврдувањето на најдобрите практики и политики кои можат да се применат во локалниот контекст, обезбедувајќи поинклузивен и поддржувачки систем за сите родители на деца со развојни пречки и посебни образовни потреби.

Со овие мерки и препораки, може да се стремиме кон создавање на правна и социјална средина која ќе ги поддржува родителите на деца со развојни пречки и ќе обезбеди еднакви можности за сите учесници на пазарот на труд.

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Surrogacy: History and Challenges

Irena Avirovic Bundalevska¹, Marija Trpchevska²

Abstract

In recent decades, the development of reproductive medicine has enabled many couples facing infertility to become parents, representing a significant transformation in the concept of parenthood. Surrogacy, as one of the most specific treatments, attracts attention and raises concerns among people while also sparking societal debate. This practice involves a woman who, through artificial insemination, carries and gives birth to a child for other individuals with whom she has an agreement. Surrogacy can be either traditional (where the surrogate mother is genetically related to the child) or gestational (without a genetic connection).

This process raises numerous ethical, legal, and political questions related to the identity of the mother, the rights of the child, the validity of contracts, and many other aspects that challenge traditional family concepts. These issues will be thoroughly analyzed in this paper. Additionally, the paper will provide an overview of surrogacy throughout history and will focus in more detail on different surrogacy practices worldwide and in the Republic of North Macedonia.

Finally, the paper will highlight the legal challenges and debates surrounding surrogacy and will offer directions for further research on this topic.

Keywords: Surrogacy, Republic of North Macedonia, Parenthood, Family.

Сурогат мајчинство: историја и предизвици

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Апстракт

Во последните децении, развојот на репродуктивната медицина овозможи многу парови кои се соочуваат со неплодност, да станат родители, што претставува значителна трансформација на концептот на родителство. Сурогат мајчинството, како еден од најспецифичните третмани, предизвикува внимание и загриженост кај луѓето и истовремено поттикнува општествена дебата. Оваа медицинска практика вклучува жена која по пат на вештачко оплодување го носи и раѓа детето за други лица, со кои склучува договор. Сурогат мајчинството може да биде традиционално (сурогат мајката е генетски поврзана со детето) или гестациско (без генетска врска).

Овој процес поставува многу етички, правни и политички прашања поврзани со идентитетот на мајката, правата на детето, валидноста на договорите и многу други аспекти кои ги преиспитуваат традиционалните концепти на семејството и ќе бидат анализирани детално во овој труд. Дополнително трудот ќе даде осврт на сурогат мајчинството низ историјата и ќе се фокусира подетално на различните практики на сурогат мајчинство во светот и во Република Северна Македонија.

Конечно, трудот ќе ги посочи правните проблеми и дебати кои ги отвора практиката на сурогат мајчинство и ќе даде насоки за понатамошни истражувања на оваа проблематика.

Клучни зборови: Сурогат мајчинство, Република Северна Македонија, Родителство, Семејство.

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Вовед

Во последниве децении, динамичниот развој на општеството и науката, особено во областа на репродуктивната медицина, овозможи многу парови кои претходно се соочувале со неплодност, конечно да станат родители. Репродукцијата, како основен процес за продолжување на човечкиот род и стремеж кон вечноста, отсекогаш била во центарот на животниот циклус. Меѓутоа, она што некогаш се сметаше за природен и спонтан процес на зачнување дете, денес е сè повеќе планирана и свесно управувана трансформација на човечкиот живот, која се случува тогаш кога луѓето ќе се почувствуваат подготвени да преземат родителска улога. Современата медицина нуди широк спектар опции за оплодување и новите репродуктивни технологии, кои се резултат на спојот меѓу биолошките и општествените иновации, значително ја трансформираат традиционалната перцепција за родителството и семејството. Овие промени пак, истовремено поттикнуваат нови дискусии околу етичките, правните и социјалните последици на овие методи во современите општества.

Сурогат мајчинството претставува договор според кој сурогат мајката, повештачко оплодување со сперма од биолошкиот татко или со ембрион од донатори, го носи и раѓа детето, а потоа се откажува од родителските права, предавајќи го детето на „наменетите родители“ за одреден надомест. Постојат два вида сурогат мајчинство: традиционално и гестациско. Во традиционалното сурогат мајчинство, жената која го раѓа детето, исто така ја донира и својата јајце-клетка, која е оплодена со спермата на мажот што склучил договор со неа или со сперма од донатор. Во овој случај, сурогат мајката е генетски поврзана со детето. Гестациското сурогат мајчинство, пак, вклучува имплантација на ембрион во сурогат мајката, која нема генетска врска со детето. Ембрионот може да биде создаден од јајце-клетка и сперма на парот што го склучил договорот или да се користи донаторски материјал од еден или двата партнера. Исто така, можно е ембрионот да биде целосно дониран, при што ниту еден од партнерите, ниту сурогат мајката, немаат генетска врска со детето (Brinsden, 2003; Zawawi 2012; Shamima, 2021).

Истовремено, сурогат мајчинството предизвикува значителна општествена дебата, бидејќи го доведува во прашање традиционалното разбирање на семејството и мајчинството.

Со примената на сурогат мајчинството, настанува поделба меѓу генетското, гестациското и фактичкото родителство, што придонесува за проширување на репродуктивните опции во современото општество. Оваа практика отвора бројни дилеми кои ќе бидат детално анализирани во трудот низ познати случаи за сурогатство. Подетално, овој труд има за цел да ги истражи етичките дилеми, правните предизвици и политичките импликации поврзани со сурогат мајчинството, особено во контекст на идентитетот на мајката, правата на детето и валидноста на договорите за сурогатство. Понатаму, трудот ќе понуди осврт на развојот на сурогат мајчинството низ историјата, истражувајќи како оваа практика еволуирала и како е регулирана во различни времиња и култури. Дополнително трудот ќе прикаже компаративна анализа на различни практики на сурогат мајчинство, односно на различните модели на сурогат мајчинство во светот, со посебен акцент на правната рамка и регулативите во Република Северна Македонија. Конечно, трудот ќе ги истражи и идентификува правните прашања и дебати што произлегуваат од примената на сурогат мајчинството, како и нивните импликации врз националните и меѓународните законодавства и ќе бидат предложени препораки и насоки за идни истражувања и развој на законодавната рамка поврзана со сурогат мајчинството, имајќи ги предвид етичките, правните и социјалните аспекти.

1. Развој на сурогат мајчинството низ историјата

Сурогат мајчинството има долга и комплексна историја која се спомнува уште во Хамурабиевиот законик и во Стариот завет. Во антички времиња, жените, најчесто робинките или слугинките, служеле како сурогат мајки за неплодни жени. Тогашниот начин на сурогатство се базирал на сексуален однос помеѓу сурогат мајката и сопругот на неплодната жена, каква што е впрочем и библиската приказна за брачниот пар Сара и Аврам, кои откако не успеале да станат родители по биолошки пат, се обратиле на својота слугинка Агар да биде мајка на детето на Аврам (Shamima, 2021; Claire Fenton-Glynn, 2014). Традиционалното сурогат мајчинство, исто така, се споменува во Хамурабиевиот законик и било распространето во Месопотамија, а се користело и од страна на фараоните во Египет, како и во Античка Грција и Стар Рим (Shamima, 2021).

Ваквиот начин на традиционално сурогат мајчинство низ историјата бил единствениот начин на кој родителите можеле да имаат дете во случај на неплодност на жената (концептот за неплодност на мажот во античкиот свет не се споменува). Сепак, сурогат мајчинството останало табу тема сè до 20-тиот век поради стигмите поврзани со неплодноста на жената и статусот на вонбрачните деца. Пресвртницата настанала во 20-тиот век кога напредокот на репродуктивната технологија овозможил целосно вештачко оплодување, со што сурогат мајката и мажот немале повеќе физички контакт (Spar, 2005). Ин витро оплодувањето (ИВФ) во 1978 година овозможило партнерите да се остварат како родители без мажот да има сексуален однос со сурогат мајката, а со напредокот во медицината, гестациското сурогатство станува популарна репродуктивна практика од средината на 80-тите години до денес.

Случајот „Бебе М“ (скратено од името Мелиса) од 1986 година во Соединетите Американски Држави, во кој сурогат мајката одбила да го предаде детето на наменетите родители, одиграло клучна улога во поставување построги закони за процедурите на сурогат мајчинство, пред сè во САД. Во конкретниот случај „Бебето М“ било родено преку традиционално сурогат мајчинство, односно жената која го родила, ја донирала својата јајце-клетка и всушност била биолошка мајка на детето. Сепак, кога се родило бебето, мајката одбила да се откаже од своето родителско право и не сакала да го даде бебето на наменетите родители. Врховниот суд на Њу Џерси по неколку години легална битка за старателство врз детето помеѓу сурогат мајката и наменетите родители пресудил дека договорот за сурогат мајчинство е невалиден, сурогат мајката добила право на родителство и посета на бебето, но биолошкиот татко добил право на родителство и старателството врз Мелиса (Scott, 2009). Овој познат случај придонел во голема мера до прифаќање на гестациското сурогатство, во кое сурогат мајката нема генетска врска со детето. Истовремено, случајот со „Бебето М“ ја подгреал дебатата околу сурогат мајчинството во САД и го зголемил бројот на противници на оваа медицинска пракса кои сметале дека договорите за сурогат мајчинство се договори за продажба на бебиња, дека ги експлоатираат жените, а жените кои прифаќаат да бидат сурогат мајки, не се доволно упатени за можните последици од тие договори (Scott, 2009; Spivack, 2010).

Уште еден популарен случај од САД од 1990-тите години, ги дефинирало правните параметри за иднината на сурогат мајчинството во земјата и пошироко. Имено, судот во Калифорнија за случајот „Калверт против Џонсон“ донел одлука дека мајка е жената која според договорот за сурогатство ќе го одгледува детето, а не таа што го родила. Во овој случај сурогат мајката на бебето (Џонсон) потпишала договор за сурогат мајчинство во замена за животно осигурување од 200.000 долари и 10.000 долари за исплата по раѓањето на бебето. Во текот на бременоста односите помеѓу брачниот пар Калверт и бремената Џонсон се заостриле и таа го побарала паричниот надомест пред пораѓањето, притоа заканувајќи се дека во спротивно нема да им го даде бебето по раѓањето. Оттаму, започнало судење помеѓу семејството Калверт и Џонсон и конечната пресуда била во корист на наменетите родители, кои истовремено биле и биолошки (генетски) родители на бебето. Овој случај не само што го потврдил гестациското сурогатство како легално најисправна и најраспространета пракса, дополнително го отворило патот за утврдување на родителство и во идни случај кога јајце-клетката не е ниту на сурогат мајката ниту на наменетиот родител-мајка (Rose 1996; Scott, 2009; Spivack, 2010).

Сурогат мајчинството, со својата долга историја и контроверзии, продолжува да биде предмет на етички, правни и социјални дискусии. Преку анализата на значајни случаи и правни преседани, јасно е дека оваа репродуктивна пракса се развива во насока на поголема регулација и заштита на правата на сите вклучени страни. Со тоа, сурогат мајчинството се етаблира како значаен дел од современите репродуктивни технологии, нудејќи надеж на многу семејства, додека предизвиците и дебатите околу неговата етичност и законитост остануваат тема за понатамошно разгледување и унапредување.

Сурогат во светот

2.1. Сурогат мајчинство во САД

Сурогатството не претставува нов феномен во историјата на САД. Имено, постојат записи за традиционалното сурогат мајчинство во периодот пред Граѓанската војна кои ги засега жените робинки Афро-американки кои биле приморани да раѓаат деца за своите господари. Но, и во тоа време имало жени кои барале старателство

врз родените бебиња и познат е случајот на една робинка која успеала да добие старателство на својата ќерка која била веќе адолесцент (Spivack, 2010).

Денес, во САД договорите за сурогат мајчинство се различно регулирани од држава во држава. Државата Калифорнија дозволува комерцијално сурогатство, додека во Мичиген секоја форма на сурогатство се забранува. Во државата Њујорк нема посебна регулатива за сурогатство, комерцијалното сурогатство се казнува, додека истото не важи и за алтруистичкото сурогатство. Во моментов повеќето држави се поделени на три категории кога станува збор за регулирање на договорите за сурогат мајчинство:

1. држави кои немаат статут во врска со сурогатството;
2. држави кои имаат забрана за сите договори за сурогатство и
3. држави кои имаат статут кој дозволува само гестациско сурогатство.

Дополнително, некои држави кои одбиваа да ги спроведат договорите за сурогат мајчинство, предвидуваат казни за инволвираните страни на договорот и за секој кој помогнал да се организира сурогатството. Карла Спивак (2010) во еден од своите трудови го истражува сложениот и разновиден правен пејзаж на сурогатството во различни држави на САД. Таа дискутира за историскиот контекст, еволуцијата на практиките за сурогатство и правните спорови поврзани со родителството. Таа го истакнува недостатокот на унифициран законски рамковник, при што државите усвојуваат различни пристапи, од забрана на договори за сурогатство до целосно спроведување на истите.

Горенаведените правни случаи на „Бebetо М“ и „Калверт против Џонсон“, го обликувале судскиот третман на сурогатството, фокусирајќи се на теории за родителство според намера, договор, генетика, гестација и најдобриот интерес на детето. Денес дебатата за сурогатство во САД гравитира околу предложените статуты и прашањата за одговорност поврзани со посредниците и клиниките за сурогатство, нагласувајќи ги тековните правни нејаснотии и потребата од сеопфатни законодавни решенија (Spivack, 2010).

Денес, САД се лидери во светот што се однесува до услугите за сурогатство. Во 2009-тата година асистивната репродуктивна технологија кореспондирала на годишен бизнис од 4 милијарди

долари, а услугите за сурогат мајчинство се движат од 80.000 до 120.000 долари (Rudrappa и Collins, 2015).

2.2. Сурогат мајчинство во Обединетото Кралство

Сурогат мајчинството во Обединетото Кралство е регулирано со неколку законски решенија. Никаков маркетинг кој се однесува на барање на сурогат мајката или нудење надоместок не е прифатлив, бидејќи претставува казнен прекршок. Ревизија на законите во оваа област во Обединетото Кралство настанале по спорот меѓу 31-годишна мажена жена и холандски пар кој ѝ платил на жената 12.000 фунти за да биде сурогат мајка на нивно дете. Жената лажно тврдела дека ја прекинала бременоста, а потоа го задржала бебето кое станало предмет на битка за старателство (Surrogate Pregnancy Dispute in UK, 1998).

Законот за сурогат мајчинство од 1985 година (Surrogacy Arrangements Act 1985) го криминализира комерцијалното сурогат мајчинство, но не и самата жена која е сурогат или сурогатството кое е бесплатно или е договорено за „разумни“ трошоци. Сепак, договорите за сурогат мајчинство не се спроведливи и нема моќ да се спречи сурогат мајката да бара законски абортус или пак, да се принуди да се откаже од бебето. Генерално, според постоечките закони старателството би припаднало на сурогат мајката освен ако истата не е во состојба да се грижи за детето (Surrogate Pregnancy Dispute in UK, 1998; Brahams, 1998).

2.3. Сурогат мајчинство во Индија

Во Индија се регистрирани повеќе од 200 клиника за неплодност во Националната асоцијација за асистирана репродукција на државата, иако се проценува дека постојат помеѓу 500 и 3.000 клиника кои работат со оваа дејност. Изминатите години во Индија се разви т.н. туризам за неплодност, со оглед на тоа дека сурогат мајките склучуваат договори за ниски трошоци, достапноста на евтини лекови, евтина работна сила и слаб регулаторен апарат во оваа област (Rudrappa и Collins, 2015). Имено, во Индија договорите за сурогат мајчинство чинат од 45.000 до 60.000 американски долари, а сурогат мајките добиваат помеѓу 4.000 и 10.000 долари во зависност од регионот на државата (Smietana, Rudrappa и Weis, 2021).

Сурогатството во Индија е легализирано и комерцијализирано во 2002 година и е достапно исклучиво за хетеросексуални двојки, а од 2012 е забрането за хомосексуални двојки и самохрани родители. Од 2016 година забраната за сурогатство е проширена и на странски државјани. Денес е дозволено единствено алтруистичко сурогатство за хетеросексуални парови, државјани на Индија (Smietana, Rudrappa и Weis, 2021).

2.4. Сурогат мајчинство во Русија

Во Русија комерцијалното сурогатство постои од 1995-тата година, но не е сè уште детално регулирано. Првиот конкретен закон за сурогатство е донесен во 2011 година според кој се смета дека сурогат мајката е законска мајка на детето сè додека таа не се откаже од своите права во полза на наменетите родители преку специфичен нотарски акт. На почетокот клиентите биле најчесто руски граѓани, но подоцна руските клиници за сурогат мајчинство ги приспособиле своите услуги и за меѓународна клиентела. Во периодот помеѓу 2014 и 2015 година, договорите за сурогат мајчинство во Русија чинеле од 35.000 до 60.000 американски долари, од кои сурогат мајката добивала околу 10.000 – 17.000 долари по раѓањето на здраво бебе и дополнителен месечен надоместок од 250 до 400 долари за храна и други трошоци во текот на бременоста (Smietana, Rudrappa и Weis, 2021).

2.5. Сурогат мајчинство во Република Северна Македонија

Сурогат мајчинството е прифатено во правниот систем на Република Северна Македонија во 2014 година, со измени и дополнувања на Законот за биомедицински потпомогнато оплодување (Службен весник на РМ, 2016).

Според нашиот правен систем, „гестациски носител“ е жена која носи ембрион или фетус кој бил зачат со постапка на биомедицинско потпомогнато оплодување и кој е добиен со спојување на јајце-клетка и сперматозоиди на жена и маж кои се во брак и која ќе го предаде детето на брачната двојка по неговото раѓање. Тоа може да биде жена од 25 до 50 години, мајка на најмалку едно дете, психофизички здрава, македонски државјанин, да биде во добра психофизичка и општа здравствена состојба. Подетално услови за сурогат мајката се и следниве: да не ѝ е одземено или ограничено родителското право, да не е казнувана за кривично

дело со затвор над шест месеци, да не е душевно болно или лице со пречки во интелектуалниот развој, да не е зависник од дрога или други психотропни супстанции или алкохол, и да нема тешко хронично заболување или да не е болна од неизлечива заразна болест. Во постапката на БПО со гестациски носител, забрането е користење на јајце-клетка од жената-гестациски носител. Гестацискиот носител може да роди само едно живо дете за друг, а за тоа нема да прима друг надоместок освен оној потребен за уредно водење на бременоста и може да роди дете само за брачни двојки државјани на Република Северна Македонија (Закон за биомедицински потпомогнато оплодување, 2016).

За да се избегне комерцијализација на сурогат мајчинството, е предвидено кривично дело според кое се казнува со затвор од 6 месеци до 5 години секој кој ќе бара или земе, односно понуди или даде паричен надоместок, или друга материјална корист за спроведување постапка на БПО со гестациски носител. Исто така, брачната двојка не смее на гестацискиот носител да ѝ даде подароци во вредност повисока од 100 евра во денарска противвредност сметано за целиот тек на постапката на БПО со гестациски носител и по породувањето. Кривично дело е предвидено и за откривање на идентитетот на гестацискиот носител, брачната двојка и детето родено од постапка на БПО со гестациски носител, и тоа казна затвор од три месеци до една година за тој што ги изнесува или ги пренесува нивните лични, медицински и генетски податоци, а ако делото е сторено преку печат, радио, телевизија или со други средства за јавно информирање или на јавен собир, сторителот ќе се казни со парична казна или со затвор до три години (Закон за биомедицински потпомогнато оплодување, 2016).

Сурогат мајката во РСМ, нема родителски права, ниту обврски кон детето, односно децата што ќе ги роди. Дадената изјава за согласност за примена на постапката има правно значење на изјава за откажување од признавање на мајчинство по раѓањето на детето, односно децата. Таа, исто така нема право да поведе постапка за утврдување на мајчинство или пак, остварување родителски права во согласност со прописите од областа на семејното право. Податоците за гестацискиот носител и начинот на кој тоа дете е зачнато и родено, можат да му бидат соопштени на детето родено од постапка на БПО со гестациски носител по навршување на негови пет години живот. Како мајка на детето се запишува жената од

брачната двојка по чие барање е поведена постапката. По исклучок, пред да биде поведена постапка на посвојување на детето, односно децата родени во постапка на БПО во случај кога тие се оставени без родителска грижа од страна на брачната двојка или без оглед на причините ако привремено или трајно не ги извршуваат своите родителски права и должности, како и кога на мажот и жената од брачната двојка им е одземена деловната способност или им е одземено вршењето на родителското право, жената гестациски носител има право да биде запишана како мајка на детето, ако ги исполнува условите за посвојување утврдени со прописите од областа на семејното право (Закон за биомедицински потпомогнато оплодување, 2016).

Во случај ако брачната двојка се разведе во текот на бременоста на сурогат мајката, за чувањето, издржувањето и воспитувањето на детето се решава во бракоразводен спор. Кога судот го разведува бракот, тој треба да донесе одлука кај кој од родителите, децата треба да бидат доверени на чување и воспитување. При донесување на одлуката, судот се раководи од најдобриот интерес на детето, и ги зема предвид сите факти и околности на конкретниот случај пред да донесе одлука кај кој од родителите ќе го довери детето на чување и воспитување (Закон за семејство, 2015).

Доколку настапи смрт на жената и мажот од брачната двојка на чие барање е поведена постапката, што би настапила во текот на бременоста на сурогат мајката, како мајка на детето се запишува сурогат мајката и таа има право на остварување на родителски права. Сурогат мајката има право да роди за друг само едно живо и здраво дете. Таа нема право да поведе постапка за прекинување на бременоста во согласност со прописите за прекинување на бременоста, освен доколку врз основа на медицински индикации ќе се утврди дека: претставува опасност по животот или ќе доведе до тешко нарушување на нејзиното здравје за време на бременоста, породувањето или по породувањето, како и доколку врз основа на научни сознанија може да се очекува дека детето ќе се роди со тешки телесни или душевни недостатоци. Сурогат мајката може да ја контролира бременоста, како и да се породува во јавна или во приватна здравствена установа, трошокот, кој се смета за материјален, го надоместува брачната двојка. Исто така, има право и должност во текот на бременоста да води уреден живот, да се храни правилно и да прима додатоци на исхраната потребни за одржување на бременоста,

да вежба и психофизички да се подготвува за породувањето и да ги избегнува штетните фактори од околината кои можат да му наштетат на плодот. Трошоците направени за исполнување на оваа должност се сметаат за материјални трошоци и ги надоместува брачната двојка. Таа исто така има право на надомест на трошоци за отсуство од работа поради контролирање на бременоста, како и надомест на трошоци за психофизички стрес. Месечната висина на материјалните трошоците не може да го надмине износот од една просечна исплатена плата во стопанството во РСМ, во претходната година, објавена од Државниот завод за статистика на РСМ (Закон за биомедицински потпомогнато оплодување, 2016).

Сурогат мајчинството во Република Северна Македонија е строго регулирано со цел да се спречи негова комерцијализација и да се заштитат сите инволвирани страни. Законските одредби јасно ги дефинираат правата и обврските на сурогат мајките, брачните двојки и децата родени преку оваа постапка. Примената на овој модел на биомедицински потпомогнато оплодување обезбедува правна сигурност и ја нагласува важноста на етичките и здравствените стандарди во процесот. Иако сурогат мајките немаат родителски права, нивната улога е внимателно регулирана за да се осигури дека бременоста се одвива под најдобри можни услови. Сепак, законските ограничувања во однос на финансиските надоместоци, откривањето на идентитетот и правните последици од развод или смрт на брачната двојка, покажуваат дека државата настојува да одржи рамнотежа помеѓу заштитата на децата, родителите и сурогат мајките. Соодветна примена и контрола на овие закони останува клучен предизвик во обезбедувањето на етички и праведни практики во оваа област.

Дискусија

Сурогат мајчинството претставува комплексен и контроверзен феномен кој отвора бројни правни, морални, социјални и психолошки прашања. Поради ова, зголемената потреба за заштита на новороденото дете, сурогат мајката и родителите е од клучно значење за избегнување на можни злоупотреби и неправди.

Транснационалното сурогатство претставува сложена и контроверзна индустрија што оперира во рамките на економски, родови и социјални нееднаквости. Анализата покажува дека оваа практика се оправдува преку морални рамки кои го прикажуваат

сурогатството како чин на алтруизам и сочувство, овозможувајќи им на идните родители да ги остварат своите репродуктивни права, а на сурогат мајките да ја подобрат економската состојба на своите семејства.

Сепак, критичката анализа открива дека овие наративи често ги маскираат реалните предизвици со кои се соочуваат сурогат мајките, вклучувајќи недоволна правна заштита, ограничен пристап до здравствена нега и финансиска нестабилност по завршувањето на процесот. Овој феномен ги поставува пошироките прашања за глобалната трговија со репродуктивна работа и за тоа како развиените земји ги користат ресурсите и трудот на жените од економски помалку развиените региони. Потребата од подобра регулатива, транспарентност и заштита на правата на сурогат мајките е клучна за да се спречат злоупотреби и да се обезбеди фер и етичка практика во оваа индустрија.

Иако сурогат мајчинството во светот е веќе долгогодишна пракса, во Република Северна Македонија тоа е релативно нова репродуктивна технологија, што налага значителни измени во правниот систем за да се обезбеди негова ефикасна и праведна примена. Особено е важно утврдувањето на родителските права на начин што ниту една страна не би била ставена во неповолна положба. Дополнително, потребно е законската рамка да ги земе предвид и потенцијалните компликации поврзани со татковскиот однос кон детето, особено во контекст на дозволената донација на сперма и јајце-клетки.

Еден од најважните аспекти е регулирањето на согласноста на сурогат мајката, особено во случај на прекин на бременоста. Законот треба да предвиди дека одлуката за прекин на бременоста не треба да биде еднострано право на родителите, туку мора да ја вклучува и согласноста на сурогат мајката, имајќи предвид дека таа е директно засегната од физички, психолошки и здравствени последици. Дополнително, потребно е правната рамка да предвиди санкции за непочитување на договорот за сурогатство од страна на сурогат мајката, со што би се гарантирала правна сигурност за родителите.

Доверливоста на податоците за донаторите на генетски материјал претставува уште еден значаен аспект што бара реформа. Чувањето на овие податоци како класифицирана тајна е спротивно на правото на детето да го дознае своето потекло, што е загаран-

тирано со Конвенцијата за правата на детето (КПД) и Европската конвенција за човекови права (ЕКЧП). Затоа, правната рамка треба да овозможи урамнотежен пристап кој ќе го штити правото на приватност на донаторите, но истовремено ќе го почитува и правото на детето да ја знае својата биолошка историја.

Понатаму, законските ограничувања во однос на тоа кој може да пристапи кон сурогат мајчинството треба да бидат преиспитани. Во моменталната законска рамка, сурогатството е достапно само за брачни партнери, што создава дискриминација спрема лица кои живеат во вонбрачна заедница, самохрани жени или други лица кои не исполнуваат традиционални семејни критериуми. Законската регулатива треба да биде инклузивна и да овозможи еднаков пристап кон оваа репродуктивна технологија.

Дополнително, пристапот до судски постапки во случаи на правни спорови поврзани со сурогат мајчинството мора да биде загарантиран. Во повеќето земји каде што е дозволено сурогат мајчинството, веќе постојат бројни правни случаи кои бараат судска разрешница, што укажува на неопходноста од соодветни механизми во нашата правна рамка.

Заклучно, иако сурогат мајчинството претставува хуман чин кој овозможува многу луѓе да станат родители, неговата регулатива мора да биде внимателно обликувана за да се избегнат потенцијални злоупотреби и правни несигурности. Преку добро осмислена правна рамка, можноста за ризици и несакани последици може да се сведе на минимум, додека придобивките од оваа репродуктивна технологија ќе бидат максимирани за сите засегнати страни.

Во иднина, неопходно е да се спроведат подлабоки истражувања кои ќе вклучуваат перспективи на сурогат мајките, како и анализа на долгорочните ефекти од сурогатството врз нивните животи и заедници. Само преку холистички пристап, кој ги зема предвид и етичките и економските аспекти, ќе биде можно да се создадат праведни политики кои навистина ќе ја одразуваат благосостојбата на сите вклучени страни.

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The impact of rare diseases on patients and their family members in functionality and daily life

Natasha Angeleska

Abstract

Rare diseases are life-threatening conditions that are characterized by a low prevalence (1 in 2000 people) and characterized as debilitating for the people who are affected. People living with a rare disease need combined care and nursing throughout their lives, which significantly affects their quality of life, but also the family members who care for these people and who live with them.

This paper aims to examine the impact of the disease on the daily functioning of the person suffering from a rare disease and the people who take care of them within the family: daily activities, impaired physical health, absence or lack of therapy, stigmatization, impaired social contacts, reduced opportunities for education, employment, etc. and how they affect the (dys)functionality among family members: spouses, parents and children, brothers/sisters or so-called siblings etc.

The research was conducted with patients and families of patients with rare diseases in the Republic of North Macedonia and included 48 respondents of different ages and gender who gave their answers through a shared online questionnaire that was available through social networks to groups of patients and family members. In addition, 3 in-depth interviews were conducted: with an adult patient with a rare disease, a parent of a patient with a rare disease, and a sibling of a patient with a rare disease.

The obtained results were reviewed in the context of the results obtained from international research on the impact of rare diseases on everyday life conducted by the international umbrella organization EURORDIS, which unites associations of patients with rare diseases.

The data that were analysed indicate the great impact of a diagnosis with a rare disease on the functioning of the family, the burden on a family member, usually the mother, as well as the socio-emotional relationships in the family. The analysis points to the need for more serious support for families in which there is a member/s affected by a rare disease in order to enable the building and nurturing of better quality relationships in families and a holistic approach to the care of patients with rare diseases and their family members which includes educational and social aspects, as well as opportunities and working conditions.

Keywords: Rare Diseases, Caregivers, Family Members, Family Relationships

Влијанието на ретките болести врз пациентите и членови на нивното семејство во функционалноста и секојдневниот живот

Наташа Ангелеска¹

Апстракт

Ретките болести претставуваат живото-загрозувачки состојби кои се карактеризираат со ниска преваленца (1 во 2.000 лица) и кои ги изнемоштјуваат лицата кои се засегнати. Лицата кои живеат со ретка болест, имаат потреба од комбинирана грижа и нега во текот на целиот живот, што значајно влијае врз нивниот квалитет на живот, но исто така и врз членовите на семејството коишто се грижат за овие лица и коишто живеат со нив.

Овој труд има за цел да го испита влијанието на заболувањето во секојдневното функционирање на лицето заболено со ретка болест и лицата коишто се грижат за нив во рамки на семејството: секојдневни дневни активности, нарушено физичко здравје, непостоење или недостиг на терапија, стигматизација, нарушени социјални контакти, намалени можности за образование, вработување и др. и како тие влијаат врз (не) функционалноста меѓу членовите на семејството: брачни партнери, родители и деца, браќа/сестри или т.н. сиблинзи и сл.

Истражувањето се спроведе со пациенти и семејства на пациенти со ретки болести во Република Северна Македонија и опфати 48 испитаници од различна возраст и пол кои своите одговори ги дадоа преку споделен онлајн прашалник кој беше достапен и споделен преку социјалните мрежи на групи пациенти и членови на семејства. Дополнително се спроведоа и 3 длабински интервјуа: со полнолетен пациент со ретка болест, родител на пациент со ретка болест и брат/сестра на пациент со ретка болест.

Добиените резултати се разгледаа во контекст на резултатите добиени од меѓународни истражувања за влијанието на ретките болести врз секојдневниот живот спроведени од страна на меѓународната чадор организација ЕУРОРДИС која обединува здруженија на пациенти со ретки болести.

Податоците кои се анализираа, укажуваат на големото влијание на дијагноза со ретка болест врз функционирањето на семејството, оптоварувањето на член на семејството, најчесто мајката, како и социо-емотивните врски во семејството. Анализата укажува на потребата од посериозна поддршка на семејствата во кои има член/-ови заболени со ретко заболување со цел да се овозможи градење и негување поквалитетни релации во семејствата

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и пристапување кон холистички пристап за нега и грижа на пациентите со ретки болести и членовите на нивните семејства кој ги опфаќа и образовните, социјалните аспекти, но и можностите и условите за работа. Клучни зборови: Ретки болести, Лица кои се грижат, Членови на семејства, Семејни односи

1. Вовед

Ретките болести претставуваат живото-загрозувачки состојби кои ги изнемошгуваат лицата кои се засегнати и кои се карактеризираат со ниска преваленца (1 во 2.000 лица). Лицата кои живеат со ретка болест, имаат потреба од комбинирана грижа и нега во текот на целиот живот, што значајно влијае врз квалитетот на живот на лицата кои се засегнати од овие состојби, но исто така и врз членовите на семејството кои пружаат грижа за овие лица и кои живеат со нив. Од медицински аспект, ретките болести претставуваат хетерогена група болести кои се генерално хронични и го намалуваат квалитетот и/или должината на животот на заболелите лица. Околу 80 % од овие заболувања се генетски, а за повеќето од нив засега сè уште не постојат терапии. И покрај тоа што се различни една од друга по генезата, популацијата што ја зафаќаат, траењето и слично, овие болести имаат многу заеднички карактеристики: тешкотии во нивното препознавање, скапи и тешко достапни дијагностички процедури, ретки и скапи терапевтски можности заради што пациентите се соочени со голем број тешкотии како за дијагностицирање, така и за лекување на својата состојба. Обезбедувањето здравствена грижа за пациентите со ретки болести е предизвик за здравствениот систем на развиените, а уште повеќе и на земјите во развој, земајќи ги предвид долгорочните последици од болеста за квалитетот на живот на бројните пациенти и нивните семејства.

Дополнително на ова, справувањето со ретките болести не претставува само здравствен проблем, туку има и социјални, економски, образовни димензии, обидувајќи се да одговори на сите потреби на пациентите и нивното секојдневно живеење како што е запишување, посетување и завршување одреден степен на образование, создавање семејство и потомство, вработување и самостојно живеење итн.

1.1. Меѓународни истражувања и политики

Ретките болести се препознаени на глобално ниво најмногу заради ангажманот и работата на меѓународната организација ЕУРОРДИС која е чадор организација на европско ниво и обединува членки од 48 земји во Европа. Според оваа организација, ретките болести се карактеризираат со широка разновидност на симптоми и знаци кои варираат не само од болест до болест, туку и од пациент

до пациент кој страда од истата болест. Поради ниската преваленца на секоја болест, медицинската експертиза е ретка, знаењето е недоволно, негата и грижата се несоодветни, а истражувањата се ограничени. И покрај нивниот голем вкупен број, пациентите со ретки болести се т.н. сирачиња на здравствените системи, на кои често им се ускратува дијагнозата, третманот и придобивките од истражувањата. Квалитетот на животот на лице кое живее со ретка болест е под влијание на недостатокот или губењето на автономија поради хроничните, прогресивните, дегенеративните и често опасни по живот аспекти на болеста. Фактот дека често нема постоечки ефективни лекови го зголемува високото ниво на болка и страдање што ги поднесуваат пациентите и нивните семејства. Ретката болест не само што влијае врз лицето на кое му е дијагностицирана – таа исто така влијае врз семејствата, пријателите, старателите и општеството како целина.

Се претпоставува дека приближно околу 30 милиони лица од 48 земји во Европа живеат со некоја од приближно 6–8.000 различни ретки болести кои се досега откриени. Според истражувањата кои досега се спроведени, познато е дека околу 75 % од пациентите на детска возраст се дијагностицирани од некое ретко заболување, иако за дијагноза во просек се чека по 5 и повеќе години. Истражувањата покажуваат и дека 7 од 10 лица со ретка болест или нивните старатели/негуватели го намалуваат или запираат професионалниот ангажман поради ретката болест или тоа е случај со некој член на нивното семејство на кој паѓа најголемата грижа, а процентот на луѓе со ретки болести кои пријавиле дека се чувствуваат депресивни, е 3 пати повисок од оној на општата популација.

Овие факти и онеправданиот статус на лицата со ретки болести и нивните семејства резултираше со усвојување на Резолуција на ОН за справување со предизвиците на луѓето кои живеат со ретки болести и нивните семејства² кое Генералното собрание на Обединетите нации ја усвои со консензус од речиси сите (193) земји членки на ОН на 16 декември 2021 г. Ова е првиот текст на ОН кој обезбедува видливост на над 300 милиони луѓе кои живеат со ретки болести (People living with rare diseases – PLVRD) широм светот и повикува на акција за решавање на конкретните предизвици со кои се соочуваат тие и нивните семејства. Документот ја нагласува важноста на недискриминацијата и клучните столбови на целите

² <https://digitallibrary.un.org/record/3953765?ln=en&v=pdf>

за одржлив развој на ОН, вклучително и здравството, пристапот до образование, пристојната работа, намалувањето на сиромаштијата, борбата против родовата нееднаквост и поддршката за социјалната вклученост. Со оваа резолуција се потврдува дека здравјето е предуслов и резултат и показател за социјалните, економските и еколошките димензии на одржливиот развој и спроведувањето на Агендата за одржлив развој 2030 година³, но се признаваат и реципрочните придобивки помеѓу постигнувањето на Целта 3 за одржлив развој и постигнувањето од сите други цели. Во резолуцијата се изразува загриженост дека лицата кои живеат со ретка болест и нивните семејства се изложени на поголем ризик да бидат погодени од стигма, дискриминација и социјална исклученост, и дека една од главните бариери за подобрување на вклучувањето и учеството на лицата кои живеат со ретка болест и нивните семејства во општеството е недостатокот на знаење и експертиза во областа и недостаток на свест во врска со ова прашање. Дополнително се потврдува и нагласува дека постои потреба за справување со основните причини за нееднаквоста и дискриминацијата со кои се соочуваат лицата кои живеат со ретка болест и нивните семејства, па затоа се потребни политики и програми за спречување и борба против предрасудите, за поттикнување инклузија и за создавање средина погодна за почитување на правата и достоинството на лицата со ретки болести, а признавајќи дека лицата кои живеат со ретка болест и нивните семејства може да бидат психолошки, социјално и економски ранливи во текот на нивниот животен век, соочени со специфични предизвици во повеќе области, вклучувајќи, но не ограничувајќи се на здравството, образованието, вработувањето, социјалниот живот и слободното време.

1.3. Национални истражувања и политики

Европската иницијатива за ретките болести како специфична група болести која треба да се опфати во здравствениот систем во Република Северна Македонија, беше прифатена уште во 2009 година, кога беше формирана стручна Комисија на ниво на Министерство за здравство која ги подготви првите стратешки документи за делување во оваа насока. Програмата за ретки болести за првпат беше донесена во 2009 година, која во тој момент опфати лекување на двајца пациенти, а како приоритет за регистрација беа опфате-

³ <https://sdgs.un.org/2030agenda>

ни 12 болести. Истовремено беа отпочнати и активности околу оформување на Регистарот за ретки болести со цел дефинирање на бројната состојба на пациентите. Во Законот за здравствена заштита, терминот „ретка болест“ за прв пат се појавува со Законот за изменување и дополнување на Законот за здравствена заштита од декември 2014 кога е направено дефинирање на начинот на обезбедување на средства за набавка на ретки болести. Можноста за понатамошни дејствија на ова поле се појавија со донесување на некои законски решенија (пр., Законот за заштита на личните податоци кој беше потребен за оформување на Регистарот), како и обезбедувањето на финансиска рамка одобрена од државата која овозможи лекување на поголем број пациенти со ретки болести. За таа цел на ниво на Министерство за здравство беше оформена Национално-стручна комисија за ретки болести. Во последните години беше воочена потребата од донесување на Национална стратегија на ниво на државата која би била во согласност со Европските препораки и би дала рамка на понатамошно делување за што подобра дијагностика и третман на пациентите со ретките болести во наредниот период. Со цел усогласено делување во 2019 година беше потпишан заеднички меморандум за соработка меѓу Министерство за здравство и организациите на пациентите со ретки болести, со кој се уреди соработката при креирање одржливи системски решенија за пациентите со ретки болести во државата. За жал, овој стратешки документ сè уште не е усвоен од страна на Владата на Република Северна Македонија со што нашата држава е вброена во ретките држави од балканските земји кои немаат усвоена стратегија и акциски план со што е оневозможен посистемски пристап во грижата и негата на пациентите, но и поддршка на семејствата со член заболел од ретко заболување.

2. Цел и методологија на истражувањето

2.1. Цел, опфат и инструменти на истражувањето

Со оглед на фактот што секое семејство живее со бројни предизвици и има своја специфична динамика и функционалност, изградени социо-емотивни односи помеѓу членовите на семејството, а имајќи го предвид товарот што го носи состојбата на болест врз личноста, овој труд се насочи кон проучување на тоа какво е влијанието на ретко заболување врз личноста и останатите членови на

семејството. Конкретно, овој труд има за цел да го испита влијанието на заболувањето во секојдневното функционирање на лицето заболено со ретка болест и лицата коишто се грижат за него во рамки на семејството: секојдневни дневни активности, нарушено физичко здравје, непостоење или недостиг на терапија, стигматизација, нарушени социјални контакти, намалени можности за образование, вработување и др. и како тие влијаат врз (не)функционалноста меѓу членовите на семејството: брачни партнери, родители и деца, браќа/сестри или т.н. сиблинзи и сл.

Истражувањето се спроведе во периодот јуни – август со пациенти и семејства на пациенти со ретки болести во Република Северна Македонија и опфати 48 испитаници од различна возраст и пол кои своите одговори ги дадоа преку споделен онлајн прашалник кој беше достапен и споделен преку социјалните мрежи на групи пациенти и членови на семејства. Прашалникот содржеше прашања во 4 категории: *секојдневно живеење/функционирање, образование, социјален живот и семејство*, како и дел со демографски податоци за испитаниците според: пол, возраст, работен статус, брачна состојба, број на членови заболени од ретко заболување и име на дијагноза/ретко заболување.

Дополнително се спроведоа и 3 длабински интервјуа: со полнолетен пациент со ретка болест, родител на пациент со ретка болест и брат/сестра на пациент со ретка болест.

2.1.1. Примерок на истражувањето

Свои одговори на електронскиот прашалник дадоа вкупно 48 испитаници од кои 72,9 % се од женски пол и 27,1 % од машки пол. Најголем дел од испитаниците, 60,4 % се од возрасна група 36 – 55 години, потоа 27,1 % од 26 до 35 години, но има и испитаници од 56 до 70 години: 6,3 %, како и 10 – 25 години: 6,3 %.

Според брачната состојба, речиси две третини или 72,9 % се мажени или женети, 20,8 % се немажени/неженети, а има и 6,3 % разведени. Во однос на вработувањето, половина од нив, или 50 % од испитаниците, се вработени со договор на неопределено време, 18,7 % се вработени со договор на определено време, 12,5 % се невработени, 10,4 % се вработени со половина работно време, а 4,2 % се пензионери и 4,2 % ученици/студенти.

Нешто повеќе од половина или 58,3 % од одговорите ги дадоа пациенти со ретко заболување, 33,3 % се родители на пациент(и) со

ретко заболување 6,3 % испитаници се сопруг/сопруга и 2,1 % брат/сестра на пациент со ретко заболување.

Од испитаниците кои учествуваа и дадоа свој одговор на прашалникот, повеќе од половина, или 60,4 % се единствен член во семејството кој има ретко заболување, но имаме и 20,8 % испитаници кои имаат двајца членови во семејството, 6,3 % тројца членови во семејството но, за жал, и 12,5 % со повеќе членови во семејството заболени од ретко заболување.

3. Наоди од истражувањето

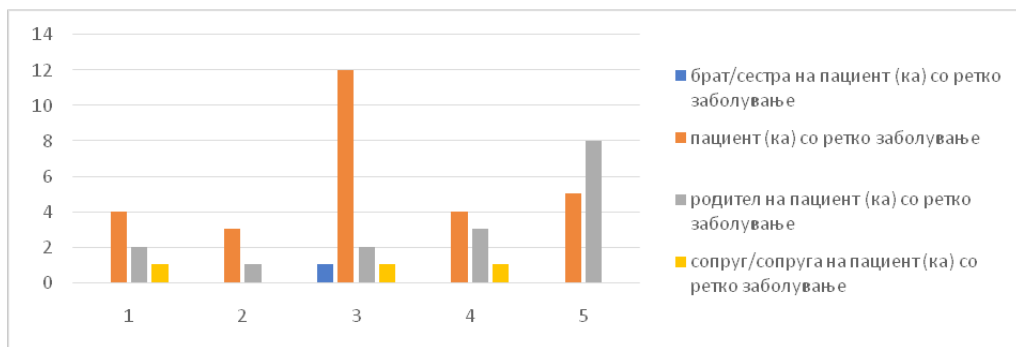
Со ова истражување се систематизираа наоди од учесниците во 4 важни аспекти од животот: секојдневно функционирање, образование, социјални релации и семејство. При толкувањето на резултатите се води грижа за фактот дека ретките болести се хетерогена група и секое ретко заболување има свои специфичности, а особено и дека две лица со исто ретко заболување имаат различна манифестација, симптоматологија и влијание врз животот на заболениот. Многу од ретките болести се преплетуваат и со други здравствени состојби и имаат влијание на појава на секундарни заболувања, а некои од ретките заболувања влијаат и врз инвалидитет или попреченост кај лицата во движење, слух, говор, вид итн.

Сепак, наодите од истражувањето даваат одреден преглед за општите трендови за влијанието на заболувањето врз пациентот и членовите на семејството по примерот на податоците кои се прибираат и анализираат во Европа преку т.н. инструмент Барометар за ретко заболување (Rare Barometer Survey⁴) што се спроведува од страна на организацијата ЕУРОРДИС. Преку овој инструмент се прибираат податоци, мислења и искуства за теми кои директно влијаат врз пациентите и ги трансформираат во факти и бројки кои можат да се споделат со организациите на пациенти, креаторите на политики и пошироката јавност за да поттикнат вистински промени за луѓето кои живеат со ретка болест.

На прашањето *Колку реткото заболување негативно влијае врз Вашето секојдневно живеење*, на скала од 1 до 5 при што 1 е „најмалку негативно влијае“, а 5 е „најмногу негативно влијае“, најголем дел од пациентите одбале средна вредност 3, а најголем дел од родителите на пациент со ретко заболување одбале дека има најголемо негативно влијание или 5. Доколку одговорот на ова прашање

⁴ <https://www.eurordis.org/rare-barometer/english/>

го споредиме со прашањето *Кој член во семејството се чувствува најзанемарен заради лицето со ретка болест?* и притоа одговорите се дека тоа е мајката 43,8 % и дополнително од одговорот на прашањето *Кој член од семејството е најмногу оптоварен со грижа за заболениот со ретко заболување?* при што одговорот во дури 89,6 % е мајката, тогаш може да се заклучи дека е реално да заклучиме дека, генерално, **во семејството кога член е заболел со ретко заболување, тоа има негативно влијание, а мајката го сноси најголемиот товар.**



Графикон 1. Негативно влијание на реткото заболување врз секојдневниот живот

Фактот дека примарната улога на негувател за луѓето кои живеат со ретки болести првенствено ја преземаат мајките, е докажано од страна на студијата ENSERIO⁵. Тоа го потврдуваат и резултатите од спроведената анкета во рамките на проектот INNOVCare⁶, бидејќи 71 % од родителите кои живеат со ретка болест, ја идентификуваат мајката како главен негувател во домаќинството.

При анализа на одговорите во делот **секојдневно живеење/ функционирање**, прашањето за тоа во кои аспекти од животојот ретко заболување има најнегативно влијание, испитаниците имаа можност да одберат три од наведените 10 опции, а најголем дел (54,6 %) одговориле дека тоа е **социјалниот живот и релации со други лица**, потоа **работа и работни ангажмани** (43,8 %) и **секојдневни домашни обврски (храна, чистење, средување)** (41,7 %).

⁵ FEDER : Huete García, A and Díaz Velázquez, E. Situación y Necesidades Sociosanitarias de las personas con Enfermedades Raras en España, <http://www.enfermedadesraras.org/index.php/actualidad/publicaciones/1281-estudio-enserio>, Madrid, 2009

⁶ <https://innovcare.eu/>

Во студијата спроведена од ЕУРОРДИС⁷ резултатите покажуваат дека голем процент од ретките болести имаат сериозно влијание врз секојдневниот живот на пациентите и ги спречуваат да ги извршуваат најосновните и најсуштинските дневни задачи: повеќе од 70 % сметаат дека имаат тешкотии со секојдневните активности и задачи и дека болеста влијае врз нивното моторно и сензорно функционирање; повеќе од 50 % споменуваат дека нивниот социјален живот и нивната способност да се справат со активностите за лична нега се погодени од болеста, како и нивната способност да го контролираат општото однесување и да се грижат за нивните финансии; а повеќе од 40 % исто така имаат тешкотии со разбирање, учење и комуникација со другите.

За тоа дали пациентите може самостојно да ги менаџираат секојдневните обврски, голем дел од испитаниците, дури 43,8 % одговориле дека можат, но со поддршка на член од семејството. Тоа повторно укажува на фактот дека реткото заболување влијае врз динамиката, односите и оптоварувањето во семејството. Дополнително, 85,4 % од испитаниците навеле дека **најчесто добиваат поддршка од поширокото семејство во грижата за членот од семејството со ретко заболување.**

Во подрачјето за **образование**, испитаниците беа прашани колку отсуства имале од училиште или работа заради реткото заболување. **Најголем дел од одговорите се дека тоа биле отсуства од 1 до 5 дена на годишно ниво**, но четвртина од одговорите се дека **некои испитаници имале подолготрајни отсуства со повеќе од 30 дена**, а во таа категорија одговори, највисок процент имаат родителите во поглед на отсуствата бидејќи се првата линија на поддршка и грижа за дете со ретка болест. Во продлабочените интервјуа добивме образложение дека заради честите потреби од прегледи за следење, контрола на болеста, примање терапија и сл. родителот бил принуден да прифати да работи со половина работно време, а многу често зема и боледување со оглед на фактот што предвидените денови од годишен одмор не се доволни за да може да се реализираат сите потребни посети во здравствените институции. Дополнително стресот, уморот, чувството на грижа доведуваат до развој на хронични болести кај родителот.

Иако половина од испитаниците одговориле дека **реткото заболување не било пречка да продолжат со образование по**

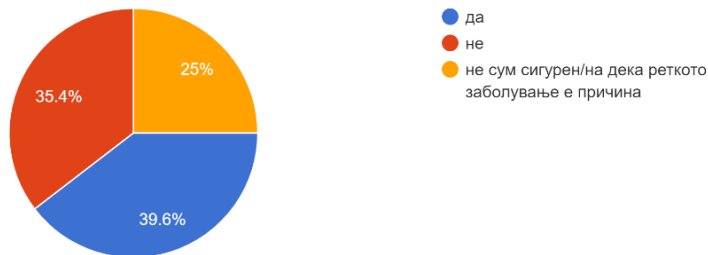
⁷ <https://www.eurordis.org/publications/juggling-care-and-daily-life-the-balancing-act-of-the-rare-disease-community/>

свој избор, сепак 35,4 % одговориле дека **доколку немале ретко заболување, ќе учеле нешто друго**. Изборот на професија е важен дел од животот на секое лице, па овие одговори наведуваат на тоа дека влијанието на болеста е присутна и во овој домен и може да се заклучи дека овие лица се обесправени не по своја вина. Во продлабоченото интервју со родител и пациент, се истакна потребата за подобра поддршка во училиштата во однос на зголемена свесност и знаење за предизвиците на ученик со ретко заболување, за стресот и влијанието врз менталното здравје, несигурноста и намалените можности за социјални контакти на пациентите. Заради тоа што ретките болести не се препознаени во правната регулатива во социјала и образование, овие ученици не може секогаш да ја добијат поддршката во процесот на образование.

Во подрачјето **социјален живот**, најголем дел од испитаниците, 35,4 % сметаат дека **реткото заболување има средно влијание во одржувањето пријателства и комуникација**, но исто така **четвртина од испитаниците одговориле дека има високо влијание**. Дополнително голем број од испитаниците (речиси 40 %) одговориле дека **заради реткото заболување изгубиле пријател/ка**.

В.3. Дали заради реткото заболување изгубивте пријател/ка ?

48 responses



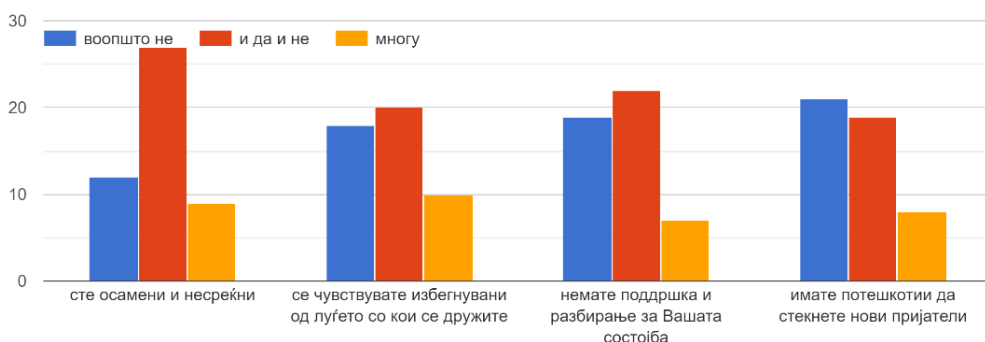
Графикон 2. Влијание на реткото заболување во задржување на пријателства

Кога станува збор за тоа *отворено да се зборува и да се доверува на пријателите за реткото заболување*, четвртина од пациентите одговорија дека малку зборуваат и се доверуваат, а кај родителите процентот е дури 37,5 % дека малку зборуваат и се доверуваат. Ова го потврдува ставот дека **пациентите и членовите на семејствата**

се чувствуваат стигматизирани и немаат доверба да зборуваат за реткото заболување надвор од кругот на семејството.

Кај испитаниците во одредена мера се јавува и чувство дека се осамени и несреќни, немаат поддршка и разбирање за состојбата и се избегнувани од луѓето со кои се дружат. Имајќи го ова предвид, на европско ниво се преговара да се постигне подобра промоција, превенција и услуги за менталното здравје, и дека ЕУ и земјите членки мора да ги препознаат и да ги решат основните недостатоци што ја спречуваат Европа од постигнување на правичен здравствен систем: оној каде што маргинализираните и ранливите групи, вклучувајќи ги и оние со психосоцијална попреченост, можат да напредуваат во општеството и да имаат пристап до прифатлива грижа за менталното здравје прилагодена на нивните потреби⁸.

В.7. Дали заради реткото заболување често:



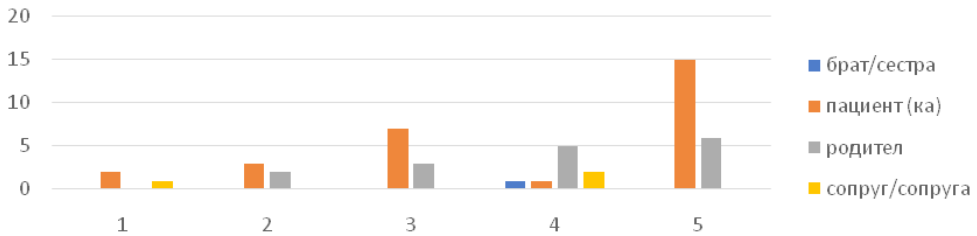
Графикон 3. Влијание на реткото заболување врз психосоцијалните аспекти

Подрачјето за **семејство** опфати прашања кои се однесуваат на релациите меѓу членовите во семејството, товарот врз семејството заради тоа што член од семејството има ретко заболување и со-цио-емотивните аспекти.

Околу 44 % од испитаниците одговориле дека **членовите во семејството во комуникацијата станале нервозни и раздразливи заради реткото заболување во одредена или голема мера**. Најголем дел од одговорите за голема мера раздразливост истакнале родителите, додека кај пациентите тоа е изразено во средна мера.

⁸ <https://www.eurordis.org/publications/letter-on-mental-health/>

За жал, најголем дел од испитаниците (43,8 %) сметаат дека реткото заболување многу влијае врз секојдневните животни одлуки врзани за работа, образование, патување на членовите на семејството.

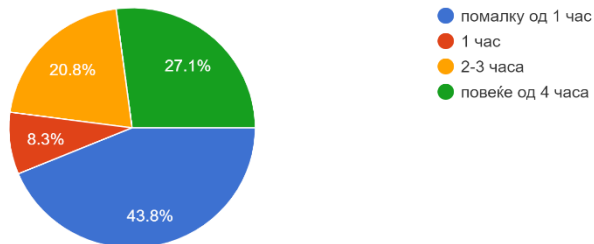


Графикон 4. Влијание на реткото заболување врз секојдневните животни одлуки

На ова може да се надоврзе прашањето за тоа колку грижата за пациентот со ретко заболување одзема од активното време во текот на денот, и може да забележиме дека кај повеќе од 43 % тоа е 1 час, но за 27,1 % времето за грижа е повеќе и од 4 часа дневно.

Г.7. Колку часови дневно се потребни за грижа на член со ретко заболување во Вашето семејство?

48 responses



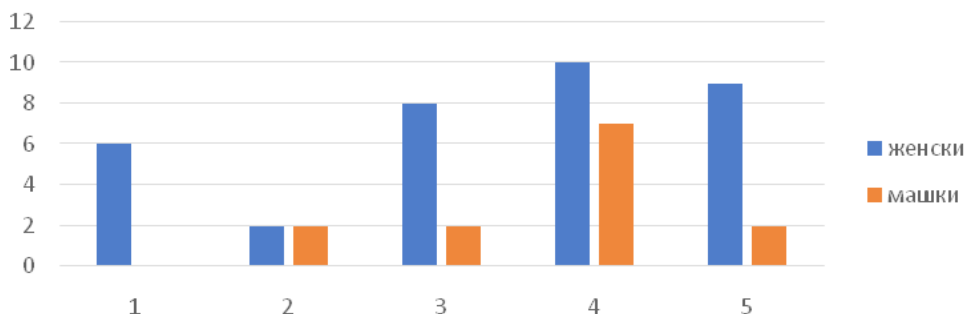
Графикон 5. Број на часови дневно потребни за грижа за членот во семејството со ретко заболување

Во истражувањето на глобално ниво, спроведено од ЕУРОРДИС, податоците се многу повисоки па времето поминато во просечен ден на задачи поврзани со болест и има сериозно влијание врз секојдневниот живот на луѓето кои живеат со ретка болест: 42 % поминуваат повеќе од 2 часа на ден на задачи поврзани со неа. Меѓу нив, 25 % се повеќе од 6 часа дневно ангажирани, што може да се сметаат како речиси сите нивни „активни“ саати од денот⁹. Бројките на ОЕЦД исто така покажуваат дека 50 % од негувателите

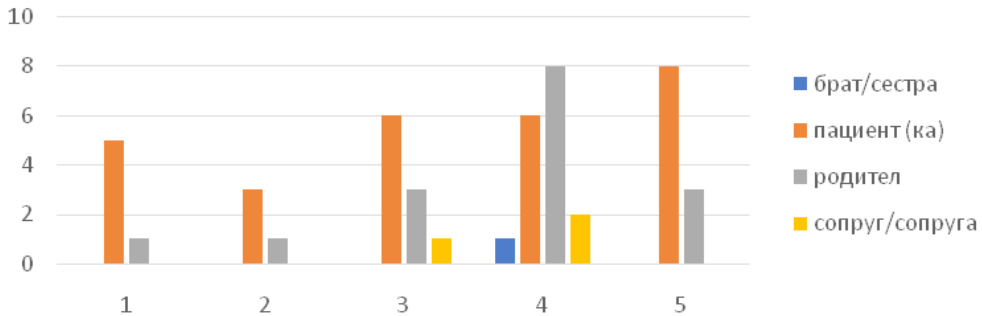
⁹ <https://www.eurordis.org/publications/juggling-care-and-daily-life-the-balancing-act-of-the-rare-disease-community/>

за пациенти кои страдаат од кој било тип на болест, обезбедуваат помалку од 1,4 часа на ден за грижа и нега. Ова укажува на тоа дека негувателите на пациенти со ретки болести се над просекот на негувателите општо во анализата спроведена од ОЕЦД. Но, треба да се има предвид и фактот дека ретките болести се често недоволно познати дури и за медицинските експерти, па родителите поминуваат многу време во истражување на интернет или преку социјалните медиуми преку приклучување на групи за поддршка за одредена специфична дијагноза. Па така кога се работи за пронаоѓање на потребните информации за болеста, пронаоѓање на вистинските професионалци, договарање и присуство на состаноци со различни даватели на услуги и патување до и од состаноци, 75 % од испитаниците изјавуваат дека одзема време. Притоа 36 % од учесниците изјавуваат дека можат да се справат со овие потреби врзани за реткото заболување, но 64 % сметаат дека е напротив, тешко е да одвојат толку многу време и за овие потреби. Во продлабоченото интервју со родител на пациент со ретко заболување ова беше нагласено како големо оптоварување и тежина првенствено и заради фактот што родителот нема медицинска експертиза и недоволно ги разбира информациите и сознанијата до кои доаѓа од сопствените истражувања преку интернет и социјалните мрежи.

Кај **членовите во семејството постои зголемена присутност на анксиозност и депресија** и тоа кај повеќе од 58 %. Постојат разлики помеѓу испитаниците од машки и женски пол, при што поголема анксиозност покажуваат испитаниците од женски пол, а разлики постојат и во зависност од тоа дали станува збор за пациент, родител или брат/сестра, сопруг/сопруга при што најголема анксиозност чувствуваат пациентите, а веднаш зад нив се и родителите на пациентите.



Графикон 6. Анксиозност и депресија во зависност од пол



Графикон 7. Анксиозност и депресија во зависност од улога во семејството

Ова сознание укажува на **огромната потреба да се развијат холистички пристапи за превенција, поддршка и услуги за менталното здравје** заедно со засегнатите заедници, како што се пациентите и членовите на семејствата со ретко заболување со цел да се овозможи навремена поддршка не само во поглед на физичкото здравје туку во насока на подобрување на менталното здравје и добросостојба на оваа група лица.

4. Заклучоци и препораки

Иако според Уставот на Република Северна Македонија и според меѓународните декларации, здравјето е основно човеково право и треба да се сфати така без оглед на тоа дали станува збор за честа, позната болест или ретка болест со која се соочуваат релативно мал број луѓе, сепак, лицата со ретки болести во нашата држава сè уште се маргинализирана група што не е законски препознаена и доволно заштитена во остварувањето на основните потреби од медицински аспект кога станува збор за навремена и точна дијагноза, обезбедување навремена и современа терапија, контрола на болеста. Нетретирањето или погрешното третирање на ретките болести поради непостоење соодветни услови за дијагностика, терапија и следење, доведува до сериозни последици, загрозувачки за животот на пациентите, чие лекување е особено комплексно и подразбира голем трошок, не само за семејството, туку и за самата држава. Доколку постојат услови за рана дијагноза и доживотно обезбедување на потребната терапија, овие пациенти во голем дел не би биле работо-неспособни и општествено изолирани, туку би биле рамноправни, корисни чинители на општеството и придонесуваат.

сувачи во економијата, а со тоа и еднакво важни за напредокот на државата.

Предизвиците што ги носи животот со ретка болест, како и секоја хронична и онеспособувачка болест, се комплексни и од многу различен карактер и не влијаат само врз квалитетот на животот пациентите, туку и врз нивните семејства. Ретката болест силно се одразува и врз емоционалниот и социјалниот живот на пациентите, особено врз хармоничните односи во семејството и окружувањето. Резултатите од ова истражување покажаа дека реткото заболување има негативно влијание врз животот и секојдневниот на пациентите и членовите на семејството, особено во социјалниот живот и релации со други лица, потоа работа и работни ангажмани и секојдневни домашни обврски (храна, чистење, средување и сл.). Пациентите и членовите на семејството најголема поддршка за проблемите и предизвиците со кои се соочуваат добиваат од поширокото семејство, се чувствуваат стигматизирани и немаат доверба да зборуваат за реткото заболување надвор од кругот на семејството. Кај испитаниците во одредена мера се јавува и чувство дека се осамени и несреќни, немаат поддршка и разбирање за состојбата и се избегнувани од луѓето со кои се дружат, а одреден број од нив изгубиле и пријател заради реткото заболување.

Истражувањето покажа и дека членовите во семејството во комуникацијата станале нервозни и раздразливи заради реткото заболување во одредена или голема мера. За жал, најголем дел од испитаниците сметаат дека реткото заболување многу влијае врз секојдневните животни одлуки врзани за работа, образование, патување на членовите на семејството, а меѓу членовите во семејството постои зголемена присутност на анксиозност и депресија при што поголема анксиозност покажуваат испитаниците од женски пол, а разлики постојат и во зависност од тоа дали станува збор за пациент, родител или брат/сестра, сопруг/сопруга при што најголема анксиозност чувствуваат пациентите, а веднаш зад нив се и родителите на пациентите. Најголемиот товар околу грижата за членот на семејството со ретко заболување паѓа врз мајката и таа е најзанемарен член во семејството во однос со другите членови.

Необезбедувањето на основните потреби на пациентите со ретки болести само ја продлабочува и онака тешката животна ситуација, правејќи ги овие лица и нивните семејства уште поранливи, додека, пак, неинформираноста и ниската свест на јавноста за ретките

болести ги прави маргинализирани во општеството. Заради тоа се потребни низа мерки кои треба да бидат во поддршка на пациентите и семејствата со член со ретко заболување и тоа:

- ♦ Да се донесе Национална стратегија за ретки болести која ќе понуди холистички пристап во препознавање на потребите и ќе ги планира интервенциите во повеќе области: здравство, образование, социјала и вработување;
- ♦ Да се препознаат и решат основните недостатоци што ја спречуваат државата да изгради правичен здравствен систем, каде што маргинализираните и ранливите групи, можат да напредуваат во општеството и да имаат пристап до прифатлива грижа за физичкото и менталното здравје прилагодена на нивните потреби;
- ♦ Сите законски предлози и препораки за социјални права треба да ги земат предвид посебните потреби на лицата со ретки болести, нивните семејства и негуватели и други кои имаат сложена болест/инвалидитет и треба да се поддржи спроведување на социјални услуги и интегрирана долгорочна нега за лицата со ретки болести, нивните семејства и негувателите и други кои имаат сложена болест/инвалидитет;
- ♦ Сите лица со ретки болести да имаат право на индивидуализиран план за нега, фокусиран на лицето, кој ќе пружи мултидисциплинарен, холистички пристап, и координираност помеѓу сите даватели на нега;
- ♦ Подобра промоција, превенција и услуги за менталното здравје;
- ♦ Училишниот персонал однапред да ја знае и да ја разбере природата на ретките болести воопшто и особено ретката болест на ученик во училиштето, со цел да се подготват и стават на располагање потребните ресурси, да се планираат мерките за прилагодување кон потребите на детето со ретка болест и соодветно вклучување на наставниот кадар, стручните служби и училишниот раководител;
- ♦ Да се донесат мерки за посериозна поддршка на семејствата во кои има член/-ови заболени со ретко заболување со цел да се овозможи градење и негување поквалитетни релации во семејствата;

- ♦ Соодветно со повелбата на ЕУ за основни права и Европскиот столб за социјални права (член 3), лицата кои живеат со ретка болест, не смеат да бидат дискриминирани. Мора да имаат право на еднаков третман и можност за вработување, социјална заштита и пристап до сите јавни добра и услуги.

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Implementation of Family Mediation in Macedonian Legislation and Institutions

Gordana Atanasova

Abstract

Given that the Republic of North Macedonia is a candidate country for membership in the European Union, in the process of approaching the Union it is necessary to adopt its benefits and values by adapting the national legislation to the legislation of the European Union. In that direction, a large number of countries in the Balkans have implemented the guidelines given in Recommendation No.R(98) 1 for family mediation in their national legislation. The Council of Europe, at a thematic conference held in 1995, gave a recommendation to develop an international instrument that would contain the principles of family mediation, after which Recommendation No.R(98) 1 was developed, adopted at a conference in 1998. The recommendation is adopted in order to support family mediation, to take measures for the application of the proposed principles, the ultimate goal of which is the greater and wider use of family mediation as an appropriate way to resolve family disputes. It follows from this that our country also needs a Family Law in which European recommendations and conventions will be implemented, including the recommendation for family mediation Recommendation No.R(98) 1.

The purpose of this paper is to familiarize the public with mediation as a concept, with the application of mediation in resolving family disputes and the significance of establishing a legal framework for the application of family mediation in social life, as a contribution to the European path of the country. In that direction, we will give a theoretical presentation of the mediation process and conduct research on the attitudes of professionals in social work centers and licensed mediators. The theoretical presentation will include explanations of certain terms related to the mediation process, such as the advantages, principles, phases and areas of application of family mediation. Quantitative analysis will be applied in the research using a questionnaire adapted for professional workers employed in social work centers and licensed mediators. Data will be obtained on the importance of applying family mediation, the necessity of establishing a legal framework, the needs for training for professionals in social work centers and licensed mediators will be identified, which is a prerequisite for the implementation of family mediation in family disputes.

Taking into account the need for the introduction of family mediation in the Macedonian legislation according to Recommendation No.R(98)1 of the European Union, with the theoretical presentation, the research and the conclusions that will emerge from the paper, will contribute to the creation of an appropriate legal solution for implementation of family mediation and creation of policies that will contribute to greater and more successful application in institutions.

Keywords: European Union, Family Law, Family Mediation, Family Conflicts

Имплементација на семејната медијација во македонското законодавство и институции

Гордана Атанасова

Апстракт

Со оглед дека Република Северна Македонија е земја кандидат за членство во Европската Унија, во процесот на приближување кон Унијата потребно е усвојување на нејзините придобивки и вредности со приспособување на националното законодавство кон законодавството на Европската Унија. Во таа насока голем број земји на Балканот ги имплементираа упатствата дадени во Препорака No. R(98) 1 за семејна медијација во нивното национално законодавство. Советот на Европа на тематска конференција одржана во 1995 година, дава препорака да се изработи меѓународен инструмент кој ќе ги содржи начелата за семејната медијација, по што е изработена Препорака No. R(98) 1, усвоена на конференција во 1998 година. Препораката се донесува со цел да се даде поддршка на семејната медијација, да се преземат мерки за примена на предложените начела, на кои крајна цел им е што поголема и поширока употреба на семејната медијација како прикладен начин за решавање на семејните спорови. Оттука произлегува дека и на нашата земја потребен ѝ е Закон за семејство во кој ќе бидат имплементирани европските препораки и конвенции, меѓу кои и препораката за семејна медијација Препорака No. R(98) 1.

Целта на овој труд е да се запознае јавноста со медијацијата како поим, со примената на медијацијата во решавање на семејни спорови и значењето за воспоставување на законска рамка за примена на семејната медијација во општествениот живот, како придонес за европскиот пат на земјата. Во таа насока ќе дадеме теоретски приказ на процесот на медијација и ќе спроведеме истражување на ставовите на стручните работници во центрите за социјална работа и лиценцираните медијатори. Во теоретскиот приказ ќе бидат опфатени објаснувања на одредени поими поврзни со процесот на медијација, како предностите, начелата, фазите и подрачјата за примена на семејната медијација. Во истражувањето ќе се применува квантитативна анализа со употреба на прашалник прилагоден за стручните работници вработени во центрите за социјална работа и лиценцираните медијатори. Ќе се добијат податоци за значењето на примена на семејната медијација, неопходноста од воспоставување на законска рамка, ќе се идентификуваат потребите за реализирање обуки за стручните лица во центрите за социјална работа и лиценцираните медијатори, што е предуслов за имплементација на семејната медијација во семејните спорови.

Земајќи ја предвид потребата за воведување на семејна медијација во македонското законодавство во согласност со Препорака No. R(98)1 на Европската Унија, со теоретскиот приказ, истражувањето и заклучоците кои што ќе произлезат од трудот, ќе придонесат за креирање на соодвет-

но законско решение за имплементација на семејната медијација и креирање на политики кои ќе придонесат за поголема и поуспешна примена во институциите.

Клучни зборови: Европска Унија, Закон за семејство, Семејна медијација, Семејни конфликти

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1. Поим и дефинирање на медијација

Постапката за медијација во Законот за медијација е дефинирана како „Медијација е посредување и начин на решавање на споровите (...) настанати меѓу две или повеќе страни во спорот, при што им се овозможува истиот да го решат по пат на миреење, со посредство на трета неутрална страна медијатор/медијатори, со можност да постигнат заемно прифатлива писмена спогодба.“¹ Друга сеопфатна дефиниција за медијацијата дава Kruk (1997 по Sladović Franz, 2005.): „Процес за колаборативно решавање конфликти во кој на две или повеќе конфликтни страни им помага во преговорите неутрална и непристрасна трета страна/лице која ги поттикнува доброволно да постигнат взаемно прифатлив договор за спорните прашања. Медијаторот го структурира и олеснува процесот во кој страните носат заеднички одлуки и утврдуваат резултати/решенија, на начин што ги задоволува интересите на сите вклучени во конфликтот/спорот.“²

Медијација во семејни спорови е поим и пракса кои не се законски уредени, ниту во Закон за медијација, ниту во Закон за семејство. Законот за семејство (Службен весник на РМ, број 80 од 15.12.1992) многупати досега покажал дека не нуди законски решенија на современите проблеми со кои се соочуваат семејства кои се во трансформација во согласност со модерните текови. Во Законот за медијација (Службен весник на РСМ, бр. 294 од 27.12.2021 година) примената на медијација во семејните спорови е спомната само во член 1 став 2 (стр. 1 од ЗМ). Од наведеното јасно е дека поимот семејна медијација нема законска рамка, во која ќе биде имплементирана Препорака No. R(98)1. Препораката на Советот на Европа No. R.(98)1 би требало европските држави да ја имплементираат во своите законодавства, а и нашата држава како земја претендент за влез во семејството на Европската Унија.

Во завршна фаза е Граѓанскиот законик на Република Северна Македонија кој од страна на авторите се дефинира како правна реформа и историски чин за државата. Во четвртата книга на Граѓанскиот законик се опфатени семејноправните односи, каде за прв пат се препорачува медијација за решавање на одредени спорни семејни односи. Оттука целта на овој труд е да се прошират познавањата

¹ Закон за медијација, Службен весник на РСМ, бр. 294 од 27.12.2021 година, стр. 2.

² Sladović Franz, B. (2005). 'OBILJEŽJA OBITELJSKE MEDIJACIJE', Ljetopis socijalnog rada, str. 301-320.

за семејната медијација, да се препознае потребата за примена на семејна медијација како начин на решавање на семејните спорови и да придонесе во изработка на соодветен закон за семејство кој ќе ја унапреди употребата на семејната медијација.

1.1. Предности на медијацијата

Предностите на медијацијата се воочливи во правилата и карактеристиките на самата постапка, но и во споредба со други постапки, а најчесто медијацијата е споредувана со судската постапка. Праксата во земјите каде се применува семејна медијација покажува дека со примена на медијација се подобрува комуникацијата помеѓу членовите на семејството и истите учат како понатаму да комуницираат. Подобрената, односно конструктивната комуникација ги намалува недоразбирањата и конфликтите во семејството, страните се насочуваат кон актуелните проблеми, се намалуваат меѓусебните обвинувања, страните учат да бидат одговорни, да направат отстапка од своите позиции, да генерираат алтернативи за решение на конфликтот и доаѓа до заеднички договор. Воедно со медијација конфликтот се решава многу побрзо, не се губи време и енергија во неконструктивни дијалози, страните сами доаѓаат до решение кое е за сите прифатливо, а со тоа добрите односи продолжуваат во континуитет и понатаму, и што е исто така важно и за семејството и за државата, трошоците за медијација се многу пониски од судските трошоци. Во постапката за медијација која се однесува на децата, родителите во текот на постапката градат родителски партнерски однос кој е во заеднички интерес на детето и кој понатаму континуирано продолжува. Можност за одржување на заеднички и одделни средби со страните во постапката е исто така предност, од причина што на страните им овозможува да се чувствуваат комфортно во текот на разговорот. Имено, понекогаш една од страните има потреба да сподели сензитивни теми за кои чувствува непријатност да ги сподели пред другата страна, или во моменти на силни емоции како изразување на тага, плачење, или експлозивни емоции како изразување на бес, викање. Одделните средби се користат и на почетокот на запознавање со страните, но и кога има силен конфликт помеѓу страните и истите влегуваат во расправија која не е продуктивна. Медијаторот кога ќе процени дека е време страните да седнат на заедничка средба, односно заедничка маса, со дозвола од едната страна ѝ пренесува на другата страна она што е разговарано на од-

делните средби. Има и ситуации кога медијаторот воопшто не им закажува на страните заеднички средби, туку тој оддржува одделни средби со двете страни и ги пренесува информациите од една на друга страна, ваквите медијации се реализираат во одредени земји кои применуваат медијација во случаи на семејно насилство помеѓу партнерите. Средбите на медијаторот и страните можат да се одвиваат еднократно и праксата покажува дека спорови кои траеле со години, доколку страните имаат желба да ги решат, можат да се решат со една средба. Но, најчесто има потреба од повеќе средби, особено за комплицирани спорови какви што се семејните.

Медијацијата се разликува од судскиот процес во количината на контрола врз текот и исходот на процесот која ја имаат страните. Во судската постапка целата моќ ја има судијата, додека во медијацијата самите страни ја водат постапката и одлучуваат за исходот, а тоа придонесува да се чувствуваат посамоуверено и да имаат поголема доверба во процесот. Страните во постапка на медијација сами доаѓаат до решение, а решението до кое ќе дојдат, се почитува доброволно. Самите страни кои учествувале во носење на решението, чувствуваат одговорност да го почитуваат, додека пресудата која ја носи судијата, задолжително треба да се почитува, а во спротивно следа соодветни санкции. Во судската постапка се решава само правниот аспект на проблемот, додека во медијацијата се земаат предвид и емоционалниот аспект, како и сите аспекти на проблемот. Со медијацијата се носи решение кое треба да се реализира и почитува претежно на доброволна база, што налага страните да размислуваат за иднината како решението ќе се почитува, а не само еднострано донесување одлука. Медијацијата во однос на судската постапка е неколкукратно поевтина и побрза. Флексибилноста на постапката е исто така предност, а се однесува на закажување на состанокот во време и место кога на сите страни им одговара, а на местото каде се одржуваат состаноците загарантирана им е дискретност, лесна пристапност и пријатна атмосфера.

1.2. Начела на медијацијата

Според Robert (1998 по Sladović Franz, 2005), постојат неколку универзални карактеристики на медијацијата кои ја прават корисна за конфликтните страни без оглед на содржината на медијацијата: непристрасноста на медијаторот, доброволноста на процесот, довер-

ливоста на односот помеѓу медијаторот и конфликтни страни, како и процедурална флексибилност.³

Медијацијата се спроведува во согласност со начелото на доброволност, рамноправност и неформалност, доверливост, достапност на информации, еднаквост, правичност, ефикасност и економичност.⁴ Во македонското законодавство начелата на медијацијата се предвидени и загарантирани со Закон за медијација и оттука непочитувањето на истите повлекува соодветни правни санкции. Но, во голема мера непочитувањето на начелата од страна на медијаторот влијаат врз неговиот квалитет, професионалност и углед во општествената средина. Почитување на начелата се во интерес на медијаторот, на самиот процес на медијација и секако, во интерес на страните во постапката.

Начелото на *доброволност* е прво и основно начело кое треба да се почитува и истото се однесува на доброволно стапување на страните во постапката на медијација, како и доброволно прекинување на постапката, доколку страните не сакаат да продолжи постапката. Исклучок од ова правило има во ситуации кога медијација се спроведува по претходно склучен договор или кога со закон е утврден задолжителен обид на медијација.

Понатаму *рамноправност* е начело кое се однесува на страните во постапката, а медијаторот им обезбедува рамноправна положба на страните со еднаков пристап кон нив и со уважување на страните. Но, медијаторот е должен на страните да им обезбеди рамноправна положба и во однос на правната заштита, доколку процени дека страните се во нееднаква положба, пример: образована и необразована страна, или ако едната страна ја застапува адвокат, тогаш медијаторот треба да реагира заради нерамноправноста на моќта на страните и да ја информира другата страна дека има можност да ја застапува адвокат.

Медијаторот во постапката на медијација треба да биде *нејпристрасен* и истата јасно да ја покажува, што значи дека треба на сите страни во постапката да им посветува подеднакво внимание, да им овозможува еднакво време за изложување на нивните ставови, да ги почитува нивните ставови и лични карактеристики како пол, националност, верска исповед, како и стил на живеење, стил на родителство. Медијаторот не смее да има личен или деловен интерес со

³ Sladović Franz, B. (2005). 'OBILJEŽJA OBITELJSKE MEDIJACIJE', *Ljetopis socijalnog rada*, str. 301–320.

⁴ Закон за медијација, Службен весник на РСМ, бр. 294 од 27.12.2021 година, стр. 4.

ниту една од страните, ниту финансиски интерес од предметот на спорот или да работи во корист на една од страните.

Начелото на *доверливост* на медијацијата е уредено во Законот за медијација, а доверлива е од причина што јавноста е исклучена, во постапката учествуваат само медијатор, страните, нивни застапници или полномошници и ако има потреба од трети лица, за кои страните претходно се согласиле за нивно учество во постапката. Воедно и сите информации и писмена кои произлегуваат или се поврзани со постапката, сите предлози дадени во текот на постапката, се исто така доверливи, доколку страните не се договорат поинаку. Сите учесници во постапката се должни сите информации да ги чуваат како тајна, во спротивно можат да одговараат за настанатата штета. Информациите нема да имаат карактер на доверливост во случаи утврдени со закон. *Достајливост* на информации во однос на други постапки е начело кое и понатаму се однесува на доверливост на сите информации и неможност истите да се користат во судска или друга постапка.

Страните имаат еднакви можности за учество во постапката на медијација, за што од страна на медијаторот ќе бидат информирани на јасен и разбирлив начин. Во медијацијата нужна е *еднаквост* на страните, односно рамнотежа на моќта. Ако медијаторот во текот на постапката на медијација препознае нерамномерност на моќта на страните, негова етичка должност е да ја прекине постапката на медијацијата, односно доколу се процени дека нееднаквост на страните ќе влијае и врз спогодбата која би се постигнала, така што истата може да биде на штета на едната или во корист на другата страна.

Медијаторот го гарантира начелото на *правичност* со поттикнување на страните целосно да соработуваат во постапката и да даваат информации и предлози за правично решавање на спорот.

Медијацијата има карактеристики на *економична и ефикасна* постапка, до која страните имаат брз и лесен пристап, економичноста и ефикасноста се однесуваат на трошоците и времетраењето на постапка.

1.3. Фази на постапката на медијација

Постапката на медијација се одвива главно во четири фази – прва фаза е вовед, фаза на истражување, фаза на преговарање и фаза на потпишување спогодба. Секоја фаза има своја цел и карактеристики, истите се надоврзуваат една со друга. Во продолжение ќе ги

објасниме фазите на медијацијата, кои се општи, без разлика за каков спор се работи. Семејната медијација се одвива во истите фази, со тоа што одредени активности се изоставуваат доколку не се потребни, како запознавање и претставување на страните. Пред да започне постапката на медијација, медијаторот треба да се подготви на начин што најпрво треба да се запознае со природата на спорот, ако има потреба може да консултира дополнителна литература, потоа треба да договори место и време каде ќе се одвиваат состаноците/средбите со страните, да подготви материјал, да ја подготви историјата во која ќе се одржуваат состаноците, како и да подготви дополнителна просторија доколку страните изразат желба да имаат одделни разговори.

Вовед во медијацијата е кога медијаторот ги „седнува страните на заедничка маса“, се претставува себе си и неговата улога во постапката на медијација, се заблагодарува што е избран за медијатор. Ги поттикнува страните да се претстават и запознаат меѓу себе доколку претходно не се знаеле, креира опуштена атмосфера, ја објаснува постапката на медијација, ги запознава страните со нивната улога во постапката, начинот на комуникација и ги поставуваат правилата за работа со взаемна согласност на сите страни во постапката.

Фаза на изјавување е фаза кога медијаторот им дава збор на страните да дадат своевидување на конфликтот/спорот. Страните можат слободно да ги кажат сите факти и информации во врска со конфликтот, да ги изразат своите емоции, но и да ја слушаат другата страна и да го уважат она што другиот ќе го изјави. Притоа треба да се обидат да ја разберат позицијата на другата страна, односно „да ги облечат чевлите на другиот“. Медијаторот со примена на комуникациски вештини како употреба на неутрален говор, поставување прашања, парафразирање, преобликување, сумирање, рефлектирање и други, им помага на страните да ги препознаат нивните потреби, но и заеднички интереси. Во оваа фаза се анализира спорот и се дефинираат проблемите, интересите и потребите.

Фаза на преговарање опфаќа предлагање на можни решенија, кои на почетокот се во форма на „бура на идеи“ и истите не се вреднуваат. Страните предлагаат листа на решенија на дадениот спор, но можат и да даваат решенија на оделни аспекти на спорот. Медијаторот ги поттикнува страните по пат на преговарање, да ги разработат понудените опции и да ги елиминираат несоодветните решенија, а да се договорат околу опциите кои им се заеднички. Се

утврдуваат објективните критериуми за доаѓање до најдоброто заеднички прифатливо решение. Страните можат да направат нацрти на потенцијалната заедничка опција и да спроведат тест на реалност.

Фаза на креирање и потпишување спогодба е крајната фаза кога страните кои дошле до заеднички прифатливо решение кое подеднакво ги задоволува потребите на страните, односно кога страните постигнуваат „win-win“ решение/договор. Потоа се пристапува кон пишување на писмена спогодба, која најчесто ја пишува медијаторот. Кога ќе се изработи спогодбата, на страните им се дава можност уште еднаш да размислат дали се задоволни од постигнатиот договор, потоа пристапуваат кон потпишување на спогодбата од страна на страните и медијаторот.

2. Семејна медијација

Семејната медијација подразбира структуриран процес на решавање на конфликти и спорни прашања меѓу членовите на семејството со помош на трето лице – семеен медијатор заради постигнување меѓусебен договор⁵. Семејната медијација е постапка за обид за помирување на брачните партнери, а опфаќа и други постапки на пружање на стручна помош во случај на други семејни несогласувања (конфликти) и нарушени односи.⁶ Семејната медијација е постапка која придонесува кон поголема демократизација на општеството на начин што на семејствата, односно граѓаните им го признава правото за одговорно одлучување за себе, за меѓусебните односи и релации и за нивните деца. Со семејната медијација се решаваат семејни спорови кои се правни спорови, но и нарушени семејни односи, односно несогласувања и конфликти. Семејната медијација е широк поим кој ги опфаќа и медијацијата при развод на брак, поделба на имот по развод на брак и сите недоразбирања кои се јавуваат во односите на членовите на семејството. Медијација при развод на брак која се поистоветува со семејна медијација, најчесто се применува и има посебни карактеристики во однос на силината на емоциите со кои страните влегуваат во постапката на миреење/преговарање и потребните вештини кои медијаторот треба да ги поседува за да ги канализира тие емоции и да ги насочува преговорите кон решение. Со оглед дека семејството е животна заедница на родители и деца

⁵ Majstorović, I. (2017). Obvezno savjetovanje i obiteljska medijacija de lege lata i de lege ferenda. *Godišnjak Akademije pravnih znanosti Hrvatske, VIII* (posebni broj), 129–150.

⁶ Alinčić, M. (1999). 'Europsko viđenje postupka obiteljskog posredovanja', *Revija za socijalnu politiku*, 6(3), str. 227–240.

и други роднини, ако живеат во заедничко домќинство⁷, истото како заедница има широк спектар на односи, а семејната медијација може да се применува речиси во сите семејни односи кои подолу ќе ги групираме по поодделни подрачја:

Семејна медијација во постојатка за развод на брак. Најпозната и најчесто применувана е медијацијата во оваа област, а се однесува на прашања поврзани со престанок на брачната заедница. Со разводот најчесто се јавува потреба на прекин, трансформација и воспоставување на нов вид односи, навики, обврски, одговорности и промена на целокупната интеракција во семејството, па и интеракција на семејството со пошироката заедница. Често родителите немаат капацитет сами да го уредат новиот начин на функционирање на семејството, па со медијацијата тие се оснажуваат, а медијаторот им дава поддршка да ги решат несогласувањата кои се јавуваат во трансформацијата. Медијација во оваа област може да има многу содржини.

Со медијација можат да се решаваат прашања за одвоениот живот пред службениот развод како: договарање кој да го напушти заедничкиот дом, привремената грижа за децата и одржување на контакти на родителот кој не живее со децата, плаќање на финансиските обврски кои ги имало семејството и слично;

Со медијација се решаваат прашања кои се однесуваат на децата, покрај доверување на децата, родителите со медијација можат да се договорат и за обврските на родителот кои ги има кон децата кога тие престојуваат кај него, како носење и земање од училиште, доколку има потреба, обавување на образовни, здравствени, спортски и забавни активности, како и други социјални активности, посета на роднини, поминување заедно со децата за време на празници, патувања, одмори со децата.

Со семејна медијација можат да се решат спорни прашања кои се јавуваат и во текот на формирање и траење на брачната заедница кои произлегуваат од заедничкиот живот и задоволување на потребите во семејството и грижата за децата, како: промена на презиме на еден од брачните партнери при склучување брак или при развод, избор на место на живеење, избор на професија и место на образование или работење, избор на име на новороденче и други.

Имотни прашања и финансии исто така се решаваат со медијација, како во текот на траење на брачната заедница, така и по пре-

⁷ Законот за семејство (Службен весник на РМ, број 80 од 15.12.1992)

станокот, а партнерите во постапка на медијација можат да се договорат за поделба на имотот по разводот, преземање на обврски за кредит, издржување на децата, плаќање дополнителни трошоци поврзани со децата како екскурзии, здравствени услуги, купување компјутер, телефон, велосипед и слично, издржување на поранешниот брачен другар и друго.

Со медијација се надминуваат несогласувања и по разводот кои настануваат поради нови ситуации како што е преселување на еден од родителите, нов брак со друг партнер или партнерка и слично.

Со оглед дека семејството е жива материја која постојано е под влијание на внатрешни и надворешни фактори, истото мора да се менува и прилагодува. *Медијацијата може да се примени и во секојдневниот живот како во поделба на обврските во домаќинството, усогласување на личниот развој со семејни и професионални обврски, грижа за децата и начинот на воспитување, распределба на финансиите во семејството, верски прашања и слично; Односите со потесното и пошироко семејство можат да генерираат несогласувања погодни за решавање со медијација како конфликти помеѓу родителите, децата и родителите, грижа за постарите членови во семејството, одржување контакти и посети на роднини (баба и дедо) кои не живеат во семејната заедница, одржување и користење на недвижен и движен имот сопственост на родители итн. Прашања поврзани со постари членови во семејството како наследство, издржување на родителот од страна на нивните деца, сместување во дом за стари лица, обврски при смрт на постар родител, несогласувања поврзани со тестамент; Со медијација се решаваат и прашања поврзани со неплодност на брачните партнери, одлуките за вештачко оплодување или посвојување, згрижување на деца итн.*

2.1. Примена на семејна медијација во меѓународен семеен спор за грабнување на дете по Хашка конвенција

Хашка конвенција за граѓанските аспекти на меѓународното грабнување на деца (донесена на 25 октомври 1980) е систем на инструменти за административна соработка за враќање на децата по грабнувањето од еден родител во земјата каде претходно живееле, воедно служи и како мерка за одвраќање од потенцијално грабнување, како и можност за остварување контакти на детето со родителот со кого не живее.⁸ Кога детето по грабнувањето од ед-

⁸ <https://posrednik.org/primena-na-medijacija-po-haska-konvencija-vo-me%20d1%93unaroden-semeen-spor-za-grabnuvanje-na-dete-roditelska-odgovornost-i-zastita-na-deteto/>

ниот родител се наоѓа во друга држава, тогаш двете држави имаат одговорност за постигнување на најдобриот интерес на детето, и државата од која потекнува и државата во која престојува. За да се постигне најдобриот интерес на детето, може да се примени и медијација. Судиите и стручните работници кои работат во центрите за социјална работа, се во најдобра позиција на страните во спорот да им препорачаат медијација. Истите треба да бидат информирани за можноста за примена на медијација, за да ги поттикнат страните кои се во прекуграничен семеен спор кој ги засега нивните деца, да изнајдат решение преку заеднички договор по пат на медијација. Во случаи на грабнување на дете од страна на еден родител, во постапка на медијација се преговара за враќањето на детето во земјата во која претходно живеело. Со медијација можат да се решат и други прашања како: определување на местото на живеење на детето, релокација, доверување на детето, договарање околу долгорочни планови за живеење на детето со еден или двајцата родители, поддршка и остварување на контакти на детето со родителот со кого не живее и други тековни прашања.

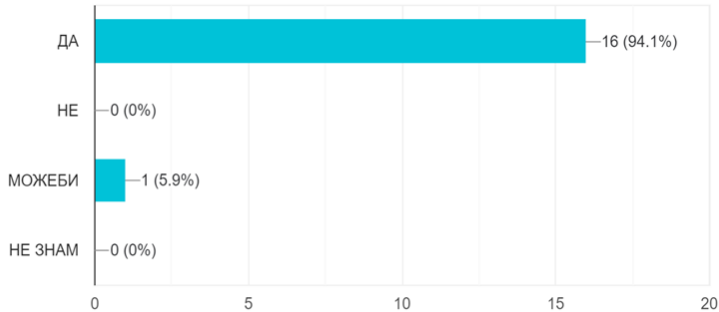
3. Реализирано истражување

Спроведеното истражување во рамките на трудов е со намена да се дојде до податоци кои ќе дадат насока во кој правец треба да се одвива имплементацијата на семејната медијација. Сметаме дека клучни чинители на оваа имплементација, освен соодветна законска рамка, се стручните работници кои ќе ги препознаваат медијабилните спорови/конфликти и ќе ги упатуваат страните на дополнителен избор/опција за решавање на истите, како и медијаторите кои ќе ги реализираат постапките на медијација, а за кои ќе им биде потребно соодветно теоретско знаење и вештини. Во истражувањето се примени квантитативна анализа со употреба на прашалник прилагоден за стручните работници вработени во центрите за социјална работа и лиценцираните медијатори. Прашалникот за стручните лица вработени во центрите за социјална работа беше дистрибуиран на нивните службени електронски адреси, а прашалникот креиран за медијаторите беше дистрибуиран на медијатори евидентирани во Регистар на лиценцирани медијатори кој го води Министерството за правда, односно на дадените електронски адреси во регистарот.

3.1. Резултати од истражување спроведено со медијатори

Прашалникот за медијаторите им беше дистрибуиран на 46 медијатори запишани во Регистарот, а нивните одговори се систематизирани во графיקони, кои ќе ги проследиме во продолжение.

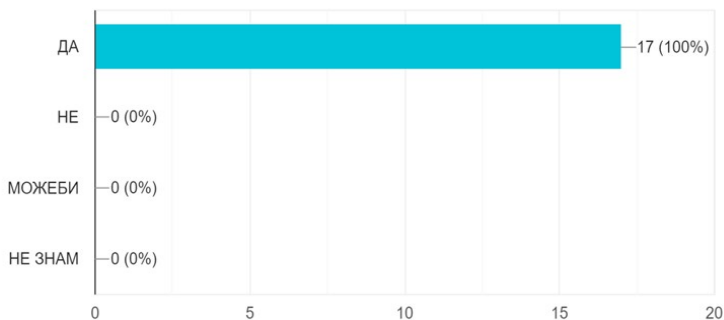
1. Поради сензитивната природа на семејните спорови, дали како медијатор би работеле семејни спорови?



Графикон 1

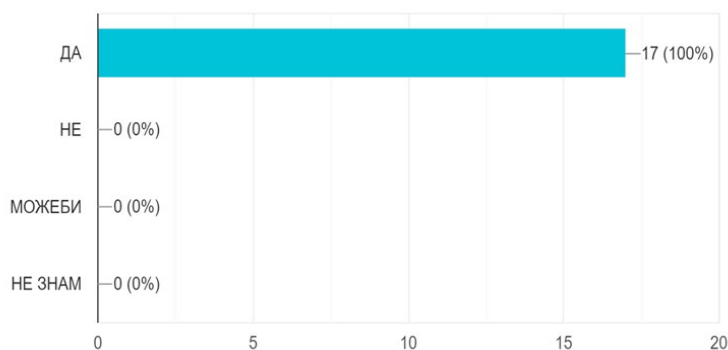
Имајќи предвид дека семејните спорови имаат своја специфика која се препознава во висок степен на изразени емоции, длабока приврзаност кон своите позиции, вклученост на голем број чинители кои ги усложнуваат конфликтите, прекин на комуникација на страните, инструментализирање на децата, од медијаторот се бара силен ментален напор, како и познавање на теоријата и вештини за работа конфликтни семејни односи. Оттука произлезе прашањето дали медијаторите би работеле семејни спорови, каде одговорот е да во 94,1 %, додека можеби одговориле 5,9 %.

2. Дали сметате дека за поголема примена на медијација за решавање на семејни спорови, употребата на медијација треба да биде регулирана со Закон за семејство?



Графикон 2

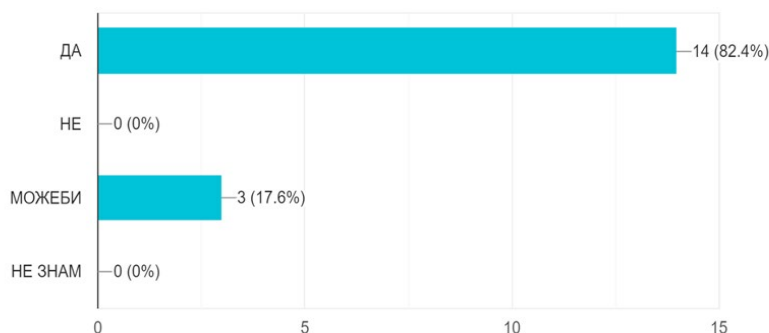
3. Дали сметате дека за поголема примена на медијацијата потребно е со Закон за семејство да биде предвиден задолжителен обид на медијација во случаите со спогодбен предлог за развод на брак?



Графикон 3

Решавање на семејните спорови со употреба на медијација е на многу ниско ниво во земјава, иако во Закон за медијација напomenато е дека семејните спорови можат да се решаваат со медијација. Оттука се поставува прашањето дали примената на медијацијата во решавање на семејни спорови ќе се зголеми со ставање на истата во поширока законска рамка. Во графикон 2 видно е дека 100 % од медијаторите се на мислење дека семејната медијација треба да се уреди во Закон за семејство. Исто така видно во графикон 3 е дека 100 % од медијаторите одговориле дека со Закон за семејство треба да биде предвиден задолжителен обид на медијација во семејните спорови.

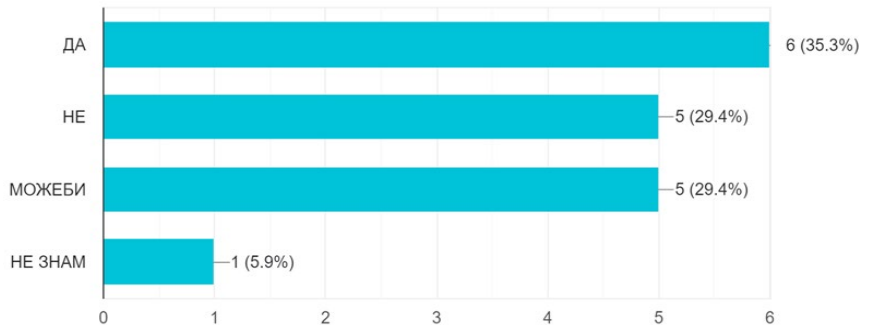
4. Дали сметате дека на медијаторите им е потребна специјализирана обука за медијација во семејни спорови?



Графикон 4

На прашањето упатено до медијаторите дали им е потребна специјализирана обука за медијација во семејни спорови 82,4 % одговориле да, додека 17,6 % одговориле можеби.

5. Дали сметате дека во постапка на медијација во семеен спор кој се однесува на децата, треба и самите деца да бидат вклучени во постапката?



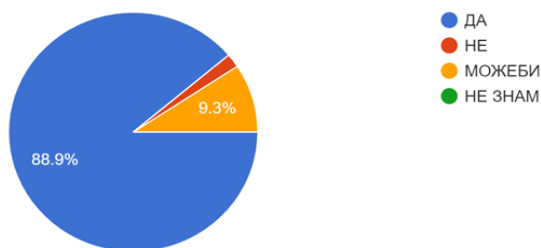
Графикон 5

На прашањето кое предизвикува поделени мислења и кај медијаторите и кај стручните работници во центрите за социјална работа кое гласи дали сметате дека во постапка на медијација во семејните спорови кои се однесуваат на деца, треба да бидат и самите деца вклучени во постапката, одговорите се следни: да одговориле 35,3 %, не одговориле 29,4 %, можеби одговориле 29,4 % и не знам одговориле 5,9 %.

3.2. Резултати од истражување спроведено со стручни работници вработени во центрите за социјална работа

Прашалниците изработени за стручните работници во центрите за социјална работа им беа дистрибуирани на нивните службени електронски адреси кои ги користат стручни работници вработени во центри за социјална работа на територија на целата држава. Прашалникот беше составен од 5 затворени прашања, а нивните одговори се систематизирани во графикони и може да ги анализираме во продолжение.

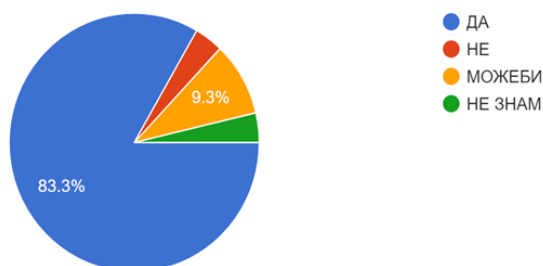
1. Дали сметате дека Ви е потребна обука за запознавање со постапката на медијација и обука за препознавање на спорни прашања во семејните односи кои се медијабилни, односно кои би можеле да се решаваат со медијација за да можете да ги информирате и упатите странките на медијација?



Графикон 6

Кај голем број од стручните работници има потреба да им се овозможи обука за поблиску да се запознаат со постапката на медијација и да препознаваат кои се медијабилни спорови, за да можат странките да ги упатат на медијација. Од стручните работници 88,9 % одговориле дека имаат потреба од обука, 9,3 % одговориле можеби, 1,8 % одговориле не.

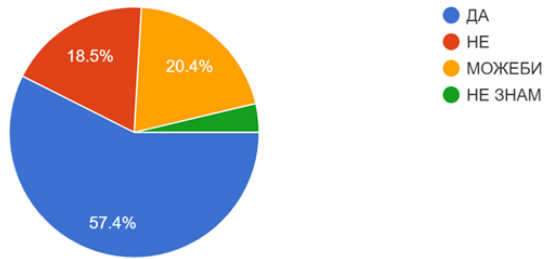
2. Дали сметате дека за да ги упатите странките на медијација за решавање на семејни спорови, постапката за упатување треба да биде регулирана со Закон за семејство?



Графикон 7

На прашањето дали упатувањето на страните да го решат нивниот спор со медијација за решавање на нивните семејни спорови, упатувањето треба да биде уредно со закон, најголем број стручни работници одговориле со да 83,3 %, можеби одговориле 9,3 %, додека по 3,7 % одговориле не и не знам.

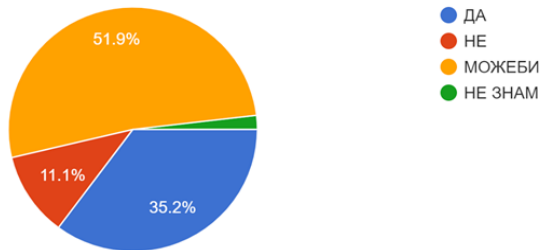
3. Дали сметате дека со Закон за семејство треба да биде предвиден задолжителен обид на медијација во случаите со спогодбен предлог за развод на брак?



Графикон 8

На поставеното прашање дали сметаат дека со Закон за семејство треба да биде предвиден задолжителен обид на медијација во случаите со спогодбен предлог за развод на брак, стручните работници со да одговориле 57,4 %, можеби одговориле 20,4 %, не одговориле 18,5 % и со не одговориле 3,7 %.

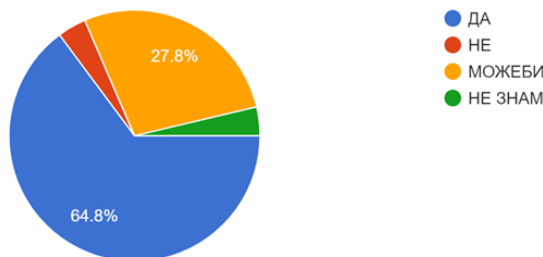
4. Дали сметате дека во постапка на медијација во семеен спор кој се однесува на децата, треба и самите деца да бидат вклучени во постапката?



Графикон 9

Стручните работници дале различен одговор на прашањето во постапка на медијација во семеен спор кој се однесува на децата, дали треба и самите деца да бидат вклучени во постапката одговор да дале 35,2 %, не одговориле 11,1 %, можеби одговориле 51,9 % и не знам одговориле 1,8 %.

5. Дали сметате дека со примена на медијацијата ќе се растоварат центрите за социјална работа од предмети со семејни спорови?



Графикон 10

На прашањето дали стручните работници сметаат дека со примена на медијација ќе се растоварат центрите за социјална работа од предмети со семејни спорови, одговор да дале 64,8 %, можеби одговориле 27,8 %, додека речиси подеднакво одговориле не и не знам по 3,7 %. Со трендот на пораст на разводите во земјава, а намалување на бројот на вработени во центрите за социјална работа што настана по основ на пензионирање и напуштање на работното место со отказ, центрите се соочија со зголемен обем на работа, а намалени човечки ресурси.

4. Завршни одредби

Имајќи ги предвид предностите на семејната медијација како начин за решавање на спорните односи во семејството и помеѓу партнерите, како и придонесот кон демократизација на општеството со нејзина примена. Потоа, нашата тенденција како земја да се приближиме кон ЕУ со прилагодување на националното кон европското законодавство, што јасно може да се види во Стратегијата за реформа во правосудниот сектор за период 2017 – 2022 со акциски план, како и Развојна секторска стратегија за правосудство (2024 – 2028), во кои како посебна цел е ставено зголемување на употреба на медијацијата во решавањето на спорови. Доведува до заклучок дека ни е потребен современ Закон за семејство во кој целосно ќе биде имплементирана Препорака No. R(98) 1 и позитивните искуства од земјите членки или претендираат кон ЕУ, како Англија, Франција, Германија, Хрватска, Босна и Херцеговина и други.

За реално и стварно заживување на семејната медијација, покрај современ Закон за семејство, потребно е создавање на предуслови за примена на семејната медијација со структурни промени во институциите. Една од измените треба да се однесува на законско уредување на што поширок обем на подрачја на примена на семејната медијација и воведување на задолжителен обид на семејна медијација за разводите со спогодбен предлог. Потоа спроведување на обуки за медијација во согласност со нивото и потребата на знаење на медијаторите и стручните работници и создавање на законска регулатива во која ќе влезат одредени стандарди, прирачници, регистри и слично.

Се надеваме дека трудот ќе придонесе во подобрување на новините за семејна медијација кои се во рамките Граѓанскиот законик, а истражувањето ќе им обезбеди дополнителни факти за соодветни одлуки во полза на семејната медијација.

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The Efficacy of PLH-Children Intervention Programme in Increasing p-Parenting Skills and Positive Parenting and Reducing Child Behavioral Problems: A Community-Based Implementation in North Macedonia

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Abstract

Introduction: Low-and middle-income countries (LMIC) offer limited resources to families facing multiple challenges, including poverty and adverse childhood experiences. Parenting programs have shown to be effective in reducing dysfunctional parenting, a key risk factor for child behavior problems.

Objectives: The aim of this study is to analyze the efficacy of Parenting for Lifelong Health programme for young children 5-10 years old (PLH-Children) and evaluate key factors that impact prevention of child behavioural disorders in order to develop strategies with local stakeholders to embed PLH into practice and policy and to ensure sustainability and the capacity for service delivery in North Macedonia. PLH-Children provided evidence-based parenting programme and interactive learning experiences via group-based sessions for parents in the community. The program aims to reduce child maltreatment while improving parent-child relationships and child well-being.

Methodology: In this study, we had adapted the Parenting for Lifelong Health programmes for young children into a 5 session parenting support group programme delivered in 10 schools in the Municipality Karposh in Skopje during 2023-2024. The research team has adapted the original PLH 2-9 Facilitator Manual and Parent Handbook using a format that is appropriate to be delivered in schools by psychologists, pedagogues and teachers with parents and primary caregivers. Previously, the adapted PLH 2-9 program was tested in a feasibility pilot with 40 families to examine implementation fidelity, program acceptability, measurement applicability, preliminary effectiveness through leading a qualitative process evaluation using qualitative interviews and FGDs to assess parents' and service providers' perceptions on the acceptability and feasibility of the adapted program's structure, content, and delivery. Trained and supervised facilitators delivered the group sessions through discussions about home activities, core parenting principles, illustrated stories, role-plays, and problem solving.

Results: Delivering the programme through schools showed to be: acceptable, accessible and normalizing for parents with child behavior problems, less stigmatizing than through social services, more integrated in the local

community and proving that their children don't have "disorders" and "problems".

The program structure, in terms of schedule, themes and logistics was very well accepted, supported by the positive parenting techniques (with accent on praise and positive attention,) which is culturally new in raising up children in the Macedonian context, reducing harsh parenting and introducing other ways of positive discipline. The programme needed further cultural and linguistic adaptation for population with different ethnic background.

Pre-post comparisons showed significant reductions in child behavior problems, as well as reduced dysfunctional parenting, improved positive parenting.

Conclusion: Family intervention programs represent an efficient and cost-effective approach to address key risk factors for behavioral and mental health problems in children. However, it is crucial to work closely with local stakeholders, such as local government and schools and jointly contributing to address the needs of families and tailoring the interventions to be culturally acceptable and adaptable across settings.

Keywords: Positive Parenting, Parenting Skills, Child Behavioral Problems, Dysfunctional Parenting, Child Mental Health.

Ефикасноста на интервенциската програма за родителство (РЦЗ – Деца) во зголемувањето на родителските вештини и позитивното родителство и намалување на бихејвиоралните проблеми на децата: имплементација во локалната заедница во Р.С. Македонија

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Вовед: Земјите со ниски и средни приходи им нудат ограничени ресурси на семејствата кои се соочуваат со повеќе предизвици, вклучувајќи сиромаштија и негативни искуства од детството. Програмите за родителство се покажале како ефикасни во намалувањето на дисфункционалното родителство, клучен фактор на ризик за проблемите со однесувањето на децата.

Цел: Целта на оваа студија е да се анализира ефикасноста на програмата „Родителство за целоживотно здравје“ за мали деца од 5 до 10 години (РЦЗ-Деца) и да се оценат клучните фактори кои влијаат врз превенцијата на нарушувањата на однесувањето кај децата со цел да се развијат стратегии со локалната власт за вградување на РЦЗ во праксата и политиките и да се обезбеди одржливост и капацитет за испорака на услуги во РС Македонија. РЦЗ-Деца обезбеди родителска програма заснована на докази и интерактивни искуства за учење преку групни сесии за родители во заедницата. Програмата има за цел да ја намали злоупотребата на децата и да ги подобри односите родител-дете и добросостојбата на децата.

Методологија: Во оваа студија, ние ја адаптиравме програмата „Родителство за целоживотно здравје“ за мали деца, во 5 сесиска родителска групна

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поддршка која се одржува во 10 училишта во општина Карпош во Скопје, во текот на 2023-2024 година. Истражувачкиот тим го адаптира оригиналниот прорачник за фацитатори и прирачник за родители користејќи формат кој е соодветен за групно водење на програмата во училиштата од страна на психолози, педагози и наставници со родители и старатели. Претходно, адаптираната програма РЦЗ-Деца беше тестирана во пилот студија за изводливост со 40 семејства за да се испита верноста на имплементацијата, прифатливоста на програмата, применливоста на мерењата, прелиминарната ефективност преку водење на квалитативна евалуација на процесот со користење на квалитативни интервјуа и дискусија во Фокус групи за да се оцени перцепцијата на родителите и давателите на услуги за прифатливоста и изводливоста на структурата, содржината и испораката на адаптираната програма. Обучени и супервизирани фацитатори ги одржаа групните сесии преку дискусии за домашните активности, основните родителски принципи, илустрираните приказни, играњето улоги и решавање на проблеми.

Резултати: Спроведувањето на програмата преку училиштата се покажа прифатливо, достапно и соодветно за родителите соочени со проблеми во однесувањето на децата, помалку стигматизирашко отколку преку социјалните услуги, интегрирано во локалната заедница, без потенцирање дека нивните деца имаат „нарушувања“, или „проблеми“.

Структурата на програмата, во однос на распоредот, темите и логистиката беше многу добро прифатена, поддржана со позитивните родителски техники (со акцент на пофалби и позитивно внимание), што е културно ново во одгледувањето на децата во македонски контекст, намалување на строгото родителство и воведување на други начини на позитивна дисциплина. На програмата ѝ беше потребна понатамошна културна и јазична адаптација за различни специфични популациски групи.

Споредбите на резултатите пред и по одржување на програмата покажаа значително намалување на проблемите во однесувањето на децата, како и намалено дисфункционално родителство и подобро позитивно родителство.

Заклучок: Програмите за семејна интервенција претставуваат ефикасен и исплатлив пристап за решавање на клучните фактори на ризик за проблеми во однесувањето и менталното здравје кај децата. Сепак, од клучно значење е да се соработува тесно со локалните чинители, како што се локалната власт и училиштата и заеднички да се придонесе за задоволување на потребите на семејствата и прилагодување на интервенциите, за да бидат културно прифатливи и прилагодливи во различни средини.

1. Вовед

Истражувањата за поврзаноста на семејните односи со здравјето и добросостојбата на индивидуите во текот на животот, во поголем дел покажаа дека семејните врски и квалитетот на овие врски се силно поврзани со менталното и физичкото здравје (Beach & Whisman, 2013, стр. 92), психолошката добросостојба (Kawachi & Berkman, 2001), здравствено однесување (Tay et al., 2013), семејната економија и ризикот од смртност (Holt-Lunstad et al., 2010; Umberson & Montez, 2010).

Функционирањето на семејството (како што е решавањето проблеми, комуникацијата, емоционалната вклученост, контролата на однесувањето) ја одразува способноста на семејството да управува со основните (обезбедување на ресурси), развојните (индивидуален и семеен паст развој) и стресогените искуства (животни настани, кризи) за да се обезбеди соодветна средина за секој член на семејството да го постигне својот биолошки, психолошки и социјален потенцијал (Banovcínova et al., 2014).

Семејниот систем претставува единствена мрежа на социјални односи кои не само што влијаат врз растот, здравјето и добросостојбата на индивидуата туку и на сите членови на семејството во текот на целиот животен век (Dai & Wang, 2015), особено на нивното потомство.

Проблемите со менталното здравје на децата продолжуваат да бидат голем глобален проблем, особено во земјите со ниски и средни приходи. Стапката на преваленција на проблемите со менталното здравје на децата и адолесцентите, како што се интернализирачките и екстернализирачките проблеми, е 10 – 20 %. Иако постојат ограничени податоци за распространетоста на ментално-здравствените проблеми кај децата во нашата земја, податоците за здравјето на адолесцентите од истражувањето на УК за психијатрија во соработка со УНИЦЕФ по пандемијата со КОВИД-19 покажаа застапеност на повисоки стапки на анксиозни (42 %) и депресивни симптоми (29 %) кај децата и младите во споредба со нивните родители/старатели (Barjaktarov et al, 2023). Истражувањата на негативните искуства во детството, како насилството врз децата покажаа високи стапки на физичко казнување, емоционално насилство и занемарување на децата во нашата земја (Nikolaidis et al., 2018; WHO, 2013).

Децата се особено изложени на ризик од развивање на екстернализирачки проблеми во однесувањето во раното детство кога се

соочуваат со повеќе фактори на ризик, како што се високи стапки на сиромаштија, проблеми со менталното здравје на родителите и злоупотреба на деца (Deater-Deckard 1998). Раниот почеток на проблемите во однесувањето на детето, исто така, предвидува подоцнежен развој на антисоцијално однесување, слаби образовни постигнувања, малолетничка деликвенција и криминал (Reid & Patterson 1989). Ова е особено важно во нашата земја, каде што студијата за негативни искуства во детството покажа поврзаност со ментално-здравствени и бихејвиорални проблеми во адолесценцијата и возрасниот период (Hughes et al, 2019). Според истражувањето на негативните искуства во детството во нашата земја, 21 % доживеале физичка злоупотреба, 11 % психолошка злоупотреба, 6 % сексуална злоупотреба, 20 % физичко занемарување и 31 % емоционално занемарување. Негативните искуства од детството исто така се поврзани со ризици за влошено физичко здравје во подоцнежниот живот. Во споредба со студентите кои не доживеале никакви негативни искуства од детството, студентите кои биле значително подпресивни, злоупотребувале супстанции почесто биле изложени на поголем ризик од обид за самоубиство и ангажирање на ризично сексуално однесување (Baban, 2013; Raleva, 2014). Покрај тоа, студиите за економско моделирање покажуваат дека дополнителните јавни трошоци за раното нарушување на однесувањето се 10 пати поголеми од оние на децата без такви проблеми, со зголемени трошоци за повеќе сектори, вклучувајќи здравствена заштита, правда и образовни системи (Scott, 2001).

Програмите за родителство покажаа ефективност во намалувањето на проблемите во однесувањето на децата, како и грубото родителство и злоупотребата (Chen & Chan, 2015; Furlong 2013), со нови докази од ригорозни испитувања во LMIC (Knerr et al., 2013; Mejia, 2012). Овие програми обично имаат за цел да ги зајакнат односите родител – дете преку позитивно родителство и да им помогнат на родителите да се справат со проблемите во однесувањето на детето преку ефективни, соодветни на возраста, ненасилни стратегии за дисциплина (Kaminski et al..2008). Покрај тоа, и покрај теоријата која сугерира дека многу раните интервенции може да бидат подобри, изненадувачки има малку докази за диференцијални ефекти од возраста кај родителските интервенции врз резултатите од однесувањето на детето, со докази кои укажуваат на тоа дека овие интервенции се ефикасни на возраст од 2 до 9 го-

дини (Gardner et al., 2018). Неодамнешните мета-анализи исто така укажуваат на тоа дека програмите за родителство се ефикасни кога се пренесени од земјата на потекло во друга земја (Gardner et al., 2015) и дека транспортираните и домашните програми можат да бидат подеднакво ефикасни сè додека се темелат на слични принципи и практики, засновани на докази и спроведувани од компетентни имплементатори за соодветната култура (Leijten et al., 2016).

Студијата на проектот RISE, адаптирана и тестирана во 3 земји од Источна Европа (Н. Македонија, Молдавија и Романија) покажа дека три основни исходи: однесувањето на детето, дисфункционалното родителство и позитивното родителство, со користење на факторски експериментален дизајн за оптимизирање на родителската програма заснована на докази во земјите со ниски и средни приходи, беа ефикасно посочени и покажаа значајни резултати. Родителство за целоживотно здравје (РЦЗ – Деца) обезбеди родителска програма базирана на докази и интерактивни искуства за учење преку групни сесии за родителите во заедницата. Претходно, адаптираната РЦЗ програма за родители на деца на 2 – 9 години, беше тестирана во пилот-фаза за нејзина изводливост со 40 семејства за да се испита верноста на имплементацијата, прифатливоста на програмата, применливоста на мерењата, прелиминарната ефективност преку водење на квалитативна евалуација на процесот со користење на квалитативни интервјуа и дискусии во Фокус групи за да се оцени перцепцијата на родителите и давателите на услуги за прифатливоста и изводливоста на структурата, содржината и испораката на адаптираната програма. Обучен и супервизирани фацилитатори ја спроведуваа програмата низ дискусии за домашните активности, основни родителски принципи, илустрирани приказни, играње улоги и решавање проблеми (Lachman et al. 2019; Taut et al., 2022; Foran et al., 2024)

2, Цели

2.1. Зајакнување на капацитетот на заедницата во грижата за менталното здравје на децата и младите преку организирање работилници со жените лидерки во заедницата, подигање на јавната свест за значењето на менталното здравје, дестигматизација на ментално-здравствените тешкотии и барањето помош, поддршка на родителите во родителски вештини и организирање активности

за младите и децата и програми кои промовираат физичка и ментална добросостојба.

2.2. Анализа на ефикасноста на програмата Родителство за целоживотно здравје за родители на деца на возраст 5 – 10 години (РЦЗ – Деца) имплементирана во основните училишта за да ги намали проблематичните однесувања на децата, злоупотребата на децата, со подобрување на односите родител – дете и добросостојбата на децата и семејствата преку зголемување на родителските вештини и намалување на дисфункционалното родителство.

2.3. Евалуација на клучните фактори кои влијаат врз превенцијата на бихејвиоралните нарушувања кај децата за да се развијат стратегии со локалната заедница и другите засегнати страни за вклопување на РЦЗ во практиките и политиките и да се обезбеди одржливост и капацитет за давање услуги во РС Македонија.

3. Методологија

3.1. Улогата на заедницата во грижата за менталното здравје

Заедницата е системот во кој децата, младите и нивните семејства живеат и функционираат. Овој систем игра важна улога во грижата за менталното здравје на децата и адолесцентите, бидејќи живеењето во поддржувачка, негувачка и стимулирачка средина може значително позитивно да влијае врз добросостојбата на младите. Заедниците можат на различни начини да придонесат кон менталното здравје на децата и адолесцентите. Во нашата работа беа преземени следниве чекори:

3.1.1. Едукација и подигнување на јавната свест на влијателни заинтересирани страни во заедницата – жени-лидерки, советнички во општините

Подигнувањето на јавната свест за важноста на менталното здравје е првиот чекор во овозможувањето грижа. Во периодот септември – декември 2023 се одржаа 5 работилници со жени-лидерки во заедницата, претставнички на советите на општините во неколку градови во Македонија (во организација на БИОМ и Експертскиот центар за родителски вештини, поддржано од СЗО). Ова вклучува нивна едукација и мотивирање, соодветно информирање за грижата за менталното здравје на децата и младите, дестигматизирањето на темите поврзани со менталното здравје, промовирање на позитивни

моделите на однесување. Со поддршка на жените советнички се организираа форуми во заедницата и запознавање на граѓаните со аспектите на менталното здравје на децата и младите, важноста на родителството и расположливите ресурси во заедницата.

3.1.2. Поддршка на родителите

Родителите и семејството се најблиската средина во која децата и адолесцентите се развиваат. Промовирањето програми и активности, насочени кон развивањето вештини и стратегии за ефективно поддржување на добросостојбата на децата и младите, се важен елемент во јакнењето на родителските пристапи за подобро разбирање и управување со емоциите и однесувањата на нивните деца. Во таа насока Општина Карпош иницираше низа настани во заедницата и консултации кои резултираа со покренување иницијатива и финансирање проект во заедницата за организирање работилници за родителски вештини на родители на деца од 5 до 10 години, во сите основни училишта на територијата на општината и основање Канцеларија за родители (Советувалиште за родителски вештини). Овој проект отпочна со своја реализација во тек на 2024 г. и сè уште се одвива.

Обуката на фацилитатори за работа со родителите во 10 ОУ во општината беше изведена во март 2024 во траење од 3 дена со вкупно 20 фацилитатори – училишни психолози, педагози, наставници.

Програмата „Родителство за целоживотно здравје – РЦЗ – Деца“ е родителска програма заснована на докази и е наменета за родители на деца на возраст од 5 до 10 години.

Таа е посебно осмислена програма за семејства кои се соочуваат со предизвици во однесувањето на нивните деца, со цел да се промовира позитивното родителство при што се намалува ризикот од злоупотреба и занемарување на децата во заедници со понизок социо-економски статус.

Основната тема во РЦЗ – Деца е „Градење кука за поддршка на родителите и нивните деца“. Помагајќи им на родителите да изградат дом за поддршка за себе си и за нивните деца, им помагаме да се справат со однесувањето на децата, а воедно со тоа се промовираат и здрави односи родител – дете.

Главната цел на „РЦЗ – Деца“ е да го намали ризикот за злоупотреба на децата и да се подобри детското однесување во семејството преку помагање на родителите во развивање вештини

за воспоставување позитивни односи со децата. Тоа придонесува за:

- Зголемување на родителските знаења, вештини и чувството на компетентност,
- Позитивно родителство,
- Позитивни, конзистентни дисциплински стратегии,
- Родителски надзор врз децата,
- Подобро однесување на децата и нивната добросостојба,
- Менгално здравје и социјална поддршка на родителите,
- Знаење и користење на социјалните услуги во случај на насилство од интимниот партнер, или болест во нивните семејства.

Обуката за фацилитатори на програмата РЦЗ – Деца е целосна 3-дневна интензивна работилница каде што учесниците добиваат подлабоко разбирање на нивната улога и начинот на спроведување на програмата за родителите.

На оваа обука, учесниците се запознаваат со главните компоненти на програмата и спроведување на содржината сесија по сесија. Обуката се фокусира на воспоставување основни фацилитирачки вештини и вештини на водење на група и е особено партиципативна за да обезбеди максимум колаборативно учење.

Методите на спроведување на програмата се демонстрираат, дискутираат и практикуваат за време на обуката и на учесниците им се обезбедува сеопфатен прирачник за време на групните сесии. Обуката и сертифицирањето на фацилитаторите е обезбедено од страна на Експертскиот центар за родителство – Алтернатива.

Содржините опфатени со оваа програма се следниве: Минување време „еден-на-еден“ со детето преку игра предводена од детето; Користење на пофалби и награди за поддршка на позитивното однесување; Инструкции за домашни правила и рутини и пренасочување на однесувањето; Справување со тешки однесувања и однесувања со големи барања: игнорирање и последици; Рефлексија на изминатите содржини и продолжување понатаму.

Истражувачкиот тим на Експертскиот центар за родителство го адаптираше оригиналниот РЦЗ прирачник за фацилитатори и Родителскиот прирачник користејќи формат кој е соодветен за спроведување во училиштата од страна стручните служби или

наставниците со родителите и старателите на деца на возраст од 5 до 10 години.

3.2. Процедури и спроведување на програмата

Регрутирањето на родителите и спроведувањето на програмата беше организирано во тек на месец април 2024 г., од самите училишта и стручните служби – по 2 фацитатори од секое училиште, во вкупно 10 училишта на територија на Општина Карпош. Секој фацитаторски пар организираше по една група родители (10 – 15), која се сретнуваше 1 неделно во траење од 2 часа, во тек на 5 недели во периодот април – јуни 2024 г. Сесиите беа организирани работилнички, со примена на колаборативен принцип на учење, вежбање, играње улоги и дискусии за главните градбени елементи на програмата. Работата на фацитаторите во групата беше супервизирана од страна на експертите за програмата од Центарот за родителство – Алтернатива, секој пар фацитатори имаше по 2 супервизии во тек на одржувањето на програмата, по 2. и 4. сесија. На супервизиите се дискутираше за придржување кон основните принципи на спроведување на програмата и верност кон нејзината содржина, предизвиците на родителите, и предизвиците на фацитаторите во програмата. Општо земено програмата беше позитивно прифатена од родителите, со постепено надминување на скептичниот однос кон промена на своите родителски практики, вежбање на стекнатите вештини дома со своите деца и уверување во нивната ефикасност и активно прифаќање на метафората на „Куќата за поддршка“ и остварување на нејзините градбени елементи постапно.

3.3. Резултати

При проценка на ефикасноста на оваа програма користевме два инструменти за проценка на родителските практики (Parenting Scale – PS) и родителски вештини за мали деца (Parenting Young Children – PARYC) и Скала на однесувањето на детето (Child Behavior Checklist – CBCL). PS е мерка за самоизвестување која се однесува на перцепцијата на родителското однесување како проблематично. Мерката ја проценува зачестеноста на неколку родителски однесувања: попустливост, хостилност и прекумерна ангажираност во проблематичните однесувања на децата. PARYC е самоизвестувачка мерка дизајнирана за родителското однесување релевантно за ро-

дители на мали деца. Мерката ја проценува зачестеноста на неколку родителски однесувања: поддршка на позитивно однесување; поставување граници и проактивно родителство. Користена е и скалата за екстернализација на CBCL (родителска форма) за проценка на проблемите во однесувањето на децата. Сите мерки беа зададени пред почетокот на програмата и по нејзиното завршување.

Дескриптивна статистика се користеше за да се сумираат карактеристиките на примерокот и варијаблите. Податоците беа обработени со параметарски тестови како независен t-тест за споредување на просечните резултати помеѓу групите, хи-квадрат тестот за проценка на асоцијациите помеѓу атрибутивните серии и Pearson r корелација за мерење на линеарната врска помеѓу нумериските серии. За интервал на доверба (95 % CI) беше дефинирано статистичко значење на ниво на веројатност за стандардна грешка помала од $p < 0,05$.

Табела 1. Демографски податоци

	Број	%
Родител		
Маж	7	6,3
Жена	105	93,8
Дете		
Момче	67	59,8
Девојче	41	36,6
Училиште		
„Карпош“	13	11,6
„Аврам Писевски“	11	9,8
„Петар Поп Арсов“	10	8,9
„Лазо Трповски“	4	3,6
„Јан Амос Коменски“	14	12,5
„Димо Хаџи Димов“	11	9,8
„Владо Тасевски“	13	11,6
„Вера Циривири“	12	10,7
„Братство“	12	10,7
„Војдан Чернотрински“	12	10,7

Во програмата учествуваа вкупно 112 родители, 93,8 % мајки и 6,3 % татковци, во просек по 10 родители по група.

Во неколку групи учествуваа и двајцата родители од едно семејство. Просечна возраст на родителите беше 39 години ($\pm 10,7$), додека на децата 8 години ($\pm 1,8$).

Табела 2. Разлики помеѓу атрибутивните серии

	Пол на родител	Пол на дете
Chi-Square	85.750	6.259
p	0.000	0.012

Во програмата учествуваа статистички значајно повеќе жени од мажи ($\chi^2 = 85.8$, $p = 0.000$) за нивните деца кои биле повеќе момчиња од девојчиња ($\chi^2 = 6.3$, $p = 0.012$).

Просечниот резултат на PARYC пред програмата беше 108.4 (± 14.9), а по програмата 123 (± 12.4).

Просечниот резултат на PS пред програмата беше 101.2 (± 14.7), а по програмата 88.9 (± 15) (Таб. 3).

Не се бележат значајни разлики во резултатите на PARYC и PS во однос на полот и возраста на родителите ($p > 0.05$), ниту во однос на полот и возраста на децата ($p > 0.05$), (Таб. 4)

Табела 3. Пред-пост резултати на родителски вештини

	Просек	Стд. девијација
PARYC-pre	108.40	14.944
PARYC-post	123.04	12.362
PS-pre	101.23	14.717
PS-post	88.93	14.954

Таб. 4: Значајност на разлики пред-пост на родителски вештини

	Разлики	Стд. девијација	95% CI	t	p
PARYC pre – PARYC post	-14.638	16.350	-17.699 -11.577	-9.475	0.000
PS pre – PS post	12.298	16.016	9.299 15.297	8.126	0.000

Се бележи статистички значајно подобрување на позитивните родителски практики (PARYC) од 14.6 резултати (± 16.4) по учеството во програмата ($t = -9.475$, $p = 0.000$), При тоа се регистрира значителна

разлика во поддршката на позитивното однесување; поставување граници и проактивно родителство после учеството во програмата.

Исто така се следи и статистички значајно намалување на дисфункционалните родителски практики (PS) од 12.3 резултати (± 16) по учеството во програмата ($t=8.126$, $p=0.000$). Притоа се регистрираат значајни разлики на супскалите на попустливост, и прекумерна ангажираност во проблематичните однесувања на децата, со намалување на ваквите дисфункционални практики по завршување на програмата.

На CBCL – скалата на однесување на детето проценето од страна на родителот, пред влез во програмата и по неговото завршување, се следеше исто така статистички значајна разлика во однос на екстернализирачките симптоми на децата ($d = 1,26$) за помалите деца, ($d = 1,15$) за поголемите деца, ($d = 1,27$) за агресивното однесување на помалите деца и ($d = 1,08$) за агресивното однесување на поголемите деца.

3.4. Дискусија

Нашиот проект со Општина Карпош покажа дека се неопходни неколку клучни чекори за да се постават темелите на добра колаборативна основа со креаторите на политики на локално ниво, со цел превенција на менталното здравје и добросостојбата на децата и адолесцентите. Но, притоа голема улога играат меѓународните организации како СЗО и УНИЦЕФ коишто имаат кредибилитет и авторитет да ги артикулираат главните приоритети, а потоа во соработка со експертите, НВО и владините институции да ја покренат иницијативата овие приоритети да се препознаат како потреба за којашто постои капацитет на локално ниво, и да се овозможи да се реализираат. Истражувањето што следеше има за цел да ги поткрепи и убеди креаторите на политики на локално ниво дека вреди да се инвестира во програми кои се темелат на докази и дека постојано истражувањата треба да генерираат резултати коишто ќе се бидат основа за информирање на политиките и обезбедување одржливост на оние кои се доволно ефикасни, исплатливи и од кои има доказани придобивки.

Придружното истражување ги потврди веќе претходните резултати од слични истражувања на ефикасноста на РЦЗ програмата за деца во различни земји со низок приход.

Овие резултати се во согласност со претходно изведени студии во високоразвиени земји (Renzaho et al., 2013) кои ја нагласуваат важноста на семејното функционирање за менталното здравје, дури и кога контекстуално се земени предвид примероци кои потекнуваат од средини со низок приход. Наодите исто така ја нагласуваат аплицибилноста на Мак Мастеровиот модел на семејно функционирање (Epstein et al., 1978) во земјите со низок и среден приход, потенцирајќи ја важноста на семејните релации за родителското ментално здравје и добросостојба, потенцијално преку нивото на социјална поддршка.

Во RISE проектот, Рандомизираната контрлирана студија покажа намалување на агресивното однесување на децата по завршувањето на програмата од страна на родителите кое беше сигнификантно намалено во интервентната група во споредба со контролната група со големина на ефектот 0.30, 95% CI [-0.57, -0.04], и постоеја докази за стабилноста на овој ефект од пост проценката до проценката направена 6 месеци подоцна, со големина на ефектот 0.06, 95 % CI [-0.29, 0.41] (Heinricks et al., 2024).

4. Заклучок

4.1. Овој проект помеѓу Општина Карпош и Експертскиот центар за родителски вештини – Алтернатива покажа дека е значајно зајакнувањето на капацитетот на заедницата во грижата за менталното здравје на децата и младите на различни начини, пред сè со подигање на јавната свест за значењето на менталното здравје, препознавање на потребите за поддршка на програмите за превенција на менталното здравје на децата и младите, особено преку поддршка на родителите во родителските вештини. Потребно е синергистичко дејствување на повеќе нивоа за да се овозможи промена која ќе има одржливост и придобивки и за децата и за родителите.

4.2. Програмата „Родителство за целоживотно здравје“ за родители на деца на возраст од 5 до 10 години спроведена во основните училишта покажа дека е ефикасна и ефективна во намалување на проблемите во однесувањето на децата преку подобрување на односите родител – дете и зголемување на позитивните родителски вештини и намалување на дисфункционалното родителство.

4.3. Од страна на сите учесници во овој процес, кој резултираше со взаемен проект е препознаено дека соработката на локалната

самоуправа, образованието, и социјалната заштита со ресурсите во заедницата – професионалците во областа на детското и адолесцентно ментално здравје, НВО, училиштата, предучилишните установи, е од суштинско значење за вградување на родителските вештини во политиките и во практиката со цел да се обезбеди одржливост и капацитет за спроведување на овие услуги од областа на менталното здравје на децата, младите и семејствата во РС Македонија.

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Recognition and Prevention of Domestic Violence at the Workplace

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Abstract

Domestic violence is a global social problem, which affects the individual, the family and the wider environment. The prevalence of domestic violence in a country is always a challenge to quantify or determine through reports, taking into account the exceptional complexity and sensitivity of the problem, the present stigma and double victimization of the victims. However, globally 1 in 4 women or 1 in 7 men are victims of domestic violence. Domestic violence is not a private matter, it does not stay at home when its victims go to work. The modern era increasingly emphasizes the importance of the organizational environment as a social support system that plays an important role in the lives of individuals. According to recent findings, people spend 1/3 of their lives at work, which is why the organizational environment can be a key factor in the prevention and recognition of domestic violence among employees. The purpose of this research is to investigate the degree of recognition and prevention of domestic violence in the workplace in companies from the private sector of various activities, i.e. the recognition of different types of domestic violence, recognition of victims of domestic violence among colleagues, handling in such situations, presence of prevention trainings in the company and policies related to this problem. This research uses a quantitative method and technique of collecting quantitative data - a survey/questionnaire. The research used a questionnaire designed to examine the recognition and potential prevention of domestic violence victims by their colleagues. We are talking about companies from the private sector, from various activities with employees from several age groups and degrees of education. In addition to the research findings, recommendations for companies are also included in order to promptly recognize and prevent domestic violence among their employees.

Keywords: Recognition, Prevention, Domestic Violence, Companies, Private Sector

Препознавање и превенција на семејно насилство на работно место

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Апстракт

Семејното насилство претставува глобален социјален проблем, кој ја афектира индивидуата, семејството и пошироката средина. Распространетоста на семејното насилство во една земја е секогаш предизвик да се квантифицира или утврди преку пријавувањата имајќи ја предвид исклучителната комплексност и сензитивност на проблемот, присутната стигма и двојна виктимизација на жртвите. Сепак на глобално ниво 1 на 4 жени или 1 на 7 мажи се жртви на семејно насилство. Семејното насилство не е приватна работа, не останува дома кога неговите жртви одат на работа. Современата ера сè повеќе ја нагласува важноста на организациската средина како социјален систем на поддршка кој игра важна улога во животот на индивидите. Според скорешните наоди, луѓето поминуваат 1/3 од својот живот на работно место, токму затоа организациската средина може да биде клучен фактор во превенција и препознавање на семејното насилство помеѓу вработените.

Целта на ова истражување е да се истражи степенот на препознавање и превенција на семејно насилство на работно место во компании од приватен сектор од различни дејности, односно препознавањето на различни видови семејно насилство, препознавање на жртви на семејно насилство меѓу колегите, постапување во такви ситуации, присуство на обуки за превенција во компанијата и полиси поврзани со оваа проблематика.

Ова истражување користи квантитативен метод и техника на прибирање на квантитативни податоци – анкета/прашалник. Во истражувањето е користен прашалник наменет за испитување на препознавањето и потенцијална превенција од семејно насилство на жртви од страна на нивните колеги. Станува збор за компании од приватен сектор, од различни дејности со вработени од повеќе возрасни групи и степени на образование. Покрај наодите од истражувањето, вклучени се и препораки за компаниите со цел навремено препознавање и превенција од семејно насилство кај нивните вработени.

Клучни зборови: Препознавање, Превенција, Семејно насилство, Компании, Приватен сектор

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Вовед

Модерното живеење сè повеќе ја истакнува важноста на значењето на работното место во животот на индивидуата. Земајќи ги предвид скорешните наоди дека луѓето поминуваат една третина од својот живот на работно место, се појавува потребата од набљудување на организациските системи во функција на системи на поддршка за индивидуата. Токму затоа се појавува тенденција на проширување на пакетите за бенефиции на вработените. Сè почесто ваквите пакети вклучуваат услуги и сервиси кои не се однесуваат само на професионалниот раст на индивидуата, туку и на личниот развој како и целокупната добросостојба. Интересот на компаниите за генералната состојба на вработените произлегува токму од бројните наоди кои велат дека нивото на истата е клучен фактор за перформансот на работното место.

Семејното насилство пак, во минатото сè почесто се поврзуваше со низок социјален статус, сиромаштија и рурални средини. Сепак, глобализацијата, урбанизацијата и индустријализацијата го отворија прашањето за присуство на истото и кај луѓето кои не припаѓаат на овие социјални категории. Токму оваа група луѓе припаѓа на организациските системи од кои сите ние сме дел. Сè почеста е појавата на жртви на семејно насилство кои припаѓаат на различни општествени слоеви, поседуваат различен степен на образование и генерално имаат различен степен на општествена еманципираност.

Целта на овој труд е да го отвори прашањето на организациските системи како потенцијално позитивно влијание во борбата против спречување на семејното насилство, односно постоењето на практики на препознавање и превенција.

1. Семејно насилство – поим и дефинирање

Семејното насилство претставува глобален социјален проблем. Неговата распространетост е секогаш предизвик да се квантифицира или утврди преку пријавувањата и статистиките имајќи ја предвид исклучителната комплексност и сензитивност на проблемот, присутната стигма и двојната виктимизација на институциите како и степенот на нормализираност на семејното насилство во едно општество.

Во член 3 од Законот за спречување и заштита од насилство врз жените и семејно насилство на Република Северна Македонија, семејното насилство е дефинирано „Семејното насилство може да се

јави како малтретирање, навредување, загрозување на сигурноста, телесно повредување, или друго психолошко, физичко или економско насилство со кое се предизвикува чувство на несигурност, загрозување или страв, вклучувајќи и закани за такви дејствија, спрема брачен другар, родителите или децата или други лица кои живеат во брачна или вонбрачна заедница или заедничко домаќинство, како и спрема сегашен или поранешен брачен другар, вонбрачен партнер или лица кои имаат заедничко дете или се наоѓаат во блиски лични односи, без оглед дали сторителот го дели или го делел истото живеалиште со жртвата или не“ (Законот за спречување и заштита од насилство врз жените и семејно насилство, член 3, 2021). Тоа може да се јави во повеќе форми и облици како: демнење, физичко, психолошко и емоционално насилство, силување или сексуален напад, кибернасилство.

Според податоците на Државниот завод за статистика, семејното насилство во Република Северна Македонија во последните три години е во пораст. Како жртви процентуално жените се јавуваат во поголем број за разлика од мажите. Во 2021 година како жртви мажи се евидентирани 212, додека пак, жени жртви 839, во 2022 година како мажи жртви се евидентирани 266, додека пак, жени жртви – 899, во 2023 година како мажи жртви се евидентирани 229, и жени жртви 942 (Државен завод за статистика, 2023: 99). Несомнено од податоците се гледа дека семејното насилство бележи пораст, а со тоа и поголем е бројот на жени жртви на семејно насилство.

2. Поврзаност на семејното насилство и работното место

Работните места можат да играат позитивна улога со обезбедување безбедни и поддржувачки средини за нивните вработени, особено оние вработени кои доживуваат насилство.

Иако семејното насилство може да потекнува од домот, тоа може да се прелее и во светот на работата. Ова се случува, на пример, кога насилните партнери ги следат жртвите до нивните работни места, користат телефонски или компјутерски технологии поврзани со работата за да ги заплашат, вознемируваат или контролираат или да ги спречат да го напуштат домаќинството за да одат на работа.

Истражувањата на вработените постојано укажуваат дека околу една од три работни жени доживеале барем една форма на семејно насилство во текот на нивниот работен век (European Agency for Safety and Health at Work, 2023).

Семејното насилство, исто така, може да се прелее во светот на работата преку стресот и траумата што ги предизвикува, што може да влијае врз способноста за работа на жртвата и на сторителот. (International Labour Organization, 2021). Иако често компаниите од приватен сектор не се заинтересирани за проблематиката на семејно насилство на своите вработени, една канадска анализа проценува дека работодавците губат 77,9 милиони долари годишно како директен резултат на семејно насилство (McGragor et al., 2016).

Вработувањето може да им овозможи на жртвите на семејно насилство мерка на финансиска сигурност, независност, доверба и, според тоа, безбедност. Додека некои докази сугерираат дека жртвите на семејно насилство може да доживеат повисоки нивоа на злоупотреба кога првично ќе се вработат, вработувањето е клучен фактор за овозможување на жртвите да ги напуштат насилните односи, обезбедувајќи долгорочни придобивки поврзани со финансиската сигурност. (Australian Government, 2011).

3. Препознавање жртви на семејно насилство помеѓу соработниците

Просечен човек поминува една третина од својот живот на работно место или околу 90.000 часа во текот на својот живот (Neilson, Dunn, 2023). Тоа би значело дека една третина од времето во кое може да биде препознаено и превенирано семејното насилство, отпаѓа на работното место. Препознавање на семејно насилство од соработниците може да биде од круцијално значење за жртвата. Понекогаш животите на жртвите зависат од навремено препознавање и поддршка од другите луѓе. Понекогаш тоа може да биде премногу очигледно во форма на необјасливи и чести модринки или повреди, прекумерно отсуство или доцнење, неможност за земање патувања поврзани со работа или примање прекумерни лични повици или посети (SafeWorkAustralia, 2021), вознемиреност при дојдовни повици и сл. Според истражувањето на Американскиот институт за семејно насилство (2001), 75 % од жртвите на семејно насилство доживуваат малтретирање додека се на работно место, 96 % се соочуваат со проблеми на работно место, 56 % доцнат, 28 % си одат од работно место пред завршување на смената, 54 % пропуштаат цели денови на работа (Crisis prevention Institute, 2011).

4. Заштита на жртвите на семејно насилство на работно место

Владата на Австралија има предложено неколку мерки за заштита од семејно насилство на работно место. Нивните препораки за мерки вклучуваат обезбедување на влезот и зградата на компанијата, на пр., преку повлекување картичка или пин-код пристап, јасно идентификување на посетителите со цел спречување на влез на несакани лица, спроведување на флексибилни работни ангажмани, како што се прилагодувања на работното време или работните локации, обезбедување аларми во кризни ситуации, сигурно место за повлекување во случај на инцидент, промена на работни адреси како е-пошта или телефонски броеви ако се случиле инциденти со електронски или телефонски контакт, обезбедување безбедно паркирање и пристап до работното место (Government of Western Australia, Department of Mines, Industry Regulation and Safety).

5. Дизајн на истражувањето

Истражувањето беше спроведено во 9 компании од приватен сектор од различни дејности, од кои три припаѓаат на ИТ секторот, 3 на туризам и угостителство и 3 на трговија. Во истражувањето се вклучени вкупно 90 испитаници – вработени, по 10 вработени од секоја компанија. Ова истражување користи квантитативен метод и техника на прибирање на квантитативни податоци – анкета. Во истражувањето е користена анкета за испитување на препознавањето и потенцијална превенција од семејно насилство на жртви од страна на нивните колеги. Податоците се собрани со анкета спроведена преку електронски пат. Прашалникот е составен од 6 прашања. Сите фази за изработка на ова истражување (истражување, анкетирање и обработка на резултати) го опфаќаат периодот од јули – август 2024 година.

Целта на истражувањето е да се утврди постоењето практики на препознавање и превенција на семејно насилство на работно место.

Општата хипотеза на истражувањето е:

X – постои разлика помеѓу компаниите од различните сектори на дејност во поглед на бројот на вработени кои препознаваат семејно насилство помеѓу соработниците.

Помошни хипотези:

X1 – повисок е процентот на вработени кои препознават семејно насилство во ИТ секторот, отколку вработените во секторите на туризам, угостителство и трговија.

X2 – повисок е бројот на вработени кои ја известуваат службата за грижа на вработени во компаниите од ИТ секторот наспроти вработените во секторите на туризам, угостителство и трговија.

X3 – поголем е бројот на вработени кои не посетувале обука за семејно насилство за разлика од вработени кои посетувале обука.

X4 – бројот на компании кои спроведуваат полиси за препознавање и превенција на семејно насилство е помал од бројот на компании кои не спроведуваат полиси за препознавање и превенција на семејно насилство.

Зависни варијабли – постоењето на практики на препознавање и превенција на семејно насилство на работно место

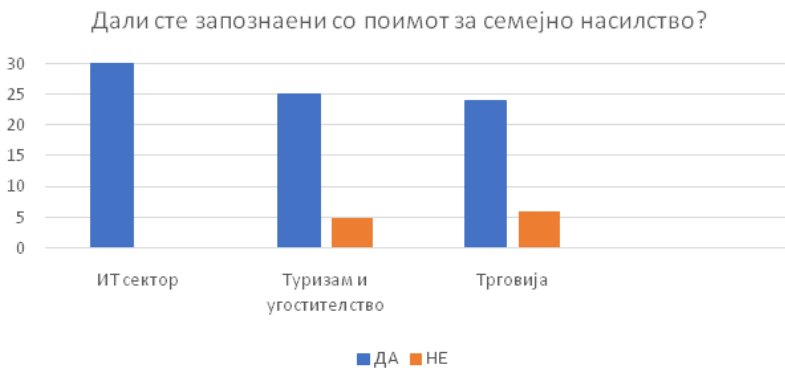
Независна варијабла – сектор на компанијата.

5.1. Претставување на резултатите од истражувањето

Дали сте запознаени со поимот за семејно насилство?



Графикон 1. Резултати од вкупен број испитаници за запознаеност со поимот за семејно насилство.



Графикон 1.2. Резултати поделени по сектори за запознаеност со поимот на семејно насилство

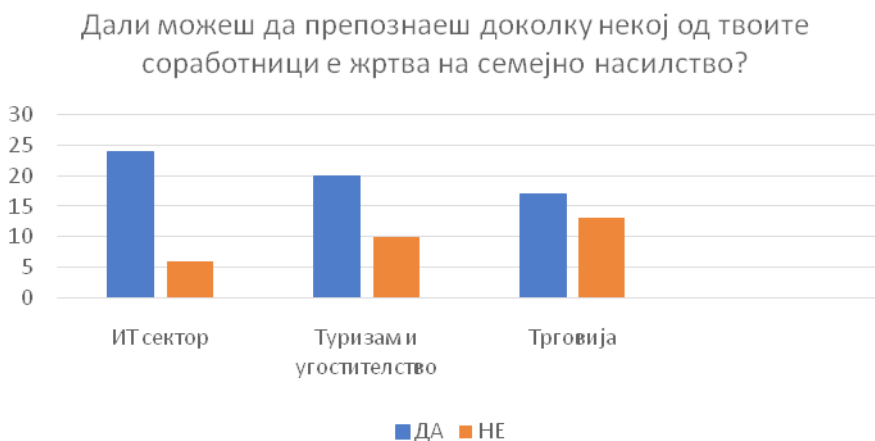
На прашањето дали се запознаени со поимот семејно насилство, вкупно 79 испитаника одговориле афирмативно, а 11 испитаника

одговориле негативно. Највисок резултат на запознавање со овој поим се забележува во ИТ секторот, потоа во секторот туризам и угостителство додека пак, најнизок резултат се јавува кај секторот трговија.

Дали можеш да препознаеш доколку некој од твоите соработници е жртва на семејно насилство?



Графикон 2.1. Резултати од вкупниот број испитаници за препознавање на жртви на семејно насилство помеѓу соработниците



Графикон 2.2. Резултати поделени по сектори на испитаници за препознавање на жртви на семејно насилство помеѓу соработниците

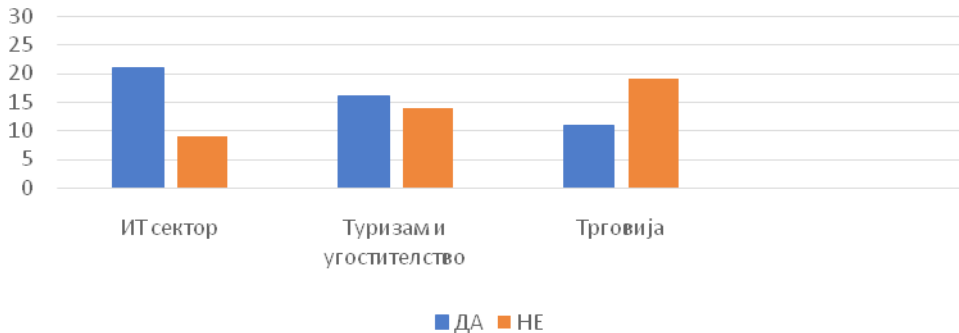
На второто прашање поврзано со препознавање на семејното насилство меѓу вработените, 60 испитаника одговориле дека можат да го препознаат додека пак, 30 одговориле негативно. Во поглед на секторите, највисоко е рангиран ИТ секторот, по него следи туризам и угостителство, а најниско ниво на препознавање има во секторот трговија.

Доколку препознаеш физичка повреда кај твој соработник, која не е стекната на работното место, дали ја известуваш службата за грижа за вработени?



Графикон 3.1. Резултати од вкупниот број испитаници за известување на службата за грижа на вработени при препознавање на физичка повреда кај соработник

Доколку препознаеш физичка повреда кај твој соработник, која не е стекната на работното место, дали ја известуваш службата за грижа за вработени?



Графикон 3.2. Резултати поделени по сектори за известување на службата за грижа на вработени при препознавање на физичка повреда кај соработник

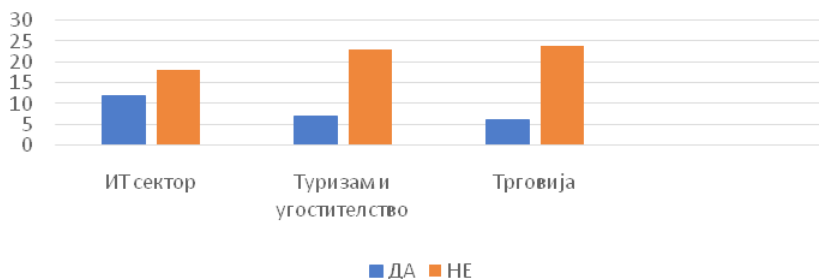
На прашањето дали ја известуваат службата за грижа на вработени доколку препознаат физичка повреда кај соработниците, 48 испитаника одговориле позитивно додека пак, 42 испитаника негативно. Во поглед на секторите, ИТ секторот е повторно во водство со највисок број вработени кои пријавуваат физички повреди кај соработниците додека пак, туризам и угостителство и трговија се зад овој сектор. Во секторот трговија, поголем е бројот на вработени кои не би ја пријавиле повредата отколку оние кои би ја пријавиле.

Доколку забележиш дека некој од твоите соработници добива заканувачки повици во текот на работното време, дали ја известуваш службата за грижа за вработени?



Графикон 4.1. Резултати од вкупниот број испитаници за известување на службата за грижа на вработени при препознавање вознемирувачки повици во текот на работно време кај соработниците.

Доколку забележиш дека некој од твоите соработници добива заканувачки повици во текот на работното време, дали ја известуваш службата за грижа за вработени?



Графикон 4.2. Резултати поделени по сектори за известување на службата за грижа на вработени при препознавање вознемирувачки повици во текот на работно време кај соработниците

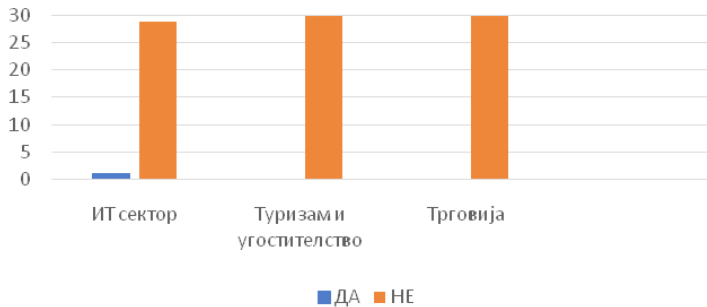
На графиконите погоре се претставени одговорите на четвртото прашање. Тука се забележува негативен раст на одговорите во поглед на непријавување, кај сите вработени. Вкупниот број вработени кои не би пријавиле заканувачки повици кај одговорната служба изнесува 65, додека пак, бројката на оние кои би пријавиле, е значително помала и изнесува 25. Во поглед на секторите, највисока стапка на непријавување има секторот трговија додека пак, најниска се појавува кај секторот ИТ.

Дали во твоето работно место си посетувал
обука за семејно насилство?



Графикон 5.1. Резултати од вкупниот број испитаници за посета на обука за семејно насилство на работно место

Дали во твоето работно место си посетувал
обука за семејно насилство?



Графикон 5.2. Резултати поделени по сектори на испитаници за посета на обука за семејно насилство на работно место

Во поглед на обуки за семејно насилство како дел од работните места, само еден вработен одговорил потврдно додека пак, сите останати одговориле негативно.

Дали во твоето работно место постојат полиси за
постапување при состојба на семејно насилство?



Графикон 6.1. Резултати од вкупниот број испитаници за постоење на полиси за постапување при состојба на семејно насилство



Графикон 6.2. Резултати поделени по сектори на испитаници за постоење на полиси за постапување при состојба на семејно насилство

На последното анкетно прашање во врска со постоење на полиси во компаниите за постапување при состојба на семејно насилство, сите вработени одговориле негативно.

Заклучни согледувања

Според добиените резултати од ова истражување, може да се заклучи дека основната хипотеза на ова истражување се потврдува, односно дека постои разлика помеѓу компаниите од различни сектори на дејност во поглед на бројот на вработени кои препознаваат семејно насилство помеѓу соработниците. Поконкретно од добиените наоди најголем дел од испитаниците кои препознаваат семејно насилство, се вработени во ИТ секторот, потоа следат вработените во туризам и угостителство, а на последно место се вработените од претпријатијата во секторот трговија.

Според добиените наоди, сите хипотези во ова истражување се потврдени и добиени се следниве резултати:

X1 – се потврдува дека процентот на вработени кои препознаваат семејно насилство од ИТ секторот е повисок во споредба со вработените во секторите на туризам угостителство и трговија.

X2 – се потврдува дека бројот на вработени кои ја известуваат службата за грижа на вработени од ИТ секторот е повисок наспроти вработените во секторите на туризам, угостителство и трговија.

X3 – се потврдува дека бројот на вработени кои не посетувале обука за семејно насилство е повисок од бројот на вработени кои посетувале обука за семејно насилство.

X4 – се потврдува дека бројот на компании кои спроведуваат полиси за препознавање и превенција на семејно насилство е помал наспрема оние кои не спроведуваат.

Целокупната слика за сензибилизираноста на претпријатијата со проблематиката на семејното насилство е на незадоволително ниво. Загрижувачки се наодите дека ниту едно од деветте претпријатија кои беа дел од примерокот на ова истражување, немаат имплементирано каков било вид практики за препознавање, помош и поддршка на жртвите на семејно насилство од страна на нивните соработници. Земајќи предвид дека во суштината на дејностите на избраните претпријатија нема едукација за психосоцијални девијантни општествени појави, сосема е разбирлив нискиот капацитет на вработените да ги препознаваат и соодветно да реагираат на истите, а токму семејното насилство е една од нив.

Сепак ова е појдовно истражување кое остава огромен простор за научни дискусии во кои би се предлагувале различен вид стратегии за подобрување на ваквата состојба и стимулирање на компаниите да инвестираат во истата.

Во продолжение наведуваме предлог-практики кои би можеле да бидат предмет на разгледување:

- одржување базични тренинзи за сензибилизација и препознавање на семејно насилство помеѓу вработените на компаниите.
- спроведување на анонимни прашалници за идентификација на потенцијални индикатори за семејно насилство кај соработниците.
- креирање стратешки план за постапување при случаи на семејно насилство во организациските системи.
- креирање државни политики за имплементирање на бенефицијарни пакети кои жртвите би ги добивале преку компаниите во кои се вработени.
- креирање работна средина која тежнее да го дестигматизира поимот за семејно насилство.

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Family Education through “Team Building Family”

Katerina Mitkovska

Abstract

The dynamic modern circumstances in which a family lives today, do not always favor developing the optimal potentials of the family as a community of two or more generations. Although the family members contribute to the common life in various ways, this does not always contribute to the development of the family environment and all its members, who are also generationally different, and therefore with different thoughts. The consequences of that affect all members of the family, especially the children.

Building a Team Building Family starting with educating parents in preschool institutions would aim to help parents develop skills for building/growing the family as a team in which each member will have conditions to grow and make an appropriate contribution to the whole. At the same time, such skills can be developed among educators in kindergartens, which can also be seen as a family where children spend most of their time. Building Team Building Family is guided by the premise that respect for individuality is the basis for building community, through developing family ethics and a nurturing environment. Team building activities will help family members understand each other better and feel connected. Also the purpose of team building is to learn how to work together through shared experiences. These shared experiences help people get things done together in an enjoyable way. Shared experiences create family memories that can last a lifetime.

This paper will talk about the five types of upbringing that are interconnected and the activities related to teamwork that contribute to building the Team Building Family. From them will come the conclusion that teamwork is an essential part in the realization of our responsibilities and goals. When we work together, we can get things done faster and more accurately. It is an important life skill that parents/educators can teach children from a young age to help them succeed. Each child has different strengths and skills, and allowing children to practice teamwork gives them a chance to develop and appreciate their special talents. Hence, family education through Team Building Family will be useful to implement in all preschool institutions in the country with the participation of parents.

Keywords: Family Education, Team Building Family

Семејна едукација преку „Тим билдинг фамилија“

Катерина Митковска¹

Апстракт

Динамичните современи околности во кои денес живее едно семејство, секогаш не одат во прилог на развивање на отималните потенцијали на семејството како заедница од две или повеќе генерации. Членовите на семејството иако даваат придонес во заедничкиот живот на разни начини, секогаш тоа не оди во прилог на развој на семејната средина и сите нејзини членови кои се и генерациски различни, а со тоа и со различни размислувања. Последиците од тоа се одразуваат на сите членови од семејството, а најмногу на децата.

Градењето на Тим билдинг фамилија почнувајќи со едукација на родителите во предучилишните установи би имало за цел да им помогне на родителите во развивање на вештини за градење/растење на фамилијата како тим во кој секој член ќе има услови за растење и ќе дава соодветен придонес во целина. Воедно ваквите вештини може да се развиваат и кај воспитувачите во градинките во кои исто така може да се гледа како на едно семејство каде децата поминуваат поголем дел од времето. Градењето на Тим билдинг фамилија се води од премисата дека почитувањето на индивидуалноста е основа за градење на заедништво, низ развивање семејна етика и средина на негување. Со активностите за градење тим ќе им се помогне на членовите на семејството подобро да се разберат и да се чувствуваат поврзани. Исто така целта на градењето тим е да се научи како да се работи заедно преку споделени искуства. Овие споделени искуства им помагаат на луѓето да ги постигнат работите заедно на еден пријатен начин. Заедничките искуства создаваат семејни спомени кои можат да траат цел живот.

Во овој труд ќе стане збор за петте видови воспитание кои се меѓусебно поврзани и активностите во врска со тимската работа кои придонесуваат во градењето на Тим билдинг фамилијата. Од нив ќе произлезе заклучокот дека тимската работа е суштински дел во остварувањето на нашите одговорности и цели. Кога работиме заедно, можеме да ги завршиме работите побрзо и попрецизно. Тоа е важна животна вештина што родителите/воспитувачите можат да ги научат децата уште од мали нозе за да им помогнат да успеат. Секое дете има различни сили и вештини, а дозволувањето на децата да вежбаат тимска работа им дава шанса да ги развијат и да ги ценат своите посебни таленти. Оттука, семејната едукација преку Тим билдинг фамилијата ќе биде корисна да се спроведе во сите предучилишни установи во државата со учество на родителите.

Клучни зборови: Семејна едукација, Тим билдинг фамилија

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Вовед

Обично семејната средина се определува како прва, најприродна и најнепосредна средина во која детето го започува својот живот и развиток. Тоа во целост е зависно од возрасните, најнапред од членовите на своето семејство, а потоа и од воспитувачите во предучилишните установи во кои секојдневно поминува една третина од времето. Оттука овие воспитно-образовни установи може да се сфатат и како втор дом, второ семејство од големо значење за развојот на детето. Оттука соработката помеѓу родителите и воспитувачите треба да биде тесно взаемно поврзана. Ако сакаме да направиме нешто продуктивно и позитивно во нашето семејство, треба да се обидеме преку активности за градење тим, членовите на семејството подобро да се разберат, соработуваат и да се чувствуваат поврзани. Родителите треба да се запознаат со петте видови воспитание за полесно да можат да го водат својот семеен тим.

Со децата од предучилишна возраст тоа може да се постигне преку играта која за нив е најважна активност. Играта и воспитувањето се јавуваат заедно, меѓусебно се тесно поврзани и заемно се условуваат. Преку играта детето го реконструира тоа што го прават возрасните околу него и се обидува да ги сфати нивните односи. Градењето на повисоки и посложени психички процеси кај предучилишните деца се овозможуваат токму преку играњето како значајна активност. Влегувањето во играта на родителот/воспитувачот е од суштествено значење на развојот на детето затоа што психичките функции од повисок ред никнуваат во рамките на интеракцијата со возрасните, а нив потоа преку игра детето ги развива и ги усвојува како дел од себе. Преку играњето детето ги изразува своите внатрешни доживувања, ја формира својата личност и тоа е најдоброто училиште за неговиот морален развој, почитување на правила и норми на однесувањето во меѓучовечките односи.

Игри не играат само предучилишните деца, играат и младинците и повозрасните, впрочем сите ние во текот на целиот живот играме некакви улоги. Оттука треба да се запрашаме какви игри играме како родители/воспитувачи, која е нашата улога и во каков однос е со улогата на детето во градење на „здро“ семејство, еден тим кој ќе функционира со задоволство на сите негови членови. Од заемна корист и за децата и за возрасните е заеднички да се играат

заемните улоги, односно да се играат различни проблеми и односи што постојат во семејството, градинката и пошироката општествена средина. Истражувањата покажале дека мислењата, ставовите и вредностите на родителите, во голема мера стануваат мислења, ставови и вредности на децата. Младите се идентификуваат со родителите или со другите членови од семејството. Тоа е своевиден мост меѓу индивидуата и општеството, каде семејството ја носи одговорноста и за индивидуалниот и за општествениот развој на личноста.

Преку активностите со Тим билдинг фамилијата се настојува да се формира чувството на припадност, зголемување на сигурноста кај младите членови на семејството, довербата, искреноста, љубовта, емпатијата, солидарноста, но истовремено да се формира и чувството на должност кое треба да го има секој член од семејството кон другите членови во него. Се формира свеста за сопствената вредност поточно „сликата за себе“, се градат позитивни чувства, надминување на егоизмот, социјализација, почитување на другите луѓе и нивните мислења.

Родителите немаат педагошка едукација како семејството треба да функционира како еден тим. Добро би било уште и пред склучувањето на бракот, младите луѓе да бидат едуцирани за новата епизода во нивниот живот наречена семејство.

1. Цели на семејната едукација преку Тим билдинг фамилија

Целта на семејната едукација преку Тим билдинг фамилијата е да им се помогне на родителите во развивање на вештини за градење, односно растење на фамилијата како тим во кој секој член ќе има услови за „растење“ и ќе дава соодветен придонес во целина. Воедно ваквите вештини на градење тимска заедница може да се развиваат и кај воспитувачите, во самата градинка на која исто така може да се гледа како на второ семејство.

Од главната цел може да се издвојат и посебните цели, а тоа се:

- ♦ Стекнување вештини и користење техники за препознавање на можностите на личноста и нивна употреба во градење на заедништво;
- ♦ Развивање вештини за носење свесни одлуки;
- ♦ Развивање свесно родителство и изградба на фамилијата како еден тим;

- Комуникација меѓу членовите на семејството – отворена, искрена и поддржувачка комуникација која придонесува кон појака врска меѓу членовите;
- Развивање емпатија и разбирање на потребите и чувствата на секој член од семејството;
- Дефинирање и изградба на заеднички цели и вредности;
- Обука и развој на родителски вештини за подобрување во воспитувањето на децата и управувањето со семејството;
- Креирање здрава и стимулативна домашна средина и семејна атмосфера што ќе го поддржува семејството да расте и да се развива како тим.

2. Петте видови воспитание и нивното влијание во градењето на Тим билдинг фамилијата

Во педагошката литература се говори за тоа дека воспитувањето е непрекинат процес кој трае во текот на целиот живот. Оттука може да се каже дека воспитани родители создаваат воспитани деца. Формирањето на сестрано развиени личности зависи од петте видови воспитание чие влијание е многу важно особено во развојот на психолошката структура на личноста, како и од педагошки и социолошки аспект. Затоа родителите треба да ги познаваат петте видови воспитание и да ги применуваат во семејниот живот и воспитувањето на своите деца преку разни видови активности.

2.1. Физичко и здравствено воспитание

Познато е дека на еден млад организам правилно да расте и да се развива, потребна му е физичка активност. Оттука, физичкото и здравственото воспитание претставува организирана, планска и свесна активност насочена кон биолошко и функционално оспособување на одделните органи и организмот во целина за тој здраво да функционира. Во поглед на ова воспитание, основна задача на едно семејство е да се грижи за нормално физичко растење и развивање на своите деца, обезбедување на хигиенски услови, здрава исхрана, здрав начин на живот и престој на чист воздух. Преку ова воспитание родителите ќе стекнат сознанија и ќе се стремат нивните деца да стекнат знаења, умеења и навики за чување и унапредување на здравјето. Според познатиот филозоф Жан Жак Русо, телото е основа за интелектуалната способност и затоа тоа мора да биде јако и здраво. Насочувањето кон спорт,

рекреативни активности, здрав начин на живот, умереност во исхраната, лична и амбиентална хигиена, ќе придонесе да се постигне физичка отпорност на организмот, јакнење на духот, развивање на позитивни чувства, естетика и јакнење на волјата. Преку физичкото воспитување се збогатува емотивниот живот на децата каде родителите треба да дадат свој придонес со квалитетно организирање на слободното време и нивно поголемо учество во заеднички активности со своите деца. Одделни категории физички вежби и игри се поврзани со богати емоционални манифестации кои треба да се негуваат, поддржуваат и култивираат. Колку повеќе се доживуваат позитивни чувства при некоја активност, толку помалку се појавуваат негативните чувства. Со правилно насочени и организирани физички активности се постигнува позитивно доживување и задоволство во текот на учеството во активностите, поблиски односи на релација родител – дете, се воспоставува душевна рамнотежа, комуникација, оптимизам, среќа, а негативните емоции се потиснуваат, можат да бидат контролирани и да се постигне социјална и емотивна зрелост кај детето. Со тоа се развиваат социјално-морални и карактерни особини на личноста на детето, солидарност, хуманост, соработка и сл. Сето ова има придонес и во менталното здравје на децата. За обезбедување на нормален психо-физички развој на децата треба да ги искористиме и природните услови како водата, воздухот и сонцето, а родителите тоа да го практикуваат колку што можат почесто во нивното слободно време со своите деца. Оттука физичко-здравственото воспитување има свои задачи кои треба да се остварат при неговата практика, а тоа се: хигиенска задача, биолошка, образовна, функционална, идејна, естетска, воспитна, рекреативна и морална.

Основни содржини на физичкото воспитување кои треба да се остваруваат во семејството се: грижа за правилна исхрана на детето, активен и пасивен одмор, спиење, движење и активности, развој на моториката, стекнување хигиенски навики, активности и воведување во светот на играта. Великанот на европската и светската педагошка мисла и практика Јан Амос Коменски во своето познато дело „Голема дидактика“ го образложува значењето на играта. Вели дека играта е вежбање на телото и духот, во неа се развива смисла за работа, другарување, натпреварувачки дух, радост, задоволство и сл. Оттука родителите може да учествуваат во активности со своите деца како играње игри на отворено, прошетки,

пикник во шума, парк, посета на фарма, зоолошка градина, пливање, и друга физичка рекреација. Исто така тука може да бидат опфатени и домашните активности каде децата ќе ги гледаат како семејна обврска во која ќе треба да учествуваат и тимски да работат со што ќе стекнат навики да ги средуваат своите лични предмети и играчки, воопшто просторот во кој живеат, како и да стекнат разбирање за учество и споделување на семејните обврски. На тој начин взаемно се инкомпорираат физичкото и работното воспитание. Децата на 5-годишна возраст, во овој период можат да се учат да возат велосипед, да скокаат на јаже, да стојат на една нога и држат баланс краток временски период, да одат нанзад, да се симнуваат по скали без придружба, да подаваат и фаќаат топка, игра со тегнење јаже, да учат да ги врзуваат чевлите и сл.

2.2. Интелектуално воспитание

Интелектуалното воспитание може да се дефинира како една организирана, општествена, педагошка активност која со определени методи и постапки на личноста и овозможува да стекне знаења, умеења и навики за развивање на умствените способности со кои го запознава и менува светот и кои ќе бидат насочени кон сестран развој на личноста. Со познавањето на интелектуалното воспитание, родителите може да влијаат врз своите деца во развивање на нивните интелектуални способности, усвојувањето на знаењата, умеењата и позитивните навики. Со тоа кај децата се развива цел еден систем на интелектуални карактеристики и способности кои водат кон различни степени на интелектуално творештво.

Од 2 до 7-годишна возраст мисловните процеси на децата се во фаза на развој, иако тие сè уште се сметаат за далеку од „логичка мисла“. Во оваа фаза децата развиваат когнитивни структури наречени симболички шеми кои им овозможуваат да претставуваат предмети или настани со помош на симболи како говор, ментални слики и гестови. За дете способно за симболично претставување, облакот може да личи на сладолед од конуси, скршената рачка може да биде пиштол, а празната кутија може да личи на замок. Ова е период на „магично размислување“ во смисла дека детето лесно ги спојува привидните или замислените настани со вистински настани. Децата ги гледаат ситуациите од нивната перспектива и не можат да го разберат гледиштето за таа ситуација на друго лице. На пример, не се во состојба да разберат некои односи што ги има

таткото со дедото. Вокабуларот на детето исто така се проширува и развива во оваа фаза и анимизмот е исто така карактеристика, а тоа е кога постои верување дека сè што постои, има некаков вид свесност. Причина за оваа карактеристика е тоа што детето често претпоставува дека секој и сè е како него. Бидејќи детето може да чувствува болка, радост и има емоции, па може и сè друго. Во оваа фаза децата обично се егоцентрични, што значи дека тие можат само да ги земат предвид работите според нивната сопствена гледна точка и мислат дека сите го делат тој став, бидејќи тоа е само еден можна опција.

Кои се интелектуалните вештини што треба да се развиваат кај предучилишните деца? Интелектуалниот или когнитивниот развој вклучува меморија, концентрација, расудување, перцепција, имагинација, креативност и решавање проблеми. Се работи за тоа како децата ги организираат своите умови, идеи и мисли за да имаат смисла за светот во кој живеат. Родителите треба да имаат способност да забележат дека кај пет и шестгодишните деца веќе треба да има зголемување на вокабуларот, реченици со повеќе зборови, детето може да брои до десет, како и да набројува повеќе предмети одеднаш (десет и повеќе), правилно именува најмалку четири бои, започнува да расудува и да се расправа, користи зборови како зошто и затоа. Исто така разбира концепти на времето како вчера, денес, утре, ноќ, утро. Разбира за што се користат предметите во домаќинството како апарати, храна, пари. Може да седи на столче со работна маса, да следи упатства и да прави едноставни задачи самостојно. Црта лице со најмалку шест делови од телото. Знае да нацрта триаголник и други полесни геометриски фигури и да користи ножички. Пишува неколку букви пишувајќи го своето име и неколку броеви.

Исто така важно е родителите да ја разберат моменталната интелектуална фаза на нивното дете за да можат да понудат активности за поддршка на интелектуалниот раст и развој на детето. Потребно е да го запознаат своето дете со блиската околина, населбата во која живеат за негово ориентирање во просторот. Детето на петгодишна возраст веќе може да ја запомни адресата на која живее и телефонскиот број на родителот. Родителот да делува врз детето во случај на продолжено гледање телевизија, компјутерски игри и користење мобилни телефони, а наместо нив да се организира слободното време на отворен простор во смисла на физичка активност или во

домашни услови како интелектуални игри и други домашни задачи како рутина во домот. Доделувањето одделни задачи може да им помогне на децата да развијат чувство за одговорност и солидарност кои се важни животни вештини. Притоа родителите можат да им објаснат на своите деца колку е важно да се работи заедно како семејство и како тим за да се постигне заедничка цел.

Со предучилишните деца, бидејќи се работи за мали деца, еден од поинтересните начини за градење тимска работа е играњето игри во семејството. Постојат мноштво активности во кои родителите можат да уживаат со своите деца додека создаваат атмосфера ориентирана кон тимот дома. Во поддршка на интелектуалниот развој на своите деца, родителите можат со нив да играат друштвени игри како игри со карти, мемориски игри, сложувалки, боенки, игри со речење и градење, читање сликовници и книги, шеги и гатанки. Креативната и уметничка игра помага во учењето и развојот со тоа што им дозволува на децата да се вклучат во решавање на проблеми. Со креативната активност, процесот е поважен од крајниот производ. Децата учат многу повеќе преку активности кои го привлекуваат нивното внимание и имагинација. Родителите треба да умеат да откријат што го привлекува интересот на детето или која вештина се обидува да ја совлада и да создаде услови тоа понатаму да ја истражува и развива. Кај децата од 5-годишна возраст интелигенцијата од 85 до 114 IQ се смета за просечна, од 115 до 129 IQ за надпросечна, од 130 до 144 IQ се смета за умерено надарени деца и од 145 до 159 IQ за високо надарени деца.

2.3. Морално воспитување

Моралот е една од формите на општествена свест. Во секое едно организирано општество постојат определени правила и норми на однесување на поединецот кон општеството и на општеството кон поединецот. Тоа се општочовечки норми и принципи, светски прифатени и признаени и истите се содржани во меѓународни конвенции, повелби и сл. Оттука, моралот може да се дефинира како збир сфаќања на доброто и лошото, како систем на општествени обичаи, идеали или насоки кои се формирале во текот на развојот на човештвото, а со кои се регулираат или уредуваат односите на сите субјекти во едно општество. Така моралот го опфаќа односот на родителите со децата, односот на помладите со постарите, односот кон задачите и обврските во домот, работната организација,

односот кон општествените вредности и др. Моралното воспитание има за цел кај личноста да се формираат морални особини, а морален човек е оној кој ги знае и почитува моралните норми и правила. Човек без морални особини не може да опстане во едно општество, бидејќи ако ги нарушува моралните норми, ќе дојде до судир со законите и институциите, со другите луѓе и со самиот себе, односно ќе го наруши својот личен интегритет и опстанок. За формирање на моралноста на човекот влијаат голем број фактори како семејството, воспитно-образовните установи, средствата за масовна комуникација, пријателите и др. Првиот фактор, односно семејството има најсилно влијание врз моралното воспитување на детето затоа што децата најголемиот дел од времето го поминуваат дома меѓу своите родители. Од нив и нивните меѓусебни односи зависи какви морални особини ќе се формираат кај децата. Доколку тие односи се хармонични и доминираат позитивните морални особини, во тој случај е поголема веројатноста дека кај децата ќе се формираат позитивни морални особини. Моралниот родител треба да служи за пример на своето дете кое кога ќе стане возрасен човек, да биде добар пример за морален родител на своето дете. Моралното воспитание има три комплексни групи задачи и тоа: воспитание на морална свест кај личноста, воспитание на морални чувства и воспитание на волјата и карактерот на личноста.

Речиси сите чувства на некој начин можат да бидат морални доколку се позитивни и неморални доколку се негативни. Во позитивни чувства спаѓаат: радоста, среќата, задоволството, воодушевувањето, пријатноста, храброста, блискоста и др. Негативните чувства се спротивни на позитивните и тука спаѓаат: тагата, потиштеноста, незадоволството, несреќата, непријатноста, одвратноста, стравот и др. Во процесот на моралното воспитание, кај децата треба да се развиваат само позитивните чувства, а негативните да се потиснуваат и гушат. Децата треба да се насочуваат кон доживување на радост и среќа и за помали работи, а значајно е исто така да се развива чувството за другарство, културно однесување, патриотизам, хуманост, солидарност, добронамерност, благодарност, храброст, космополитизам и др. Детето треба да научи да ги препознае позитивните морални ликови и постапки, а негативните да ги избегнува. Затоа уште во најмалата возраст родителите треба да ги поучуваат децата за моралните вредности преку читање текстови

во кои моралната постапка е очигледна и лесно се препознава, како што е онаа во бајките и приказните за добрината и злобата.

2.4. Работно воспитание

Работното воспитание претставува организирана, целнонасочена, планирана и осмислена активност преку кое кај децата се формираат умеења, вештини и навики за работа од каков и да е вид, се усвојуваат теориски знаења за светот на работата и се формира позитивен однос кон трудот. Работата кај човекот е свесна и намерна активност и претставува еден од начините за изразување на неговата сестраност. Во работното воспитание се синтетизирани влијанијата на сите други воспитанија и преку него се реализираат и нивните задачи. Па така, на пример, ни интелектуалното воспитание не би имало значење бидејќи сè што се учи во процесот на интелектуалното воспитание, е поврзано и со работата. Умствениот и физичкиот труд се меѓусебно поврзани и условени бидејќи умствениот труд не може да се развива и унапредува без физичкиот труд, ниту пак, може да се изведе некоја физичка активност и работа без умствено ангажирање на човекот. За позитивното влијание на работното воспитание во развојот на човекот укажуваат голем број педагози кои ја истакнуваат воспитната улога на работата преку која се развива љубов и интерес за работа, дека трудот треба да биде обврска на секој човек и дека успехот од добро извршената работа носи позитивни чувства. Преку работата човекот добива хумани карактеристики, да мисли, да воспоставува социјално-морални односи, свесно да ги менува постојните односи. Преку работното воспитание се развива креативно мислење и продуктивна фантазија. Физичката работа може да биде значајна и за „одмарање“ на организмот по напорен интелектуален труд. Оттука работното воспитание ги остварува своите три задачи, а тоа се: образовна, воспитна и рекреативна. Во семејството родителите може да постават разни работни задачи како семејни обврски каде зависно од видот на работата некои задачи ќе ги извршуваат заедно со своите деца, а некои ќе ги поделат меѓусебно, но во секој случај станува збор за тимска работа. Па така на помалите предучилишни деца може да им се даде задача, на пример, да ги соберат играчките по секое играње и да ги вратат на соодветното место, да ја држат уредно својата соба, да го нахранат домашното милениче, со родителот да го прошетаат домашното милениче, да ги полеваат цвеќињата, заедно

да пазарат во маркет за семејни потреби, да асистираат при месење и раскревање на масата при користење на оброците, асистирање при подготовка на оброците и сл. други работи каде децата ќе имаат некаква работна задача во семејството.

2.5. Естетско воспитување

Естетското воспитување подразбира развивање на естетското чувство за убавото и чувството за пропорција, развивање на естетска перцепција, доживување, создавање, оценување и изразување на убавото, развивање однос кон природата и кон убавото во меѓучовечките односи. Секое дете треба да има можност да ги развие своите способности за набљудување, доживување, оценување и создавање на она што е убаво, а тоа може да се постигне само ако на децата им овозможиме здрава животна средина и активно уметничко образование. Способноста да се согледаат естетските квалитети за да може детето да ги цени природните појави, форми, нијанси и слики, мора прво да може да ги забележи. Затоа развивањето на способноста да се забележи убавото е примарна задача на естетското образование. Со помош на естетските квалитети да се збогати емотивниот живот на децата и младите и да се развие чувство за естетски вредности. Естетските квалитети не би можеле да ги доживееме ако нашата способност да ги препознаеме не е развиена, а тоа значи дека тие предизвикуваат чувства на возбуда, радост и оптимизам. Оттука, ваквите емоционални состојби го облагородуваат поединецот и го поттикнуваат и самиот да произведува уметност. Исто така треба да се развива и негува и способноста за естетско искуство каде когнитивните елементи на процесите што ги претрпуваме при забележувањето мора да вклучуваат и емотивни тонови со кои формираме впечатоци и врз нив се гради естетското искуство. Естетиката се забележува во визуелните и изведувачките уметности.

Од суштинско значење е да им се дозволи на децата да учествуваат во активности кои ќе ги развијат нивните креативни способности. Тука станува збор за креативност која служи на општата естетска култура, во создавањето на естетски вредности во секојдневниот живот и во околината. Ние не сме родени со креативни способности, туку тие треба да се развиваат. Естетиката е изразена во ликовната уметност, музиката, книжевноста, операта, балетот, глумата, спортските игри како гимнастика, уметничко лизгање на мраз,

модерни и традиционални танци и сл. Заедничките активности на семејството на ова поле би можеле да бидат посета на детски и други фестивали, концерти, детски кампови со ликовни работилници, посета на театарска, балетска и кинопретстава, спортски натпревари со естетски елементи и сл.

3. Градење на Тим билдинг фамилија преку игровни активности

Посебно кај предучилишните деца играта е доминантна активност која има посебно развојно и воспитно значење. Таа е посебен облик на изразување со повеќе димензии како когнитивна бидејќи служи да се изрази сопственото мислење, емотивна бидејќи го овозможува изразувањето на чувствата и конативна бидејќи најдобро ја овозможува и ја одразува автономијата на детето. Како таква таа е водечки фактор во градењето на повисоки и посложени психички процеси бидејќи додека детето игра, тоа е над својата просечна возраст при што се создава т.н. зона на следен развој. Преку играњето детето ја формира својата личност, а играта е основен извор за учење на социјалните односи меѓу возрасните и децата, навлегува во светот на дејностите на возрасните и во нивните меѓусебни односи. Во воспитно-образовната дејност со децата треба да се посветува внимание за создавање услови за играње спонтани и насочени игри или игри со однапред утврдени правила од страна на возрасните со цел да се постигнат одредени педагошки ефекти. Спонтаните игри веќе ги споменаваме низ петте видови воспитание, а во игрите со правила значајни се да ги споменеме дидактичките игри, подвижните (моторичките) игри и традиционалните или народните игри кои се пренесуваат од генерација на генерација без да се изменат. Кај игрите со правила, содржината децата ја добиваат во готова форма и овие игри ги совладуваат како елементи на културата и традицијата. Во нив секогаш постојат правила без кои не може да се одвива играта, има можност и за нивно менување во зависност од играта, што придонесува кон поголема мотивираност за играње, креативност и флексибилност и во нив има секогаш имагинативна ситуација.

Во воспитната практика значајно е сознанието дека возрасните можат плански да влијаат врз учењето улоги кај децата. Тука значајно е да се споменат симболичките игри или игрите на улоги, кои едновременно се и надворешни и внатрешни симболички активности

бидејќи внатрешните процеси (психичките) детето ги изведува преку надворешно видливи активности. На внатрешен план преку играњето детето го усвојува она што било однос меѓу двајца, односно она што е дел од општествената стварност или интеракцијата во социјалната реалност ја пренесува на ментален план.

Симболичките игри или игрите на улоги кај предучилишните деца можат да се користат како ефикасно средство за запознавање на општествените улоги како и нивно менување, при што неопходно е децата да стекнат основни знаења за нив. Зад секоја игра на улоги се кријат определени правила за дејствување и општествени односи кои се променливи. Содржините во игрите на улоги најчесто произлегуваат од реалните социјални односи меѓу луѓето што ги гледаат децата. Игрите на улоги нема да можат да се реализираат ако децата не се запознаени со дејностите на возрасните, нивните постапки и односи. Оттука потребно е на децата да им се овозможи да учат по пат на набљудување модели. Живите или реалните модели најчесто се родителите, роднините, воспитувачите и врсниците. Овие модели можат да бидат отсликани и во сликовниците, книгите, детските списанија, филмовите и театарските/куклени претстави. Детето за да може да игра една улога, најнапред треба да ја разбере, да има јасна претстава за нејзиното значење, а сето тоа е поврзано со неговиот когнитивен развој. Во праксата се покажува дека говорот го олеснува перципирањето, идентификацијата и помнењето на улогите и затоа нивното вербално објаснување треба да биде вообичаена практика.

Добри услови за играње улоги би било обезбедувањето на разновиден тематски играчки, т.е. играчки во минијатура на предметите од секојдневниот живот. Самите играчки ќе поттикнуваат определени теми за играње улоги. Исто така треба да се издвојат централните карактеристики на секоја улога или со други зборови да се укаже на суштинските моменти што ја сочинуваат секоја улога. Игрите на улоги имаат големо значење и во надминувањето на сознајниот егоцентризам кај децата како и на емоционалниот и социјалниот егоцентризам. За целокупниот детски душевен развој мошне значајно е децата да можат да ги „земат улогите“ на возрасните, на другите, односно да можат да се „децентрализираат“, т.е. „да се стават во кожата на другите“. Играта има и терапевтски карактер каде децата негативните емоции можат да ги испразнат или да го намалат нивниот интензитет. Преку играњето детето има можност да се со-

очи со насобраните непријатни доживувања како страв, агресија, несигурност, конфликти и да научи да ги контролира и надминува. Според наведеното, може да се каже дека играњето е најдоброто училиште за севкупниот развој на детето.

Заклучок

Познавањето на петте видови воспитание и активностите кои произлегуваат од нив се многу важни во семејната едукација на родителите за градењето на Тим билдинг фамилија. Може да се заклучи дека со развивање на свесното родителство преку семејната едукација за градење на фамилијата како тим се продлабочува и соработката помеѓу родителите и децата, семејството и градинката која се базира на почитување и верување во придобивките од заедништвото. Се создава појака врска помеѓу сите членови преку развиена способност на комуникација што доведува до подобро разбирање, блискост и посветеност на секој член од семејството. Тука е и способноста за решавање конфликти каде преку развивање на здрави стратегии за решавање конфликти ќе придонесе кон мирно и конструктивно семејство. Зголемената свест подразбира и поголемо разбирање за потребите на децата и поголема посветеност која води кон подобро родителство. Може да се спомене и подобрувањето на родителските вештини во воспитувањето што ќе ги направи подготвени за предизвиците кои ги носи родителството.

Соработката треба да биде основа за секое хумано живеење во која било форма семејство/група/градинка. Ваквиот пристап треба да поттикне свесно развивање на односите во семејството и негово континуирано градење како тим, заедница. Истовремено и на градинката како заедничко поврзување помеѓу децата, родителите и кадарот во неа, треба да се гледа како на едно поголемо семејство. Постигнувањето на повисок степен на хуманизирање на односите помеѓу сите чинители, поголемо меѓусебно разбирање и соработка ќе доведе до подобри резултати во растењето и развивањето на индивидуата. Оттука очекувано би било ваквите позитивни придвижувања во растењето на секоја индивидуа да придонесе за похумано, подобро живеење во пошироката средина.

Оттука во склоп на градинките, неопходни се обуки за родители и родителски курсеви со цел подобрување на нивните вештини за родителство, воспитување, блискост и комуникација со своите деца, решавање конфликти, изградба на тим и други аспекти на здравото

семејство. Следствено на тоа можат да се создадат информативни и образовни ресурси како брошури, флаери и онлајн материјали кои родителите може да ги користат во своето продлабочување на знаењата од оваа тематика и воопшто ќе имаат општествена придобивка за формирање физички, емоционално здрави и интелигентни деца. Поддршка кон ова може да даде и општествената заедница со организирање на настани и активности кои ги поддржуваат врските помеѓу членовите на семејството преку разни дружења, културни и спортски настани и заеднички образовни проекти, па оттука Тим билдинг фамилијата може да прерасне во Тим билдинг заедница на задоволни граѓани.

„Секој дом е универзитет, а секој родител професор“ – Махатма
Ганди

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Family and Parenting in the Digital World

Meri Olumcheva, Sahsko Olumchev

Abstract

The most powerful means of parents and teachers (parents) are: detection, trust and conversation. These things should be built with the first contacts with the children. Thus, in fact, an “environment” is created in which the child, and further the adolescent, will feel safe and will be able to confide in and discuss many topics. That is why it is necessary for parents to monitor what their children see on social media, how much time they spend and what content they consume? These contents can make education difficult because they offer a completely different dimension called aggression and immorality. On the other hand, parents should emphasize that computers and the Internet are tools for learning, entertainment and friendship, that there are ethics and consequences in this virtual world. Children may know more than their parents and teachers about technology, but adults know more about life. Their frequency, protection and handling can be improved. On the social level, macrostructures and microstructures could monitor bullying vigilantly, react promptly, appropriately and expertly. On a family level, again by incorporating platforms - filters for tracking and filtering toxic and wrong information. The probability of protecting children is high. The influence of the media can be harmful or beneficial depending on whether one builds a passive attitude towards media messages or a critical attitude towards them. The probability of protecting children is high. The influence of the media can be harmful or beneficial depending on whether one builds a passive attitude towards media messages or a critical attitude towards them.

Keywords: Detection, Media, Digital World, Family, Parenting, Protection

Семејството и родителството во дигиталната ера

Мери Олумчева, Сашко Олумчев

Апстракт

Најмоќните средства на родителите и на наставниците (родителите) се: детектирање, доверба и разговор. Овие нешта треба да се градат уште со првите контакти со децата. Така, всушност се создава „средина“ во која детето, а понатаму и адолесцентот ќе се чувствува безбедно и ќе може да се довери и да дискутира на многу теми. Токму затоа потребно е родителите да следат што нивните деца гледаат на социјалните медиуми, колку време поминуваат и какви содржини консумираат? Овие содржини можат да го отежнат воспитувањето бидејќи нудат сосема друга димензија која се вика агресија и неморалност. Од друга страна родителите треба да потенцираат дека компјутерите и интернетот се алатки за учење, забава и дружба, дека постои етика и последици во овој виртуелен свет. Децата можеби знаат повеќе од родителите и наставниците за технологијата, но возрасните знаат повеќе за животот. Зачестеноста, заштитата и справувањето со нив можат да се подобрат. На општествен план макроструктурите и микроструктурите би можеле будно да го следат булингот, навремено, соодветно и стручно да реагираат. На семеен план пак, со вградување платформи – филтри за следење и филтрирање на токсични и погрешни информации. Веројатноста да ги заштитиме децата е голема. Влијанието на медиумите може да биде штетно или корисно во зависност од тоа дали се гради пасивен однос кон медиумските пораки или критички однос кон нив. Првенствено, децата треба да ги користат медиумите заедно со другите членови на семејството, бидејќи тешко може да се разликуваат факти од мислење. Предизвиците на дигиталното време е предизвик на современото родителство.

Клучни зборови: Детекција, Медиуми, Дигитален свет, Семејство, Родителство, Заштита

Вовед

Денешната младина расте опкружена со дигитална технологија и електронски медиуми. Модерната технологија го нуди неверојатни можности, но и тешки предизвици. Поголемиот дел од родителите се преоптоварени од родителството во дигиталната ера. Тие се загрижени за безбедноста, благосостојбата и здравјето на нивните деца. Тие се исто така загрижени за нивната способност да им помогнат на своите деца да се движат безбедно низ комплексниот дигитален пејзаж во кој е сè ново и привлечно. Создавањето здрав однос помеѓу децата и електронските медиуми е задача која ќе биде императивна за родителите во периодот кој следува. Дигиталните информации и времето поминато пред екраните на различните дигитални гаџети сега се централни компоненти на детството, што експоненцијално го зголемува времето кое што децата го поминуваат со дигиталните уреди.

1. Семејни и родителски врски

Има сè поголем број докази, особено од земји со високи и средни приходи, што ја покажува важноста на позитивното родителство за развојот на детето, вклучувајќи го и раното детство физички, когнитивен и емоционален развој, образовни резултати, подобрена комуникација и доверба, намалување на однесувањето за преземање ризик кај адолесцентите, подобрена социјална компетентност на адолесцентите и намалување на насилство (Дејли, 2007; Кнер, Гарднер и Клавер, 2013; Мур, Витни и Кинукава, 2009). Она што често се смета за „позитивно родителство“ вклучува „стимулација, наклонетост, јасни и фокусирани пофалби, поддршка за зголемување на автономијата, поттикнување на здрави навики, поставување цели, воспоставување цврсти правила и последици“ (Де Стоун, 2016: 10). Сепак, кога децата влегуваат во адолесценција од околу 10-годишна возраст, исто така има промени во односите родител – дете со адолесценци кои бараат поголема автономија и независност (Patton et al., 2016), а стилите на родителство мора да се прилагодат. Постојат многу видови меѓусебни врски кои луѓето ги развиваат со текот на времето, но една од најважните е секако семејната врска. Тука најмногу може да се види и почувствува влијанието на социјалните мрежи и дигиталната технологија. Порано, во кругот на семејствата се создаваа интерактивни врски преку разговори лице в лице помеѓу родителите и децата и тие врски беа квалитетни,

трајни, бидејќи се создаваа во непосредни разговори и опуштена атмосфера. Денес членовите на семејствата едвај се поздравуваат, а секој е концентриран на сопствените објави на новости на своите профили на социјалните мрежи. Гледањето видеа, реагирањето на објавите на интернет и одговарањето на пријателите изгледа стана поважно дури и од поздравувањето еден со друг. Различните истражувања укажуваат на фактот дека кога мало дете поминува премногу време со дигитален уред, може да доживее развојни проблеми подоцна во животот. Дефицитите во социјалните интеракции како и дефицитите во фините моторни вештини се едни од најзагрижувачките ризици со кои се соочуваат родителите додека се во улога на родители во дигиталната ера. Многу родители се природно загрижени за ова. Без разлика дали се работи за предатори на интернет, несоодветна содржина, прекумерно време поминато пред екранот, дигитална зависност или други проблеми со безбедноста на интернет, загриженоста на родителите е разбирлива и сосем валидна. Како одговор на тоа, денешните родители честопати избираат да спроведат стратегија за чување на нивните деца безбедни во нестабилен дигитален пејзаж. Ова може да вклучува спроведување родителска контрола на апликациите и дигиталните уреди, воспоставување зони без технологија или примена на други тактики со цел заштита на детето од прекумерното влијание на дигиталниот свет. Без разлика каква стратегија ќе изберат, родителите и наставниците во училиштата треба да постават јасни граници со учениците за времето поминато пред екранот со цел децата да ја разберат важноста од постоење рамнотежа помеѓу онлајн и офлајн животот. Додека интернетот како алатка нуди многу образовни придобивки за децата, родителите мораат да го балансираат времето поминато пред екранот поради потенцијалната штета која може да биде предизвикана во нормалниот развој на детето.

1.1 .Предизвици на родителството во дигиталната ера

Родителството е една од најголемите радости во животот, но и еден од најголемите предизвици. Воспитувањето на децата во 2024 година им поставува на родителите сосема нови дилеми и задачи на родителите од типот на: развивање протоколи за безбедност од нецензурирани содржини на интернет, спречување на дигитална зависност која евидентно се развива кај децата со текот на времето, па сè до изнаоѓање квалитетни содржини кои ќе ги конзумираат

нивните деца без опасност по нивниот нормален развој. Во моментот најголемиот предизвик за родителството во дигиталната ера е сеприсутноста на дигиталната технологија. За повеќето современи родители, од кои огромното мнозинство станаа полнолетни кога интернетот не постоеше или беше во повој, следењето на онлајн активностите на детето не беше ни разбирливо ниту можно поради инсуфициентните познавања во управувањето со интернет-содржините од страна на родителите. Денес, ризиците од развивање на зависност и неправилен моторен и мисловен развој кај децата под влијание на дигителните содржини се сè поприсутни и како валидирана закана стануваат загрижувачки фактор кој неминовно го оптоварува родителството како процес. Многу од прашањата што се појавија во дигиталната ера се однесуваат на теми кои семејствата претходно никогаш не морале да ги разгледаат од едноставна причина што тие воопшто не биле присутни како фактор кој би можел да го попречи нормалниот развој на детето.

Интернетот отвора многу можности за децата и стана дел од нивниот развој како психолошки, така и моторен и затоа треба да се има сериозен пристап кон оваа проблематика.

Различни студии во кои беа опфатени како испитаници наставници, родители и ученици од 11 до 15 год. открија дека технологијата може директно да влијае на:

- Циклусот на спиење кај децата; Резултати од истражувањето: 80 % од адолесцентите заминуваат на спиење по 23 часот.
- Централниот нервен систем (расположението, вниманието, будноста, когницијата и донесување одлуки); Резултати од истражувањето: 70 % од учениците не внимаваат на час и имаат проблеми со концентрацијата.
- Меморијата; Резултати од истражувањето: 40 % од учениците имаат проблеми со меморијата.
- Фокусот; Резултати од истражувањето: 50 % од учениците не можат да се фокусираат на часот според исказите на нивните наставници.
- Емпатијата; Резултатите од истражувањето: 30 % од учениците се емпатични и сочувствуваат со своите врсници според наставниците и родителите.

- Моториката; Резултати од истражувањето: 5 % од учениците имаат лоша моторика и пишуваат бавно и нејасно со многу тешкотии.

Воспитувањето на децата во денешното опкружување преполнето со информации со непроверен квалитет бара од родителите да се фокусираат не само на развојот на нивните деца, туку и на нивната безбедност од влијанието на социјалните мрежи. Истражувањата дефинирале повеќе проблеми со кои претходните генерации на родители не морале да се справуваат:

Колкава „доза“ на дигитални информации треба да апсорбираат децата дневно?

Колку често родителите треба да ги проверуваат дигиталните уреди на нивните деца?

Какви информации треба да апсорбираат децата?

Колку време треба да поминат децата со дигиталната технологија?

Какви проблеми може да развијат децата од нивната секојдневна интеракција со технологијата?

Како да се спроведе цензура на штетните содржини од социјалните мрежи?

Како да се „филтрираат“ информациите кои ги добиваат децата?

Да се чуваат децата безбедни повеќе не подразбира само спречување да паднат од велосипед, или да се повредат во игра. Денес овие т.н. архетипови на опасности, туку речи и не постојат. Изолацијата на децата од страна на родителите од влијанието на надворешната средина со цел да ги заштитат од овие веќе „апстрактни“ опасности има сосема спротивен ефект. Изолацијата од надворешниот амбиент доведува до можност децата да поминуваат голем дел од времето во виртуелниот амбиент кој им го нудат социјалните мрежи презентирајќи им богата плејада на нецензурирани содржини со сомнителен квалитет. Сето тоа доведува до десоцијализација на децата поради слабите вештини за комуникација. Тоа на родителите дополнително им делегира нови задачи од типот на: контрола и управување со времето поминато пред екранот, контрола, селекција и цензура на содржините и апликациите кои ги користат децата секојдневно, минимизирање на времето поминато пред екранот и поставување јасни временски рамки за дигитална консумација со

цел спречување на развој на зависност од дигиталната технологија. Особено треба да се сврти вниманието кон развивањето на зависноста од дигиталните содржини и технологии која веќе ја нотираме кај поголем број деца и како појава има тренд на зголемување. Тоа повлекува друга опасност, а тоа е развивањето на т.н. дигитален апстиненцијален синдром кај некои деца. Доколку зависноста од дигителните технологии е голема, во тој случај „одземањето“ на времето поминато пред екраните ќе доведе до побурна апстиненцијална реакција која ќе е пропорционална на големината на зависноста. Секако дека силно зависни деца, повторените обиди на одземање на правото на слободна консумација на дигиталните содржини може да доведе до соматизација на психолошката симптоматологија во вистинска органска симптоматологија која ќе бара медицинска интервенција. Можеби најлудниот аспект на родителството во дигиталната ера е моралната двосмисленост што ни ја донесе технологијата. Додека повеќето дигитални екосистеми (Android, Mac, Windows, итн.) нудат родителски контроли за да им помогнат на мајките и татковците да ги задржат своите деца на задача и подалеку од закани, родителите се тие кои мора да донесат одлуки за тоа кога да ги користат и до кој степен. Дефинитивно постојат голем број онлајн ризици на кои децата можат да бидат изложени, но сепак треба да се има предвид дека понекогаш користа е поголема од штетното влијание. Ако родителите и наставниците се стекнат со вештини и алатки за добро менаџирање на содржините од интернет-страниците, бенефитот експоненцијално ќе расте и користа ќе биде далеку поголема отколку штетното влијание кое ќе биде минимизирано или елиминирано. За да се елиминираат ризиците и штетните влијанија, е потребно истите да се запознаат и проучат, што е првата задача на родителите и наставниците.

За да можат родителите и наставниците да се изборат со ризиците и опасностите од дигиталните содржини, потребно е добро да ги запознаат. Понекогаш е тешко целосно да се разберат заканите што лежат надвор од кликување на глумчето. Според некои извештаи за порнографија од јавниот обвинителство на Канада, најголемата група гледачи на интернет-порнографија се деца на возраст од 12 до 17 години. Самата помисла дека децата ги гледаат тие слики е застрашувачка, но постои уште поголема опасност во вид онлајн предатори. Речиси 80 % од тинејџерите велат дека не се доволно внимателни кога споделуваат информации за себе на интернет. Првото

нешто што родителите мора да направат е да ги едуцираат своите деца за потенцијалните опасности од технологијата. Децата треба да разберат дека луѓето можат да се преправаат дека се пријателски расположени за да ги задоволат неконтролирани и опасни нагони.

Родителите треба да се внимаваат на предупредувачките знаци, како што се: времето поминато на интернет, брзо исклучување на компјутерот кога возрасен ненајавено ќе влезе во собата на детето, или доколку детето прима мистериозни телефонски повици или подароци од непознато лице. Децата, исто така, треба да се научат да споделуваат информации со своите родители за евентуални лоши искуства на социјалните мрежи. Добро да се користат искуства од други родители или наставници кои веќе работеле на ваква проблематика. Треба да се контактира со нив и да се разменат искуства и корисни информации. Секако треба да се користат сите можни онлајн ресурси за информации околу ризиците поврзани со која било онлајн платформа. Комуникацијата со децата или учениците е најважна. Преку прашања и неврзани разговори можат да се добијат корисни информации за влијанието на дигиталните содржини врз децата, во позитивна или негативна конотација. Тоа дава можност за рана детекција на влијанијата врз децата што овозможува рана превенција на негативните влијанија. Детекцијата на позитивните влијанија пак, дава можност на родителите, а особено наставниците да ги откријат талентираниите ученици и нивните полиња на интерес и да ја насочуваат нивната енергија во тој правец. Треба да се развиваат стратегии за справување со проблемите кои ќе бидат детектирани, но и стратегии за превенција од ризиците кои можат да доведат до проблеми. И секако треба да се изгради доверба во интеракцијата родител – дете и интеракцијата наставник – ученик која ќе дозволи двонасочен непречен тек и размена на информации и искуства.

Многу често луѓето се кријат зад лажни профили од нечесни причини, а наивноста и животното неискуство на децата ги прави приемчиви за вакви кибернатрапници. Родителите и старателите честопати не сакаат да разговараат за интимни прашања со своите деца тинејџери што може да ги направи ранливи на онлајн и офлајн ризици. Барајќи одговори на таквите прашања онлајн, честопати наидуваат на проблематични содржини кои се нецензурирани и потенцијално опасни (Nwalo & Anasi, 2012).

Затоа родителите во соработка со децата, како и наставниците во соработка со учениците, треба да развијат стратегии како ќе одговорат на барањата или понудите од личности кои не ги познаваат во реалниот живот, ниту пак, оствариле директен контакт со нив во реалниот живот. Родителите и наставниците во соработка со децата и учениците треба да се едуцираат како да создаваат безбедни профили на социјалните мрежи на кои споделуваат лични информации кои би требало да имаат ограничен пристап за детерминиран круг на познаници. Пријавување на кибернападите и киберкриминалот до надлежните институции. Родителите или наставниците треба да преземат проактивни чекори. Родителите исто така можат да им помогнат на децата да бидат проактивни кон содржините кои ги избираат, почнувајќи со помагање на децата да бараат и одбираат забавни веб-страници соодветни за нивната возраст. Родителите, исто така, треба да разговараат со своите деца за моралните вредности кои се дел од содржините кои децата ги избираат за консумација. Важно е на децата да им се дадат алатките што им се потребни за да ја преземат контролата врз сопственото однесување онлајн и да се едуцираат како самите да прават паметен избор од дигиталната понуда. Родителите треба да ги научат и обучат нивните деца да бидат „дигитално резистентни“ или отпорни кон штетните содржини од интернет-страниците. Тоа ќе се постигне со поттикнување на детската самодоверба, комуникацијата и критичкото размислување и пристап кон понудените содржини, а воедно да се направи обид децата да се научат контролирано и дозирано да ги користат паметните уреди на одговорен и ефективен начин.

Политиката и практиката мора да ги почитуваат различните услови кои се применуваат во различни делови на светот. Проектот Global Kids Online (GKO) ги интервјуира и анкетира родителите и деца (на возраст од 9 до 17 години) низ различни континенти за да се одредат и следат детските онлајн пристап, вештини, можности, ризик и безбедност – и вештини и заштитни дејства на нивните родители. Неодамнешните наоди од истражувањето на партнерите ги откриваат различните извори на поддршка кон која самите деца се свртуваат во различни контексти (Byrne et al., 2016; Cabello et al., 2017; Георгиев и др., 2017; Канчев и др., 2017; Логар и сор., 2016; Фајфер и сор., 2016 година; Попадиќ и др., 2016). Овие контроли не се совршени, но и да беа, никогаш не би можеле да ги спречат сложените морални дилеми со кои често се соочуваат родителите. Постои

силен аргумент за користење на дигитални алатки за заштита на децата од онлајн предатори, кибермалтретирање и несоодветна содржина. Сепак, силно следење на дигиталната активност на детето може да стане инвазивно и потенцијално да ја поткопа довербата што децата треба да ја имаат во своите родители. Пронаоѓањето на вистинската рамнотежа помеѓу премногу или премалку е цел и задача на родителите. Бидејќи се работи за апстрактна и немерлива содржина, сè се сведува на субјективниот став на родителите каде ќе ги постават границите на консумацијата на дигиталните содржини, а објективно гледано тоа е засега „невозможна мисија“ бидејќи не е можно да се одреди точна доза на „дигитални содржини“ која ќе биде безбедна за развојот на детето, а воедно да не се наруши приватноста на детето со дозирањето на истите. Родителите, исто така, мора да најдат рамнотежа помеѓу давање автономија на децата да ги прават сопствените грешки и да учат од нив и да ги водат нивните постапки за да спречат сериозни грешки кои би можеле да имаат доживотни последици. Во двата случаи, родителите се одговорни да го направат вистинскиот избор. Искусствено гледано, сè се сведува на тоа како родителите сакаат да ги воспитуваат сопствените деца и каков „производ“ од тоа воспитување очекуваат во смисол на тоа што би очекувале од нивните деца во понатамошниот развој. Времето поминато пред екранот е главен извор на вознемиреност кај родителите поради тоа што засега не постои официјална научно потврдена временска рамка на консумација на дигитални содржини, или т.н. „дневна доза“ на консумација која би била безбедна по нивните деца. Ова е разбирливо бидејќи ставот на научната фела за оваа проблематика е сè уште во фаза на дискусија, без јасни заклучоци и препораки. Американската академија за детска и адолесцентна психијатрија препорачува целосно ограничување на времето поминато пред екранот за деца помлади од 18 месеци. Американската академија за педијатрија препорачува времето поминато пред екранот дневно за деца на возраст од 2 до 5 години да не биде подолго од еден час. Надвор од тоа, сепак, ниту една организација нема дефиниран сет на упатства или препораки, што е разбирливо бидејќи покрај времето поминато пред екранот, постојат голем број дополнителни фактори како што се: квалитетот на консумираните дигитални содржини, приемчивоста на детето кон различните содржини, нивото на менталниот развој на детето кое ја детерминира способноста на детето за сопствена тријажа и цен-

зура на непожелните содржини кои можат дополнително да го комплицираат вистинскиот одговор на свеста кон овие содржини. Поради релативно кратката историја на дигиталната ера, нема многу лонгитудинални студии од кои родителите можат да извлечат консензус. За среќа, самата долга историја на родителството емпириски може да понуди одговори или барем некакви препораки кои се од корист за надминување на проблемите на „дигиталните родители“. Иако моралните принципи и стандарди може да се менуваат од генерација до генерација, многу е важно семејствата да воспостават јасни и дефинирани вредности кои со текот на времето ќе ги зацврстуваат и ќе ги пренесуваат на следните генерации како традиционални вредности. Родителите можат да одредат кои доблести би сакале да ги всадат кај нивните деца и врз база на тој концепт да развиваат стратегии за интеграција на тие вредности во семејната динамика. Споделувањето на тие вредности со другите е секако од корист. Историски гледано, улогата на родителите е да ги заштитиуваат своите деца, така што целта да се минимизира дигиталното штетно влијание е вообичаена родителска практика, особено во дигиталната ера, која е всадена во генетскиот материјал и се пренесува на следните генерации со благи модификации поради влијанијата на надворешната средина. Секако дека интернетот нуди многу корисни и поучни содржини, но сепак од исклучителна важност е децата да бидат информирани за постоењето на сериозни ризици следење на страници и апликации со насилни и недолични содржини. Никој не сака друг да се однесува произволно со него (особено тинејџерите), па затоа е важно родителите да постават јасни и разбирливи граници на отворена комуникација со децата. Доколку родителите сакаат на своите деца да им го ограничат времето поминато пред екранот тоа треба да го направат на суптилен начин, тактично и неимперативно. Се поставува граница која е менлива во согласност со постигнатите ефекти, се наведуваат и објаснуваат последиците од прекумерната консумација на дигиталните содржини и се следи и евалуира ефектот од воведувањето на таквите мерки. Дозирањето на дозата на конзумираните дигитални содржини се титрира во согласност со ефектите кои се постигнуваат, односно се менува сè до постигнување на приближна рамнотежа помеѓу реалното и виртуелното, кое емпириски би било идеално за развојот на детето. Се разбира постигнувањето на приближно идеална хомеостаза зависи од претходно спомнатите фактори: конституцијата на

детето и надворешните влијанија како модификатори на хомеостазата помеѓу реалното и дигиталното. Доколку родителите бараат нивните деца да ги следат бараните правила, тогаш задолжително родителите први треба да ги применат и да ги следат со што ќе дадат позитивен пример кој ќе ги стимулира нивните деца да ги почитуваат и спроведуваат тие правила. Не може родителот да бара од детето ограничување на времето поминато пред паметниот телефон, доколку и тој како родител не ги почитува барем приближно истите правила. Ова понекогаш може да биде тешко, особено затоа што кај родителите треба да земат предвид други фактори, како што е професионалниот ангажман кој бара понекогаш подолго време поминато пред екранот. Ова е уште повеќе причина родителите да ја покажат нивната посветеност на правилата кои ги поставиле. Времето кои родителите го поминуваат пред екранот треба, барем приближно да го отсликува времето на нивните деца поминато пред екранот, освен за работи како што се одговарање на е-пошта, плаќање сметки, професионална комуникација или професионални обврски. Родителите треба да им помогнат и на своите деца да најдат алтернативи за дигиталните уреди. Читањето книги, свирењето музика, спортот, уметноста, пишувањето и друго се одлични алтернативи за дигиталните содржини. Во генетиката на секоја личност е желбата и потребата да биде забележан како личност и да биде слушнато и испочитувано неговото мислење. Поради тоа препорачливо е наставниците да ги сослушаат информациите и мислењата на учениците и да одговорат адекватно, со внимание и почит. Ако некое дете смета дека некое правило е неправедно или неостварливо и има сопствен предлог што ќе го подобри тоа правило, корисно е наставникот да го земе мислењето и предлогот на ученикот предвид. Можеби се работи за ученик кој покажува афинитети кон компјутерското програмирање кое бара повеќе време поминато пред екранот на компјутерот со цел совладување на програмерските вештини. Секогаш на децата треба да им се даде можност отворено да комуницираат за нивните потреби и искуства. Тоа ја подобрува социјализацијата и ги подобрува интерперсоналните односи и комуникациските вештини. Родителите и наставниците треба да одвојат дел од времето за разговор со нивните деца и ученици за тоа што не треба да прават кога станува збор за електронските медиуми и дигиталната технологија. Важно е да се изнајдат моменти каде што родителите и наставниците можат да се вклучат

и да партиципираат во детските интереси и допаѓања. Како што родителите излегуваат надвор да играат со своите деца, така треба да бидат подготвени да се вклучат активно и во нивните онлајн интереси преку поставување прашања зошто им се допаѓаат апликациите, игрите и платформите што ги користат. Корисно за родителите е да побарат од сопствените деца да ги научат да ја играат нивната омилена игра или да ја користат нивната омилена апликација. Пожелно е и препорачливо за родителите да изнајдат време кога со своите деца заеднички можат да уживаат во позитивните аспекти на технологијата како што се видеоклипови, музика, научни емисии, смешни инсерти и слични корисни содржини. Многу е важно родителите да сочувствуваат со своите деца за време на предизвиците кои се поставуваат пред децата за време на нивниот раст и развој. За разлика од нивните родители кои растеле во средина во која имале сопствена приватност, денешните деца се принудени да растат и да се развиваат во дигителен амбиент во кој нема апсолутно никаква приватност ниту цензура. Тие се во постојана опасност од критики, напади, злоупотреби од разни скриени профили, што ги прави децата ранливи.

2. Како интернетот ја преобликува иднината на образованието

Интернетот направи револуција во некои општествени гранки, вклучително и образованието, и перманентно го наметнува своето влијание на секој аспект од животот. Пристапноста и опсегот на онлајн ресурсите фундаментално го променија начинот на кој учениците учат, а наставниците дистрибуираат информации. Интернетот значително го промени начинот на кој луѓето учат, отворајќи нови можности за независно учење, тимска работа и истражување. Уникатниот и брз пристап на интернетот до инстант информации е еден од многуте значајни образовни придонеси. Времето кога учениците беа ограничени на учење исклучиво во нивните училиници или библиотеки одамна е надминато поради паметните гаџети кои ги прават информациите достапни во реално време и на секое место. Студентите сега можат да истражуваат теми од интерес надвор од границите на традиционалниот наставен план, благодарение на достапноста на научни трудови, е-книги и онлајн курсеви. Колаборативното (тимското) учење е образовен пристап кој ги поттикнува учениците активно да се вклучат со своите врстници, наставници и

ресурси за колективно да конструираат знаење и да решаваат зададени проблеми. Во овој пристап, учениците работат заедно во групи или тимови, споделувајќи идеи, перспективи и одговорности за да постигнат заеднички цели. Преку обезбедувањето на неколку дигитални алатки и платформи кои овозможуваат беспрекорна комуникација, споделување информации и заеднички проекти, интернетот значително го помогна и унапреди заедничкото учење кое е дел од социјалниот живот на децата кој е исто така важен сегмент од правилниот развој на децата и подготовка за нивниот иден пат во општествените текови. Дигиталната технологија нуди невидени можности за дополнување, збогатување и трансформирање на образованието за да одговори на овие нови предизвици. Покрај тоа, информациските и комуникациските технологии (ИКТ) се клучна алатка за олеснување на правичниот и инклузивен пристап до образованието, за премостување на разликите во учењето, за отворање нови перспективи за наставниците и за нивната професија, за подобрување на квалитетот и значењето на учењето и за подобрување на администрацијата во образованието и управувањето. Resolution 2313 (2019) – alinea 2 Council of Europe Интернетот го направи образованието поиндивидуализирано и поприспособливо на различни стилови на учење. Користењето на аналитиката на податоците, онлајн платформите за учење и адаптивните технологии ги персонализираат можностите за учење на учениците во зависност од нивните вештини, недостатоци и преферираните стилови на учење. Овој персонализиран пристап им овозможува на студентите самостојно да учат, да истражуваат подлабоко во областите на интерес и да добијат насочена поддршка, а да не го компромитираат колективниот наставен план и процес. Учењето базирано на интернет, исто така, нуди флексибилност, овозможувајќи им на учениците да пристапат до образовните содржини во секое време и каде било, приспособувајќи ги различните распореди и преференци. Кога зборуваме за подобрени истражувачки способности, мислиме дека студентите и истражувачите се посposобни да го користат интернетот за да пристапат и да добијат информации, да спроведуваат длабинско истражување и да истражуваат различни теми и прашања. Достапноста на огромни бази на податоци, дигитални библиотеки, академски публикации и други лесно достапни онлајн ресурси го револуционизираа процесот на истражување благодарение на интернетот. Глобалната перспектива која ја отвори интернетот овозможи не-

пречена културната размена која направи мултикултурна синтезата на различните традиции преку брзото споделување на информациите и знаењата. Во овој процес, младите треба да бидат опремени со соодветни вештини и компетенции за да станат ефикасни и одговорни актери во сè подигитализираниот свет. Советот на Европа ги пофалува институциите на Европската Унија за нивната работа во овој домен, а особено за усвојувањето на Акциониот план за дигитално образование на Европската комисија во 2018 година и за изготвувањето на сеопфатните Рамки за дигитални компетенции за граѓаните и за едукаторите, кои заедно нудат референтен модел за систематско промовирање на дигиталната компетентност. Resolution 2313 (2019) – alinea 7 Council of Europe. Од појавата на интернетот, академските институции и студентите ширум светот можат да комуницираат меѓусебно, да работат и да творат заедно и истовремено да споделуваат знаења и искуства. Благодарение на оваа размена на идеи и културна свест, образовниот процес се зајакнува, се промовира толеранцијата, комуникациските вештини, а учениците се подготвуваат да станат глобални граѓани во свет кој станува сè повеќе меѓусебно поврзан без разлика на територијална, верска или етничка припадност. Благодарение на интернетот, студентите можат да разменуваат културни искуства, да научат за други обичаи и верувања и да развијат посеопфатна свест за светските случувања. Интернетот е од клучно значење за менување на образованието и едукација на учениците во смисол на проширување на нивните видици како основа за создавање на разновидно и поврзано глобално општество преку поттикнување на размена на информации, искуства, мислења и знаења како и културна размена на традиции на различни етникуми. Истражувачите можат да истражуваат различни гледишта, да собираат податоци и побрзо и поефективно да ги анализираат наодите поради лесен пристап до информации. Интернетот, исто така, им овозможува на истражувачите да соработуваат со специјалисти и академици од различни области, промовирајќи споделување знаење и интердисциплинарни студии. Со подобрени истражувачки способности, научниците и истражувачите можат да научат повеќе за нивните области на специјализација, да бидат во тек со најновите достигнувања и да го унапредат знаењето во нивните соодветни домени. Студентите можат да комуницираат и да работат заедно без оглед на тоа каде се физички преку форуми за дискусија преку интернет, видеокон-

ференции, споделување документи и алатки за соработка во реално време. Дозволувајќи им на учениците да учат едни од различни гледишта, да даваат и примаат критики и да се надоврзуваат на идеите на едни со други, колаборативното учење поттикнува критичко размислување, комуникација, тимска работа и способности за решавање проблеми. Тоа го поттикнува активното учество и ангажман во процесот на учење додека создава поддржувачка и ангажирана средина за учење која ги подготвува учениците за прашањата со кои ќе се соочат во реалниот свет.

2.1. Максимирање на употребата на дигитално учење

Иако интернетот може да биде темно и опасно место, тој е исто така едно од најголемите достигнувања во историјата на човештвото. Никогаш порано толку многу информации не биле толку слободно достапни за толку многу луѓе одеднаш. Пред само неколку децении, пристапот до толку многу информации бараше библиотечна картичка, па дури и тогаш, голем дел од информациите беа или застарени или исчезнати. Денес, секој со Wi-Fi конекција има пред себе безброј информации, мноштво емпириски студии и илјадници видеа на речиси секоја тема во реално време. И покрај неверојатното влијание што интернетот го имаше врз човештвото, оваа огромна, лесно достапна плејада од информации создаде нов и збунувачки проблем: сортирање на вистината од невивистината. Можеби најголемиот академски придонес што можете да го дадете во животот на вашето дете е да го научите како критички да ги оценуваат изворите на информации. За да го направат тоа ефективно, учениците треба да разберат како да разликуваат извор заснован на факти од извор заснован на мислење. Во спротивно, тие нема да можат да ја направат разликата и постои опасност да направат погрешен избор. Најдобрите извори на информации имаат тенденција да доаѓаат од агрегатори на необработени податоци, како што се веб-страниците на универзитетите (за академско истражување), владините веб-страници (за јавно достапни статистички групи, како што се стапки на смртност, морталитет, морбидитет или број на вработени или невработени), потрошувачка на одредени производи итн., како и онлајн енциклопедии (конкретно оние кои обезбедуваат фусноти на изворниот материјал). Се разбира, има многу доверливи извори во секое поле на знаење или индустрија, но важно е (и неопходно) студентите да ги преиспитаат валидноста на изворите

од кои обезбедуваат информации што сакаат да ги користат во нивните истражувања, есеи или едноставно за неформално збогатување на сопственото знаење. Истражувајте го кредибилитетот на авторите, експертите и веб-страниците. Треба да се проверуваат датумите на објавување за да се потврди релевантноста на информациите, особено во области или теми кои брзо се развиваат и информациите за кусо време застаруваат и се нерелевантни. Секако треба да се проверат цитатите и референците за да одреди дали информациите се поткрепени со веродостојни и релевантни докази. Во секој случај, изворите на несигурни, погрешни, невалидни и фактички неточни материјали ги има во изобилие на социјалните мрежи и во пребарувачите и се до толку веродостојни што нормалните консументи многу тешко можат да ја идентификуваат нивната релевантност. Социјалните медиуми, во последно време вештачката интелигенција, па дури и некои вести обично не се сигурни затоа што имаат тенденција намерно да испуштаат факти, да менуваат детали или скратуваат материјали со што го ставаат консументот во заблуда поради неточни или недоволно точни информации. Дали се работи за случајни или намерни грешки, најчесто е тешко да се провери. Таквите информации бргу одат во етер и и се причина за извлекување на погрешни заклучоци. Една од методите за проверка на валидноста на напишаниот текст е да се побара од учениците да дадат вербално резиме за тоа што мислат дека ќе биде претпоставената содржина на статијата само врз основа на прочитаниот наслов. Откако ќе завршат, треба да се насочат кон читање на целата статија и да одговорат дали насловот на текстот кореспондира со насловот. Ова ќе им помогне да разберат како информациите можат да бидат искривени, неточни, со грандиозни наслови, сè со цел да го привлечат вниманието на читателите. Ова алатка ќе им помогне на учениците да размислуваат покритички за веродостојноста на информациите што ги консумираат и да не извлекуваат логични заклучоци само врз база на прочитан наслов. Друг добар начин за студентите да го максимираат своето дигитално учење во позитивна конотација е преку употреба на т.н. доверливи апликации кои нудат содржини кои се проверени и заштитени од упади на киберкриминалци. Многу образовни апликации обезбедуваат вредни искуства за учење во детерминиран простор со строго определени содржини од некоја област. Овие апликации се безбедни за користење и обезбедуваат здрава рамнотежа на времето поминато пред екра-

нот и учењето и знаењето стекната на овој начин како бенефит. Една од омилените онлајн алатки е Digital Toolbox на Demme Learning, која обезбедува бесплатен пристап до содржини и корисни ресурси за наставниот процес. Дури и ако немате постоечка сметка, можете да ги користите виртуелните манипулативни средства и наставни материјали кои ги нуди Digital Toolbox. Дигиталната технологија е направена да опстои и да биде корисна на човештвото, без разлика на нејзините доблесни страни или недостатоци. Тоа значи дека не постои совршенство и секогаш треба да се најде вистинската рамнотежа помеѓу тоа колку време децата поминуваат со своите паметни уреди во виртуелниот свет, а колку време со своите другари, пријатели и семејството во реалниот свет. Не постои начин целосно да се отстрани времето поминато пред екраните, ниту пак, тоа треба да биде задолжителна интенција. Кога ќе станат возрасни, дел од децата ќе поминуваатат голем дел од својот живот и кариера работејќи на компјутери, таблети и паметни телефони. Според тоа, тие треба да разберат како правилно да ги користат овие алатки за да бидат продуктивни, технолошки писмени граѓани. Родителите денес се на непозната територија. Доколку родителите премногу ја блокираат употребата на современата дигитална технологија ќе создадат јаз, а понекогаш и недостатоци во знаењето помеѓу нивните деца и нивните врсници. Родителите се на крстосница кога теба да одлучат колкава слобода во употребата на дигиталните технологии треба да им дозволат на сопствените деца без да го инхибираат нивниот интелектуален развој и квантумот на знаење кој би го добиле со користењето на дигиталните алатки, а од друга страна да ги елиминираат потенцијалните ризици и опасности кои со себе ги носи дигиталниот свет. Сепак, дури и со сите предизвици што ги носи дигиталната ера, поставувањето јасни граници, охрабрувањето на критичкото размислување и изборот на вистинските алатки може да им помогне на родителите да се движат низ овој комплексен пејзаж од дигитални содржини и да останат активно вклучени во контролата на дигиталниот живот на нивните деца. Можеби родителите се чувствуваат како нивните деца да растат во свет што тие како родители не го разбираат. Технологијата брзо се менува, а за некои таа промена може да биде огромна и несфатлива. Важно е родителите да научат што е можно повеќе за дигиталниот свет, но исто така да запомнат дека многу од искуствата што ги имаат тинејџерите денес се засновани на социјалните

прашања кои не се толку поврзани со имагинарното, туку со реалното. Базирајќи се на сопственото животно искуство за менаџирање во социјални ситуации, непријатни интеракции, разочарувања и предизвици, родителите реално треба да се чувствуваат на сопствена територија во која многу полесно се снаоѓаат од своите деца. И токму тука родителите треба да го пренесат сопственото животно искуство од кое ќе црпат инсерти и ќе даваат одговори на своите деца за социјалните интеракции и проблеми кои ги оптоваруваат нивните деца, дури и ако не владеат целосно со дигиталната технологија. Родителите треба максимално да ги користат сопствените искуства и животни вештини за да ги едуцираат своите деца и да го подготват за понатамошните етапи од животот. Во Јужна Африка, родителите сè уште се грижат дали нивните деца ќе доживеат непријатно искуство преку интернет-мрежите. Значителен процент од децата (40 %) изјавиле дека искусиле такви непријатни искуства кои не биле детектирани од родителите и од наставниците. Ова произлегува од недоволното знаење на родителите за дигиталните технологии, но и за животните искуства кои нивните деца ги доживуваат преку интернетот, така што нивните методи за превенција може да одат се претворат во строги мерки од типот на целосно ограничување на пристапот кон интернетот што од своја страна го ограничува детето во неговиот нормален модерен развој поради ограничениот прием на информации во реално време. (Phyfer et al., 2016: 15). Честопати, на децата како „пионери“ во истражувањето на интернет, им недостига поддршката од родителите поради нивните инсуфициентни познавања од дигиталните технологии. (Gouws, 2014: 14) Додека технологијата е дел од нашите животи, родителите треба да се погрижат нивните деца да имаат вистински односи со вистински луѓе. Ова вклучува повремено исклучување од дигиталниот свет, враќање на семејните дружења, остварување средби со блиски пријатели, организирање семејни забави и најважното нешто – разговори лице в лице. Со тоа децата повторно ќе го осознаат реалниот свет кој нивната когниција го има подзаборавено поради огромниот дел од времето поминат во виртуелниот свет кој постепено го презема приматот на нормалниот реален амбиент во кој детето треба да расте и да се развива. Доколку детето не апсорбира вистински дразби од реалниот амбиент, туку само виртуелни модифицирани дразби, тогаш и рефлексните одговори на тие дразби ќе бидат неправилни и неадекватни. На пример, во Обезбедувањето

на онлајн ресурси во Ирак им овозможи на адолесцентните девојчиња да пристапат до информации, исто така поврзувајќи ги со peer-to-peer мрежи за поддршка каде што обично би можеле да разговараат за прашања се сметаат за приватни или табу во нивното општество (УНИЦЕФ, 2013).

Заклучни согледувања

Поради радикалните промени на интернетот во образованието, започна нова ера на учење во дигиталната ера. Интернетот ги подобрува истражувачките капацитети, промовира меѓународна и мултикултурна соработка, го проширува пристапот до знаења и го овозможи слободното персонализирано учење. Дополнително, овозможува меѓукултурна интеракција и светски врски, овозможувајќи им на учениците слободно да комуницираат ширум светот. Како што се развива технологијата, давателите на интернет-услуги стануваат значаен фактор во образовниот процес преку брза дистрибуција на доверлива, брза и квалитетна интернет-конекција со која целосно можат да се искористат предностите на дигиталното образование. Денес, со огромниот технолошки напредок, наставниците можат да ги обучуваат своите ученици со различни онлајн алатки за да комуницираат со нив кога не се во можност да комуницираат со нив или да ги споделат проблемите што ги имаат. Во онлајн учењето, наставниците можат да пишуваат белешки на дигитална табла и да им назначат на учениците да пишуваат белешки во реално време што можат да ги преземат во училиницата. Други форми на комуникација меѓу учениците, врсниците и наставниците вклучуваат онлајн пораки, е-пошта и видеоконференции, кои ја олеснуваат личната интеракција и го намалуваат чувството на изолација. Онлајн учењето бара наставниците да имаат основни познавања за користење на дигитални форми на учење. Но, ова не е секогаш случај. Многу често, дел од наставниците имаат многу мали познавања од дигиталната технологија. Во некои училишта наставниците дури ги немаат ниту потребните ресурси и алатки за да спроведуваат онлајн часови. За да се изборат со овие проблеми, важно е училиштата да инвестираат во обуки на наставниците со најновите технолошки ажурирања за да можат квалитетно да ги спроведуваат своите онлајн часови. Поголемиот дел од родителите се загрижени за здравствените последици по нивните деца поради долгот време поминато пред екраните, особено за време на индивидуалното учење

како дополнување на формалниот дел од дигиталната настава. Времето поминато пред екранот е еден од најголемите недостатоци на онлајн учењето. Учениците поради принудната и неправилна положба на телото, честопати развиваат деформитети на 'рбетниот столб или проблеми со видот. Едно од решенијата за овој проблем би бил менџирање на времето поминато пред екранот преку паузи во учењето со што се овозможува рехабилитација и освежување на нивниот ум и нивното тело. Дигитализацијата е секојдневие, потреба, предизвик, но и ризик. Родителите и семејството треба да бидат активни чинители како насочувачи, но и обезбедувачи на заштита и безбедност за личноста на детето. Детето во раната возраст ја гради личноста најмногу под влијание на семејството и родителството и затоа комуникацијата помеѓу децата и родителите треба да биде секојдневна и непосредна.

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