

Research of main factors of newborn children abandonment in a provincial region of Russia

Maksim Aleksandrovich Kostenko

Altai State University, Pr. Lenina, 61, Barnaul, 656049, Russia

Abstract. The article deals with the important but poorly studied problem – the study of the social phenomenon of abandonment by parents of their newborn babies (between 0 and 3 years old). Based on the analysis of statistical data of baby homes in one of Russian regions, the results of a poll and interviews of the personnel of a baby home, a maternity hospital, parents and foster parents of children who were relinquished at medical establishments, we identified the main groups of newborn babies who had high risk of losing parents' care, as well as social factors influencing on the decision of a family to abandon the child or to take him/her to institutionalized forms of care. Discussion of results of the empirical study allowed building a route of early institutionalization of a child, develop a model of factors of early institutionalization. The results of the research prove the low efficiency of the existing system of care for abandoned children by government authorities, describe the effect of institutional inertia of the system of assistance to children in a hard situation, as well as the insufficient source of support to families by the natural social circle due to social alienation of the image of an abandoning mother in the local community. The article contains analysis of the reasons of taking such decisions by parents to give away their child to the care of the government as well as representation of the future life development of the child. Based on the provided analysis, we formed recommendations on organization of social aid to families who have high risk of abandonment of newborn children.

[Kostenko M.A. **Research of main factors of newborn children abandonment in a provincial region of Russia.** *Life Sci J* 2014;11(12s):347-350] (ISSN:1097-8135). <http://www.lifesciencesite.com>. 72

Keywords: social help to children, abandonment of a newborn child, loss of parental care, institutionalization of children, social services of alternative care, social deprivation

Introduction

The guiding principles of the United Nations Organization with respect to alternative care of children state that child care establishments must not be used for children younger than three years old, or their usage must be limited to cases when such environment is the most suitable, necessary and meaningful one for a particular child, and corresponds to his/her best interest [1].

Efficient intervention to prevent or eliminate the cases of social orphanage and abandonment of a newborn child requires understanding the causes of this social phenomenon. Nevertheless, study of the causes of abandoning a child is difficult due to a limited number of research works on this agenda as well as limited access to statistical data, documented stories of women who abandoned their own children, and their close social circle.

Up to now, the social phenomenon of abandonment of newborn children is considered on the level of common consciousness of professionals and non-professionals only as the case when medical aid is needed to children who are taken to baby homes, as well as psychiatric diagnosing of women abandoning their children. This prevailing social attitude reduces the rehabilitation potential of the further life development of the child, his/her social re-integration with his/her birth family [2]. In the suggested research, several objectives for the analysis

were stated: these are groups of younger children who have the highest risk of losing parental care, the causes of taking decisions to abandon children, the factors influencing on formation of such causes, the social services targeting prevention of children abandonment and re-integration of them in their birth family.

Methods

The research is based on the analysis of statistical data of baby homes and the results of the empirical study. The primary data were obtained using qualitative interviewing of abandoning mothers, structured polls involving representatives of the close social circle of the children who were placed in baby homes (grandmothers, grandfathers, parents, foster parents) and personnel of these establishments in a provincial Russian region.

The main part

Since 1990s, the number of mothers' abandonments of newborn children in Russia has been increasing every year: on the average, it is about 10 to 16 thousand of cases yearly [3]. The growth of the number of abandonments of newborn children in 1990s is deemed a consequence of atomization of the Russian society, rationalization that affected relations between people, including relations between mothers and their children. At the same time, currently this

social problem remains urgent. According to the Ministry of Health of Russia, no noticeable reduction of the number of abandonments of newborn children is observed. For example, in 2012, the number of abandoned children equaled to 5,687 (0.3% of all born children), in 2011 – 5,378 (0.3%) [4].

Abandonment of newborn children is one of the causes of social orphanage, i.e. orphanage with alive parents [5]. There are various concepts explaining such a social phenomenon of abandonment of newborn children. Within this research, abandonments are treated in terms of the social policy, according to which relinquishment (temporary relinquishment) of a child can be the best form of solving a situation of unacceptable biological maternity followed by mandatory rehabilitation treatment of the woman and her social environment [6, 7]. It is necessary to influence on the life circumstances, to create such acceptable initial conditions for the mother's life with a child, which would allow her to survive together, but not separately, which considerably decreases the number of abandonments. Development of measures of aid to families who express intention to relinquish a child is possible based on thorough study of the main groups of causes and factors of this social phenomenon emergence [8].

It is obvious that social re-integration and life development of an abandoned child first of all depends on the causes of his/her arrival in nursing establishments [9]. The analysis of the dynamics of arrival in and leave from baby homes in one of the Russian regions shows that disablement is the key factor of giving away infants for governmental care. 67% of children in baby homes are disabled persons. Besides, nearly 15% of the children were "placed temporarily because of the child's illness". In the rest cases, the causes are death of one of parents, imprisoned mothers, disease of parents, the socio-economic status of the family.

Thus, we can conditionally identify three main groups of infants living in institutional forms of placement: the first one is infants who are not disabled and who were placed in the baby home straight from maternity hospitals during the first 1-3 months of their life and then were adopted; the second group is infants and older children who had limited abilities and were placed to baby homes for a longer period (up to 4-5 years) depending on the state of their health. They will either go back to their families (the chances of this are low), or will be later on sent to other social establishments (which is more probable). The third groups is infants and older children with limited abilities but not disabled, who are placed in the baby homes because of social problems of their family or disease of their parents,

for a long "temporary placement" for a period of 6-36 months (depending on the age on arrival and the nature of the problem).

Parents and relatives of children living in baby homes can provide important information on the causes, motives and circumstances, which forced them to take such a difficult decision [10]. Analysis of the responders' replies also confirms the conclusion that disablement (limited abilities of development) of a child is the main factor, which determines the decision to place the child in an institutional establishment. Often, birth of a younger child or appearance of another person requiring care and attention of parents or the main foster parent of the child with limited abilities – an ill parent or grandparent – add to the motivation to take the child to government establishments. The illness of parents is aggravated by the inability of grandparents to manage the parenting of the child and care for it, which often is the reason for taking the decision to place the child in institutional forms.

Stories of grandparents show not only their own inability to provide for care, but also their misunderstanding of the needs of children – they believe the child will get better care in the baby home than in the family and do not understand the risks for development of the child who is in care of a government establishment. Poor knowledge by parents and grandparents about the infrastructure of services rendered to families with children domiciliary and at the domicile, which they show, evidence absence or low efficiency of such services. Consequently, the fosterers (parents, foster parents, grandparents) do not have any other options of aid in development, parenting and care for their child except for placement of the child in institutional childcare centers.

The majority of answers of the responders evidence that one of the main reasons to place children in institutional establishments was a crisis in the family: a nervous breakdown of the mother because of birth of a child with the Down syndrome; admission to hospital of the main foster parent due to serious infectious or mental diseases; sudden death of one of the family members, etc. The family had neither internal nor external resources that would be sufficient to resolve the emerged crisis. External resources in the form of support of the local community, rendering professional/nonprofessional services to the family with respect to care for the child or members of the family at the domicile (including domiciliary) were completely missing.

Another important trend that can be identified in view of placement of a child in a foster establishment is absence of services for families, which can primarily provide for their daily needs –

nurseries, kindergartens, or specialized rehabilitation centers for children with limited abilities, and, in the second case, services of reacting to the crisis, when a parent is taken to a hospital, or the social situation in the family is aggravated by other newly emerging difficulties, where the family hardly can manage the existing problems.

The results of the research demonstrate that severe problems of life sustaining in the family combined with a sudden crisis determine the reducing ability of the family to provide for itself unassistedly. If no effective infrastructure of social support services for such families as well as any forms of alternative care is present, the risk of a child institutionalization grows. The initially "temporary placement" then transforms into mid-term and long-term residence of the child in residential care establishments, as the family does not receive any other external support or help. Removal of the child does not help the family overcome the crisis – the family merely adapts to his/her absence and to avoiding taking care of him.

As a rule, responders faced difficulties when answered the questions of the types of support available to families in a difficult life situation at the domicile. Their answers mentioned maternity hospitals, prenatal dispensaries, and less often included guardianship and custodianship agencies and social protection establishments. It was even more difficult for the parents to answer about existence of any services at the domicile of the family that would target assisting and caring for disabled children domiciliary. The answers to the question "What could help leaving a child in the family without taking him/her to institutional forms for residence?" of the majority of responders were (in descending order of frequency):

1. Availability of accessible services for children at the domicile with a flexible work schedule (kindergartens, day nurseries)
2. Services of social rehabilitation rendered domiciliary for disabled children and their families
3. Accessible psychological and social support, specialized services
4. Training for mothers (parents) in care for children, including children who have development disorders
5. Psychological support, information on care of children and development of children at prenatal dispensaries, maternity hospitals, and other medical services
6. Economic support by the government

Conclusions

Thus the analysis of the opinions of parents (their substitutes) of the children who live in baby homes allows identifying six factors, which together influence on taking the decision to place a child under three years of age in residential care establishments: permanent ills of life of the family are aggravated by a certain sudden crisis, which results in emergence of new problems associated with the child care in the family. In the circumstances of absence of any external support (or its low efficiency), specialized social services and, sometimes, by recommendations of doctors (in case of disablement of the baby) and/or the close social circle of the family, the parent (the foster parent) comes to the decision to hand in the child in a governmental establishment. Later on, if no measures of external intervention are taken, no services adequate to the needs of the family are rendered, as well as no social support targeting change of the situation in the family is provided, the child has little chances to return to the family even after the crisis is overcome, which has been the catalyzer of his/her institutionalization [8].

Conclusions

In order to prevent placement of a child in a residential care establishment, all of the above six factors need to be leveled off and/or eliminated. It is obvious that the most important factor among the listed ones is the deficiency of accessible services, which would be an alternative to the institutional care, or options of rendering help to a family in crisis, without which elimination of other factors will not considerably change the process of institutionalization of a child in general [9]. Also, the phenomenon of system institutional inertia is to be taken into account – at the time a child is placed in a residential care establishment, its personnel and management are not motivated to "send" the child back to its birth family [7]. In this view, implementation of a family-focused help to a child of early age who has a high risk of losing parental care is required. In the course of implementation of such help, each family member needs his/her own rehabilitation plan, including the parent (his/her substitute) who expresses the intention to place the child in an institutionalized establishment. The possibility of rendering social services adequate to the needs of a family and its life situation will allow reducing social deprivation of each member of the family and, accordingly, considerably reduce the risk of the beginning of child institutionalization. Implementation of a system of flexible social services developed with account of the needs of families and rendered at the domicile and even domiciliary will

not only allow reducing the rate of babies abandonments, but also activate the internal potential of a family, which is one of the most important factors of positive changes for both the child and the whole family.

Corresponding Author:

Dr. Kostenko Maksim Aleksandrovich
Altai State University, Pr. Lenina, 61, Barnaul,
656049, Russia

References

1. The UN General Assembly Resolution "Guidelines for the Alternative Care of Children" # 64/142. Date views: 10.06.2014 www.un.org/ru/documents/decl_conv/convention_s/juveniles_deinquency_prevention.shtml.
2. Kostenko, M.A., 2014. Tendencies and Problems of Formation of the System of Psychosocial Assistance to Families with Children in Regions of Russia. Herald of the Tambov University. Series: Humanities, 4(132): 179-185.
3. Analysis of Achievements in the Sphere of De-Institutionalization of Child Protection and Development of Forms of Placement of them in Families, 2008, Moscow: the Institute of City Economics, pp: 12-27.
4. Main Indicators of Health of the Mother and the Child, the Activity of the Childhood Protection and Maternity Obstetric Service in the Russian Federation, 2013. Moscow: the Ministry of Health of Russia, pp: 25.
5. Prevention of child abandonment at birth. Materials for professionals and managers of health and social protection, guardianship authorities, 2011, Moscow: UN Children's Fund (UNICEF), pp: 10-25.
6. Howe, D., 1998. Patterns of Adoption: Nature, nurture, and psycho-social development. Blackwell, pp: 112-156.
7. Mander, R., 1995. The Care of the Mother Grieving a Baby Relinquished for Adoption. Avebury, pp: 263-275.
8. Rich, A., 1976. Of Woman Born, Motherhood as Experience and Institution. New York: W.W. Norton & Company Inc., pp: 41-86.
9. MacLean, K., 2003. The impact of institutionalization on child development. Dev Psychopathol, 15: 853-84.
10. Pluye, P, Y. Lehinge, C. Aussiloux et al., 2001. Mental and behavior disorders in children placed in long term care institutions in Hunedoara, Cluj and Timis, Romania. Sante, 11: 5-12.

7/25/2014