

INTRODUCTION OF SOCIAL WORK TECHNOLOGIES IN SUPPORT OF CHILDLESS FAMILIES

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Abstract: Family is a great policy not only of one country, but also of all humanity. Family, motherhood, paternity and childhood are under state protection in the Republic of Uzbekistan. In the Republic of Uzbekistan, motherhood and fatherhood deserve respect. Childlessness is not a new phenomenon in itself. It is now considered a "painful torment", from which many families are suffering. If we look medically out, many cases of not having children are tripled. These can be caused by many diseases, deficiencies in organs, etc., as well as medical complications. In addition to these, there are also some simply social medical cases of childlessness, in which a healthy person can also be treated with the help of various "folk diagnoses" to the patient or by the name "without a child".

Keywords: Family relations, maintaining reproductive health, a dysfunctional family, childlessness, judgments, young family, Western society, old age.

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The modern family is going through a difficult stage of evolution - the transition from a traditional model to a new one. The types of family relationships are changing, the system of authority and subordination in family life, the role and functional dependence of spouses, and the position of children are changing.

Features of the modern family: increase in the number of small families; active increase in the number of single-parent families; increase in the number of socially unprotected, vulnerable children, primarily from low-income families; decrease in educational potential of the family; spread of physical, sexual, psychological violence in families.

The main directions of the state policy in the field of reproductive health care of citizens in the Law of the Republic of Uzbekistan on protection of reproductive health of citizens are[1]:

- The main directions of the state policy in the field of protection of reproductive health of citizens are as follows:

- development, approval and implementation of state programs and other programs in the field of protection of reproductive health of citizens;

- development and improvement of the reproductive health care system of citizens;

- educating citizens to have a conscious and responsible attitude towards the birth of healthy children;

- creation of conditions that ensure equal opportunities for men and women in exercising their reproductive rights;
- state support of scientific research, introduction of modern methods and technologies to improve the reproductive health of citizens;
- improving the medical knowledge and medical culture of citizens in the field of reproductive health care;
- organization of personnel training, retraining and improvement of their qualifications in the field of protection of reproductive health of citizens;
- providing medical, social and psychological assistance to citizens to exercise their reproductive rights.

Families are also divided according to the objective risk of social vulnerability, that is, the need for financial support from the state, special benefits and services. Families of conscripts with children are experiencing certain difficulties; families where one of the parents avoids paying alimony; families with disabled children; families with disabled parents; families who take their children under guardianship or sponsorship; large families. As a rule, families with young children under the age of three are in difficult financial conditions. Student families with children are in a special position: in most cases, they are actually dependent on their parents. In addition, families of refugees and internally displaced persons with minor children should be included among the families in need of special support from the state. However, I think that families who want to have children for a long time, but do not have children, should also be included among these. Because today, medical examination, treatment, if necessary, may require the use of assisted reproductive technologies. This requires a lot of money[2].

Currently, there are four main forms of state support for families with minor children:

1. Cash payments for children to the family (retirement and pensions) in connection with the birth, feeding and upbringing of children.
2. Labor, tax, housing, credit, medical and other benefits for families with children, parents and children.
3. Free and subsidized provision of food and basic necessities, i.e. baby food, medicine, clothes and shoes, food for pregnant women, etc.
4. Social services for families (providing specific psychological, legal, pedagogical support, providing social services).

A dysfunctional family. Such families cannot withstand the influence of external and internal destabilizing factors. These include: mixed and illegitimate families; single-parent families; problem, conflict, crisis, neurotic, pedagogically weak, disorganized families.

Different social work technologies are used for different categories of families. To put it more clearly, there is no category of assistance to a family without children, at least psychological support or one-time economic support. Today, it is no secret that the number of rulings is increasing. It is clear that the indicators on the problem of childlessness, which is one of the reasons for these rulings, are going up. During the first 9 months of this year, 248 (191 of them based on court decisions, and 57 of them with mutual consent in the registry office of the registry office) records of divorce were recorded in the registry office of Sergeli district alone[3]. When the causes of family breakdown were studied, it was shown that childlessness was the cause in 28 cases. If we compare it with other reasons, we can see that it takes the 3rd place in the relay.

If one of the spouses is under the age of 30, the family is considered a young family in the first three years after marriage.

Social technologies can be considered as a resource that allows to increase the effectiveness of management influence on the process of institutionalizing the young family and solving demographic problems. Classification of social technologies that contribute to the institutionalization of the young family, in our opinion, is recommended to be carried out on the following basis: by the level of management; by types of management organization; by social organization (social development, social protection and support, demographic); research (technologies of sociological research, monitoring); according to the nature of the tasks to be solved (technologies in the field of entrepreneurship, family self-development, organization of free time).

The specified types of social technologies can be used in various spheres of society's life - economic, social, spiritual spheres.

I believe that the level of employment also plays a big role in shaping the lifestyle of young families. They can prevent many problems if they develop themselves and organize their free time. However, a poorly organized plan can cause other problems. Not only the problems in the family, but also the problems that surround everyone, never end, when you solve one, another problem appears. There is no way to completely eliminate it, only to reduce it a little and get rid of it. By reducing such problems, the family can live more prosperously than other families.

Demographic policy, which involves regulating the reproductive behavior of spouses in order to encourage childbearing, is becoming especially important for the state. The following technologies can be used for this[4]:

- tax benefits and social payments sufficient to meet the basic living needs of a young family, including payments for child care, education, health care, physical and cultural development, communal services;

- indexation of "maternity capital" entitled to mothers who have given birth to a second child;
- the system of paying benefits to young families with minor children, increasing the share of expenses for family benefits, including pregnancy and childbirth, first, second, third and each subsequent child care allowance;
- lending and partially subsidizing young families engaged in building and buying housing, providing families with many children and families with disabled children with preferential housing;
- to develop a network of institutions of different ownership, to ensure access for all children of preschool educational institutions by increasing the salary level of employees of preschool educational institutions, state benefits for fees for attending preschool educational institutions;
- development of a network of out-of-school institutions available to all families for the well-rounded spiritual-ethical, physical and artistic development of children;
- development of the reproductive health system, free treatment of infertility for women and men, safe motherhood and medical information on prevention of sexually transmitted diseases[5].

Western society is aging rapidly. Today, people not only live longer, but also have fewer children. These events are putting serious pressure on the well-being of countries. Children are usually a support in old age, especially when there is no spouse. Thus, we are faced with new challenges: What support networks can the growing number of childless seniors rely on? How to compensate for the absence of children in an informal social network? What role does the state play and how are informal and formal support linked? A comparative analysis of support networks for childless older people is based on the first two waves of the European Health, Aging and Retirement Survey, including 14,394 people aged 50 and over from 12 European countries with limited activities of daily living. Today, on average, 10 percent of older Europeans do not have children. Informal support for these elderly people is often provided by family, friends and neighbors, and thus the absence of children is compensated by the social network. However, intensive care tasks are more likely to be performed by professional providers, especially in older people without children. Therefore, in countries with low levels of social services, older people without children may not have access to support, especially when they are in need of critical life support[6].

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