

**Social and Behavioral Health Module Individual Assignment (MQB7004)**

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**TOPIC: RISING CHILD ABUSE CASES AND ITS RELATED CAUSES AND MULTIDISCIPLINARY MITIGATION EFFORTS DURING COVID-19 PANDEMIC LOCKDOWN**

Starting from the end of 2019 until today has been a major public health challenge for all of us worldwide. What started as a localized outbreak in a province in China has spread drastically around the world, sparing none across its wrath. The 2019 coronavirus or more scientifically known as SARS-CoV-2 or more popularly recognized as COVID-19 has since mutated into countless new characters of the RNA virus type and threatens the human kind as never before. Health-wise, the COVID-19 has proven to be a major threat and posed a challenge to treat and has since brought many other implications worldwide. We have witnessed economic turmoil and instability with social breakdowns throughout 2020 and for the first quarter of 2021, the situation still remains uncertain.

The human reaction is at times very unique and reactive and almost all the time proactive in tackling this global pandemic. However, a series of unfortunate events brought by the virus can often times lead to less desirable effects on the socio-economic environment of a community or population. This occurs mainly as the major focus that has been brought to the human health and economy, so much so there are some aspects that are left behind or often overlooked. An example would be the one of the major vulnerable group that exists in our society, children.

Throughout the period of March until August 2020, the government of Malaysia has imposed a complete total lockdown across all states in an effort to mitigate the spread of COVID-19. The order, known as Movement Control Order has put all of our citizens into lockdown whereby only those that are involved in essential services such as healthcare providers, the army and police forces are allowed to be in service and carry out duties outside of their homes. Desirably, Malaysia managed to bring down the incidences to nearly zero during this time

however, it is an understatement to say that the economy, big or small, has been affected considerably.

The economic pressures are real, and more so to those who solely rely on daily wages. Mental health compromise is increasingly becoming common among adults and this has a negative effect on a family institution. Normally, the children would be at school, learning and socializing but with the MCO, they are forced at home with their usual leisure and education rights taken away. This is further supported by a report by UNICEF (1), that 4 million children are affected by school closures and total of 500, 000 children from the low income group are unable to reach school-supplemented meal programme. Although their mental health statuses are also more or less affected, it is the emotions and actions of adults often brings trouble to the household. As reported in extensively in the local articles throughout the MCO, the Women, Family and Community Development Ministry (MWFCDD) has recorded a total of 4349 cases of physical, sexual and emotional abuse on children for the year 2020 along with 2287 domestic violence cases (2). The ministry also confirmed that the number of incest and overall abuse has risen throughout the implementation of MCO.

Additionally, with the implementation of MCO, many are confined to their household for a long period of time, making the children easy targets for letting out anger or frustrations. Also, with the travel restrictions being imposed, many family members outside of the nuclear members are forced to be living with extended families thus posing an incestuous threat to the children. Apart from physical abuse, children are also subjected to psycho-social abuse by means of neglect and threats from food insecurities. The Malaysian GDP was expected to contract by 2% in the year 2020 (during and after the MCO) and economic compromise most often lead to impoverishments in lower-income demographic population in the country. Children are most often affected as they are dependent on their caregivers for food and basic needs. All of these multipronged threats has fast becoming the reason of unsafe households for the children and it is imperative that the issues faced be looked into and mitigated through a multidisciplinary approach.

As proposed by the Ministry, the need to revive the already present Talian Kasih 15999 hotline (a designated hotline for reporting of child abuse cases) to the masses. The hotline should be made more known through the platforms of social media, regular text messages (making use of the Majlis Keselamatan Negara SMS platforms) in order to disseminate information about the Talian Kasih number. Additionally, the government should also fully utilise the Child

Amendment Act 2016 on the appointment of assistant protector among non-governmental organizations (NGO). Then role of the government agency such as Department of Social Welfare (Jabatan Kebajikan Masyarakat, JKM) should also be more proactive in overseeing child abuse cases and the causes of it. If the cause be stemmed from financial crisis, suitable financial help shall be offered or referred to. Children with special needs are also most vulnerable to abuse during the pandemic particularly the MCO, hence the JKM should make full use of the registered persons with disabilities (OKU) registry to occasionally check on their needs or social welfare during these times. The JKM would most deficiently benefit from collaborative efforts of NGO in reaching out to the vulnerable groups across the nation.

As reported by UNICEF in 2020, risk communication and community engagement is essential recognizing affected populations, namely children, and inform of response action plans so that the community can make decisions to protect themselves. Additionally, they have established a platform for young people to provide information, sharing of knowledge and communication promotion as well as support through a Telegram channel called #KitaConnect. Other than that, UNICEF, with other collaborations with other NGOs has come up with programs that trains volunteers in providing psycho-therapy to children and also social workers that can provide the manpower to carry out promotion and management of child protection services.

One of the services provided is teletherapy in which it helps by providing a safe channel to report or have access to confide in abuse or sexual exploitation cases among children. Teletherapy also provides the platform of assisting disabled children to obtain necessary physiotherapy, as many are confined in their homes during MCO, and other therapies that can be provided online or through conference calls by engaging with volunteer physiotherapists available online.

In the community itself, it is important that they become the ears and eyes for any possible abuse cases around the neighbourhood. Information and knowledge on reporting platforms should be made known by distributing pamphlets, sharing in religious activities, and also the local neighbourhood WhatsApp group. Such in the unfortunate cases of recent child deaths due to abuse, the neighbours are either fearful to come forward to report or may not know where to report of such cases. Also, they might think of it as usual disciplinary acts among parent and children. Therefore, awareness should be made known about the limits of disciplining children and to know the red flags that could alert the community of child abuse cases.

Our healthcare providers have a unique role in recognizing child abuse and neglect cases, but often so faced with many challenges during the MCO. The healthcare staffs are often stretched to the maximum of their human resources and might not be able to cater for every cases as the focus remains on COVID-19 cases. However, efforts can be done and upscale by involving more manpower especially in the Maternal and Child Health Sector as well as Paediatrics care in mitigating abuse cases among children. In the community health clinic setting, abuse cases can be suspected from physical examinations or peculiar repeated doctor visits. Other than date, house visits can also be done for children that has defaulted necessary milestone follow ups so to assess their living conditions and family dynamics at home. In the hospital, the paediatric department can engage with social welfare departments to maintain regular surveillance on high risk cases that has been recognized and identified. It is important for the healthcare staffs, be it at all levels, to assess the child's behaviour and physical appearance so to identify any signs of child abuse during encounters at health care facilities.

To conclude, a successful management of child abuse cases especially during the MCO period requires a multidisciplinary approach that are tightly linked to each other to allow a coordinated response to the victims of child abuse. In addition, a strong community engagement through proper development of inter-agency guidelines, also plays a vital role in alerting these collaborators so that the next step of action can be taken appropriately.

**[1433 words]**

## References

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