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Socio Economic Conditions of Elderly Persons Receiving Assistance in Galati County

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Abstract: The relationship between socio economic status and morbidity/mortality can be observed both within a country and in comparisons between countries. Other studies have shown that the number of family members is important, as it influences the socio-economic conditions of the household. The situation of the elderly, which is the focus of our research, is more particular compared to that of the younger population, given the morpho functional changes that occur in the body with advancing age. These changes may lead to dependence on others, and therefore society has the obligation to ensure them a decent standard of living. Population ageing has consequences not only for medical care but also for the social protection of the elderly. Older people represent the population group with the highest degree of reliance on medico social assistance, mainly because chronic degenerative diseases predominate among them. This situation leads to an increased consumption of specialised medical and social care, each elderly person having on average 2–3 chronic conditions.

Keywords: social assistance; quality of life; elderly people; specialised institutions

JEL Classification: I38; I31; J14

1. Introduction

One of the most important social issues is ensuring the quality of life of the elderly. The trend observed in countries facing demographic ageing is to avoid, as much as possible, the institutionalisation of older people in hospitals or nursing homes, by ensuring normal living conditions in their own homes. A major social problem faced by the elderly is the reduction or complete loss of autonomy, making them dependent and in need of specialised care provided by social and medical services.

Gerontologists consider it ideal for elderly people to remain within their family environment, where they have lived their entire lives. When this is not possible, institutionalisation in specialised facilities is recommended, where housing, food, security, medical and social assistance are provided. Home care services do not offer all the advantages of institutions, but they provide greater psychological comfort.

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Children and their families should play a positive and important role in the lives of elderly people, making old age more pleasant.

However, the precarious economic situation of those who should care for them often leads to abusive deprivation of the elderly of personal belongings—most frequently their homes—followed by abandonment. Specialised institutions in this field can be grouped into three main categories: permanent institutions; temporary institutions such as day centres, night centres, and social or medical services; and home care services (community services).

2. Material and Method

We used the questionnaire method as the basis for collecting data on the elderly included in the study, belonging to three institutions: – Nursing Home for Elderly Persons “Sfântul Spiridon” (Home A) – Nursing Home for Elderly Persons “Ștefan cel Mare și Sfânt” (Home B) – Medico Social Centre (Home C).

In the first stage, the social assistance units in Galati were selected (the three institutions). In the second stage, respondents were grouped into homogeneous strata, regardless of their distribution across the institutions. In the third stage, individuals were randomly selected from each institution. The final sample was proportional to the size of the target population in each unit.

3. Results and Discussion

The sample included 195 elderly people from the three institutions. It is representative for the institutionalised population aged over 65 in Galati Municipality (maximum error $\pm 5\%$, confidence interval 95%).

Table 1. The composition of the sample of elderly people from the three care homes

Nr. crt.	Institution	Abbreviation	Sampling Base		Sample	
			Total nr. of elderly people	%	Nr. of selected people	%
1.	Elderly Care Home “Sfantul Spiridon”	(A)	140	44,7	87	44,7
2.	Elderly Care Home “Stefan cel Mare si Sfant”	(B)	80	25,6	50	25,6
3.	Medico-Social Center Galati	(C)	93	29,7	58	29,7
	TOTAL		313	100	195	100

The following working instruments were used: the individual questionnaire, the instruction manual, the sampling lists, and the centralizing tables.

The instruction questionnaire included several modules corresponding to the established objectives, dimensions, and indicators, as well as factual data: sex, age, marital status, level of education, ethnicity, religion, and occupational status. The questionnaire contained various types of questions (single choice, multiple choice, open ended, etc.), as well as questions based on different scaling methods: Likert semantic differential, Stapel scale, rank ordering method, paired comparison method, and simple constant sum method.

The instruction manual included details regarding the methods for selecting interviewees and the correct procedures for completing the questionnaires.

The sampling lists contained the individuals selected for interviews, following the application of the established sampling methods. These lists included the following information: the selected person's full name, address, age, sex, contact details, codes, and fieldwork notes (refusals, non responses, etc.).

The centralizing tables were prepared for each institution and included data on the structure of the sample, the number of completed questionnaires, and summaries of the situations encountered in the field.

The procedures for administration, processing, and analysis were tested during the pre testing stage, prior to distributing the questionnaire to the operators. During this stage, the measurement, scaling, tabulation, and logical and statistical processing solutions were finalized, and the final version of the individual questionnaire was developed. The operators were trained during a half day course, after which they received an instruction manual and the corresponding questionnaires.

The standard duration for administering the questionnaire was approximately 30 minutes.

Data entry on the computer

Before entering, the questionnaires were checked. Data entry was performed after verification of questionnaires. The data were entered in parallel by two teams, and the results overlapped, which made it possible to highlight the input errors. The inconsistent records were corrected by checking the questionnaires.

SPSS Data Entry 4.0 was used for data entry.

The data analysis was carried out using specialized statistical processing software (SPSS 16.0). The SPSS database (.sav) was cleaned, labeled, and included all the items from the questionnaire. The age of the respondent represents a continuous variable that can be examined and compared. Since the study involved three groups of participants, the ANOVA test was applied, as it is the most appropriate method in this context. The assumption of equal variances was verified using Levene's test. The Fisher statistic was calculated to interpret the ANOVA results, while χ^2 was used for categorical data sets, and the significance value 'p' was determined.

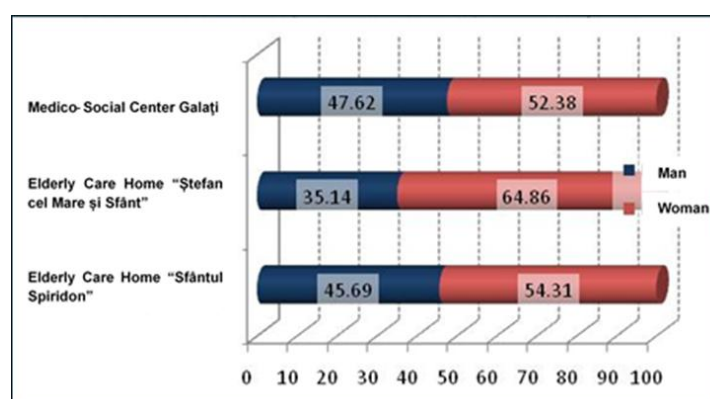


Figure 1. Percentage of cases by gender, per institutional unit

The distribution by gender of the elderly residents in the three institutions included in the study shows that, of the 116 individuals belonging to "Saint Spiridon" Home (A), 54.3% are female and 45.7% are male. In the "Ștefan cel Mare și Sfânt" Home (B) (37 cases), women also predominate, representing 64.9%, compared to men who account for 35.1%. The Medico-Social Centre (Home C), which includes 42 cases, is likewise characterized by a predominance of women, with 52.4% compared to 47.6% men. According to the Chi-square test, no statistically significant difference is found among the three groups

of elderly persons regarding gender distribution; therefore, the data do not differ sufficiently to be considered distinct ($p = 0.464$). The difference in frequency identified in the calculations is acceptable due to the existing variation. The age distribution of the cases from the three care units represents another aspect of our research.

As a first comparison method, the 95% confidence interval approach was applied. If the intervals overlap for different groups, no statistically significant differences exist. It can be observed that the elderly residents from “Saint Spiridon” Home (A) differ in age from those in the other homes. The validity of this difference was verified using the ANOVA method. Age can be considered and treated as a continuous variable; therefore, we compare the means of the groups using ANOVA.

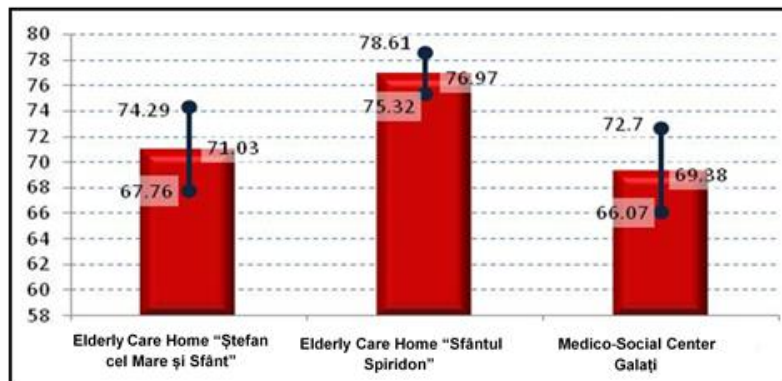


Figure 2. Mean age and the confidence interval (95%)

The percentage of elderly persons by nationality / institutional unit

The structure of the three groups according to the religion of the assisted persons is as follows: as expected, individuals of Orthodox religious affiliation predominate (97.60% in Home C, 94.0% in Home A, and 94.60% in Home B). In second place, but at a considerable distance for the entire sample, are those of Roman-Catholic religion (1.5%), followed by Greek-Catholics (1%), and Protestants – Lutheran Evangelical or Reformed (0.5%).

Table 2. Number and percentage of cases by religion / institutional unit

Summary Processing						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
UNIT * What is your religion?	195	100.0%	0	.0%	195	100.0%

			What is your religion?							Total
			Orthodox	Roman Catholic	Protestant – Evangelical, Lutheran, Reformed	Greek-Catholic	Neo-Protestant – Unitarian, Pentecostal, Adventist, Baptist, Evangelical	No religion	Other	
UNIT	“Ștefan cel Mare” Center	Cases	35	0	0	1	1	0	0	37
		%	94.6%	.0%	.0%	2.7%	2.7%	.0%	.0%	100.0%
	Elderly Care Home “Sf. Spiridon”	Cases	109	3	1	0	0	1	2	116
		%	94.0%	2.6%	.9%	.0%	.0%	.9%	1.7%	100.0%
	Medico-Social Center	Cases	41	0	0	1	0	0	0	42
		%	97.6%	.0%	.0%	2.4%	.0%	.0%	.0%	100.0%
Total		Cases	185	3	1	2	1	1	2	195
		%	94.9%	1.5%	.5%	1.0%	.5%	.5%	1.0%	100.0%

Chi-Square Test			
	Value	Degrees of freedom	Statistical significance (p)
Chi Square Test	12.038(a)	12	.443
Number of valid cases	195		
18 cells (85.7%) have an expected count < 5. The minimum expected count is 0.19.			

The differences among the three groups regarding religious affiliation were not statistically significant ($p = 0.443$).

Table 3. Percentages of cases according to school and university education levels

Summary Processing						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
UNIT * What is the last school you graduated from?	195	100.0%	0	.0%	195	100.0%

			What is the last school you graduated from?							Total
			WITHOUT EDUCATION	PRIMARY EDUCATION – FOUR COMPLETED	GENERAL SCHOOL – EIGHT COMPLETED	VOCATIONAL / COMPLEMENTARY	SECONDARY EDUCATION – HIGH SCHOOL, VOCATIONAL / COMPLEMENTARY	HIGHER EDUCATION – UNIVERSITY / FACULTY	SECOND UNIVERSITY DEGREE	
UNIT	Elderly Care Home “Stefan cel Mare”	Cases	4	15	11	3	4	0	0	37
		%	10.8%	40.5%	29.7%	8.1%	10.8%	.0%	.0%	100.0%
	Elderly Care Home “Sfantul Spiridon”	Cases	5	36	24	19	22	10	0	116
		%	4.3%	31.0%	20.7%	16.4%	19.0%	8.6%	.0%	100.0%
	Medico-Social Center Galati	Cases	6	11	9	8	6	1	1	42
		%	14.3%	26.2%	21.4%	19.0%	14.3%	2.4%	2.4%	100.0%
Total		Cases	15	62	44	30	32	11	1	195
		%	7.7%	31.8%	22.6%	15.4%	16.4%	5.6%	.5%	100.0%

Test Chi pătrat			
	Value	Degrees of freedom	Statistical significance (p)
Pearson Chi-Square Test	18.284(a)	12	.107
Number of valid cases	195		
“7 cells (33.3%) have an expected count < 5. The minimum expected count is 0.19.			

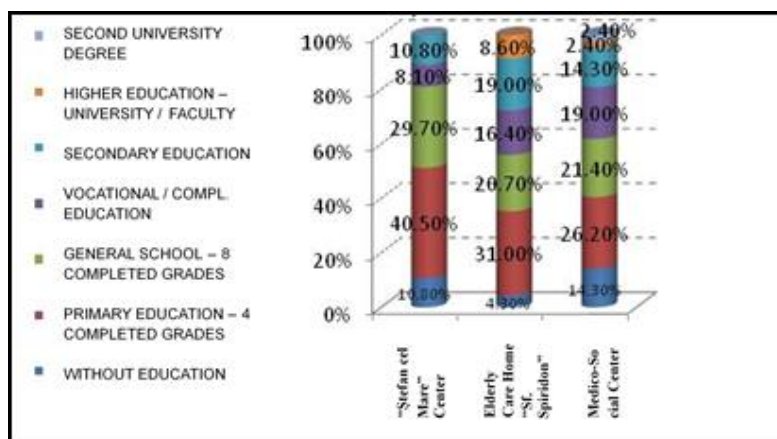


Figure 3. Cases according to school and university education levels

Table 4. Current and previous marital status, and number of children and grandchildren

Summary Processing						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
UNIT * Current marital status	195	100.0%	0	.0%	195	100.0%

			Stare civilă în prezent						Total
			MARRIED	SINGLE	SEPARATED	COHABITING – MARRIED	DIVORCED	WIDOWED	
UNIT	Elderly Care Home “Stefan cel Mare”	Cases	0	10	2	1	10	14	37
		%	.0%	27.0%	5.4%	2.7%	27.0%	37.8%	100.0%
	Elderly Care Home “Sfantul Spiridon”	Cases	6	12	2	0	25	71	116
		%	5.2%	10.3%	1.7%	.0%	21.6%	61.2%	100.0%
	Medico-Social Center Galati	Cases	6	8	0	0	6	22	42
		%	14.3%	19.0%	.0%	.0%	14.3%	52.4%	100.0%
Total		Cases	12	30	4	1	41	107	195
		%	6.2%	15.4%	2.1%	.5%	21.0%	54.9%	100.0%

Test Chi pătrat			
	Value	Degrees of freedom	Statistical significance (p)
Pearson Chi-Square Test	24.143(a)	10	.007
Number of valid cases	195		
8 cells (44.4%) have an expected count < 5. The minimum expected count is 0.19.			

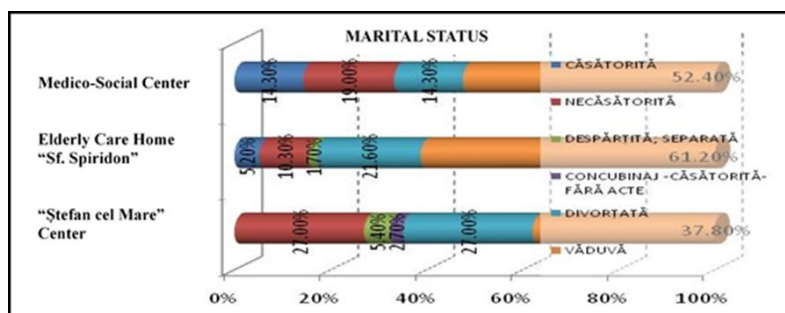


Figure 4. Marital status

The differences among the three groups regarding marital status appear to be significant. Certain values are zero, which reinforces the observed difference. However, the result cannot be accepted, as the condition of minimum expected frequency is not met (0.19 compared to the minimum acceptable threshold of 1).

4. Conclusions

Social assistance includes the benefits and social services provided with the aim of developing individual or collective capacities to meet social needs, improve quality of life, and promote an inclusive and cohesive society. Social assistance services are not intended solely for the poor; even individuals with a satisfactory standard of living may face difficult situations that they cannot resolve with their available means and capacities.

The right to social assistance measures is guaranteed by law for all Romanian citizens residing in Romania, without any form of discrimination.

Unlike traditional interprofessional or charitable support, modern social assistance represents a highly qualified profession that draws on specialized knowledge from all social and human sciences: sociology, social psychology, psychology, psychotherapy, medicine, economics, legal sciences, etc. At the same time, it requires practical skills and abilities (the capacity to communicate and work with individuals and groups in difficulty) and, not least, a set of values, principles, norms, and moral rules that form the profession's code of ethics.

In all the institutions included in the study, female beneficiaries predominate, with women representing 55.9% overall.

Regarding age, Home A includes individuals with a higher mean age than those in the other homes (a statistically significant difference).

Persons of Romanian nationality overwhelmingly predominate compared to other nationalities, and the differences between institutions are not statistically significant.

In terms of religion, Orthodox Christian affiliation predominates in all homes, with no statistically significant differences among them.

Educational attainment is predominantly limited to primary school for most beneficiaries (31.8%), followed by those with lower secondary education (22.6%), high school (16.4%), vocational school (15.4%), no schooling (7.7%), and higher education (6.1%). No statistically significant differences were identified among the institutions regarding a certain level of schooling.

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