# Elderly Needs and Support Received

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**Abstract:** Old age comes with health deterioration and limitations in everyday activities, as well as feelings of loneliness and depression. When there is a shortfall between the care and support a person needs and what they actually receive, we are in the presence of unmet needs for support. We investigate the degree of unmet needs for support, as well as the risk factors for such a situation, using Generation and Gender Survey data for Romania (wave 1). We found that partner's absence is strongly associated with a situation of unmet emotional needs, as we expected. Being childless also increase the likelihood of loneliness-related unmet emotional needs, but a close proximity to the children is not always emotionally beneficial since conflicts can occur. It seems that weaknesses in the functional status of the elderly are associated with more frequent interactions with close people and, thus, with a low likelihood of having unmet emotional needs.

**Keywords:** elderly, emotional needs, loneliness, depression, care needs, intergenerational support, unmet needs

## *1. Introduction*

As 16.4% of its population was aged 65 and over in 2013, Romania is amongst the countries in which the phenomenon of demographic ageing, defined as a growth of the older population's percentage, is well installed (European Demographic Data Sheet 2014). It is estimated that in the year 2050 the percentage of people aged 65 and over will be of 32.4%, above the average of the European Union (29.7%). Even if the current demographic situation is more favourable to Romania than to the neighbouring countries because the numerous generations born after 1967 are at an active age, in the near future the size of the elderly persons will grow dramatically.

Even though, at the global level, ageing shows positive aspects in medical, social, economic fields (medical progress, increasing life expectancy, etc.), some countries of the world are still facing many important

challenges. Old age brings about a deterioration of the health condition, with a weakening of the capacity to independently undertake a series of physical activities and thus with an increase in the need for assistance. Besides exerting pressure on pension and social security of a state, the ageing of population poses multiple challenges on the existing social care models, this role being performed by family in several European countries, including Romania (Bengtson and Lowenstein 2003). Many of the elderly in the future will live in their own homes, facing chronic illnesses and complex health problems, and both informal support (from partners, children, and friends) as well as formal support (paid aid by a private or public institution) will have to act together. This will lead to the growing prevalence of networks of care venture, which would need multiple forms of informal and formal care to be merged in order to provide support for the family (Jacobs et al. 2015).

Regarding intergenerational responsibility in elderly care Romania is characterized by a familialistic system, according to the typology proposed by Saraceno and Keck (2010). This means that families are responsible for ensuring the welfare of members in need. The term familialistic was used in the past to explain the strong family ties in Southern Europe (Banfield 1958; Reher 1998). In a familialistic society personal and family utility experience no different operationalization, so that family structure and relationships between family members are influenced by the strong bonds that unite them (Tomassini et al. 2003).

A look at the residential and semi-residential care services (Mezei et al. 2006) shows the lack of geriatric network, of medical staff specialists in geriatrics, of multidisciplinary team or their poor development at national level (National Council of Elderly Persons 2010). Thus, the family becomes the only source of care for a large part of population.

The social and demographic changes that will occur in the coming decades will produce significant development in the medical field and will lead to the change of elderly care needs (Stein et al. 2014). The needs of the elderly are more complex than those of the young, especially considering the multiple causes of morbidity, deficiencies in functional status as well the socio-emotional problems faced by the elderly.

Old age brings health deficiencies, limitations of daily living activities and accentuated feelings of loneliness and depression. The elders have functional needs, as well as psycho-affective issues/needs, including the relationship with others, participation in working life, access to information and public services or communicating with authorities. When there aren't enough formal support services for the elderly and when the family members,

the main providers of support, fail to meet the expectations and requirements of the elderly, unmet needs occur. They can be described as an incongruence between the care a person needs and actual support received.

The aim of this study is to assess the needs of the elderly in Romania and the way they receive support for meeting them, as well as to investigate several factors associated with the situation of unmet needs. Much of the research on intergenerational relations in Romania has focused on different types of support exchanged and factors that favour them (Mureşan and Hărăguş 2015). We focus on the situation when this support is missing, although needed. We believe that in this way we add valuable information to the picture of intergenerational relations in Romania.

## *2. Literature review on elderly needs*

Explaining the concept of "need" involves taking into consideration the physical, mental and emotional aspects of a person who may be affected by demographic and socio-economic circumstances (Vlachantoni et al. 2011). An important starting point in defining the need in terms of social care is analysing Bradshaw's taxonomy (1972). Thus, in practice, this operates with four types of needs, namely: normative need, felt need, expressed need, comparative need. Based on the concept of social need, this cannot be separated from the social services field. The history of social services is, in fact, the history of needs recognition and organization, as well as reorganization of society in order to meet them (Bradshaw 2013). This taxonomy can be helpful in the context of theoretical study, but also empirically of elderly social needs.

### 2.1. Care needs

Care needs, whether met or unmet, are in close connection with the evaluation of activities of daily living and the instrumental activities of daily living. Activities of daily living (ADL) refer to the daily tasks that are necessary for the personal care and independent living. Such tasks can be the following: dining, bathing, dressing, and activities relating to transfer (to get out of bed or a chair and vice-versa). When people are no longer able to carry out these activities of daily living, they need help to adapt either from other qualified people or people in the informal network support, or using mechanical devices or in some situations both resources. Even though this inability to perform daily activities can occur at any age, the prevalence rate is higher among the elderly than among the young (Wiener et al. 1990).

In time, several instruments have been developed in order to evaluate the needs/activities mentioned above. Thus, among the most used tools in

assessing the implementation of daily activities (basic) are: Katz Index of Independence in Activities of Daily Living, Barthel Index, PULSES scale, IADL scale (The Lawton Instrumental Activities of Daily Living Scale) which is the assessment of daily living instrumental activities (Wiener et al. 1990).

*2.1.1. Family solidarity and informal care*

It is expected that elderly care to become problematic in the coming decades. This assumption is based mainly on demographic developments, on a relatively increasing number of the elderly population. As a consequence, the need for care will increase while providing care will decrease, because there will be increasingly fewer young people to provide this support. Relations between parents and children are the most important when it comes to support and care for the elderly (Broese van Groenou and van Tilburg 1996).

Several researchers have promoted the idea that social changes, such as population ageing, changes in family structure - especially those involving marriage and divorce – set the values and standard related to family responsibilities pressure (Salvage 1995; Twigg 1996; Tjadens and Pihl 2000; Thorslund 1991). These changes could have a negative impact on informal care system, since they represent a diminution of family and informal care network availability to care for people in need, especially for those who need care the most: the elderly (Twigg and Atkin 1994; Nolan et al. 1996; Thorslund et al. 2000; Thorslund 2004).

But according to some studies (Jeppsson Grassman and Svedberg 1996; Parker 1998; Scharlach et al. 2003), there is little evidence of reduced availability to provide help to those who need family care. Population studies in the UK, Norway, Sweden and the United States show a stable pattern on the prevalence of informal care from the point of view of those who provide this support over time. The conclusion drawn from these studies is that there is no direct link between social change and the decline of providing informal help for those in need, such as the elderly.

The fact that nuclear family is smaller than they used to be 50 years ago can be taken into consideration as a factor of diminishing family solidarity, which means that if in the future elder parents need help, less children can contribute. However, research results have shown that fewer children are associated with more consistent and frequent contacts and types of support for the elderly parents (Spitze and Logan 1991), this being true for biological children. However, older people having only stepchildren receive less support than those who have biological children (Conney and Uhlenberg 1990; Pezzin and Steinberg Schine 1999).

Taking into consideration the attitude towards elder care, according to Eurobarometer rapports, there still exists a strong feeling of reciprocity and altruism among young adults and the elderly. Thus, one third of young people surveyed in the European Union believe that their generation has a responsibility to care for elderly and only 5% of young people included in the research do not want to get involved in supporting elderly relatives (European Commission 1997). The attitude of the Romanians on the roles of elderly care and material support analysed in Generations and Gender Survey (2005) reveals a strong traditional direction, that is, 67.5% of respondents believe that the family has a duty to provide home care for the elderly (Hărăguş 2012).

Partners are the closest sources of support, providing support for elderly intimacy and attachment needs, especially when the quality of relationships is high (de Jong Gierveld et al. 2009; Pinquart 2003; Schoenmakers et al. 2014). Actual support for the elderly is mostly offered by their partners, since this is an informal support. If the partner is absent or cannot offer help, adult children are next in line dealing with their elderly parents (Dooghe 1992; Cantor 1979; Shanas 1979). Studies in different countries show that the vast majority of the elderly who need assistance with personal care activities and daily activities or management of household activities, receive support from their partner if any (de Jong Gierveld and van Tilburg 1989; Dooghe 1992; de Jong Gierveld 2004). Thus, couples are in a better situation than those who live alone, especially women. Partners usually serve as the best provider of emotional and lengthy instrumental care. Almost all male partners depend on the support provided by their wives (Kendig et al. 1999). Given the fact that older men are more likely to be married than older women, with very few variations in Europe, being old leads to different implications for men and women. For men to be old is to have a partner available for assistance and care. For women, generally it means being without a partner, being forced to turn to other people when they cannot cope alone.

Besides partners, adult children of elderly parents provide practical support for household bills, transport, taxes, as well as emotional support through visits and telephone conversations (Cantor 1979; Klein Ikking 1999). Thus, children are the most important pillar of support for parents who live alone or have partners unable to support them. It is known that the help provided by adult children is influenced by recent changes in family structure. For many people, their relationship with adult children represents a constant factor in life, especially when compared to other types of relationships (van Tilburg 1998). However, there is substantial diversity between child-parent relations. Silverstein and Bengtson (1997) distinguish different types of

intergenerational relationships including tight relations, where adult children have positive scores for all types/dimensions of solidarity and detached relationship, where adult children have negative scores on any of the solidarity dimensions.

Among the factors associated with children support for parents it can be mentioned the number of children alive, the distance between children and parents, the reasons that guide the children, financial gifts from parents, parental income and labour market status of the child (Mancini and Blieszner 1989; Dooghe 1992; Henretta et al. 1997; Silverstein et al. 1995, de Jong Gierveld and Dykstra 2002). In this respect, divorced elders receive support from their children to a lesser extent than those who are married (Dykstra 1998). These results were confirmed for a sample of elderly people who needed help with daily activities, regardless of the presence of a new partner. Elderly widowers who have not remarried receive more support than others (de Jong Gierveld and Dykstra 2002), but there are many elderly who have experienced a divorce and are living alone without being widowed. The results of a study by Stuifbergen et al. (2008), indicate that single mothers were more likely to receive help than mothers with partners, whether they were divorced or widows. Moreover, widow fathers received more support but only with housework. The most important motivation for offering support proved to be a good relationship between parent and child, while subsidiary obligations proved to be less motivating, especially in providing social support.

Regarding the exchanges between children and parents, adults used to support their parents by providing household help and personal care, while parents provide financial support to adult children (Hagestad 1987). When parents start having health problems, children increase in intensity the support offered (Broe van Groenou and Knipscheer 1999): the sons offer instrumental support while daughters offer emotional support. In cases of crisis and prolonged suffering, both sons and daughters continue to meet the needs of support (Eggebeen and Adam 1998).

Based on data provided by the Survey of Health, Ageing and Retirement in Europe, the second wave, Rodrigues et al. (2012) have analyzed the categories of people (men or women) who need care the most. The results indicate that elderly women are more likely to live most part of their old age suffering from chronic health problems than men do. This has a direct impact on their need for support from family and friends. In this sense, women are receiving more informal support than men, a situation that is valid in all countries studied and for all age groups. Gender differences regarding informal support received are higher for the 75+ age group and it can be applied to

those countries where informal support is widespread, such as the Czech Republic, Austria, Germany, Poland and Italy. The intensity of informal care is already more pronounced and evident in age groups up to 70 years in familialistic states, where this task belongs primarily to family members. The intensity of informal support offered to the oldest age groups is six times higher in Greece, Germany and Poland as compared to Netherlands and Denmark for the same age groups. In Southern and Eastern European countries the intensity of informal support may have higher values than the values expressed in the above mentioned countries, due to the fact that co-residential personal care is more common in these countries.

## 2.2. Emotional needs

Besides daily activities care and instrumental care (covering operational needs), an important category of elderly needs which often remain uncovered (unmet needs) are the emotional needs, characterized by the emergence of feelings of loneliness and depression. Most often the lack of emotional support intensifies with ageing, other causes include loss of employment or retirement, friends' or partner's death and the difficulties they face in trying to replace these relationships (Rodrigues et al. 2012).

### *2.2.1. Loneliness*

Loneliness is one of the most important indicators of social welfare. This indicator reflects the individual's subjective assessment of social involvement.

According to Perlman and Peplau (1981) loneliness refers to the unpleasant experience of an individual when the network of social relations is deficient either quantitatively or qualitatively. This can include situations where the number of existing social relations is less than desired, as well as the situations where privacy is not obtained by the individual (de Jong Gierveld 1987). Thus, loneliness is considered to be an expression of negative feelings related to the lack of social relations, and this condition can occur at all ages.

In an effort to operationalize the concept of loneliness, Weiss (1973) made the distinction between emotional loneliness, which refers to the absence of intimate relationships and attachment (either with partners or close friendships), and social loneliness, referring to the absence of social connections group (friends, colleagues, neighbours etc.)

Regarding measuring emotional needs, specifically loneliness, in the field of large scale social researches De Jong Gierveld six-item scale is often used (De Jong Gierveld and van Tilburg 2006), without reducing the efficiency of the 11-item scale developed by the same researchers (De Jong Gierveld and

van Tilburg 1999). The scale encloses three negatively formulated items: "I miss having people around", "I experience a general sense of emptiness", "Often, I feel rejected" and three positively formulated items: "There are plenty of people that I can lean on in case of trouble", "There are many people that I can count on completely" and "There are enough people that I feel close to". It is important to point out that none of the items refer exactly to loneliness. The 6-item scale have three types of responses: "yes", "more or less", "no".

Loneliness can occur in all age groups but is most common in old age. But ageing is not necessarily responsible for the development of loneliness in this period of life (Aylaz et al. 2012). However, advanced age was regarded as one of the causes of loneliness as a result of a study on the causes of loneliness on a sample of 6,786 Finnish elderly (Savikko et al. 2005). The same study converge on the idea that loneliness can play an etiologic role in the development of physical and mental health problems in elderly individuals.

On the national level, Faludi (2013) shows that elderly without children and parents who do not live with their children are most exposed to loneliness. Among the most protected of loneliness are elderly parents living with their partner and having non-resident children and the elderly without children living with partner.

The study of Hawkley et al. (2008) reveals that several factors, including the socio-economic (education, income), mental and physical health, social roles (spouse, partner) are more or less directly associated with the size, composition and perceived quality of an individual's social network, and these variables are determinants of loneliness. Specifically, researchers have turned their attention to the loss of a close friend and partner, poor health and financial pressures which are directly related to events and transitions in later stages of life. In this respect, the researches on elderly loneliness are validated, which is particularly important for policy makers.

A more detailed analysis of the factors/determinants of the state of loneliness among the elderly indicates the following as important: the presence or absence of a partner (Waite and Gallagher 2000; Dykstra and de Jong Gierveld 2004); the way in which family relations function, especially parent-child relationship or even the existence of these relationships (Kitson and Morgan 1990; de Jong Gierveld and Peeters 2003; Pinquart 2003); friendship relationships and participation in voluntary activities, elderly clubs etc. (Van Tilburg et al. 1998; Wagner et al. 1999), personality traits (Jones and Carver 1991; Windle and Woods 2004); health (Havens and Hall 2001; Kramer et al. 2002; Steverink et al. 2001) and gender (Baltes et al. 1999). Among others,

some studies (de Jong Gierveld et al. 2006) have tried to explain why some elderly people feel lonely and others don't (self-perceived state of solitude), through the analysis of several aspects of their lives. Thus, loneliness may be associated with demographic characteristics such as gender, age, or other, for instance health and other elderly care needs and, in some cases, partners' needs (Beeson 2003). Other studies on loneliness try to explain the difference between the intensity of loneliness among the elderly who live alone and that of married couples.

De Jong Gierveld et al. (2009), working on married elderly, showed that men are exposed to a higher risk of social isolation than women. Emotional loneliness was associated positively with the size of the social network and the presence of instrumental support for the individuals in the study. Therefore, married elderly offering a greater instrumental help to the partner have a low risk of emotional loneliness. However, it was also found that respondents with functional needs are characterized by higher loneliness scores. Emotional loneliness affects more remarried women than men in the same situation. Respondents who do not have children or those who have rare contacts with their children (less than once a week), are in a more advanced state of social loneliness than those who keep constant contact with at least one child.

*2.2.2. Depression*

Along with feelings of loneliness experienced by the elderly, our focus is on states of depression developed by them, which we consider emotional needs, too. Depression is one of the most negative psychiatric conditions in old age. In the case of western society the prevalence rate of depression among the elderly vary from 1-4% for major depression symptoms to 8-16% for mild depression symptoms (Houtjes et al. 2014).

According to some studies (White et al. 1990; Blazer 2000), depressive symptoms are more common among oldest old, but the highest frequency is given by factors associated to old age, such as a higher proportion of women, physical disability, cognitive impairment and a low socio-economic status. When these factors are controlled there is no relation between depressive symptoms and age (Blazer 2003). Most cross-sectional or longitudinal studies on risk factors associated with depression linked this condition with the quality and size of social networks, stressful events and living conditions (Vink et al. 2008). However, the results of the research on the link between socio-demographic variables and depression are not consistent and valid. For example, many variations were discovered in connection with a high risk of

depression in the elderly, this risk being associated with ageing characteristics (van Ojen et al. 1995). A small part of studies have shown that low levels of education and unsteady income could be considered risk factors for depression and that women are more prone to this condition. On the other hand, religiosity has been identified in numerous studies as being a protective factor for the manifestation of depressive symptoms (Quin et al. 1996).

Murphy (1982) identified a strong association between daily stress and the onset of depression in old age. Precise information about the contribution of everyday stress in the onset of depression in old age is important because the prevalence of depressive episodes at this age is significant (Koenig and Blazer 1996; Beekman et al. 1999).

No less important is the relationship between functional status of elderly and depression. The manifestation of depressive symptoms is associated with impaired functional status (Blazer et al. 1991; Hays et al. 1997; Bruce 2001) and also affects evolution of diseases/disabilities over time (Bruce and Leaf 1989; Alexopoulus et al. 1996). Even the less severe symptoms of depression, like depression without sadness, are associated with a decline in functional status (Gallo et al. 1997). The relationship between depression and functional status is quite complex. In a research Steffens et al. (1999) found that subjects who had problems in basic activities of daily living (ADL) had fewer depressive symptoms than those who were suffering from major depression, these having difficulty performing instrumental activities of daily living (IADL). Valvanne et al. (1996) demonstrated that there is an association between major depression and dysfunction in performing instrumental activities such as cooking, shopping, taking care of the household and in the basic activities (ADL) such as washing, personal hygiene, dressing etc.

Results of cross-sectional study (Houtjes et al. 2010) shows that the severity of depression is associated with numerous social and emotional unmet needs for patients of old age, including the need for companionship, the need for intimacy and need to perform daily activities. In the case of older people with chronic depression, a well-documented study (McCullough 2003) shows that the relationship with friends and relatives is affected in a negative way because of persistent attitudes of lack of hope and lack of assistance expressed by elderly which are combined with feelings of frustration and burden for the members of the social network. The link between depression in old age and low social support has been proved by numerous studies. For example, in a study in Hong Kong (Chi and Chou 2001), social support deficit and depression were closely related (including the size of the social network, the network structure, frequency of social contacts, quality of social support

received and emotional support received). Some researchers (Cumming and Henry 1961; Lewinsohn et al. 1989) have even tried to link disengagement theory (much debated in the literature) with ageing and depression, suggesting that some symptoms of depression, such as lack involvement in social activities and lack of self-involvement are features of older people. Thus, it is likely that older people who are less engaged in social life to be exposed to depressive symptoms.

Some studies have shown that symptoms of depression in old age varies by gender and age. Thus, the prevalence of depression during life among adult women is two times higher compared to men (21% women and 13% men) (Bebbington et al. 1996; Kessler 2006).

Working on longitudinal data, Sonnenberg et al. (2013) found that respondents without a partner in the household and with low emotional support often manifested depressive symptoms, while men showed higher rates of depression than women. A great need for affiliation was associated with depression among women, but not in men.

There is a very close relationship between loneliness and depression symptoms. Loneliness among the elderly predict the need for increased use of health services and early institutionalization. It was also shown that loneliness is a predictor for the occurrence of mental illness in old age (Fratiglioni et al. 2000; Tilvis et al. 2000) and increased risk of mortality (Herlitz et al. 1998; Tilvis et al., 2000). There is evidence from longitudinal research which states that an intensification in depressive symptoms may lead to increased feelings of loneliness (Holmen and Furukama 2002; Heikkinen and Kauppinen 2004).

In conclusion, in old age, changes in social and emotional support can occur because of changes in health, in functional capacity and living arrangements. Therefore, studies that focus on the elderly are useful in acquiring a better understanding on the positive social relationships and the risk effects on loneliness and depression. The results of these studies may lead to improved methods of intervention in treating mental illness in the elderly and identifying measures to support their welfare.

### 2.3. Research hypotheses

Review of literature in the filed has shown that the elderly have different needs, from the actual care and actual help to the emotional needs resulting from feelings of loneliness or depression. When there aren't enough formal support services for the elderly and when the family members, the main providers of support, fail to meet the expectations and requirements of the elderly, unmet needs occur. Unmet need can be described as a shortfall between the care and

support a person needs and what they actually receive (Cordingley et al. 2001; Vlachantoni et al. 2011). Such a situation can have adverse consequences on the health and welfare of the person.

Based on the results of previous studies, we can formulate the following hypotheses:

1. *Provider's absence*. It has been noticed that the life partner is the main support provider for the elderly, leading to the first hypothesis: Provider's absence increases the likelihood of elderly unmet support needs situation. These considerations are extended to the existence of children and the distance between them and their parents. When respondent's children live in another town or the respondent does not have children, there is an increased likelihood that he/she is in a situation where his/her support needs are not met.
2. *Gender*. Since men rely more on the support of their partners than vice versa and women receive more informal support than men, it is expected that single men are most exposed to situations of unmet needs.
3. *Deficiencies in the functional status of the elderly* are linked to the incidence of depression. We consider that limitations in performing daily activities due to chronic conditions or disabilities make contacts with others difficult and lead to situations where seniors experience negative emotions (depression, loneliness), without speaking to anyone about them. We expect, therefore, that the deficiencies in functional status or poor health to increase the likelihood of a situation of unmet needs.
4. *Poverty*. Financial difficulties and a low standard of living can accentuate negative emotional states and can also be associated with social isolation. Therefore, we expect financial difficulties to increase the likelihood of a situation of unmet needs.

## *3. Data and Method*

In order to investigate the needs of the elderly and the support received we use data from Generations and Gender Survey (GGS) for Romania. Being interested in the care and support needs associated with old age, we focus on people aged 65 and over. Thus, the working sample consists of 2,715 people.

Firstly we carry out a descriptive analysis of the needs of the elderly, grouping them into two categories: 1) functional needs, as a result of poor health status (long standing illness or chronic condition), health related limitations or disabilities, need for help for personal care, and 2) emotional needs, resulted from feelings of loneliness or depression. For multivariate analysis we use logistic regression. The dichotomous dependent variable was constructed by reporting support received by the elderly to their needs for

support: when a person displays a particular need for help and he/she does not receive any support in relation to that, we considered that person to have unmet support needs. Thus, the working sample for each type of unmet need include people who face that particular type of need.

We wanted to grasp the situation for emotional support as well as for care and help with daily activities. In order to estimate the emotional needs we used the scales employed by GGS: the short 6-item version of the De Jong Gierveld Loneliness Scale (De Jong Gierveld and Tilburg 2010), accounting for social and emotional loneliness, and a shortened version of the depression-scale (De Jong Gierveld and Havens 2004, Tilburg et al. 2004). If a person registers a score greater than zero on one of these scales of loneliness or depression (that is, he/she has emotional needs) and does not receive emotional support (do not communicate with anyone about personal feelings and emotions), then we consider that the person is in a situation where his/her support needs are not met.

The GGS registered the help received for performing normal activities such as eating, getting out of bed, dressing, washing or using the toilet only by people who have declared that they need such help. As a result, the working sample in this case contains only 128 individuals.

In order to test the hypotheses we have developed a number of independent variables. We have built a combined variable that includes the existence or absence of a partner and gender of the person, including four possible situations: single woman, single man, woman with partner, man with partner. The variable on the respondent's children include three categories: the child lives in the same household or in the same locality as the elderly parent; child lives in another town; the respondent has no children. To capture self-rated health we have reduced the original variable in three categories: good, satisfactory (fair) and poor. To describe the functional status of the elderly, we used the variable referring to the existence of a limitation of the ability to take part in normal activities because of a physical or mental health problem or a disability. As an indication of the financial difficulties elderly face the variable used tried to estimate how well or poor a person is doing, taking into account the income of all household members. We used two control variables: the age group, with four categories: 65-69 years, 70-74 years, 75-79 years and 80 years and above, and their residence: urban or rural. We built logistic regression models to estimate the effect of independent variables on the likelihood of the elder being in a situation where his/her needs are unmet, taking into account the emotional needs - loneliness, depression - and the care needs.

## *4. Results*

Health issues determine the functional needs of the elderly. When self-rating health, most of the respondents (48%) choose "fair", and 30% assessed it as poor or very poor. 48% of elderly say that they suffer from a chronic or long standing illness condition, 61% for 5 years or more. 22% say they suffer from a limitation of the ability to participate in normal activities because of a problem or a mental or physical disability and 53% of them had been facing such a disability 5 or more years. Only 4.7% of respondents say they need help to perform normal activities such as eating, getting out of bed, dressing, washing or using the toilet (see Table 1).

As stated above, receiving help for such tasks was recorded only in the case of the 128 people who answered yes to the previous question. We feel that this is a too narrow definition of the need for help for daily activities and, thus, the elderly who have poor health, chronic diseases or diseases of long duration, or faced with certain disabilities would find in the situation of needing care and practical help. In their case, however, the care received was not counted. Of the 128 elderly who have severe functional needs, 23 (18%) did not receive such aid in the past 12 months, which means they have been in a situation of unmet care needs (Table 3).

In terms of emotional needs expressed by experiencing the feelings of loneliness and depression, only 2% of people did not mention any experience associated to the feelings of loneliness, while 12% had high score on both dimensions of loneliness (social and emotional). The feelings associated with depression experienced by the elderly are less experienced than those of loneliness: 70.8% of the elderly did not mentioned any feelings associated with depression (see Table 2). Reporting needs to received emotional support, we find that 64.5% of those with emotional needs generated by loneliness and 64.7% of those with emotional needs generated by depression do not talk to anyone about their experiences and feelings (situation of unmet emotional needs) (Table 3).

*Table 1. Care needs of the elderly*

| **General health status** | | | **Any health-related limitation or disability** | | |
|---|---|---|---|---|---|
| | **Freq.** | **%** | | **Freq.** | **%** |
| Very good and good | 593 | 21,9 | yes | 593 | 21,8 |
| Fair | 1307 | 48,1 | no | 2122 | 78,2 |
| Bad and very bad | 815 | 30,0 | N | 2715 | |
| N | 2715 | | **Duration of health-related limitation or disability** | | |
| **Any long-standing illness or chronic condition** | | | less than 6 months | 27 | 4,6 |
| yes | 1304 | 48,0 | 6 months to one year | 36 | 6,1 |
| no | 1411 | 52,0 | 1 year to 5 years | 218 | 36,8 |
| N | 2715 | | 5 years to 10 years | 128 | 21,6 |
| **Duration of long-standing illness or chronic condition** | | | 10 years or more | 184 | 31,0 |
| less than 6 months | 33 | 2,5 | N | 593 | |
| 6 months to one year | 50 | 3,8 | **Any regular help needed in personal care** | | |
| 1 year to 5 years | 420 | 32,2 | yes | 128 | 4,7 |
| 5 years to 10 years | 334 | 25,6 | no | 2587 | 95,3 |
| 10 years or more | 467 | 35,8 | N | 2715 | |
| N | 1304 | | | | |

*Source:* Generations and Gender Survey, authors' calculations.

*Table 2. Emotional needs of the elderly*

| Social loliness | | | Depression | | |
|---|---|---|---|---|---|
| | Freq. | % | | Freq. | % |
| ,00 | 690 | 25,4 | ,00 | 1921 | 70,8 |
| 1,00 | 337 | 12,4 | 1,00 | 255 | 9,4 |
| 2,00 | 418 | 15,4 | 2,00 | 179 | 6,6 |
| 3,00 | 1270 | 46,8 | 3,00 | 107 | 3,9 |
| Total | 2715 | 100,0 | 4,00 | 89 | 3,3 |
| Emotional loneliness | | | 5,00 | 65 | 2,4 |
| | Freq. | % | 6,00 | 50 | 1,8 |
| ,00 | 287 | 10,6 | 7,00 | 49 | 1,8 |
| 1,00 | 1237 | 45,6 | Total | 2715 | 100,0 |
| 2,00 | 676 | 24,9 | | | |
| 3,00 | 515 | 19,0 | | | |
| Total | 2715 | 100,0 | | | |

*Source:* Generations and Gender Survey, authors' calculations.

*Table 3. Unmet emotional and care needs of the elderly*

| Unmet needs | | |
|---|---|---|
| Emotional (lonliness) | N | % |
| Need | 2664 | |
| Support | 946 | 35,5 |
| Unmet needs | 1718 | 64,5 |
| Emotional (depression) | N | % |
| Need | 794 | |
| Support | 280 | 35,3 |
| Unmet needs | 514 | 64,7 |
| Care | N | % |
| Need | 128 | |
| Support | 105 | 82,0 |
| Unmet needs | 23 | 18,0 |

*Source:* Generations and Gender Survey, authors' calculations.

Turning to the results of regression models (Table 4), we can see that the partner's absence increases the likelihood of a person to be in a situation of unmet emotional needs. In the case of emotional needs generated by loneliness, both single women and single men show increased likelihood of being in a situation of unmet needs, the effect being stronger for men. In the case of emotional needs generated by depression it is observed that only single men show a high likelihood of being in a situation where their needs are unmet, compared to the reference category of men with partner, which shows that women have a more important role than men in providing emotional support for the partner. In the case of needs generated by loneliness we can see that women having a partner are less likely to find themselves in a situation of unmet needs compared to men with a partner.

Also regarding the existence/proximity of support provider we unexpectedly find that not the closest proximity of children is associated with the lowest chances of occurrence of unmet needs situation. On the contrary, when children live in another place than the respondent there is the least likelihood of unmet needs. Perhaps greater spatial distance is offset by more frequent contacts and of higher quality compared to a larger geographic proximity (even co-residence), when besides the easier exchange of support conflicts may occur. The absence of children has the expected effect: it increase the chance of a situation of unmet emotional needs, but only in the case of those generated by loneliness.

Health condition does not appear to be associated with unmet emotional needs. The existence of a disability is associated with unmet needs, but not in the sense that we expected: if the person suffers from a limitation of the ability to perform daily activities, this decreases the chances of being in a situation of unmet emotional needs, both for those generated by loneliness and those generated by depression. It seems that the limitations of elderly activity are offset by more frequent contact with family and friends.

Financial difficulties or age group are not associated with the situation of unmet needs. The elderly in rural area are more likely to have unmet emotional needs than those in urban areas, but only in the case of the needs generated by loneliness.

*Table 4. Results of logistic regression models, the odds ratios for occurrence of unmet emotional needs situation*

| | Unmet needs - loniness | | | Unmet needs depression | | |
|---|---|---|---|---|---|---|
| | Frequency | Exp(B) | Sig. | Frequency | Exp(B) | Sig. |
| Partnership situation | | | | | | |
| Woman alone | 786 | 1,20 | ,097 | 372 | 1,15 | ,526 |
| Man alone | 273 | 1,61 | ,003 | 136 | 1,66 | ,063 |
| Woman with partner | 685 | 0,79 | ,023 | 152 | 0,74 | ,218 |
| Man with partner | 920 | 1 | | 134 | 1 | |
| Children | | | | | | |
| Coresident or non-resident in the same locality | 783 | 1 | | 226 | 1 | |
| Nonresident in different locality | 1314 | 0,84 | ,092 | 353 | 0,67 | ,038 |
| No children | 567 | 1,26 | ,056 | 215 | 0,96 | ,847 |
| Health | | | | | | |
| Good | 579 | 1 | | 80 | 1 | |
| Fair | 1279 | 1,14 | ,232 | 303 | 0,94 | ,821 |
| Bad | 806 | 1,07 | ,614 | 411 | 0,84 | ,555 |
| Disability | | | | | | |
| Yes | 584 | 0,55 | ,000 | 293 | 0,69 | ,036 |
| No | 2080 | 1 | | 501 | 1 | |
| Able to make ends meet | | | | | | |
| With great difficulty | 568 | 1,41 | ,116 | 281 | 1,62 | ,296 |
| With difficulty | 468 | 1,28 | ,257 | 158 | 1,83 | ,202 |
| With some difficulty | 682 | 1,12 | ,602 | 175 | 1,70 | ,258 |
| Nor with difficulty, nor easily | 829 | 1,20 | ,380 | 157 | 1,31 | ,563 |
| Easily | 117 | 1 | | 23 | 1 | |
| Age group | | | | | | |
| 65-69 | 1005 | 1 | | 256 | 1 | |
| 70-74 | 900 | 0,95 | ,601 | 251 | 0,92 | ,681 |
| 75-79 | 712 | 1,07 | ,517 | 269 | 0,87 | ,484 |
| 80+ | 47 | 1,76 | ,113 | 18 | 1,16 | ,791 |
| Type of settlement | | | | | | |
| Rural | 1618 | 1,42 | ,000 | 479 | 1,19 | ,289 |
| Urban | 1046 | 1 | | 315 | 1 | |
| N | 2664 | | | 794 | | |

*Source:* Generations and Gender Survey, authors' calculations.

The regression model for unmet care needs do not provide any significant statistical effect for the independent variables included, and therefore we choose not to show results here. Besides the very small sample, probably in this case it matters the type and severity of a person's physical disability, facts that were not captured in the data we used in this research.

### *5. Conclusions and discussion*

Numerous studies addressing the situation of elderly people indicate the diversity of needs that they face; the elderly need care, but they also have psycho-affective problems, needs of relating with others or with the authorities, of participating in the working life, of having access to various public services. The role of the family - the partner and children - is essential in providing various types of support, depending on the problems faced by the elderly. Various studies have shown the effect of factors on the likelihood of receiving support: the existence of partner, spatial proximity of children, the need of support, health status, etc. Our study tries to complete the image of intergenerational support, addressing the issue of unmet needs, that is the situation when certain support needs exist, but the elderly do not receive support in that regard. We have observed what factors are associated with such unmet needs situations, referring to both the functional needs, which require instrumental support, as well as to emotional needs generated by loneliness or depression.

Generations and Gender Survey research tool adopted a too narrow definition of functional needs, regarded as the need for help to perform normal activities such as eating, getting out of bed, dressing, washing or using the toilet. We believe that the presence of a disability, defined as a limitation of the ability to participate in normal activities because of a problem, a mental or physical disability or a chronic illness, can be considered situations associated with less severe instrumental needs. Maybe because only severe instrumental needs were taken into consideration, our independent variables showed no significant statistical effect. Probably in these cases it may be the type and severity of the condition of the elderly (not recorded in GGS) which determine receiving or not support and therefore possible situations of unmet needs.

As for the unmet emotional needs we have discovered that partner's absence is strongly associated with a situation of unmet emotional needs, as we expected. The absence of children (being childless) also increase the likelihood of loneliness-related unmet emotional needs, but a close proximity to the children is not always emotionally beneficial since conflicts can occur. It seems that weaknesses in the functional status of the elderly are associated with more

frequent interactions with close people and, thus, with a low likelihood of having unmet emotional needs. Poor health or financial difficulties do not have significant statistical effects on the likelihood that the person experiences unmet emotional needs.

The main limitation of our study is related to investigating care needs in relation to the support received, where we failed to find factors associated with this situation. We ascribe this, as we mentioned before, on GGS focus on severe functional needs, which likely involved factors other than those investigated by us. Beyond these limits, we believe that our study approaches the dimension of intergenerational support which should not be ignored, namely those situations where there is a need of support which the elderly do not receive. Therefore, the needs of the elderly can worsen, with harmful consequences on their welfare.

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