



Attitudes, experiences and expectations on long-term care in Moldova

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Key findings

- ▶ Informal care plays a major role in Moldova with more than 70% of men and women reporting feeling obligated to provide care despite negative impacts to their well-being and career.
- ▶ A majority of individuals would prefer to receive informal care over professional care options (i.e. home care, in an institutional setting, etc.) in the future if they were to need care in older age.
- ▶ There is a seeming shift among respondents away from traditional values that place responsibility on children to provide care for their parents, towards attitudes that support the state in organizing, providing and financing care.
- ▶ Availability, quality and cost of home and residential care were rated almost equally as barriers to paid care (although less of an issue in rural areas), emphasizing the need to invest in care infrastructure and financial support in covering services.

Introduction

In its early stages of development, long-term care (LTC) is not yet defined in Moldova as a system, but rather consists of care-related services provided through its social protection system. As in many countries, the proportion of the population aged 60 and older in Moldova is anticipated to increase, raising the importance of further development of the care system moving forward. Alongside being in an early stage of development, little is known about the experiences, expectations and attitudes towards LTC of individuals living in the country. This research note aims to fill this gap by presenting novel data collected on attitudes, experiences, and expectations on LTC of individuals living in Moldova and the policy implications for the further development of the Moldovan LTC system.

Fragmented from the healthcare system itself, LTC in Moldova is governed by the Ministry of Labour and Social Protection and financed by a combination of state, local public authorities, and social service providers' budgets. While limited, social assistance for people receiving LTC consists of financial support (i.e. compensation, allowances, etc.) and in-kind services. Services are provided by local level authorities and range from social home care to day care center, to temporary placement centers for those with disabilities. Strong family traditions and intergenerational solidarity, as well as availability and cost barriers and unclear referral mechanisms for services, have resulted in the family being primarily responsible for the care of their older family members^[1]. Formal employment options also exist for informal carers: individuals who look after a person with severe disability can be-

come a paid service provider, employed by the state within the confines of the formal care sector.

Research questions

Our study aimed to explore individuals' experiences, expectations and attitudes towards LTC in Moldova. Moreover, we aimed to explore differences in these views based on gender, age and place of residence (i.e. urban or rural living). Among many, we focused particularly on the following research questions in this research note:

- 1) What barriers have individuals faced in accessing care for their loved ones?
- 2) What impacts has informal care had on individuals in terms of well-being and career?
- 3) What type of care would individuals prefer (and expect) to receive in future if needed? How do they think care should be financed and organized by the state?

Data and Methods

The results presented in this research note are based on novel data on attitudes, experiences, and expectations on long-term care (LTC) in Moldova collected through a non-probabilistic online survey between September 2021 and February 2022 as part of the InCARE project. The results are presented in the form of summary statistics. We focus on presenting the results for Moldova, however, we occasionally provide the comparable results for EU countries in the sample [2] as grounds for contextualizing the results. Where appropriate, responses are disaggregated by gender, age, and region. We additionally present quotes from respondents left at the end of the survey to illustrate and emphasize certain findings.

The unweighted data reported is based on 336 responses from Moldova and 2042 responses from across EU countries. More than half of responses in Moldova (54%) are from people aged 30-59 years old, over-representing this age group by around 12 percentage points. Conversely, people aged 60+ are well-represented (20% vs. 18% in the actual

population), as well as younger adults (13% vs. around 12% in the actual population). Men (18%) are extremely underrepresented in the sample. The largest share of respondents are from rural areas (57%). A majority of respondents hold a university degree (66%), compared to approximately 20% in the country, while about 21% of respondents received their secondary education. The gender bias in the sample is evident through some of the results, such as where a higher proportion of men in the sample have provided care and have been impacted negatively in terms of their career. It is likely the case that those motivated by the topic of the survey, namely those with long-term care experience and those with poor experience concerning the sector, were more inclined to participate, and therefore, biased our results towards more negative experiences. At the same time, given the usual association of education with better socioeconomic position, the educational bias in the sample may contribute to an under-representation of barriers and poor experiences with care. Throughout the findings, we refrain from over-interpreting results that are likely to be the result of sample bias and highlight this as a potential explanation where possible.

Results

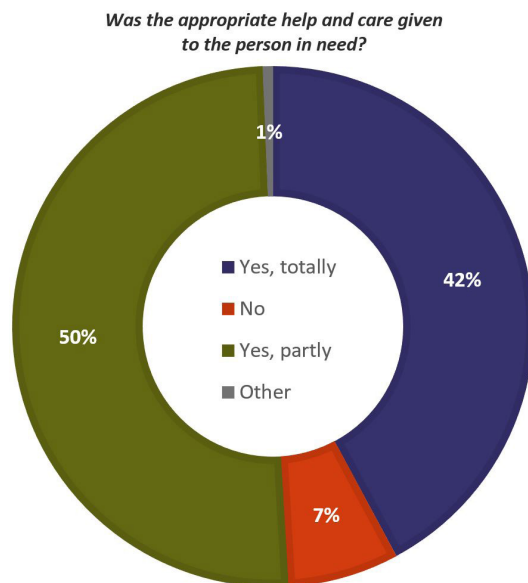
Experiences with care

Experience with care is pervasive among individuals in Moldova, emphasizing the scope and relevance of LTC in the country. Every second respondent from Moldova reported that someone close to them or they themselves have been in need of LTC in the last ten years, with limited gender and urban/rural differences. The proportion of respondents reporting knowing someone needing care increases with age, reflecting that the likelihood of experiencing care needs increases in later life. Around 33% of individuals aged 18-29 knew someone who needed care at some point, while 66% of respondents aged 60 years and older reported this.

Just over 41% feel that the person with care needs received appropriate care, while almost half of respondents feel this was partly the case (Figure 1).

Still, almost 7% of respondents think that the care received was not appropriate. A larger proportion of women (45%) reported that appropriate care was provided, compared to only 19% of men.

Figure 1: Share of individuals who stated their cared for person received the appropriate care in Moldova



Barriers to accessing care

Quality of home- and residential care service appears to be a greater challenge in Moldova than availability and cost in comparison to EU countries. Among respondents from Moldova, 20% perceive quality of home care as a barrier to accessing care (Figure 2). This is twice as many as in EU countries. In Moldova, 20% perceive both availability and cost as a barrier to home care, while around 17% view

availability and cost as a barrier to residential care. This was higher in EU countries.

Despite less community-based services available compared to urban areas, cost and availability barriers for care at home are expressed less frequently among people living in rural areas. The same was found for residential care in terms of availability barriers (28% vs. 8%). This surprising finding may be the result of better social connectedness of people in rural communities, where people in villages support each other, and therefore, reduce the need for formal services. There is only a small difference for barriers to residential care due to cost for people in rural areas and small to mid-size towns (about 15%), while one in five living in large towns report this barrier. Barriers due to quality in residential care are rated similarly in rural areas and large towns (15%), but are slightly lower in small to mid-size towns (10%). Respondents with less income (30% vs. 15% greater income) more frequently report cost as barrier to residential care.

Informal caregiving

Almost 40% of respondents report they have provided informal care to an older person. The share between men and women having provided care is almost equal, likely the result of sample bias and over-representation of men providing care. The proportion of people providing care in Moldova increases with age. The largest share of people providing care lives in big cities (45%), followed by people in rural areas (37%) and small to mid-size cities (34%).

Figure 2: Share of respondents reporting barriers to accessing care services (in %)

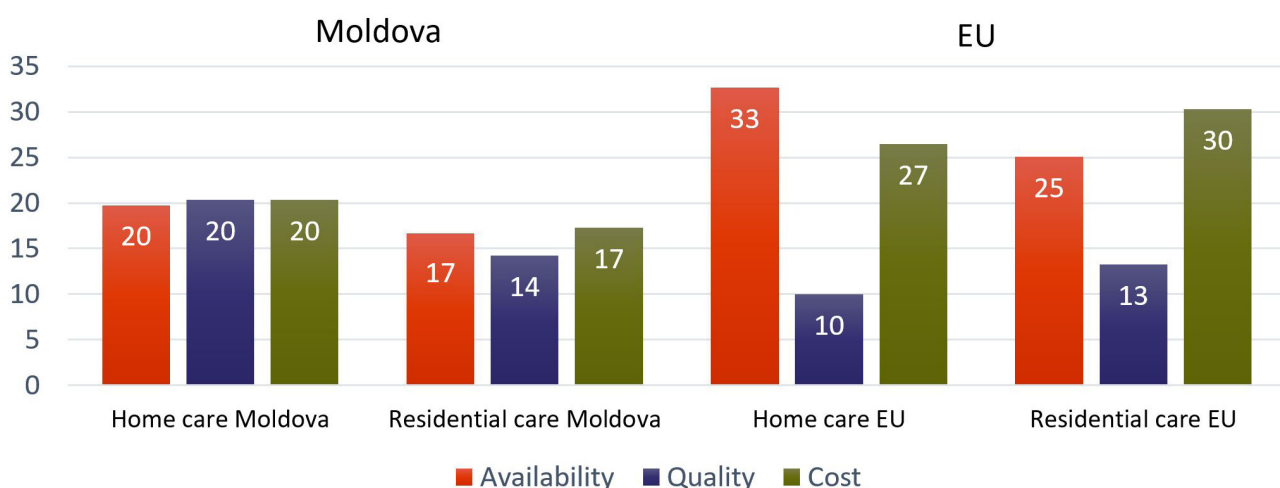
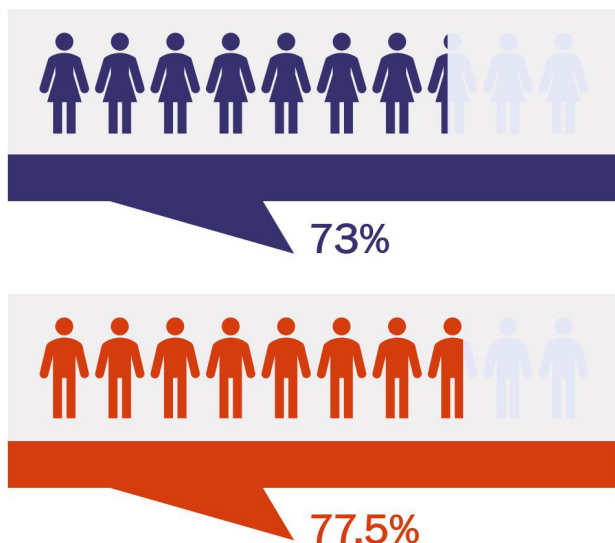


Figure 3: Share of respondents who perceive pressure to provide informal care (by gender, in %) in Moldova



Both women and men report experiencing a negative impact of informal care on labour market participation. Almost 40% of women and men report reducing their paid work to provide informal care and around 12% quit their job to care. Reducing paid work is more frequently reported among people living in rural areas (46%). A large proportion of both men and women in Moldova (over 70%) also report having had to provide care despite experiencing negative effects on their well-being (Figure 3). This is higher than in the EU countries surveyed. No substantial difference can be observed between carers living in rural (80%) or small to mid-size cities (85%), while the share is lower among people living in large cities (70%).

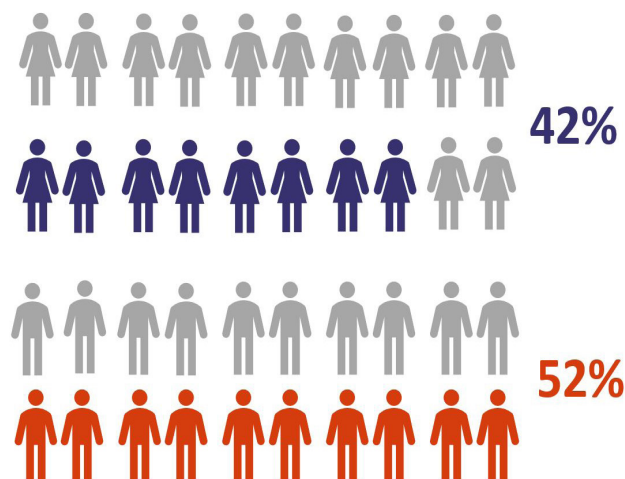
About half of male respondents from Moldova agreed that care should be provided by close relatives of the older relatives regardless of impacts on career, while around 42% of female respondents agreed with this statement (Figure 4). There was also a higher proportion of younger respondents aged 18-29 (51%) that agreed that care should be provided by a close relative compared to older respondents (38%). This may be due to fewer younger people being affected by care responsibilities.

Most men and women agreed that care should be equally divided among all members of a family. Slightly more people in rural areas and small to mid-size towns (77%) than in large cities (69%) also agreed with equal division.

Moldovan respondents largely disagreed with the

use of assets to pay for care (63%). Over 60% of women and men disagreed that if a person cannot pay for care from their own income, their flat or house should be sold or borrowed against to pay for care. There was no difference between people living in rural (55%) and small to mid-size towns (57%), while a slightly smaller proportion (50%) in large towns disagreed with this statement.

Figure 4: Share of respondents in Moldova who agree that "Care should be provided by close relatives of the older person with care needs, even if that means that they have to sacrifice their career to some extent"

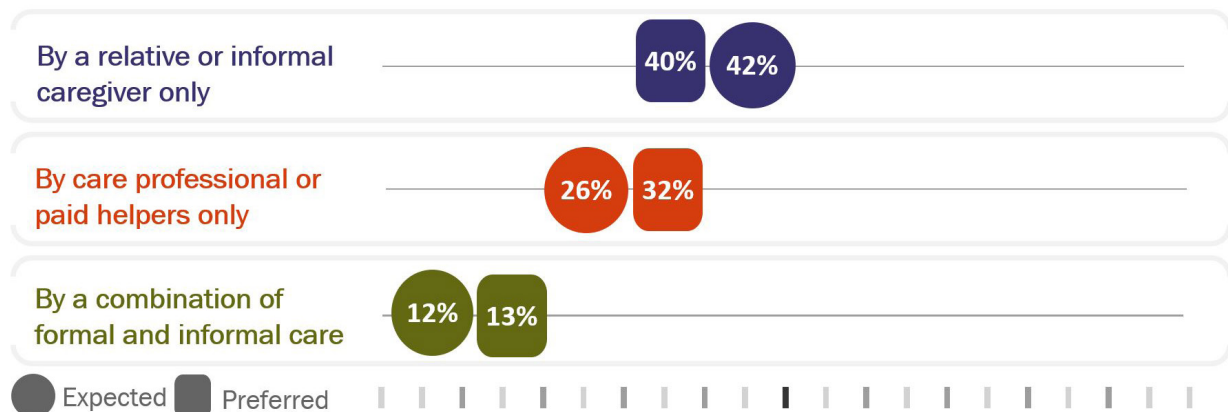


Expectations of Long-term care

Overall, women and men in Moldova have a positive outlook on the capability of LTC services in the country, with more than half of respondents expecting that they would receive the appropriate help in the future. This likely speaks to the strong family links and intergenerational solidarity that family and friends will provide care even in absence of formal service options. Respondents from rural areas (58%) are more optimistic compared to people from small to mid-size towns and large cities (around 50%). This optimism is also shared by a larger group of respondents aged 60 years and above (70%) and those 18-29 (64%) while the age group 30-59 (47%) is less certain.

Being asked for their preferred and expected way to receive regular help and LTC, all age groups prefer to be cared for in their own home. The possibility of being cared for by a relative is preferred by 40% over professional care or a combination of both (Figure 5).

Figure 5: Preferred and expected care arrangements (share of respondents, in %) in Moldova



Similar proportions of respondents also expected to receive this type of care. The higher expectation of informal care over formal and informal paid care may be linked to availability, quality and cost of formal care explored above. In contrast, in EU countries, a larger share of respondents prefers receipt of formal care (29%) or a combination of formal and informal care (24%) at home, while only 19% would prefer to be cared for by a relative.

Almost 12% of respondents (less than 10% in EU countries) would prefer to be cared for in a residential care facility. Younger respondents are more positive about receiving care in a residential care setting (10% - 14%), while this is the case for less than 3% of respondents aged 60 and above. A slightly larger share expects (15%, but less than in the European region: 26%) than prefers (11%) to be looked after in a LTC facility.

Attitudes towards care provision

Asked about the best option for an older person living alone with care needs, the largest group of respondents (38%) thinks they should be living with one of their children. The second highest rated scenario is that children should be regularly visiting their parents to provide care (24%). Professional care services in people's own homes are viewed as best option by 21% over a move to a residential care facility (13%). A greater proportion of men (30%; women 20%) rate public or private services in the person's own home as best option, while a larger share of women (13%; men 8%) choose residential care. Overall, a larger share of people with postgraduate qualification identifies paid services as the best option, while a larger share

of people with primary level education choose family care. These findings reiterate the importance of informal care in Moldova, but also indicate the key role that affordability of good quality paid care plays in people's choice.

Most respondents agree that the state should pay an income to those who give up working or reduce their working time to care for an older person (91%) and that providing care for a family member should be recognised as work and bring the same benefits as formal employment, including social insurance and a stable income (89%).

Over half of respondents from Moldova agree that caregiving roles are more natural for women than for men. This view was slightly more prominent among men (55%) than women (50%) (Figure 6). In EU countries, only 30% agree.

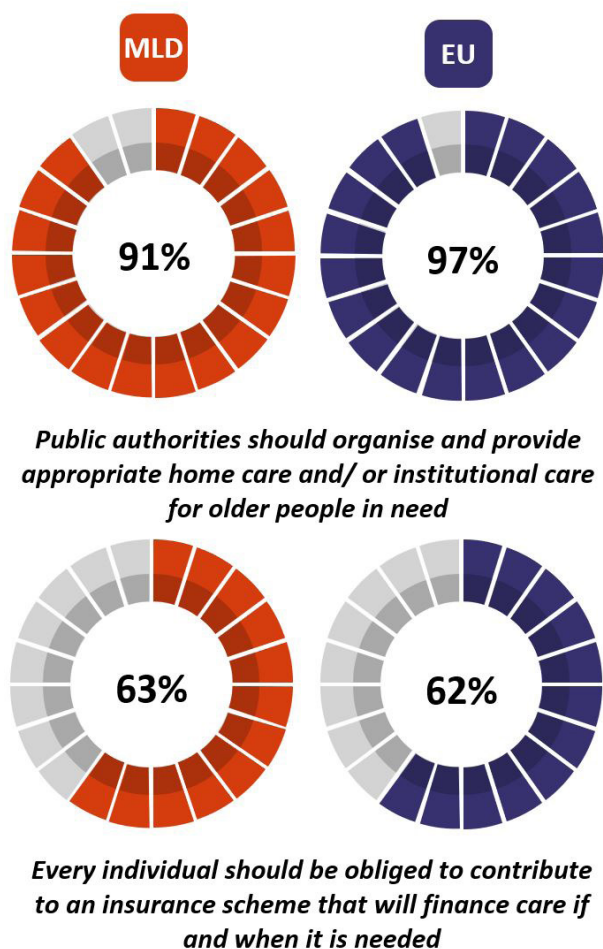
Figure 6: Share of respondents in Moldova who agree that "Caregiving roles are more natural for women than for men" (by gender)



Financing long-term care

Respondents are divided whether children should pay for the care of the parents if their income is not sufficient, with 51% agreeing that it is the children's responsibility (Figure 7). Across EU countries only 35% agree with children paying for their parents' care.

Figure 7: Share of respondents who agree with the statements...



Looking at the cost of home care and residential care, the largest group of respondents thinks that the state should pay for basic services (over 40%) followed by the state should cover all costs irrespective of the user's financial resources. A larger proportion of men than women and of those aged 60+ in comparison to the other age groups think that the state should cover all costs. A larger share of younger respondents is in favour of the state paying for basic services for both home and residential care.

Less than 20% of Moldovan respondents think that

users should contribute to the costs of care for both home and residential care only if their levels of income and assets are higher than those of the average older person in their country. In the EU countries, this was preferred by the second largest group (over 22%).

As similarly seen at the EU level, respondents in Moldova strongly believe that public authorities should organise and provide LTC for older people in need (91%), and see LTC insurance as a suitable way to finance care (63%).

Conclusions

With LTC in Moldova being in an early stage of development, barriers related to low quality of services, limited availability, and unaffordability (particularly among those with lower education) prevent individuals from accessing the care they need. Quality of services is deemed particularly low for both formal home care and residential care and likely influences the strong preference for informal care that we see amongst respondents. Few residential institutions in Moldova have the integrated assistance needed or ability to cater to social and medical needs and are instead frequently viewed by society as a form of abandonment of family[3]. Surprisingly, we find fewer barriers to accessing care in rural areas, which may speak to the better connectedness of individuals in rural communities than urban one. These findings more broadly make the case for much-needed investment throughout the country in expanding infrastructure for care, alongside promoting quality of services (including through training formal staff and quality standards) and increasing financial protection for care users, particularly for vulnerable individuals.

In line with a strong societal preference towards informal familial care in Moldova, many respondents, particularly older persons, report providing care. Despite informal care being the preferred form of care, the negative impact of it is substantial, with many individuals reporting negative impacts on their health and career. Informal care continues to be viewed by many as the role of women, in line with the current situation in the country where many women tend to

drop out of employment after the age of 55 to provide care. In addition to the state's intention to increase labour participation of women, which may help to reduce the gender gap in informal care, further social protection is needed to ensure that informal carers are supported and receive the recognition they deserve. Furthermore, investment in formal care services is needed to provide alternative options for families to ensure that informal caregiving is a choice and not a last resort.

At the same time, preferences appear to be at odds with attitudes towards familial responsibility for care. There is a seeming shift among respondents away from traditional values that place responsibility on children to provide care for their parents, towards attitudes that support the state in organizing, providing and financing care. This further substantiates a need for investment in formal care services and a shift to more responsibility on the state to provide and organize care. Current support by the state is limited to the most vulnerable individuals, while responsibility is otherwise placed on children/family to provide care. These findings suggest a need for expanding coverage and availability of benefits to a broader segment of the population in line with societal preferences and needs.

Community voices

"My biggest fear is that I will be powerless to support and provide for myself, as my family will be in a difficult financial and physical situation. And my future salary and pension will not be enough to cover all expenses." – Woman, 45

"In the Republic of Moldova social assistance is very poorly developed. My relative is in an institution. There is a great misery there, food, hygienic conditions, clothing..." – No gender provided, 62

"In the Republic of Moldova, the extended family does not want to take care of the elderly at all, they expect the state to give them everything [...]. But at the same time the services offered by the state are poorly developed, inaccessible to the person, expensive in relation to his income, harsh eligibility criteria. In general the elderly are left to their fate and die within days." – Woman, 36

"The state together with local authorities and NGOs should create care services both in rural and urban areas. For the vulnerable, the state should cover all care expenses." – Woman, no age provided

"More should be insured by the state, because children have their own families" – Woman, 64



Notes*

1. Republica Moldova – Studiul Generații și Gen (2020). Ministerul Muncii și Protecției Sociale al Republicii Moldova, Biroul Național de Statistică (eșantionul studiului), UNFPA, NIDI-GGP (partener și distribuitor)
2. The EU sample includes: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.
3. This was evidenced by one comment left by a respondent.

About the authors

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About the research note

The InCARE survey on attitudes, experiences and expectations on long-term care was carried out with the support of funding from the European Commission's EaSI Programme (VS/2020/0258) and a network of project collaborators throughout Europe (from September 2021 to February 2022). It contributes to the evidence-base building activities of the InCARE project, which aims to design a coordinated approach to developing long-term care policy and services through socially innovative and participatory decision-making processes. For updates on our progress and publications please visit <https://incare.euro.centre.org/> or subscribe to our newsletter [here](#) or by sending an email to cc@eurocarers.org.

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