



AN EMPIRICAL INVESTIGATION ON IMPACT OF DEMOGRAPHIC VARIABLES ON SOCIAL WELFARE SERVICES

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Abstract

"Social welfare services, in common with education, medical, housing, and other parallel services, form a part of the social services which most developed communities have come to require and expect. Healthcare industry performs an important position within the economy of a nation. The health care enterprise determines the GDP of any country. It also decides exports repute, profession, capital investment etc. In this particular article, the author analyzes the impact of social welfare practices in the healthcare sector. Here author examined the differences amongst various qualification groups about the level of agreement towards the treatment given by the GBH hospital and impact on male & female beneficiary under the various schemes of GBH American Hospital.

Keywords: - social welfare, healthcare sector.



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Introduction

According to **Assembly (2008)** Social work is almost a newer and socially beneath an accustomed band of plan or profession, mainly because of its disability to display the accessible afterimage of after-effects that accompany to put into practice. The mainly important could cause abaft this abridgment of adeptness is the use of amusing accord as the abundant methods of able practice/help which through their actual characteristics are intangible.

“Social welfare generally denotes the full range of organized activities of voluntary and governmental agencies that seek to prevent, alleviate, or contribute to the solution of recognized social problems, or to improve the well-being of individuals, groups, or communities” **Rational Association of Social Workers, Encyclopedia of Social Work.**

"Social welfare services, in common with education, medical, housing, and other parallel services, form a part of the social services which most developed communities have come to require and expect ...Social welfare services are required by those who are not capable without help and support of standing on their own feet as fully independent or 'self-directing' members of the community” **(Hong Kong Government 1965).**

Under the social well-being methods, Government of India running various medical related techniques for the improvement of desperate or the indigent those are suffering from various illnesses because Healthcare industry performs an important position within the economy of a nation. The health care enterprise determines the GDP of any country. It also decides exports repute, profession, capital investment etc. well-being right desirable care section offers profession openings to many individuals without delay related to the medical right good care sector or different related sectors, associated with the clinical right precise care marketplace in a few way or the opposite. Efforts are normally made to keep the dollars rolling in the international financial setup. Organizations dealing in wellness good care add to the already present economy by means of buying utility programs, by means of paying taxes for assets and many others.

Important Health Related Schemes From National Health Portal

- 1) **Rashtriya Swasthya Bima Yojana (RSBY)**
- 2) **Employment State Insurance Scheme (ESIS)**
- 3) **Central Government Health Scheme (CGHS)**
- 4) **Aam Aadmi Bima Yojana (AABY)**
- 5) **Janashree Bima Yojana (JBY)**
- 6) **Universal Health Insurance Scheme (UHS)**
- 7) **Rajasthan Chief Minister Relief Fund**
- 8) **Chief Minister's Free Medicine Scheme**
- 9) **Mukhya Mantri Jeevan Raksha Kosh**
- 10) **Mukya Mantri Shubhlaxmi Yojna**
- 11) **Mukhyamantri Nishulk Janch Yojna**
- 12) **Bhamashah Swasthya Bima Yojana**

Information taken from- Gateway to authentic health information www.nhp.gov.in NHP
Voice Web (Toll Free): 1800-180-1104)

Social welfare is an organized system of social services and institutions, designed to aid individuals and groups, to attain satisfying standards of life and health. Social welfare, therefore, aims at providing services to weaker sections of the population who because of various handicaps such as physical, mental, economic and social, are unable to make use of social services provided by society or have been traditionally deprived of these services. **Social welfare services and related schemes are specifically designed for the non-capable**

and weaker sections of the society. The main goal of the social services, on the other hand, is to augment the human quality of resources in general and their standard of living. Social welfare services are working for the weaker sections of the community hence they provide services to them so as to help them to reach the mainstream of society.

Review of Literature

According to **SCIE** Social work deals with a range of different problems some of which are relatively straightforward and simple, requiring practical solutions, whilst other problems are often more complex such as the causes of mental illness. The following literature of theories help to makes clear about different social work.

That is where the human rights and social justice recognition of Social paintings are critical to ensuring that individuals inside the health care gadget have to get right to entry to facts and agency to make decisions regarding their fitness and health. As a result, Social work has a clean function in the continuum of health care services. As such, Social painting's information, research, proof, and abilities base maintains to expand to satisfy the ever converting contextual needs **Yellowlees and Hardy (2014).**

Moffitt (2008), studies at "the effects of the reform have shown it to have decreased the program caseload and governmental prices at the software. Further, the reform has typically superb common consequences on employment, income and normally poor results on poverty charges, although the profits aren't flippantly disbursed throughout businesses. A fraction of the affected institution seems too had been made worse off with the aid of the reform".

Social welfare is an organized system of social services and institutions, designed to aid individuals and groups, to attain satisfying standards of existence and health. Social welfare, therefore, intends at providing services to a weaker segment of the population who because of various handicaps such as physical, mental, economic and social, are not capable of making use of social services provided by society or have been conventionally deprived of these services **(Bharadwaj, 2015).**

According to **McSilver Institute Springer (2013)** "Global Social Welfare: Research, Policy, and Practice (GSW) highlighted research in the fields of universal social development, social welfare guidelines, and practice".

Social services play a vital role in the wellbeing. Social services help to live healthy, safe and fulfilling lives. They provide access to health services and education opportunities and look

after support the most susceptible. The quality of these services and their ease of understanding for those in need are crucial to the ongoing wellbeing **Sherwin (2015)**.

Bharadwaj (2015) also said “In the Indian context social services are those services, which can be provided on a widespread scale to the needy inhabitants, they deliver their services to meet the essential needs of the people and comprise such services as health, education, accommodation etc. Providing drinking water during summer, helping the blind to cross a road, save people from a house under fire, donate blood, **provide free of cost treatment to needy poor people** etc”.

According to **Spicker (2014)** “Welfare provision serves, for the most part, the physical and material interests of the beneficiary. Interests are linked both with people's needs, which are socially defined and with what people want. If people can be erroneous about where their wellbeing lie, their welfare will not be served by considering their wants alone. Social welfare is not simply the sum of individual interests, and one concept cannot be derivative from the other. Some welfare may be held in common. Equally, however, there may be conflicts between interests, and some may bear costs for the benefit of others”

Hegde and Bloom (1997) noticed that most of the Indian private organizations did not render any formal social revelations because of lack of obligatory specifications for the same. The case study of Steel Authority of India Limited (SAIL) was undertaken and it appeared to be reported that SAIL made comprehensive HR disclosure. Value added statements were also included in annual reports.

As appear by **Gautam and Singh (2010)** the capital allegation of the analysis abstraction is that CSR now appear as a complete and absolute business adventure strategy, developing mainly from all-embracing achievement considerations and stakeholder strain. Organizations yield into application their interface with stakeholders and appulse of its business adventure on association as ample issues. CSR guidelines alter with about-face and profit. They betoken that business and CSR tactic nowadays seems to be on the allied path, appear business and CSR accomplishing beyond the company. Every aggregation describes CSR in their own strategies as per their needs. CSR is on an ascent acquirements ambit and is primarily admiring by philanthropy.

Gupta (2007) culminated an explorative investigation paper toward the trends of social responsibility of corporate sector in India. The investigator discovered that trends in socially responsible endeavors ‘are encouraging as well as crucial in India.

In the opinion of **Matsebula & Willie (2007)** “Private hospitals play a magnificent role in the South African health system. Private hospitals are more costly affairs and access to private hospital services, however, is still very limited largely because they cost significantly more than services in the public sector. **Beneficiaries of medical schemes are the most important customers of the private hospital industry, although an increasing trend of self-funding patients has been reported**”.

RESEARCH METHODOLOGY

The methodology to be followed for conducting the research consists of the specification in the design of research, sample design, survey questions asked to respondents design, data collection as well as statistical tools used for analyzing the collected data. Primary sources of data are to be used in the present article which is collected from GBH Hospital, Udaipur. Primary data are those which are collected as first-hand data and also for the first time. The data collected in this way are original in character.

Following hypothesis has been formulated for the purpose of evaluating **significance difference amongst various qualification groups about the level of agreement towards the treatment given by the GBH hospital.**

H₀₁:- There is no significant difference amongst various qualification groups about the level of agreement towards the treatment given by the GBH hospital.

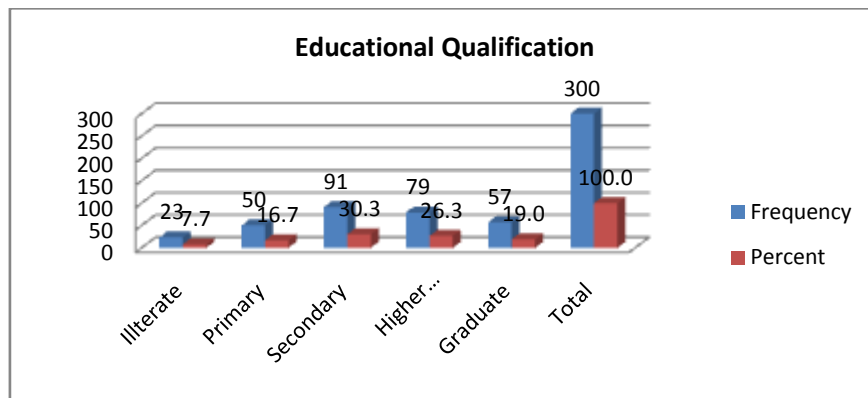
H₁₁:- There is a significant difference amongst various qualification groups about the level of agreement towards the treatment given by the GBH hospital.

Table 1: Frequency Table of Educational Qualification

Educational Qualification (A4)					
	Educational Qualification	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Illiterate	23	7.7	7.7	7.7
	Primary	50	16.7	16.7	24.3
	Secondary	91	30.3	30.3	54.7
	Higher	79	26.3	26.3	81.0
	secondary				
	Graduate	57	19.0	19.0	100.0
	Total	300	100.0	100.0	

Source: Primary Data

Graph 2: Frequency graph of Educational Qualification



Source: Primary Data

According to **Table 1** and **graph 2**, Under the Educational Qualification wise classification out of 300 respondents 23(7.7%) were illiterate, 50(16.7%) holds primary education, 91(30.3%) have secondary education, 79(26.3%) higher secondary and at the end 57 (19%) were graduate.

Table 3: Descriptive statistics

Statistics	Parameters	Mean	Std. Deviation	Variance
D641	No problem	1.31	.608	.370
D642	Delay in verification of document and paper work	1.27	.503	.253
D643	Doctors are not partial	1.23	.519	.270
D644	Impressive behavior by nursing staff	1.29	.543	.295
D645	The behavior of ward boy, Ward lady and nurse were good	1.13	.387	.149
D646	Cleanliness in hospital and washroom	1.23	.523	.273
D647	Arrangement of meal is good	1.24	.526	.277
D648	Arrangement for the relative of the patient	1.19	.509	.259

Source: Primary Data

From the above **Table 3**, it could be interpreted that there are complete details about various parameters of hospital arrangements such as accommodation, food, staff, paperwork, biasedness etc. All (300) respondents have given the information about the above-mentioned parameters and hence no missing value is visible. Above table has given the mean and standard deviation and variances also.

Table 4: Cross-tabulation of Educational Qualification (A4) & Level of Agreement

Educational Qualification (A4) * Level of Agreement Cross tabulation				
Count		Level of Agreement		Total
		Agree	Little Agree	
Educationa l Qualificati on (A4) Total	Illiterate	16	7	23
	Primary	19	31	50
	Secondary	34	57	91
	Higher secondary	44	35	79
	Graduate	28	29	57
		141	159	300

Source: Primary Data

From the above **Table 4**, it could be interpreted that a number of the respondents awarded the good degree of agreement to the relationship between various qualification groups about the level of agreement towards the treatment given by the GBH hospital. Out of 300 respondents (16+19+34+44+28=141) respondents agreed and (7+31+57+35+29=159) were little agree on the relationship between various qualification groups about the level of agreement towards the treatment given by the GBH hospital. From this, it can say that most of the respondents were agree over the relationship between various qualification groups about the level of the agreement the respondents holds towards the treatment given by the GBH hospital.

Table 5: Chi-Square Tests Educational Qualification (A4) & Level of Agreement

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.222 ^a	4	.016
Likelihood Ratio	12.367	4	.015
Linear-by-Linear Association	.111	1	.739
N of Valid Cases	300		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.81.

Source: Primary Data

From the above **Table 5**, it could be interpreted that Asymp. Sig. (2-Sided) the column value is less than .05 which shows that there is a significant difference amongst various qualification groups about the level of agreement towards the treatment given by the GBH hospital. So it could be decoded that level of agreement towards the treatment provided by GBH hospital varies as the qualification of the respondents i.e. beneficiaries varies. Different qualification group holds different perception for their level of agreement towards the treatment facilities and services provided by the GBH hospital.

Following hypothesis has been formulated for the purpose of evaluating the **significant impact on demographic variables of a beneficiary under the various schemes of GBH American Hospital.**

H₀₂:- There is no significant impact on male & female beneficiary under the various schemes of GBH American Hospital.

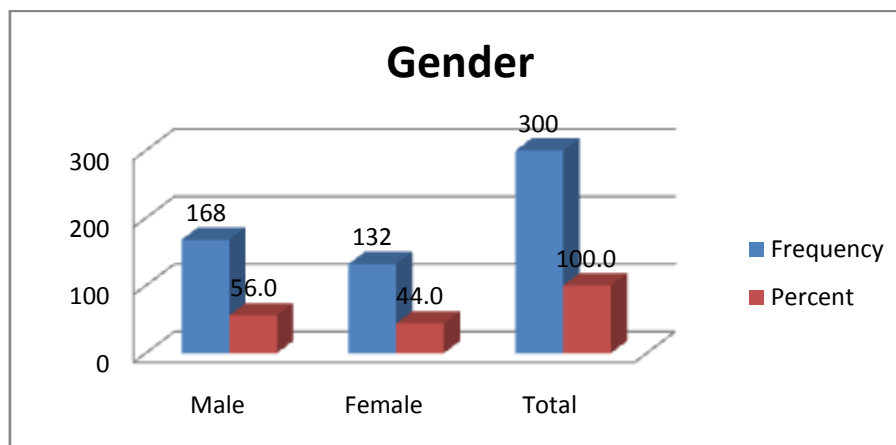
H₂₂:- There is a significant impact on male & female beneficiary under the various schemes of GBH American Hospital.

Table 6: Frequency Table of Gender Class

Gender (A2)					
	Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	168	56.0	56.0	56.0
	Female	132	44.0	44.0	100.0
	Total	300	100.0	100.0	

Source: Primary Data

Graph 7: Frequency graph of Gender Class



Source: Primary Data

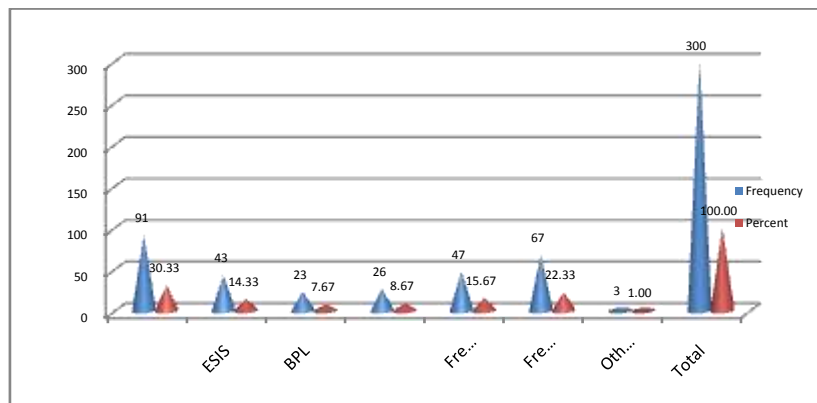
According to **Table 6** and **graph 7**, out of 300 respondents, 168 (56%) of respondents were male and remaining 132(44%) were female. It represents that beneficiaries are of both the gender. This implies that hospitals are providing welfare services to both the genders without any prejudice. Both male and female beneficiaries participated in information collection and the ratio of males was high as compared to females.

Table 8 Frequency table of awareness about running schemes by hospital

B14						
	Awareness about Running Schemes by Hospital	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Bhamashah scheme	91	30.33	30.33	30.33	
	ESIS	43	14.33	14.33	44.67	
	BPL	23	7.67	7.67	52.33	
	Rashtriya Suraksha bimaYojna	26	8.67	8.67	61.00	
	Free medicine distribution	47	15.67	15.67	76.67	
	Free check-up test and awareness camp	67	22.33	22.33	99.00	
	Other	3	1.00	1.00	100	
	Total	300	100.00	100.00		

Source: Primary Data

Graph 9: Frequency graph of awareness about running schemes by hospital



Source: Primary Data

Table 8 and **Graph 9** gives the information about the satisfaction level of respondents towards knowing the current schemes running by the hospital or the table and graph depicts their satisfaction level about the awareness for that various schemes running by the hospital, out of total 300 respondents 91(30.3%) said they are satisfied with their awareness about the Bhamashah scheme, 43(14.3%) said the same for ESIS scheme, 23(7.6%) about BPL scheme, 26(8.6%) about Rashtriya Suraksha bema yojana, 47(15.6%) said about free medicine distribution, 67(22%) said about free check-up test and awareness camp and remaining 31 said they are aware of other schemes running by the hospital. Thus it could be interpreted that a maximum number of respondents was aware of the bhamashah scheme running by the hospital which is followed by free check-up test and awareness scheme at the second position.

Table 10: Descriptive statistics schemes of GBH American Hospital

Descriptives		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Gender (A2)	Agree	26	1.43	.496	.031	1.37	1.49	1	2
	Little Agree	37	1.51	.507	.083	1.34	1.68	1	2
	Total	29	1.44	.497	.029	1.38	1.50	1	2

Source: Primary Data

Above **Table 10** shows the descriptive statistics which represents the mean, standard deviation, and analysis of opinion about the satisfaction of the services regarding the scheme under which they were treated. Higher standard deviation shows that wider scope of the study and the column of analysis showing the given response (in number) by the beneficiaries.

Table 11: Test of Homogeneity of Variances GBH American Hospital

Test of Homogeneity of Variances				
	Levene Statistic	df1	df2	Sig.
Gender (A2)	.650	1	297	.421

Levene's Test for Equality of Variance is performed to test condition that the variances of both samples are equal or not. A high-value results normally in a significant difference and a low-value results normally in a non-significant. **Table 11** results present that demographic variable locality (0.000) has low value and Gender (0.421)

Table 12: ANOVA of schemes of GBH American Hospital

ANOVA		Sum of Squares	df	Mean Square	F	Sig.
Gender (A2)	Between Groups	.219	1	.219	.885	.347
	Within Groups	73.507	297	.247		
	Total	73.726	298			

Source: Primary Data

According to **Table 12**, the significant value of **Gender (0.347)** is greater than 0.05 so we accept the null hypothesis that **There is no significant impact on male & female beneficiary under the various schemes of GBH American Hospital**. This deciphers that hospital and its scheme are not making any difference on the basis of the gender of the beneficiaries and no significant impact of gender has been found out on various schemes of the hospital. Both male and female beneficiaries are equally satisfied with the treatment provided.

Discussion and Conclusion On Finding

Social Welfare is a structured system of social services and institutions, specially designed to serve individuals and groups, to achieve satisfying benchmarks of existence and health. Social welfare services have been an integral part of hospital industries and its policies and procedures since many decades, now it has become necessary to evaluate its impact on hospitals. Social services play a crucial role in the wellbeing. Social service assists in living healthy, safe and satisfying lives. They provide easy access to health services and education opportunities.

When classified on the basis of gender it was found out that hospitals are providing welfare services to both the genders equally.

Classification on the basis of educational qualification reveals that there is not a single beneficiary who falls in under post graduate, maximum respondents possess below graduate education qualification which shows that beneficiaries are mostly very less qualified.

In this article when author enquired about whether they are satisfied with the treatment provided by the hospital, it was found that a maximum number of respondents are satisfied with the treatment and facilities of the hospital. Hence hospital is running its welfare schemes successfully in this context.

Finally, it concludes that Social welfare services in hospitals play a crucial role in countries by providing the countrymen with the required services for eradicating the health problems faced by people from many years. Social welfare services in hospitals have been proved to be a fruitful system for the organization that has helped the beneficiaries in strategic decision making and enhancing the efficacy of their welfare schemes through proper structural and functional system.

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