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PATTERNS OF DELIVERY, FINANCING AND CONTROL FOR HEALTH SYSTEMS¹

Cristina TOMESCU²

Abstract: *In this article, I analyse different types of health systems, in terms of funding, control, supply schemes and level of social redistribution. I show that the state plays a central role in determining the coverage and the nature of benefits, choices of financing the health system and the structure of services in every European health system. Two major types are ideal in terms of funding, supply and control in Europe: Health insurance system (German type) and The National Health System (British type). A private insurance system is met in The USA. Private insurance does not play an important role in European Union countries, as in The USA or Australia. The governments of UE countries act according to the principles of state-funded health care or social security available to all citizens. This model leads to health systems characterized by almost full covering.*

Keywords: *health services, systems, patterns, European Union, financing, supply of health care*

Introduction

In its current form, health care is part of the welfare state, as a result of a historical process which has begun in the late nineteenth century and has developed in various different stages over a period of more than a century (Zamfir, 1995; Cace, 2004). Therefore, welfare state is a cornerstone of structuring European public health systems and way of supply and funding in health systems are based on how welfare states function.

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Provision of benefits in the welfare state is based on the concept of social citizenship, solidarity and redistribution. The main mechanism of operation is the collection of taxes and insurance premiums based on primary incomes. Differences between the mechanisms adopted by various countries appear based on historical, national values, the power of social class, trade unions and so on. Some common structural elements are found in all European welfare states: social security (pension, unemployment benefit), social welfare, maternal support and public education, health services. Changes in the level of expenditures in welfare states are to be determined by economic factors, political institutions, in power political parties' doctrine.

Among social functions of the welfare state, according to Zamfir, are the following ones (Zamfir, 1995):

- The function to coagulate the structures of national states and to promote national cohesion. The state's ability to collect taxes is of great importance, from this point of view. The state offers welfare to the citizens, through systems of social insurance and universal public services as health care and education, strengthening citizen's motivation to pay taxes.
- The function to relax social tensions caused by capitalism. Capitalist society brings social problems: poverty, the risk of unemployment. There are required balancing mechanisms of capital/labour ratio and reducing the social pressure, in order to prevent to be expressed in social movements in the future. The state also offers services of health care and education, in order to accomplish this function.
- The function of ensuring satisfaction of collective needs and absorbing social risks. Setting up a system of individual and collective risk absorption and redistribution of resources underlies the philosophy of the welfare state. Vertical redistribution is designed to reduce material inequalities, in order to secure equal access to services (education, health, social protection). Horizontal redistribution is designed to offset market failure situations and social risks of the modern world. (Zamfir, 1995). Most European states assure mechanisms of reducing disparities in accessing health care between the rich and the poor, the healthy and the ill, the young and the elderly.

In the bottom article, I try to analyse different types of health systems, in terms of funding schemes, control and supply schemes and the level of social redistribution. The obstacles encountered in this approach may be related, as James F. draws attention (James et al., 2011), to measuring health services provided to patients in different systems. This can be difficult when patients see providers across multiple health systems (public/private) and all visits are rarely captured in a single data source covering all systems where patients receive care. *“Combining data across systems and comparing utilization patterns across health systems creates complications for both aggregation and accuracy because data-generating processes tend to vary across systems.”* (James et al., 2011: 239). The further analyses will take into account these limits.

On the other hand, we can ask ourselves, why typologies for welfare states and health care systems. As Cace S. shows: *“It is the classical solution, the Weberian one, in most institutional analysis, analyzing of typologies. Typological analysis is a way to group characteristics that usually occur together or, is moving logically toward one another in groups that are granted with some*

status teoretic. These groups - ideal types - can be used either as dependent variables (types whose apparition and logic are not neccessary to be explained) or as independent variables (types that cause societal effects in some areas). (...) Weber's method is based on some historical analysis and a lot of "logical intuition". The welfare state theory, typological analysis became theory of the welfare regime. It begins with the distinction made by R. Titmuss between universal welfare states, rezidual ones and industrial in achieving performance"(Cace, 2004: 86)

Comparing health systems in terms of funding, supply and control

As Crieson shows, currently, in any European health system, the state plays a central role in determining the coverage and the nature of benefits, choices of financing the health system, including the type of charging, allocation and distribution of resources and the structure and organization of services. In Europe, two major types are ideal in terms of funding, supply and control: Health insurance system and The National Health System. One of the major ways to differentiatethem is following three criteria: financing, service delivery/supply and control.

The systems are often described on basis of generatingfundes, rather than on basison how resources are allocated. These include direct or indirect, national or local taxation, national health insurance, private insurance, co-payments. In practice, the systems of most countries operate through a mix of funding, including various items of charge. Basics of funding schemes are on a continuum, on one end there are systems dominated by state, as the UK system, predominantly funded through general taxation and at the other end of the continuum there are market dominated systems, based on private insurance, the typical one being US system. This type of dividing can be misleading, in the sense that the state's role in both types of systems remains, but it behaves differently. (Crieson I., 2010)

Table 1: Funding, service delivery/supply and control

Ideal type	Funding	Service delivery/supply	Control	Systems
National Health System	Direct (income taxes), indirect forms of public tax (through consume, for instance)	Public suppliers	Top down Control and command achieved by state through birocracy	Great Britain, Sweden, Finland Italy (since 1978) Spain (since 1986)
Health insurancesys tem	Public contributions based on income	Public and private suppliers	Corporatist model of negociation between suppliers and buyers	France, Germany Austria, Begium Netherlands

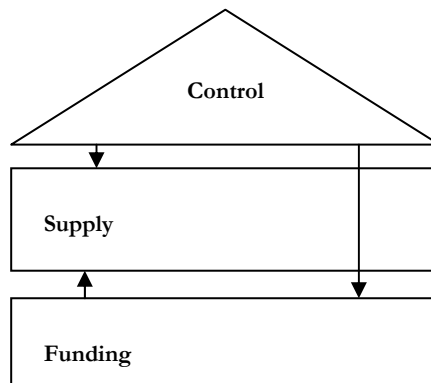
Source: apud Crieson I., 2010

Different types of services can be found on a continuum from total public to private, and the state's role extends far beyond the role of finance, more or less involved in the provision of health services in EU states.

Most OECD countries have a large proportion of expenditures in hospital area, with in-patients. Preference for hospital care, based on admissions is a constant in all developed countries. This model was one of the reasons why environmental and social factors that influence health were not properly considered. This led to lower costs with prevention programs, public health; out-patient services and home services for patients have been neglected in comparison with hospitals funding.

Generally speaking, insurance-based systems offer the choice of electing hospital or doctor while national systems based on charging use general practitioner as "guardian of the gates" filter, limiting choices. But you cannot say that limiting election is specific for the national systems. For example, in the 90s, Sweden (a national system based on taxation) left the choice of electing any doctor and institution, while the Netherlands, for example, had limited options.

Graphic 1: *Comparing health systems in terms of funding, supply and control*



Source: Crieson I., 2010

Management of relationships that exist between organizational actors in the system is a second level of analysis. There are several models. A first form is binding rules through a strong top down control of the state. A second form is incentives for competition in a market for health or building organizational networks that become mutually dependent on each other.

The history of state's regulation begins in the late 19th, when regulatory agencies were created for factory workers, public health, fire safety etc. State regulation developed

after the Second World War, when it was extended to consumer rights, environmental protection, rights against discrimination, urban planning, and so on. There are several explanations for widespread use of regulations in healthcare systems: well established objectives that cannot be kept out of reach of local managers, who would have the authority to impose; the need for networking. As the health systems are large organizations with complex bureaucratic structures, it is necessary for them to work in a network. (Crieson, 2010)

There are a variety of forms of regulation in Europe, reflecting the different relationships between financial bodies, providers of services and those who use the services. In many countries, in the center of triangulation is the medical profession, represented by associations, professional unions. In Great Britain, after the war, for example, medical professionals were a strong class which has laid down determination of needs, funding priorities in the system. The need for care was traditionally controlled by the medical specialists. In the last two decades, this power was subject to constraints, because there were new local and national regulatory powers. There is a convergence of systems and one of the common points is public contract.

Comparing systems in terms of financing

In all EU countries, governments are involved in financing of care and many Member States use a combined system between social security and taxation, through income taxes and direct government funding of health. The role of optional private insurance differ greatly from country to country, but generally they are a supplement, rather than a substitute for primary health system. (Mosialles et al., 2002; Vlădescu, 2001)

Financing for health care can be made in six basic ways:

- Financing through taxation (in the case of National Systems);
- Mandatory Social Insurance;
- Private individual insurance (most often optional);
- Private insurance related to work groups (Houses of professional associations);
- State funding (usually of specific Health Programms: Public Health);
- Payment out of pocket.

Health systems are great resource consuming in the last 30-40 years and there was a continuous increase in the level of resources needed, mainly due to increase in aging population, more efficient drug discovery and advanced but expensive technologies, increasing number of beneficiaries, receiving medical assistance.

Theoretically, financial support can be improved through a number of measures: limiting access to services, reducing services' quality or increasing the share of private funding (which in turn has consequences related to limiting access to services). But none of them is desirable from social point of view. From the perspective of social protection, the best way of improving financial support is to increase health system

efficiency. Efficiency here refers to lowering costs, while maintaining the same levels of quantity and quality, achieved by preventing over-consumption of health services and allocating sufficient resources for programs of prevention and health maintenance, in order to reduce any potential future expenses. Comparison made between different international experiences on the expenditure/results may constitute a useful guide on efficiency. (Mosialles et al., 2002; Vlădescu, 2001)

In a simplified presentation, the defining elements of financing health systems are: a) parts between which funds are transferred (which usually are: government, health insurance funds, medical units, beneficiaries) and b) payment mechanism (the most used are: payment service, the payment per capita and wages). In payment flowing, the relationship between the providers and beneficiaries of health services can be direct or mediated by a third part, e.g. the Health Insurance House. (Mossialos et al., 2002). Therefore, the health care system can be represented in terms of its functional parts: who provides the funding sources, which are the mechanisms for gathering and which are the collecting agencies?

The funds come mainly from the public (individuals or corporations), collection mechanisms include taxes, social security contributions, private insurance premiums, household savings, payments made directly by patients (out of pocket), grants, loans. The collectors can be public or private (for-profit or non-profit agents) and taxes can be direct (paid by individuals, families, companies) or indirect (transactions). Taxes are collected by the government, while mandatory insurance contributions are collected by an independent or semi-independent agent. Health insurance contributions are paid by both employer and employee, and usually depends on level of income.

Private health insurance premiums are paid either by individuals or by employers and employees together or only by employer. Insurance premiums can be calculated based on the individual risk, individual health evaluation or depending on conditions related to community or group to which the individual belongs. The collectors in this case are private organizations, for-profit insurance or non-profit companies. Individual savings accounts for health are intended for health care expenses. These payments may be perceived as co-payments, additional insurance and even the collective agent is offering the service: doctor, hospital or pharmacist. (Elias Mossialos et al., 2002)

There are two basic alternatives for the allocation of funds: oriented towards those who provide medical services (in this case the finance goes to them, but not necessarily to the beneficiaries; for example, in rural areas the number of those offering health is lower) and oriented towards beneficiaries (in this case, the payment is made to the beneficiaries, so that those who offer the service receives money if the patient is treated, wherever the place that holds medical care).

Where there is an intermediary, who has responsibility for financing services for a certain category of the population, certain rules on the funds allocation need to be developed. Generally speaking, in European countries these rules are given both by the principles of the free market and by technocratic principles. The latter are designed to reduce unintended consequences arising from market or social/regional inequalities,

also to diminish factors as limited information to patients, incentives, moral hazard and so on.

As Vlădescu shows, resource allocation to beneficiaries can be realized by taking into account several factors; depending on these factors, it is obtained the following typology (Vlădescu C. et al., 2001):

- 1) Financial allocation that is based on population needs. The aim of this type is to increase the equity between different categories of people in terms of access to health services and increase the level of funding where the needs are greatest. In order to determine needs, health indicators are used that measure health status and factors that influence the health of a particular category compared to the total population.
- 2) Financial allocation that is based on efficiency. The challenge facing all healthcare systems is the most effective use of limited resources available in the context of the continuous increase of costs. In this respect, better cost control can be achieved by allocating financial resources to the services with best cost - efficiency ratio. The method has been used very little due to difficulties in obtaining reliable data on the cost – efficiency ratio in interventions.
- 3.) Financial allocation that are based on public priorities.

Social Health Insurance Systems

Funding based on health insurance has some common elements beyond diversity of systems. First of all, it is part of the social protection system and based on principle of solidarity. Secondly, there is a governance system alternative to the state, that controls the system. So the state has another role than in countries where there is the national system, based on direct taxation, meaning that funding and service provision is controlled by an alternative form (such as National Health Insurance House/Houses, for example) and the state is the guardian of structures. This does not mean that the state has a weaker role, but just a different one. The state is the one who takes decisions regarding the types of benefits, the rules for contracting, as well as ways of calculating contributions. Referring to costs, there is no evidence that the insurance-based systems are more or less efficient in terms of costs than national systems. (Mosialles et al., 2002; Vlădescu, 2001)

Contributions are independent to risk and transparent. They are linked only by income levels, not to health status as in case of private insurance. Contributions are different from other taxes, so they are transparent to individuals. Payment of health contribution is made towards purchasers of services. The insurance is collected either by Sickness Funds (Germany, France, Austria, and Switzerland) or a Fund / Central House (Netherlands, Luxembourg). All Funds are independent organizations run by a board and are non profit. Contributions are used to conclude collective agreements with care providers: be it private (for profit or non profit) or public.

There is the same package of benefits for all members, based on the same security.. The system covers 63% of the population for example in the Netherlands and 100% in

France. In countries where participation in the scheme is compulsory, one cannot leave scheme or only those who earn high incomes can leave compulsory scheme and pass on a private scheme (as in Germany, for example, over a certain upper income level).

There is a pluralism in the organizational structure. There are several health funds according to the professional group, region, religion etc. All public and private hospitals and family doctors have contracts with the Funds. There is a corporate model of negotiating. It ensures uniformity of results and lower transaction costs. The process requires openness from the government for all organizational actors to participate in decision-making.

Individual choices are permitted. In general, fund members can choose hospital and doctor. Health insurance contributions are established related to income, and their payment is split between employer and employee. There are however differences between EU countries regarding: uniformity and variability of rate distribution between employer and employee, the existence of an upper limit of contribution, existence of other types of contributions beside the salary. Contribution rates vary between European countries from 14-13.5% to a minimum of 6-7% of wage. In most EU Member States, the distribution between employer and employee is significant in favour of the employee; the employer pays between 70-90% of the contribution. However, in countries like Romania, Austria and Belgium the distribution of employee/ employer is almost equal. (Mossialos et al., 2002)

German health care system

The German is the typical model of health insurance. The insurance system is founded by Bismarck since 1883. Social insurance has been a subject of political debate for a long time in Germany. At the time of German unification, there was a shortage of health care which pressured the national economy till rebalance, as restoring balance was a priority. The German system is currently among the most successful in Europe. Since establishment, it has not undergone major transformations, being reformed only in order to improve cost efficiency. It is a decentralized system, the central government's role is limited to determine the legislative framework; executive responsibilities enter in the duty of Federal Districts (Landuri). (Vlădescu, 2001).

Health care reform is a topic on the agenda in Germany and most of the approaches focus on equitable distribution of the budget. The 2004 reform aimed at reducing contributions paid by employees, by introducing payment system related on diagnostic groups (DRGs) in order to standardize prices and stimulate competition within the system and call for greater co-payments from insured person. The government tried to make hospitals competitive and reduce the costs of state insurance.

Under the 2007 reform, health insurance became compulsory for German nationals. The contribution to the fund is 50:50 to employer and employee, regardless state or private insurance. A percentage of 85% of the population is insured in the public scheme and a percentage of 15% has private insurance. Minimum insurance cover access to a hospital, to ambulatory system and treatment for pregnant women.

Private services sector is well developed; private service providers are paid per service. The same payment model is used for primary care, which encourages doctors to take as many cases, to the benefit of expanding access to primary care population. Despite efforts to limit costs, health costs have increased to 10.7% of GDP in 2005, while the number of doctors per thousand population is the largest in Europe: 3.3 per thousand inhabitants. Co-payment was introduced in the '80s to prevent excessive use of medical services. The mean duration of hospitalization has decreased in recent years from 14 to 9 days, yet longer than in the US, for instance, where it is 5-6 days. (Mossialos et al., 2002)

In 2011, health insurance contributions paid by employers and employees grew from 14.9% to 15.5% of gross salary, according to the new reform. It has also been approved a law, limiting pharmaceutical companies to set prices in the market. Through the new measures, the government intended to bring to health budget two billion euros.

Basically, in terms of cost, Bismarck-type systems, as German one, are more focused on the range of services offered to patients and professional recognition, but do not provide good cost control, risking oversupply of care services. Beveridge systems, about which I shall talk in the following chapter, are more efficient in terms of cost management, but does not cover so many services. (Vlădescu, 2001)

The National Health System: UK

NHS pattern is known as the "Beveridge model" and is used in the UK, Italy, Greece, Finland, Spain, Norway and Sweden. The main features related to the financial aspect of this model are:

- People have access to health services based on binding tax revenue, so there is a high degree of social equity.
- The financial resources come from income tax collection, and the system is managed by the state.
- Those who provide medical outpatient services are employees of the state.
- Payments to suppliers is made through salary and depending on the number of patients.
- Providers of secondary health care services have available a general budget.

The British model is the typical pattern of a National Health System, based on the tax and is among the most efficient systems, operating since 1948. Each state of Great Britain has its own system, which are functioning independently. The whole system remains in the state's management, but is completely decentralized. It was reformed in the 90s, while attempting to delineate the district authorities to funds management.

The services offered to the public are currently managed by 10 Strategic Health Authorities and 150 subordinate local bodies, called Primary Care Trusts. The latter determine local needs and negotiate with medical facilities. It was developed a private party of the system, but considerably lower than the public one, offering services under

private insurance. There is therefore optional freedom to choose private extra insurance. In 2003, 15% of the population had private insurance in UK, but not for access to National Health Service.

The role of voluntary health insurance in health systems

Private insurance does not play an important role in European Union countries, as in the US or Australia. The governments of UE countries act according to the principles of state-funded health care or social security, available to all citizens, regardless of their ability to pay. This model leads to health systems characterized by high public spending, almost full covering; accordingly, voluntary insurance plays a marginal role.

Typically, in EU countries, voluntary health insurance provides additional support, for covering the partly uncovered services, by social care. On the other hand, they can provide a faster access to some services and/or a more abundant offer. (Mossialos et al., 2002)

Common is that all European countries have legislation allowing purchase of private voluntary health insurance, alongside with compulsory insurance or public funding. Mandatory public insurance are dominant in European countries. Therefore, voluntary insurance market is marked by regulations of the mandatory part of the system. Voluntary insurance can be either complementary, supplementary or substitute ones.

In Great Britain, Spain, Poland, voluntary insurance are supplementary, therefore it covers a supplement for services that are under the public insurance package, offering some advantages: avoiding waiting lists, taking advantage of better conditions in lounge hospitalization, so on. Complementary insurance cover services that are not covered by public insurance: access to private health system, reimbursement of co-payment for services in the public system. This type of insurance may include a significant part of the costs of primary care, medications, tests, specialists, transport, and maternity period. The reimbursement varies from country to country and is depending on the insurance package chosen. They can be found in Denmark, the Netherlands or Hungary. (Olsavszky & Butu, 2009)

Under the Romanian law, voluntary insurance in Romania may be complementary or supplementary, depending on the services covered by insurance. In fact, in practice, voluntary insurances in Romania are complementary in an overwhelming percentage. The substitutive voluntary insurance offer coverage for people who are not included in the mandatory insurance system (Estonia) or for those for which public insurance is not mandatory, because are above a threshold of income (Germany).

Keeping public compulsory insurance in European developed countries, as main source of insurance, voluntary insurance being marginal, lead to more easily achievement of health policies' goals: protection of disadvantaged, equity in access, wide access to care. On the other hand, European systems offered through compulsory insurance a good package of services, which has made voluntary insurance market to marginally intervene. The voluntary insurances remain for social classes with a certain standard of living and not for poor groups.

Supplementary insurances can cover reimbursements of co-payments. In France, 95% of the population is included in the social insurance system and 90% contribute to supplementary insurance. Also, according to the laws in 2000, low-income people are included without paying in supplementary insurance system. Insurance policies focused on groups are preferred to individual policies due to the costs involved. (Olsavszky & Butu, 2009)

Systems centered on private insurance, based on types of employers

Providing healthcare works differently in the United States in contrast to Europe. Insurance is not compulsory in the US, as it is in European countries and this leads to a very large proportion, 47 million people uninsured in 2000, although health expenditure per capita as a percentage of GDP is much higher in US than in Europe. Many of the uninsured come from either unemployed or low-wage population, people with fluctuating income, debts or large family to sustain and therefore they postpone insurance, focusing on urgent payments. (Mossialos et al., 2002)

There are two types of insurance in the US: individual private insurance and private insurance based on the types of employers.

Individual private insurance has following components: Individual–Insurance premium–Insurer–Refinancing –Provider. History of regulating health care in the US is different. In Europe, mutual societies, guilds appeared in the nineteenth century. In exchange for a monthly amount, citizens receive assistance in case of illness. In the US, in the early twentieth century, European immigrants arriving performed small charities offering sickness benefits for members. During this period, there are two commercial insurance companies: Metropolitan Life and Prudential, who collected 10 to 25 cents each week from workers for expenses in case of serious, fatal illness. The policies were weekly paid, so customers were weekly visited by agencies. Administration costs were very high. Currently, individual private insurance system remained marginal in the US, covering only 5% of the population. (Crieson, 2010)

In case of private insurance based on types of employers, the scheme include: Employee plus Employer–Insurance premium–Insurer–Refinancing–Provider. Introducing insurance was generated by finding ways to cover the necessary costs of hospitals. In the twentieth century, hospitals have started to become places where people went to heal, not just places where one is going to die. Many patients could not afford the cost out of pocket for hospitalization. In 1929, Baylor University Hospital has insured 1,500 teachers for 21 days hospitalization for a fee of \$ 6 per person per year. In the 30s, due to the financial crisis, the Great Depression, hospitalization decreased to 60%, because people could not afford to go to hospital. In this context, insurance plans arose, but they applied only to a particular hospital. You were insured for a hospital. American Association of Hospitals soon intervenes and performs an assurance that one could have access to any hospital in the state, by Blue Cross insurance plan. Already in 1940, there were 6 million policyholders. Also in the 40s, a second insurance plan appears, called Blue Shield and it is expanding nationally. The two

planes were controlled by State medical societies. Thus, we can say that contrary to the European trend, where insurance development was driven by consumers through pressure on the government, in the US it was triggered by providers seeking a stable source of income. During the Second World War, in the USA, companies have started to offer insurance to employees, due to weak labour employment. After the war, the unions have continued this trend and negotiated health benefits. Insurance beneficiaries increased from 12 million in 1940, to 142 million inhabitants in 1988. (Crieson, 2010)

The US remains among modern industrialized states with the lowest coverage of patients. In 2000, a total of 47 million had no insurance and are not beneficiaries of the scheme. Among them, there are not only unemployed people Three quarters of the employed are uninsured, as American official statistics show. Therefore, in the US, lack of insurance is not only a problem of the poor, but also a middle class phenomenon.

On the other hand, packages that are provided for insurance do not include any type of service. For a certain sum assured, one can receive a certain package, which may include certain kind of analysis, a limited number of days of hospitalization, a ceiling for a maximum amount for drugs, access to certain types of hospitals. In 2005, 20% of adults under 60 years had difficulties in paying medical bills for services or medication that exceed the insured amounts. However, expenditure on health per capita are much higher in the US than in Western European countries and the quality of services for those who receive them is very high. In counterpoint, access to the system in Romania is easy, but the services are of lower quality, because the system cannot afford more from financial perspective, in addition it has dysfunctions that hamper spending the most effective way of scarce resources. Returning to the case of the USA, private insurance scheme by employers is the most common form. Employers pay an insurance premium which purchase services. Flow sphere is not yet so simple: the federal government sees these premiums as deductible tax on income profit. Insurance premiums are not seen as part of the employee's income. Therefore, the government offers subsidies to employers. They were of \$ 200 billion in 2006. (Crieson, 2010; Mossialos et al., 2012)

Once commercial insurance companies penetrated the market, to compete with the two Blue (Blue Cross and Blue shield), things changed. There were thus two types of rating for the size of the insurance premium: based on individual experience (experience rating), and based on the community of which the individual belongs (community rating). In the rating based on experience, insurance premiums are consistent with the experience of each group in using health services. Therefore, premium is smaller for a group of young bankers (age, good social status), higher for a group of middle-aged skilled workers, and higher for a group of miners close to retirement, who accumulated a number of diseases.

In the community-based rating, all community members pay the same, be they bankers, skilled workers, miners, etc. Blue Cross had started using rating-based community. This rating ensures a redistribution from the healthy to the sick and from the rich to the poor. Such redistribution was within each group on the one hand, sick getting more than the healthy ones, but also between different social status groups.

Rating based on experience is less redistributive because the redistribution is established only between the healthy and the sick ones and not between different social status groups. Once commercial insurers emerged, in order to attract customers, they used the experience rating and Blue Cross was getting into a crisis and it thought to pass to the same type of rating. Healthy and customers wanted to pay less money and therefore directed to commercial insurers who used rating based on experience. Blue Cross began to have fewer customers, most of them poor, sick, old, losing customers from middle status, young healthy who meant lower costs with services. In order to survive, Blue Cross ought to attract young, healthy groups and lower the taxes for these groups, using rating-based on experience. Withdrawal of rating based on community primarily affected elderly and the sick, some of them having not afforded the insurance or were insured only for a limited package at a discount price. (Crieson, 2010; Mossialos et al., 2012)

From these groups' point of view of, the poor, the elder people, the sick people, the functioning only on the market basis is tough and discriminatory. On the other hand, the healthy could make the following argument: why pay more as long as you do not use that service. The answer that may be given is related to the unpredictability of health needs. Health status may turn into one of disease even for young people. Secondly, it comes to social values and social solidarity and to definition of access to health care in that society, as it is in European countries.

In Europe, access to health is considered a citizen's right and there is the obligation of entering into the scheme of those who work. Those who do not work, enter in a social security scheme, which includes access to health services in most European states. US Experience, with the free market acting, led to a situation in which rating based social community although desirable, could not work in a private competitive/market system.

Therefore, as Eliassen shows, *"health disparities in the United States have declined little over the past century despite far-reaching technological advances and, especially since the 1980s, heightened consciousness of the problem. Their persistence can be explained in large part by their usefulness to those who hold and seek to consolidate power. Among other things, health disparities help in bolstering master-subservient relationships; shoring up the ideology of rugged individualism; maintaining bureaucratic structures and jobs; providing plausible public enemies; monitoring upstream social ills; and sustaining a flow of research funding. Conditions likely necessary for ameliorating health disparities include open and mutual recognition of several often veiled realities concerning power relations: money equals power; power translates into access to resources; those who hold power are reluctant to part with it; those who lack power serve as convenient scapegoats; and institutions evolve so as to ensure their own survival."* (Eliassen, 2013: 3)

Insurance has introduced the possibility for those with health problems to be able to afford costs based on a monthly/annual premium (in comparison with out of pocket spending) and assured a steady flow of financial resources to medical units. The negative aspect upon the health system is that making insurance resulted in a lower control on costs (and the costs increased). When payment is made out of pocket, this adjusts the prices and quantity of services. A well-insured patient who presents himself to medical unit without a serious illness, usually uses more services than he needs. If those services

would have to be paid out of pocket, this would reduce consume of services. At the same time, suppliers increase more easily the prices, because there is a third entity that is willing to pay. Insurance schemes with low levels of co-financing have higher values of insurance premiums. Government is responsible for providing support to vulnerable groups: the elderly, people with low incomes.

A typology of medical systems, based on Gosta Esping – Andersen’s typology of welfare states.

One of the most popular typology of the welfare states is that of Gosta Esping - Andersen. This makes a complex typology of states in Western Europe alongside USA, Canada, Australia, Japan (including a total of 18 capitalist democratic states). It defines three types of welfare states/regimes: liberal, conservative and social democratic (socialist).

The author uses the following criteria in classifying these arrangements. It is primarily about the de-commodification degree in granting benefits (the degree of universal access to benefits): to what extent are services available to citizens free of charge, without reliance on means-testing and insurance contributions/therefore work. The second criterion is the social stratification, the extent of distributive impact, of services and benefits and to what extent the effect of taxes and benefits system has led to inequality, maintaining social stratification, to what extent was achieved a redistribution of goods and services towards equalization. The third criterion is the state-market relationship and more specifically granting state pensions-private mix. To what extent, pension entitlement is dependent on the state, on the employment structures or on the market.” (Esping-Andersen, 1991)

The 3 types of arrangements have therefore three important factors as causal forces: „the nature of class mobilization (especially of the working class), the structure of the coalition between the political classes and the historic institutional heritage of the regime” (Esping-Andersen G., 1991: 29). More specifically, it is about presence to governance of left parties (representing the working class) and the historical tradition of the country regarding catholicism and absolutism (authoritarianism).

Gosta Esping-Andersen characterizes the 3 patterns of welfare states in the following terms: In the liberal pattern (Australia, Canada, Japan, Switzerland, and U.S.A), means-tested assistance predominates and universal transfers are modest. The focus is on those with low incomes (especially the working class), the benefits are modest and stigmatizing in order that people would’t choose benefits from the state, instead of work. The state encourages the market: passive (by guaranteeing minimum) and actively (by encouraging private welfare systems). Decommodification effect is minimized. There is a strong stratification. (Esping-Andersen, 1991)

In the conservative corporatist regimes (Austria, Belgium, France, Germany, Italy), keeping differences between social layers is strong. The private insurance and occupational benefits have a marginal role. Redistributive impact is negligible, going on preserving the status differences. Church plays an important role, also preserving of traditional family values (hence policies to encourage maternity, social security including

housewives). State intervenes when family's ability to help its members is exhausted. (Esping-Andersen, 1991)

Social Democrat type is characteristic for countries like Denmark, Finland, Netherlands, Norway and Sweden, having features as follows. Universalism and decommodification are extensive (even for new middle class). It seeks equalization at a high standard, not the bare minimum (the workers have the same rights for example as "white collars" and officials). Insurance system is universal, yet the benefits are based on income. There is a universal solidarity in favour of the welfare state (all benefit, all contribute). The objective is not to maximize dependence to family, but the ability of individual independence. Family-state relationship is characterized by: a) state assure services for children, elderly and helpless; b) the state allows women to choose work, instead of household, by facilitation work (part time, for example); c) State responde to family needs through multiple services. There is a fusion between work and welfare. (Esping-Andersen, 1991)

The state is involved in full employment; the right to work is on a par equal with the right to be socially helped. To minimize social tensions and thus maximize solidarity, employment is considered a necessary policy. Social democratic parties and mobilizing of workers are strong.

From the point of view of the application of these schemes of welfare to healthcare, Charles F.A. makes the following characterization of systems. (Charles, 1998). Entrepreneurial liberal model of health provision is based on the liberal, pro-market values. Efficiency is a priority over equal access or treatment. The support is for decentralization, competitive markets and minimized state interference. Market meets the needs and preferences; providers and consumers of health services have an extensive freedom. Private system managers make decisions based on cost-benefit analysis. Doctors and hospital staff have clinical autonomy in treating patients. Citizens assume personal responsibility for individual health needs. Funding is mainly through private health insurance. While the healthy pay lower insurance premiums, sick or high risk pay higher premiums. State benefits is based on means testing and targeting the low income persons.

Canada and particularly the United States have adopted this system. The system is decentralized, federal, pluralist extensively, based on private market economy. Despite the similarities, Canada and the US have divergent health policies pursued since the 60s. Canada has provided universal, comprehensive, generous benefits. It combines entrepreneurial with some socio-democratic practices. The United States is the business/market model; corporations are profit-oriented insurance. (Charles, 1998).

The German model is the corporatist, organic model. German corporatism is combined with market model. The Swedish model is the socio-democratic one. Corporatist Swedish tradition shaped health policies. Although both England and Sweden are national state health systems, the concept of market began to be increasingly important. French corporatism is weaker and combine with liberalism, manifested in the clinical autonomy of doctors. Dutch system is extensively pluralist, based on all three

models. Japan is mixing corporatism with private sector entrepreneurship. (Charles, 1998)

Other criteria for system classification

It is important how medical institutions exercise their function of health, promoting social values and their relationships with other institutions. Institutions in the health system are in a process of modifying, influenced by a number of factors such as: increasing the quality of medical knowledge and technologies, increasing demands for care, population aging. Health policy is influenced by traditions and historical experiences, economic, ideological, cultural factors. (Rădulescu, 2002).

Mark Field (Field, in Rădulescu, 2002) argues that institutional health systems are defined by following:

- Functionalist orientation, in order to maintain and promote health at social level. It is about the conservation, rehabilitation and capacity of individuals to exercise their social roles. The disease is seen as a dysfunction and health care becomes a social attitude with functional implications.
- Difference in functions of different health units, part of the systems. System's units have functions of prevention, diagnosis, treatment, recovery or medical education, in relation to various aspects of the disease: disease, discomfort, disability etc.
- The existence of some structural supports for the effective exercise of all medical services and system components: personnel, means and resources required.

From here, there can be detected three types of systems:

1. Pluralistic systems (public authorities, private, voluntary);
2. Systems with mixed authority (public or voluntary);
3. National Systems (controlled and managed by state): UK, communist countries before 1989.

William Cockerham (Cockerham, in Rădulescu, 2002) speaks of three types of systems:

1. Systems based on forms of socialized medicine (Canada, England, Sweden)

Providing health takes place in the form of state support of the consumer. The state directly controls the funding and health care, pays directly to providers, has most medical facilities in property, guarantees equal access to services, allow private services to be solely responsible for managing their own expenses.

2. Decentralized systems. (Japan, Germany, France, Mexico)

There is a different type of control, an indirect control exercised by the state. The state no longer regulates the functioning of the services and does not operate in them. It has only the role of coordinator and mediator between health providers and organizations involved in financing. The state indirectly controls the way of financing

and organization of health, regulates payment methods for health providers, owns medical facilities, guarantees equal access to health.

3. Centralized systems (communist countries before 1989).

State directly controls, finances and distributes care, ensuring free services to their citizens. There are not insurance companies that come between suppliers and consumers. The state pays the salaries of employees in the system and there are not private forms of healthcare. So, state controls the care financing and distribution, paid directly to providers, has all medical facilities/units in possession, guarantees access to care to all citizens; private physicians/private medical units are prohibited. (Rădulescu, 2002)

Conclusions

Provision of benefits in the welfare state is based on the concept of social citizenship, solidarity and redistribution. The main mechanism of operation is the collection of taxes and insurance premiums based on primary incomes. Some common structural elements are found in all European welfare states: social security (pension, unemployment benefit), social welfare, maternal support and public education, health services. Differences between the mechanisms adopted by various countries appear based on historical, national values, the power of social class, trade unions, economic factors, political institutions, in power political parties' doctrine.

The systems of most countries operate through a mix of funding, including various items of charge. Basics of funding schemes are on a continuum, on one end there are systems dominated by state, as the UK system, predominantly funded through general taxation and at the other end of the continuum there are market dominated systems, based on private insurance, the typical one being US system. This type of dividing can be misleading, in the sense that the state's role in both types of systems remains, but it behaves differently. In European health system, the state plays a central role in determining the coverage and the nature of benefits, choices of financing the health system, including the type of charging, allocation and distribution of resources and the structure and organization of services. In Europe, two major types are ideal in terms of funding, supply and control: Health insurance system and The National Health System. One of the major ways to differentiate them is following three criteria: financing, service delivery/supply and control. Also, there are a variety of forms of regulation in Europe, reflecting the different relationships between financial bodies, providers of services and those who use the services. In many countries, in the center of triangulation is the medical profession, represented by associations, professional unions.

Theoretically, financial support for European health systems can be improved through a number of measures: limiting access to services, reducing services' quality or increasing the share of private funding (which in turn has consequences related to limiting access to services). But none of them is desirable from social point of view. From the perspective of social protection, the best way of improving financial support is to increase health system efficiency. Efficiency here refers to lowering costs, while maintaining the same levels of quantity and quality, achieved by preventing over-

consumption of health services and allocating sufficient resources for programs of prevention and health maintenance, in order to reduce any potential future expenses. But, as Stanciu M. shows: “*recent evolutions in the field of European public health demand the review of European and national regulations and the definition of a new strategic approach. This approach must address demographic changes within each European country, demographic ageing, and the development of new pathological patterns that put pressure on old national health systems whose parameters have been designed for different dimensions of the social needs.*” The establishment of necessary conditions for a healthy ageing of the European population presumes lifelong promotion of health and narrowing the inequities in the field of public health generated by social, economic and environmental factors. (Stanciu, Jawad, 2013)

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INTRODUCTORY ASPECTS ON THE SUSTAINABILITY OF SOCIAL ENTERPRISES¹

Adriana NEGUȚ²

Abstract: *Debates on sustainable development have intensified due to social, economic and environmental changes. Sustainability has become an integral element in the development strategies of many organisations, an evaluation criterion for project proposals or efficient allocation of funds, an important element on the school curriculum, especially in business schools, and even a research topic. The interest in the sustainability of social enterprises covers two main directions: on the one hand, more broadly, the contribution of these structures, which are regarded as sustainability-driven business models (Alter, 2007; NEEsT; Borzaga, Depedri&Tortia, 2014), to sustainable development, and on the other hand, the survival of these organisations in the context of their extremely high dependence on donors. Considering the still non-unified definitions of social economy and social enterprise at national level, and the large number of newly established social enterprises, in Romania concerns seem to be directed more towards the second perspective on sustainability, the survival of a social enterprise after the funding ends being one of the biggest challenges. This paper is an introduction to the sustainability of social enterprises and summarises the theoretical framework of sustainable development and sustainability; it also presents some of the elements that will form the basis for future qualitative research.*

Keywords: *sustainable development, sustainability, social enterprise, social economy, European Social Fund*

Introduction

Concerns for social economy are not new, as this is a matter of interest since the 19th century, when it was mentioned in the works of Charles Dunoyer (Treatise on Social Economy, 1830) and Ramón de la Sagra (Lecciones de economía social, 1840) (Monzon Campos & Chaves Avila, 2007). The failure of social and economic policies to provide

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acceptable welfare to individuals and solve problems such as social disparities, poverty, and lack of housing enhanced the interest in new strategies, which are fairer and more attentive to the needs of individuals. Social economy has been identified as such a solution and promoted by the European Union as a means to reduce social exclusion and achieve the objectives laid down in the Europe 2020 Strategy, whose main purpose is to create a smart, sustainable and inclusive economy, with high levels of employment, productivity and social cohesion (European Commission, 2010).

The social economy has often been defined by reference to the promoted principles - priority of social goals, voluntary association, democratic character, solidarity, autonomy - or its specific forms - non-profit organisations, cooperatives, mutual societies etc. The term “social economy” is often associated with social entrepreneurship and social enterprise; the latter brings together those entrepreneurial initiatives that have arisen in response to growing social problems (Defourny & Nyssens, 2001; Monzon Campos & Chaves Avila, 2007; Kerlin, 2006; Defourny, 2014), and was promoted for the first time at European level in Italy, through the *Impresa sociale* magazine. According to CIRIEC¹ (Monzon Campos & Chaves Avila, 2007: 20), social enterprises have the following features: private and formal organisation, autonomy of decision, freedom of membership, orientation towards meeting the needs of members by providing goods, services, insurance and financial support, decision making and profit distribution irrespective of the capital contributed by the members, each member having one vote. The principles of an activity producing goods or services, a high degree of autonomy, a significant level of risk and a minimum amount of paid work are grouped by EMES² in an economic and entrepreneurial dimension of social enterprises. In addition to this dimension, there is a social dimension that includes the principles of social purpose, decision making irrespective of the contribution to the capital, participatory nature, and unlimited distribution of profits (Defourny, 2014: 25-27).

One of the goals most often attributed to social enterprises is work integration of persons belonging to vulnerable groups (Preoteasa, 2011; Drăgotoiu, Marinoiu & Stănescu, 2011; Oșvat, Ștefănescu & Jurj, 2012; Nicolăescu, 2013), which describes best a particular type of social enterprise, namely *work integration social enterprise*. Social enterprises do not limit their goals to social inclusion; they can also be set up for goals such as environmental protection, fair trade, supply of social services or tourism.

The limited understanding of the role of such organisations to local and national development, together with the negative perception of cooperatives due to the association with the communist regime, the excessive dependence on donors, the lack of a legal framework to regulate cooperatives and other non-profit organisations, the lack of confidence in solidarity movements, the predominantly parochial political culture, and the difficulty of mobilising the necessary resources are the main factors hindering the development of the social economy in central and eastern European countries

¹ International Centre of Research and Information on the Public, Social and Cooperative Economy

² EMES International Research Network - EMergence des Entreprises Sociales en Europe

(Defourny, 1999 in Căciu, 2010: 96-97). In Romania, the interest in social economy has increased following the implementation of projects funded by the European Social Fund (ESF), which has also led to an increasing number of debates and conferences on social economy, and to an increasing number of publications in the field. Thus, 107 books on the social economy in Romania were published between 1994 and 2014, a dramatic increase in their number was recorded in 2010 (15 books, compared to 4 in 2009), followed by a doubling of their number in 2011 as compared to the previous year (Stănescu, 2013). However, the definitions of social economy and social enterprise are not always uniform and, under the main axis of the Sectoral Operational Programme “Human Resources Development” (SOP HRD) dedicated to this field (Axis 6 “Promoting social inclusion”), social economy is defined strictly in relation to the social inclusion of persons belonging to vulnerable groups by “ensuring and maintaining jobs” (SOP HRD, 2013). This confusion between social economy and social inclusion is generated both by the insufficient knowledge of the term and by the discourses that emphasise the role of social economy in the employment of vulnerable people and its ability to generate new jobs, and even by the specific activities financed by the European Social Fund. As regards the awareness of social economy, Oşvat, Ştefănescu and Jurj (2012) conducted an analysis on the occurrences of this topic in the media between 1 January 2011 and 30 June 2012 and found 16 articles on this topic in *Gândul* newspaper and 20 articles in *Financiarul* newspaper, but the articles did not use the specific terms of social economy, social enterprise or entrepreneurship. The analysis conducted on two issues of the *Journal of Social Economy* (1/2011 and 2/2012) has revealed the increased potential of social economy to create jobs, the minimum participation of social economy beneficiaries in decision-making, the support of social economy also through corporate social responsibility initiatives and the significant share of structural funds among the funding sources of social economy.

Given the high number of social enterprises set up over the past few years (835 social economy structures established only under SOP HRD in 2009-2013 according to the Annual Implementation Report for 2013), and their high dependence on donors, discussions on their sustainability has become increasingly important. This article is part of a larger paper on the sustainability of social enterprises, which includes an important component of qualitative research based on interviews with representatives of social enterprises established in recent years under SOP HRD or via other sources of financing, with representatives of organisations that funded competitions for social enterprises, and with evaluators; the said paper also includes an analysis of relevant documents drawn up by the main actors in the field of social economy. This article examines how the concept of sustainability is used in relation to social enterprises and presents the main dimensions to be considered in the future interviews. The first part of this article presents a few definitions of development and sustainable development, and the second part some of the research questions that will guide the future interviews.

Sustainable Development and Sustainability. Conceptual framework

The term “development” is used frequently, mostly with regard to the economic development process. However, James Midgley (1995: 27) points out that economic development and social development are inherently linked; this is the first of a set of eight features of the development process that the author presents. Thus, Midgley draws the attention to the main features of social development: the interdisciplinary nature; it is a process of growth, positive change; change is progressive and aims at social improvement; the social development process is interventionist, as it is coordinated by individuals who implement specific plans to achieve development goals; the strategies implemented to achieve goals try to bring together social and economic interventions; social development is concerned with the population as a whole, it is inclusive and aims to promote social welfare.

Cătălin Zamfir (2006:12) defines social development as the “orientation of a country/region/community/institution towards reaching a desirable state, set as a goal, through a planned process carried out through a set of joint actions”. This desirable state is reached, as mentioned in the World Summit for Social Development (1995), through “sustained development of the economy, eradicating poverty, reducing unemployment, ensuring social integrity” (Briciu, Popescu & Vărdol, 2006: 316). Solving these problems and thus improving people’s quality of life are the goals of all development processes (Bălțătescu, 2006: 332). As expected, a developed society is characterised by a high quality of life, which means that “at the macro level, it has positive structural conditions that offer opportunities for personal development of individuals, and on the other hand, at individual level, people can achieve a high level of subjective wellbeing” (Precupețu, 2008: 12). Amartya Sen proposes a perspective on development seen as “a process of expanding the real freedoms that people enjoy” (Sen, 2004: 19) and according to this approach, for development to be possible, several sources of freedom deprivation must be removed: poverty, reduced economic opportunities, intolerance, dictatorial regimes, social deprivation.

The relevant literature uses a series of related concepts such as community development, local development, regional development or sustainable development. Dumitru Sandu (2011: 4) believes that community development is a “tolerant label for a relatively disorganised family of local practices or intervention models that result or tend to result in the greater good of the community”. Dumitru Sandu further defines community development as “a voluntary change in, by and for the community”, emphasising the role of the participatory dimension (2011: 9). Community development is “a way of solving local problems which has an important sociability component (that takes into account principles such as participation of people, empowerment of disadvantaged groups) and leads to social change, thus building socially cohesive, inclusive and democratic communities characterised by a high quality of life” (Precupețu, 2006: 95). An extremely important role in defining community development is played by the distinction between “community development” and “development of a community”, the latter occurring through actions that generate positive change in the local population’s quality of life, but without involving

community members. This category includes economic development efforts such as increasing the number of jobs in the community or investment in infrastructure, community aid efforts such as help offered between neighbours and recurring activities, traditionally regulated, which do not generate change in the community, for example organising a church patron (Sandu, 2011: 14-15). The two components are embedded in the concept of local development, which includes both activities carried out with the participation of community members and activities of the authorities to improve the community members' quality of life, and brings together the public, the private and the non-profit sectors for economic growth and employment (Stănilă, 2013).

After 1990, the community development efforts have materialised in the form of programmes implemented by international organisations. Important contributions to the field were made by the World Bank through the Romanian Social Development Fund, USAID, DFID, the Soros Foundation, the Romanian Association for Community Development. Regional development has emerged from the need to fix various regional gaps in terms of level of development, which could not be overcome by sectoral policies. Regional development policies were introduced in most western European countries between 1948 and 1960, and the peak period was in the 70s. Such a regional development programme was initiated in Romania by the EU and the Romanian Government in 1996. In addition to community development and regional development, Dumitru Sandu identifies a tendency to set up a “synthesis field focused on *community-regional* development” (Sandu, 2011: 1). The sustainable development perspective has emerged from the awareness of the negative social and ecological effects of economic development.

The term “sustainable development” was adopted by the United Nations World Commission on Environment and Development (Brundtland Commission) in 1987 and was subsequently taken over by international organisations, governments and even the private sector. According to “Our Common Future” report, sustainable development is “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” and it should be a guiding principle of the United Nations, governments, institutions and organisations (United Nations, 1987). World-renowned organisations emerged in this context, such as Friends of the Earth (in 1971) and Greenpeace (in 1979, following an earlier initiative of a group of activists in 1971). In 1968, the Club of Rome¹ think tank was founded as an informal association, with the participation of personalities from politics, business, academia and civil society, who were concerned about the future of humanity and of the planet. In 1972, the Club of Rome published its first report from a series of 33, entitled “Limits to Growth”, which explored several scenarios and highlighted possible choices of society towards reconciliation of sustainable progress with environmental constraints. Many associations emerged in the 90s and coagulated the concerns of people interested in carrying out activities consistent with the mission of the Club of Rome nationwide, including in Romania. After a period of decline, in the early 21st century issues such as increasing social inequalities, consequences of climate change and overuse of natural resources have proven the relevance of the Club of Rome's concerns and have revived

¹<http://www.clubofrome.org/>

the interest in its activities. Currently, there are over 30 national associations with over 1, 500 members in five continents. The Club of Rome has significantly contributed to developing the concept of sustainability, highlighting the contradiction between unrestrained growth and limited resources. This contradiction points out the challenges of operationalizing the concept of sustainability: development is achieved through economic growth, but at the same time sustainability is characterised by ecological limitations and goals of reducing poverty and other difficulties. Thus, the focus on growth and development is valued by governments and the business sector, while concerns for ecology and social justice are more common in the NGO sector and academia (Robinson, 2004).

The concept of sustainable development has been promoted by international organisations such as UNDP, World Bank and OECD, and the term “sustainability” has been the subject matter of debates in numerous conferences organised by the United Nations, most of them focused on environmental issues: UN Conference on the Human Environment, Stockholm (1972), UN Conference on Environment and Development, also known as the Earth Summit, Rio de Janeiro (1992; 2012 Rio +20), World Summit on Sustainable Development (2002) or UN Climate Change Conference - Copenhagen Summit (2009). The 2002 summit adopted the Johannesburg Declaration on Sustainable Development which aimed to place particular focus on “*worldwide conditions that pose severe threats to sustainable development: chronic hunger; malnutrition; foreign occupation; armed conflict; illicit drug problems; organised crime; corruption; illicit arms trafficking; trafficking in persons; natural disasters; terrorism; intolerance and incitement to racial, ethnic, religious and other hatreds; xenophobia; endemic, communicable and chronic diseases*” (United Nations, 2002: 3).

The United Nations report entitled “The Future We Want” was published in 2012; according to this report, green economy is “one of the important tools available for achieving sustainable development. (...) We emphasize that it should contribute to the eradication of poverty as well as sustained economic growth, enhancing social inclusion, improving human welfare and creating opportunities for employment and decent work for all, while maintaining the healthy functioning of the Earth's ecosystems” (United Nations, 2012: 10). The report provides for the establishment of a working group to formulate Sustainable Development Goals, which are based on Agenda 21 and Johannesburg Plan of Implementation, fully respect all Rio principles, and not divert effort from the achievement of the Millennium Development Goals.

In 2001, the EU adopted the Sustainable Development Strategy (revised in 2006), whose main goal was the “*continuous improvement of quality of life both for current and for future generations, through the creation of sustainable communities able to manage and use resources efficiently and to tap the ecological and social innovation potential of the economy, ensuring prosperity, environmental protection and social cohesion*” (Council of the European Union, 2006: 3). Romania adopted the Sustainable Development Strategy in 1999 and the National Strategy for Sustainable Development in 2008, for the 2013-2020-2030 time horizon; the first strategic objective was to incorporate sustainable development principles in Romania's programmes and policies by 2013, then reach the current average level of EU countries' main indicators of sustainable development by 2020 and significantly reduce the gap by 2030.

The terms *sustainable/sustainability* and *durable/durability* are often used interchangeably. The Romanian sociological literature on development mainly uses the term “durable” (Sandu, 2005; Mărginean & Precupețu, 2008). Recent publications developed under projects financed by the ESF often use the term sustainable; under SOP HRD, sustainability is one of the four criteria for assessing project proposals and refers to transferability, financial and institutional sustainability, and integrated approach (SOP HRD, 2013).

Sustainability is a concept used increasingly often in the business environment, where companies develop sustainability strategies, draw up sustainability reports, discuss sustainable products, or have dedicated positions in their organisational structure, such as Chief Sustainability Officer. In academia, sustainability is a central element of current curricula and research areas, particularly in business schools, and is studied in many courses and master programmes¹: sustainable development, climate change, sustainable agriculture and food security, sustainable business etc. Moreover, there are spaces dedicated to sustainability professionals, both in the private and the public sector, such as the Guardian Sustainable Business Network² and Johns Hopkins Sustainability Network³. In 2012, the United Nations launched the Sustainable Development Solutions Network⁴, which brought together scientific and technical expertise from academia, civil society and the private sector to address sustainable development issues at local, regional and global level.

Sustainability: a Challenge for Social Enterprises

Following the combination of the social component and the economic one, the limitation of profit redistribution to stakeholders and the reinvestment of profit in social or environmental objectives, social enterprises have been categorised as hybrid organisations, *sustainability-driven business models*, *mission-driven businesses* or *social-purpose businesses* (Alter, 2007; NEEsT website, Borzaga, Depedri&Tortia, 2014). After exploring the way in which social values and objectives combine with business practices, Alter (2007: 14) places hybrid organisations on a spectrum from the *traditional non-profit* approach to the *traditional for profit* approach, depending on mission, accountability and use of revenue. The main purpose of socially responsible businesses or companies practicing corporate responsibility is to obtain profit, whereas the main goal of social enterprises and non-profit organisations with income generating activities is the social impact. In recent years in Romania, corporate social responsibility initiatives have been oriented to establishing and sustaining social enterprises (e.g. the “Andrei’s Country” competition organised by Petrom and supported by NEEsT) (Stănescu, 2013).

¹<http://www.academiccourses.com/> ; <http://www.masterstudies.com/>

²<http://www.theguardian.com/sustainable-business/about-guardian-sustainable-business>

³<http://www.sustainability.jhu.edu/>

⁴<http://unsdsn.org/>

One of the challenges of a social enterprise management, which may lead to deviations from its social mission, is the duality of its goals. Excessive focus on the economic component and neglect of the social mission can lead to such situations (Alter, 2007). Long-term sustainability may also be endangered by excessive pressure to obtain short-term profit, which causes side effects such as the harming of trust relationships with customers or tainted reputation, or causes investment in research and development to fall. Authors argue that, under these circumstances, breaking even may be enough for the survival of an organisation on the market, since sustainability is not equivalent to profit maximisation. As for social enterprises, economic constraints are only instrumental for achieving social goals (Borzaga, Depedri & Tortia, 2014).

As regards the social enterprises in rural areas with small population and limited resources, Whitelaw and Hill (2013) state that the financial viability of an organisation is often put in second place after social benefits to community members. Some of the main solutions identified by the authors to ensure the sustainability of social enterprises are: financial state aid, business expansion in other markets or diversification of activities, and openness to customers who do not form the main audience, but are able to pay for the purchased goods and services and thus contribute to subsidies for people in need.

In Romania, social enterprises have developed mostly in recent years as a result of projects funded by the ESF, axis 6 of SOP HRD, but also through initiatives funded by private companies or NGOs. The terminology varies from one donor to another; thus, SOP HRD documents use the term “social economy structure”, while other donors use the term “social enterprise” or “social business” (e.g. NEEsT, Petrom). Some of the social enterprise definitions even contain the word “sustainable”, one of such definitions being the one formulated by NEEsT, according to which a social enterprise is “a business created to promote a social purpose in a financially sustainable manner” (Varga, 2012).

A first draft of the law on social economy was released for public consultation in December 2011, and it was debated in the Romanian Parliament in 2013. The law aims to regulate the social economy at national level and introduces the phrases “social enterprise” and “social integration enterprise”. Thus, any “private legal entity operating in the field of social economy” can be a social enterprise, and the “social integration enterprise” is the “social enterprise that carries out activities for profit, uses the profit to create jobs and is required to hire persons belonging to vulnerable groups” (Ministry of Labour, Family, Social Protection and Elderly, 2012: 2).

Several recent publications give to various newly established social enterprises the title of example of good practice (Drăgotoiu et al. 2011; Petrescu, 2012; Vețan & Florean, 2012; Nicolăescu, 2013). Other publications, especially official reports on SOP HRD, draw attention mainly to the positive numerical evolution of these structures and their beneficiaries. One such example is the Annual Implementation Report for SOP HRD 2013 (AIR 2013), which presents analyses of the values achieved for each of the set indicators and their annual increases. Although the report is solely quantity-oriented, the increasing values of indicators such as the number of newly established social economy structures or the number of created jobs are presented as significant

achievements under the “qualitative analysis” label (Ministry of European Funds, MA SOP HRD, 2013: 138).

Therefore, an analysis should be conducted on these social economy structures beyond the quantitative aspects, a qualitative analysis that focuses on the problems encountered in the development process, on how these enterprises manage their resources, how they evolve after the funding ends and how they integrate the sustainable development principles in their own work. This article is a first part of such an analysis on social enterprises in Romania. The qualitative research will consist in analysing relevant documents (e.g. activity reports of funders of competitions for social enterprises, sustainability reports), and interviews with representatives of organisations that funded the development of social enterprises, representatives of established social enterprises, evaluators that participated in such competitions. The interview guide will include questions on the three main dimensions of sustainable development - social, environmental, economic - and how they are integrated into the work of established social enterprises. A particular interest will be directed towards the economic component, mainly to the development strategies of enterprises after the end of funding. The interviews will also include a component dedicated to the respondents’ representations on the sustainability of social enterprises, and to the way in which they approached this criterion in the applications for funding.

One of the hypotheses formulated at this stage, which will be pursued during the qualitative research is related to the influence of the funder’s approach on the chances of success of social enterprises: I expect the enterprises that received only financial support to face more difficulties after the funding ended as compared to the enterprises that received also consultancy and other forms of support.

An example of funders with different philosophies is NEEsT and SOP HRD, which both financed the establishment of social enterprises but focused on different elements: capacity building and continuous support versus significant financing but without long-term support. Thus, in 2014 NEEsT had a portfolio of 16 organisations in Romania (9 current and 7 portfolio exits) to which it provided funding between USD 23, 500 and USD 120, 400. NEEsT’s approach focused on providing long-term support, and the first stage of this process was the support for business planning, followed by the incubation stage which lasted up to 3 years for the best social enterprises selected after the first stage. The selected social enterprises in NEEsT’s portfolio received support for a period between 5 and 7 years, consisting of grants or loans, workshops, consultancy, collaboration opportunities etc. While NEEsT had approximately 6, 000 beneficiaries¹ by 2014, the coverage of the projects funded by SOP HRD was much higher: there were 31, 325 unique participants only for axis 6, Key Area of Intervention 6.1 in 2007-2013 (Ministry of European Funds, MA SOP HRD, 2013). Another indicator of the focus placed on quantitative aspects is the higher score given in the competitions funded by SOP HRD to applicants who established a higher number of social economy structures and created a larger number of jobs through those structures (SOP HRD, 2013: 37).

¹ According to the data available at <http://www.nesst.org/romania-eng/portfolio/>

Important differences between the two approaches are noted not only in terms of amount of funding, but also in terms of how social enterprise is defined; a key element of the definition used by NEEsT is the use of the term “business”. Discourses on social enterprises often emphasise their social role and neglect the business side, namely that social enterprises operate like economic agents and the only difference between them and the classic economic agents is that they redirect surplus to social, cultural, environmental purposes, fair trade or local development. On the other hand, SOP HRD documents use the phrase “social economy structures” to describe social enterprises.

If we analyse the content of the Annual Implementation Report for SOP HRD 2013¹ on axis 6, Key Area of Intervention 6.1 (KAI), we note that some of the most used nouns are: *person* (101 times), *number* (97), *programme* (47), *value* (31) (of funding or an indicator), *group* (29) (target group or vulnerable group), *indicator* (28); then, in the order of appearances: *woman* (26), which is one of the most important target groups of SOP HRD; *work* (25), since the activities funded under this KAI aim to integrate vulnerable persons into the labour market; two nouns related to the projects’ time limits: *December* (19) and *year* (18), followed by *project* (17), *inclusion* (16), *implementation* (13) and *training* (13). As regards the verbs, the language of the SOP HRD report is associated mainly with actions towards achieving the indicators, the most commonly used verbs are: *to be* (52), *to have* (48), *to represent* (a number, a percentage) (21), *to support* (people) (10), *to leave* (the welfare system) (9), *to achieve* (the value of an indicator) (8), *to cumulate*, *to enter* (the programme), *to plan* (a target) (each of them appearing 6 times), *to report* (progress) (5). Some of the most commonly used adjectives are: *social* (22), *vulnerable* (16) and *sole* (sole participant, 16 times). The reference in AIR 2013 that includes the words associated with the term “person” relates most strongly with the one associated with the term “number”; the explanation may lie in the importance given throughout the report to achieving the indicators (e.g. the number of supported people).

This preliminary analysis of the report confirms the emphasis placed on the quantitative aspects and the need for in-depth analyses on the evolution of established social enterprises. Since one of the important directions of the paper is to compare social enterprises with different funders in order to identify the influence of the support type on the sustainability of an enterprise, the qualitative research will focus on social enterprises established both under SOP HRD projects and with other funding sources.

One of the organisations that accessed funds to establish social enterprises under SOP HRD said that the main actions to ensure the sustainability of established enterprises were: the purchase of equipment for specific activities, subsidies for the payment of salaries to the employees of social enterprises, support during project implementation, technical assistance and consultancy in social economy (the Soros Foundation Romania, 2013). A goal of the qualitative research is to identify similar strategies and analyse the extent to which they generated the expected results.

¹Preliminary content analysis at syntactic level, made with Tropes 8.2 Romanian version

Concluding remarks and future research directions

The study of social enterprises' sustainability has theoretical and practical implications both for specialists in the social and economic fields and for practitioners in social economy, involved in the development of such initiatives, especially since their number has grown in recent years. However, sustainability should be a major criterion in qualifying a social enterprise, as an example of good practice. The usefulness of good practice examples is likely to increase once the details on the sustainability of the presented social enterprises are included in best practice guides.

One of the major limitations of this paper is its exclusively theoretical nature, but it lays the foundation of the qualitative research with representatives of organisations which funded the establishment of social enterprises, representatives of established social enterprises, and evaluators; it also formed the basis for the identification of the main research directions. The qualitative study will integrate the three main pillars of sustainability - social, economic, environmental - into the strategies of social enterprises; however, due to the early stage of their development in Romania, a greater emphasis will be placed on the financial issues which are essential for the other two components. The financial issues are one of the most important challenges that social enterprises must face, along with the inability to produce on a large scale and to supply goods and services at prices similar to the ones of traditional competitors; therefore, social enterprises need to develop innovative adaptation strategies. In the qualitative study, I will try to identify such strategies, as well as the factors that influence the success or the failure of social enterprises. I must specify that the paper does not focus only on positive examples, but it also tries to extract useful information from all the encountered situations.

In relation to the main goal attributed to social enterprises - the integration into the labour market of persons belonging to vulnerable groups - the paper will also approach the quality of generated jobs, as a key component of employment quality and social inclusion.

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WORK-LIFE BALANCE AND SUBJECTIVE WELL-BEING IN ROMANIA¹

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Abstract: *An essential element for children's quality of life is represented by the time spent together with their family, especially with their parents. However, for most of the families, the time spent together is quite limited by the work obligations on one side and on the other hand by the household living arrangements. In this paper I will approach the relationship between work-life balance and subjective well-being. The paper will focus on families from Romania in a comparative perspective with the families from other countries of European Union. For this propose, I will appeal to secondary analysis using data for the research European Quality of Life Survey (2011/2012) made by European Foundation for The Improvement of Living and Working Conditions. In the analysis, there will be included indicators referring to family status of subjects, indicators referring to relationship between work and family life, also indicators of subjective well-being, like life satisfaction and other evaluation indicators. The theme of this paper is treated from quality of life perspective.*

Keywords: *work-life balance, families with children, subjective well-being*

Introduction

“In the former communist regimes, work was officially labelled as a core value of society” (Mărginean, Precupețu, Tzanov, Preoteasa, Voicu, 2006: 43) leading to longer working week and high rates of employment. Romania is one of the post-communist country, characterised by a high level of participation in labour market both for men and women. During transition period, because of major reorganization on Romanian industry and on labour market, employment rates decreased.

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Even if, during communist regime, women were encouraged to participate on labour market, sharing household tasks wasn't balanced. These situation continued during in transition period, but it's highly met also in the present, even if values on gender equality suffered changes (Popescu, 2009). Women tend to be more implicated in unpaid work as household jobs and caring activities, especially for children, and men tend to work more outside household.

Romania, like other countries from Central and Eastern Europe, is characterised by a higher number of working hours in the main job. Time spent at work wad diminishing in the transition period relative to communist period, but the number of working hours still remain higher than in most Western countries. Employed persons from Romania have a low balance between working life and family/social life.

“The ability to balance work and family life is an important aspect of people’s quality of life, especially for families with children” (Eurofound, 2013a: 36). Among EU members, Romania offers a generous leave for raising children, especially as period of time (up to 2 years or 3 years for children with disability)(Popescu, 2014). This type of leave for raising children was granted in the context of underdeveloped care services for children. In the transition period in Romania, but in some others post-communist countries, the involvement of state for support families or women diminish considerably, upholding a higher implication of families in children’s education (Voicu and Voicu, 2010).

The balance between working life and family life and social life has an important contribution on subjective well-being (Eurofound, 2013a: 91).

Today, people want to have a professional career, both women and men, but in the same time, they wish to spend a qualitative time within their family or group of friends. Hence, the necessity of measures for finding equilibrium between work and family or social life. “Today’s family policies try to do many things: help parents get jobs and provide for their families; give parents enough time, money and skills to care for and enjoy their children, and further their children’s development” (OECD, 2011a: 1). Moreover, children’s well-being depend on family well-being (ibidem).

At European level, the strategy “Europe 2020: A strategy for smart, sustainable and inclusive growth” emphasize the importance of work-life balance, as a factor that contribute to the increase of participation to the labour market, especially for young people, older workers and women (European Commission, 2010 apudEurofound, 2013a). It is necessary an innovative view in regarding organisation of work and also the acknowledgement of affordable care, for children and other dependents, for achieving a reconciling employment with care responsibilities (Eurofound, 2012).In Romania, having an unemployed member within the household place the family in an area of vulnerability or even in poverty (Mihailescu, 2014). So, increasing labour participation is very important in the Romanian context.

The aim of this paper is to describe work-life balance from Romania in a comparative perspective with others European countries. Also, I will focus on the relationship between work-life balance and subjective well-being.

Conceptual framework

Quality of life is a broader concept, “referring to the overall level of well-being of individuals in a society” (Fahey, Nolan, Whelan, 2003: 1). It’s an evaluative concept (Mărginean, 2011), taking in consideration both objective conditions of life and people evaluations of these conditions (Mărginean et al., 2006).

In the conceptual framework proposed by T. Fahey, B. Nolan, Ch. T. Whelan (2003) for the European Foundation for the Improvement of Living and Working Conditions, the concept of quality of life includes resources, opportunities and life conditions, contextual features, but also attitudinal and subjective elements. The focus is on the relationship between reported satisfaction levels and resources/conditions, that contributes “to development of a deeper understanding of how people come to evaluate their work, family and community life and the interrelationships between them” (Fahey, Nolan, Whelan, 2003: 4) and also to a better understanding of the determinants of quality of life.

As a multidimensional concept, quality of life can be operationalised in many different ways, more or less detailed. In report *Quality of life in Europe*, there are indicated a number of core areas: employment, economic resources, family and households, community life and participation, health and health care, knowledge, education and training (Saraceno and Keck, 2004).

This approach can offer an important contribution for social policy, highlighting the needs and difficulties in different quality of life domains and inequalities between social groups and setting objectives for social development (Mărginean et al., 2006).

The subject of this paper is treated from quality of life perspective.

Family is one of the life domains, being characterised by a high level of satisfaction (Popescu, 2011) and being considered one of the most important factors for quality of life (Alber and Fahey, 2004). “Family is a core aspect of people’s lives, contributing to their integration, socialization and level of support available” (Mărginean et al., 2006: 35).

Within the family, people received different type of support: emotional support, practical support in everyday life, financial or relational support, contributing to social cohesion at community level, to social inclusion and welfare (Saraceno, Olagnero&Torrioni, 2005). In an unstable social context, the social institution of family proved a high adaptive capacity, people’s subjective evaluations remained constantly positive and higher than of evaluations of others life areas (Popescu, 2013).

Although, the family suffered major changes in the last decades, the main characteristics is the persisting resilience of this institution in facing the necessity of support for their members, especially in times of need (Saraceno et al., 2005).

Family constitutes the context within, men and women, in different life stage and family responsibilities, choose their type of labour market participation and their level of involvement at community level (idem). They have to balance their need for material resources and care responsibilities.

Working is an essential for individual well-being. “Not only do good jobs increase people’s command over resources, but they also provide people with a chance to fulfil their own ambitions, to develop skills and abilities, to feel useful in society and to build self-esteem. Jobs shape personal identity and create opportunities for social relationships.” (OECDb, 2011: 58).

Work-life balance refers to “the ability to combine work, family commitments and personal life” (idem, p.123). Work–life balance can be defined as “satisfaction and good functioning at work and at home, with a minimum of role conflict” (Clark, 2000, apud Emslie and Hunt, 2009:152).

The ability to balance work, family commitments and personal life contribute to the well-being at individual level, to household level and also to community or society level. Balancing between the rewards and demands of work and those of family life or social life contributes to personal subjective well-being. Within the household, children’s well-being is strongly influenced by the work-life balance of their parents and by the time spent together. “Parental nurturing is crucial for child development, especially in the early years and prime age adults (typically women) also play a critical (and increasingly important) role for the care of their elderly parents” (OECD, 2011b: 124). An equilibrium between work and personal life offers possibility for people to socialise and to participate to the community life.

Fagan, Lyonette, Smith and Saldana-Tejeda (2012) mentioned a series of measures collected through surveys or through smaller more qualitative studies: the degree of fit that they consider to exist between their working time and their family or social life, the extent of work-life balance they feel they have, the degree of satisfaction they have with their work-life balance, the mismatch between their preferred and actual working time, reports of negative effects on well-being and health, reports of “role conflict” and the negative “spill-over” effects of the time or reports of positive “spill-over” synergies and enrichment of personal life.

From time use perspective, the surveys are focused indicators as working hours, time for leisure and personal care, commuting time, satisfaction with allocation of time, giving a detailed picture on the way people are spending their time in different kind of activities (OECD, 2011b).

In EQLS (2011/2012), work-life balance is measured by three indicators regarding difficulties between family/personal life and work (coming home from work too tired to do some of the necessary household jobs; difficulty in fulfilling family responsibilities; difficulty in concentrating at work). Also, the survey provide valuable information about working time, preferences on working time, compatibility of working time with other commitment, time for unpaid work (household jobs or care activities), quality of work.

“Reconciling work and family life has become an increasingly important issue in European societies. The balance between these two areas of life is believed to have a major influence on labour participation, fertility, family formation and quality of life” (Keck, 2004: 45).

Subjective well-being is referring to the subjective way that people are experiencing their lives and it includes three dimensions (Precupețu, 2011). First dimension is a cognitive one, including an assessment (evaluations of different aspect of life, life satisfaction, domain satisfaction). The second dimension refers to positive affects (like happiness) and the third to negative affects (like depression, anxiety or alienation). These elements are interrelated and form a global factor of subjective well-being (Diener, 1984/2000 apud Precupețu, 2011).

In EQLS, all these dimension of subjective well-being are covered by indicators, but in my analysis, I will focus on life satisfaction and satisfaction on different domains.

Information offered by subjective indicators are highly relevant for social policy and policymakers, because measures of subjective well-being gives a comprehensive evaluations of quality of life and also shows the degree of fulfilment of people's needs (Saraceno, 2004).

Data and methods

The analysis will rely on the third wave of the European Quality of Life Survey¹ (2011/2012) developed by European Foundation for Improvement of Living and Working Conditions. The first two waves of this research were realized in 2003 and 2007. Third EQLS was carried out during 2011-2012 in 34 countries (27 Member State of European Union and Croatia, Iceland, FYR Macedonia, Montenegro, Serbia, Turkey and Kosovo). In this paper, the analysis was made on EU28 (all EU member states and Croatia, which became an EU member in 2013).

EQLS (2011/2012) includes a broad list of indicators for many dimensions of quality of life. In my analysis, I used indicators regarding household, family, work, work-life balance and subjective well-being. Data from analysis was weighted by weights calculated in the data base. The Romanian sample contains 1542 subjects (742 males and 800 females), and the all EU28 sample 36517 subjects. The analysis was perform only on subjects that have a job, so on a lower number of cases than the sample. Analysis is mainly descriptive, using univariate and multivariate statistics.

Household structure

Households represent the context in which people decide about their participation to labour market. Structure of household and type of support within household can sustain labour market integration and a balanced work-life relationship.

Among European countries, Romania is characterised by a higher number of persons living together in a household. Here, the mean size of the household is 2, 9 persons, higher than in most EU member states. In EU28 the mean size of household is 2, 4 persons, while in EU12 is 2, 8 persons and in EU15 is lowest 2, 3 persons. Households formed by a single person are more frequent in the countries from Northern and

¹ Access to the EQLS 2011/2012 database through UK Data Services (<http://ukdataservice.ac.uk/>).

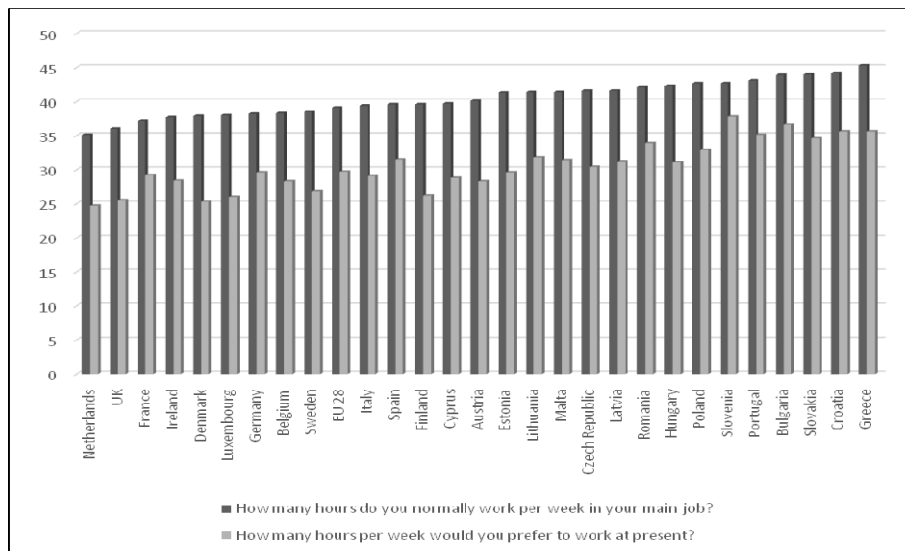
Western Europe (like Denmark, Finland, Germany and Sweden). The Mediterranean countries and Eastern and Central countries have a smaller number of a single person household and a higher number of different forms of households. In Romania 21% of the households are formed by single person, 18% are represented by couples without children, 16% are couples with children, while just 1% are single parents. 44% of households from our country have different composition, including extended family.

Most households contented in EQLS (2011/2012) don't include children. In Romania, about 74% of households are without children, while in EU15 and EU28 about 78% of households don't have children (see Table 1 in Annex).

Working hours

Number of working hours per week is one of the indicators used for describing quality of work and also work-life balance. In EQLS, people were ask about the working hours in the main job, in the additional job and also about their preferences regarding the number of working hours (see Figure 1).

Figure 1. Number of working hours per week in the main job in European countries and preference regarding number of working hours (mean)



Source: EQLS 2011/2012 (own calculation). Note: Only the answers of employed respondents were considered. Q7. How many hours do you normally work per week in your main job, including any paid or unpaid overtime? Q8. If you could freely choose the number of your working hours while taking into account the need to earn your living, how many hours per week would you prefer to work at present? If you would prefer not to work at all, indicate zero.

Number of working hours in the main job is rising from West to East of European Union, and also from North to South. In Netherlands, United Kingdom, France, Ireland and Denmark, the mean of working hours per week in the main job is the lowest in all EU (under 38 hours). The highest number of working hours per week in the main job, we find in the countries from South and Central-Eastern Europe: Romania, Hungary, Poland, Slovenia Portugal, Bulgaria, Slovakia, Croatia and Greece (between 42 and 45 hours). The difference between Netherlands and Greece is about 10 working hours.

The subjects were asked about their preferences regarding the number of working hours per week they prefer. In the most of European countries, people indicated they prefer to work less, about with 10 hours than in present. In Romania the mean number of working hours per week in the main job is 42, and people would prefer to work 8 hours less.

In the all European countries, we find differences by gender regarding the working hours in the main job, males work more than females. The highest difference by gender from EU is in Netherland (12, 7) and Ireland (13, 5), and the lowest difference in Slovenia (0, 7), Romania (2, 2) and Sweden (2, 5).

In the most countries, the presence of at least one child in the household doesn't change significantly the number of working time. But, there are some countries where the presence of a child in the household leads to a decrease of the working time. The highest decrease we find in Austria (3, 5 hours) and in Germany (2, 9 hours). They are followed by Greece (2, 2 hours), Netherland (2 hours), Luxembourg (1, 9) and Czech Republic (1, 8 hours).

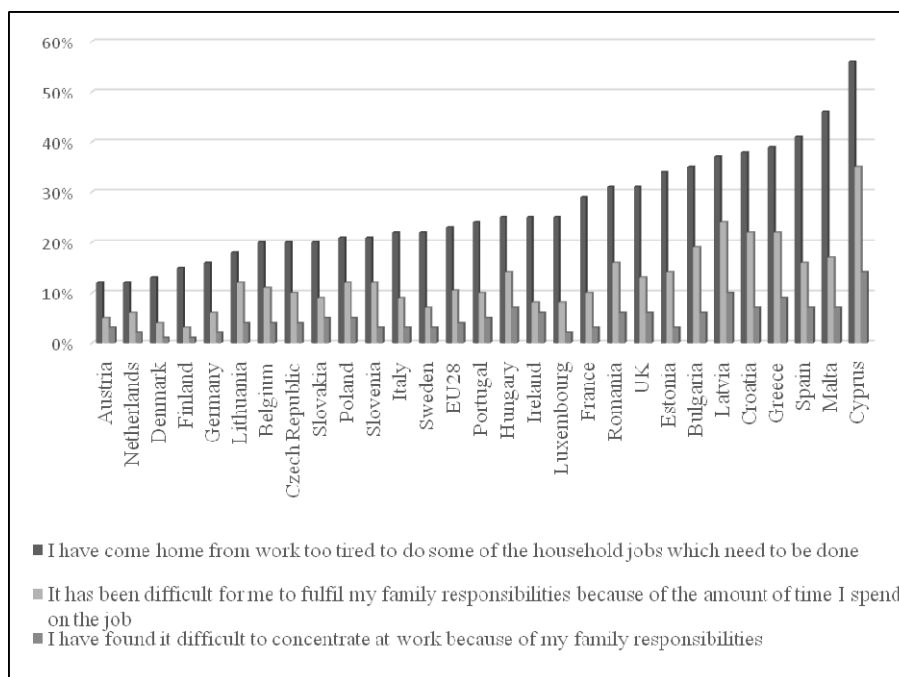
Most of Europeans are content with the fit of their working hours and their family and social commitments outside the work. About 78% of all Europeans consider that working hours are fitting "very well" and "fairly well" to family or social commitments. The best evaluations of this aspect are in Denmark, Sweden and Netherland, and the lowest Greece, Spain and Latvia.

Work-life balance

For describing relationship between working life (professional life) and family or social life, in EQLS (2011/2012) were used a set of three indicators: perceived difficulties in doing household jobs because of tiredness from work, perceived difficulties for fulfilling family responsibilities because of work and also about difficulties at work because of family responsibilities.

People from Cyprus, Malta, Spain and Greece perceive highest difficulties after work for doing household jobs. 56% of subjects from Cyprus declaring themselves too tired to do household jobs "several times a week", 46% from Malta, 41% from Spain and 39% from Greece. People from Central and Eastern European countries experience relatively high levels of tiredness after work. The lowest level of perceived tiredness after work, we meet in Austria, Netherland and Denmark, under 15% of respondents considering themselves too tired "several times a week" (see Figure 2).

Figure 2. Perceived difficulties “several times a week” in balancing work with family or social life for Europeans (%)



Source: EQLS 2011/2012 (own calculation). Note: Only the answers of employed respondents were considered. Q12: How often has each of the following happened to you during the last 12 months? a. I have come home from work too tired to do some of the household jobs which need to be done; b. It has been difficult for me to fulfil my family responsibilities because of the amount of time I spend on the job; c. I have found it difficult to concentrate at work because of my family responsibilities (1. Several times a week, 2. Several times a month, 3. Several times a year, 4. Less often/rarely, 5. Never).

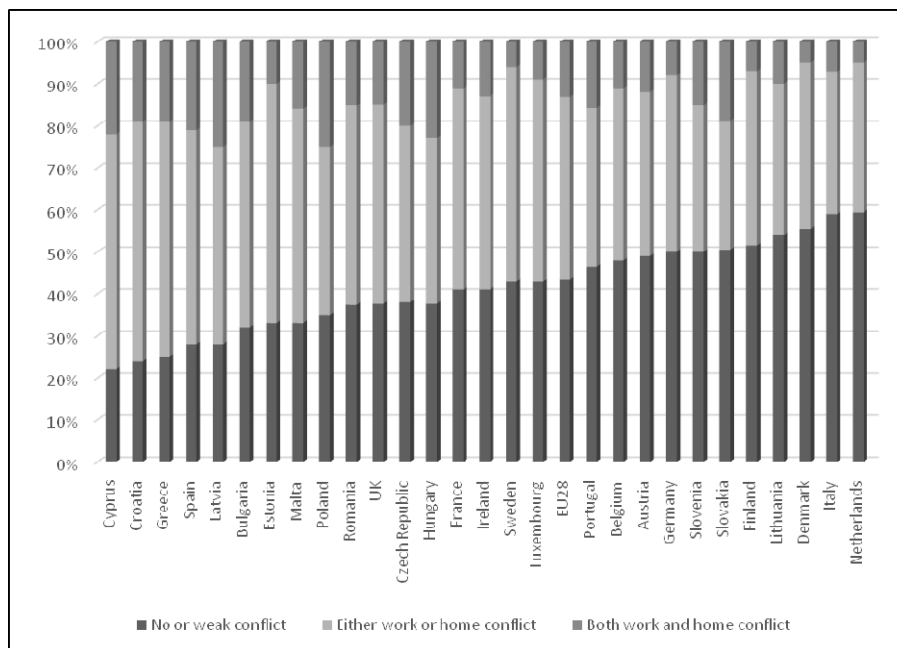
“In several countries there were large increases in 2011 compared to 2003. In Cyprus the proportion of people experiencing tiredness after work rose by 22% between 2003 and 2011. In Greece the increase was 14%, followed by Spain at 11%” (Eurofound, 2013:38).

People from Finland, Denmark, Austria, Germany and Netherlands indicate in the lowest measure difficulties in fulfilling family responsibilities because of the amount of time spent on job. Only 3% of Finnish subjects indicate difficulties “several times a week” in fulfilling family responsibilities.

Highest difficulties in fulfilling family responsibilities because of time spent on job are perceived in Greece, Croatia, Latvia and Cyprus, more than 20% of subjects from each of these countries indicate these difficulties “several times a week” (see Figure 2).

Regarding the difficulties to concentrate at work because of family responsibilities, people from Greece (9%), Latvia (10%), and Cyprus (14%) indicate them “several times a week” in the highest measure among European countries. Lowest level of perceived these difficulties are found in the Finland (1%) and Denmark (1%).

Figure 3. *Work-life balance-conflict in European countries (%)*



Source: EQLS 2011/2012 (own calculation). Note: Only the answers of employed respondents were considered. The index was computed by the three question Q12a, Q12b, Q12c: How often has each of the following happened to you during the last 12 months? a. I have come home from work too tired to do some of the household jobs which need to be done; b. It has been difficult for me to fulfil my family responsibilities because of the amount of time I spend on the job; c. I have found it difficult to concentrate at work because of my family responsibilities (1. Several times a week, 2. Several times a month, 3. Several times a year, 4. Less often/rarely, 5. Never).

People from Romania are characterised by a weak work-life balance. In regarding tiredness from work for doing household jobs, 31% of Romanian reported it “several times a week” and another 30% “several times a month”. Difficulties in fulfilling family responsibilities because of work are mentioned by lower measure by Romanian people. Only 16% of Romanian people appreciate having difficulties “several times a week” and 22% “several times a month”. Half of Romanians consider that they have “never” difficulties in concentrating at work because of family responsibilities. Only 6% mention these difficulties “several times a week” and 10% “several times a month”.

A balanced relationship between work and life, with a very low level of conflict, we find in Netherlands, Italy, Denmark, Lithuania and Finland, more than half of their subjects having “No or weak conflict”. In Cyprus, Croatia, Greece and Spain are met the highest level of conflict between work and life, more the 50% of people from these countries having at least a conflict “either work or home” and about 20% of them, being characterised by “both work and home conflict”(see Figure 3).

In Romania, 47% of the subjects have at least one conflict, “either work or home conflict”, and 15% of them have conflicts “both work and home conflict”.

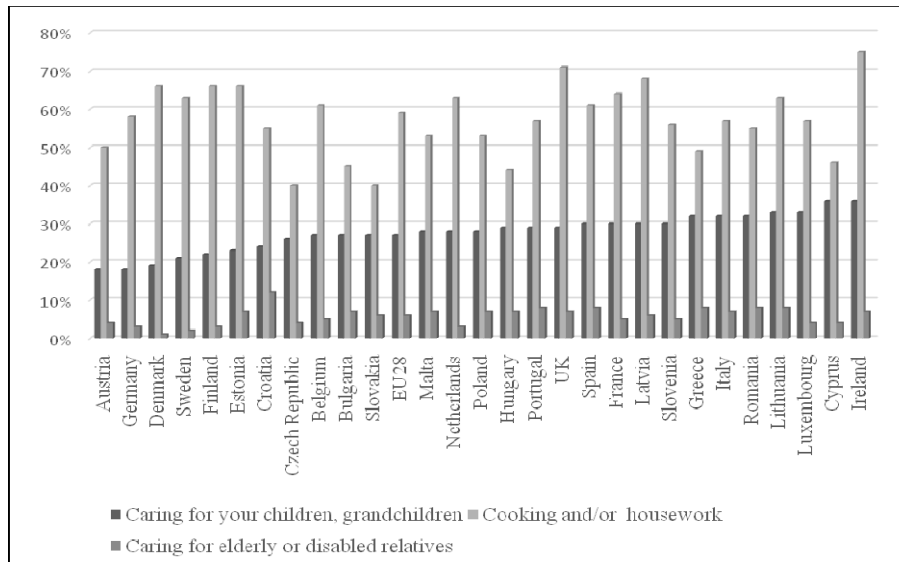
Unpaid work – housework and caring activities

Every family have to balance paid work and unpaid work within the household: cooking or other housework and caring activities, as caring for children or for elderly or disabled relatives. Most of Europeans mentioned they are cooking and making different housework jobs “every day” (see Figure 4). However, caring activities are in a lower measure mentioned as made “every day”. Caring for children is the most important component within caring activities. In the most European countries, more than a quarter of the subjects reported caring for children or grandchildren “every day”. In some Northern and Western countries, like Austria (18%), Germany (18%), Denmark (19%), Sweden (21%) and Finland (22%), are recorded the lowest level of implication in these activities “every day”. The highest level of implication in caring for children are found in Ireland (36%), Cyprus (36%), Luxembourg (33%) and Lithuania (33%).

In regarding of caring for elderly or for disabled relatives, less than 10% of the Europeans reported this activity every day. The highest level of implication is recorded in Croatia (12%) and the lowest level in Denmark (1%), Sweden (2%), Finland (3%) and Germany (3%).

People from Romania are highly implicated in caring for children, 32% of the subjects mentioned this activity “every day”, what can emphasize the underdevelopment of care services for children. Caring for elderly or disabled relatives is practiced every day by only 8% of Romanians, even if the care services for elderly or disabled persons are also underdeveloped in Romania.

Figure 4. How often are you involved in activity outside of work? (Every day)%



Source: EQLS 2011/2012 (own calculation). Q36. In general, how often are you involved in any of the following activities outside of work? a. Caring for your children, grandchildren; b. Cooking and / or housework; c. Caring for elderly or disabled relatives; (1. Every Day; 2. Several days a week; 3. Once or twice a week; 4. Less often; 5. Never).

Subjective well-being

EQLS 2011/2012 covers many life domains with subjective indicators, like life satisfaction, happiness, satisfaction with different life domains, evaluations of different life situations or services and positive or negative feelings. In this paper, the focus will be on the relationship between work-life balance with life satisfaction, family satisfaction, job satisfaction and social life satisfaction.

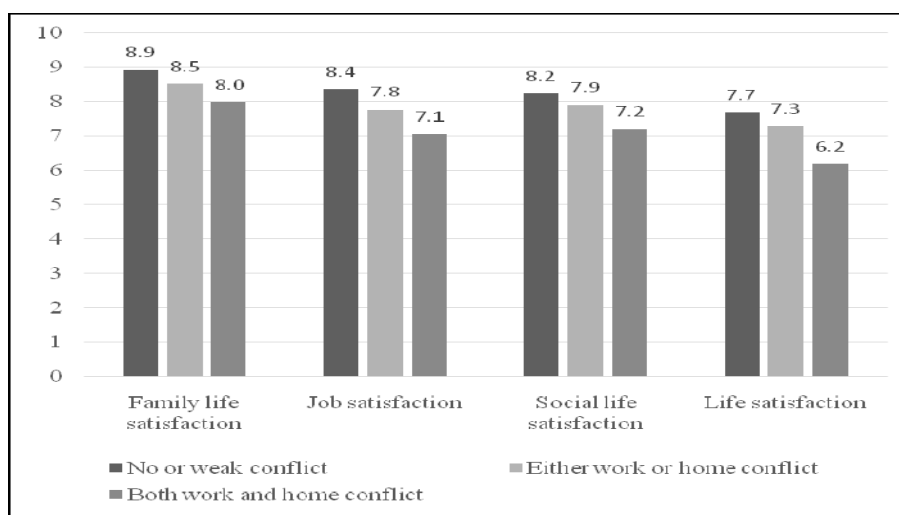
“Life satisfaction is extensively used in subjective well-being research, as it is considered to be a holistic measure of the quality of life. It represents the final synthesised output of all conditions that people experience in their lives, while also capturing the values, expectations and desires that individuals have in relation to their lives” conditions (Mărginean et al., 2006: 59).

Life satisfaction is measured in EQLS 2011/2012 using the following question: “All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied”. In a similar way, are measured all satisfaction indicators for different domains.

Satisfaction with family life, job satisfaction, social life satisfaction and life satisfaction, as an overall satisfaction measure, are related with the balance between work and life. In the analysis, I find significantly mean differences for family life satisfaction, job satisfaction, social life satisfaction and life satisfaction by work-life balance (in Table 2 in Annex, I illustrated only for family satisfaction and life satisfaction). The mean differences were tested using Anova for Romanian and country groups (EU12, EU15, EU28¹).

People characterised by a low level of conflict between work and life have a higher level of satisfaction on all types of domain satisfaction (job, family, social life) and also on life satisfaction in general. In Figure 5, there are presented data for Romania. The most satisfied subjects are those having “no or weak conflict” in regarding work-life balance. Subjects confronted with “both work and home conflict” reported lowest level of satisfaction, both on general satisfaction and on domain satisfactions. For EU12, EU15 and EU28, data are very similar with data for Romania.

Figure 5. Life satisfaction and domain satisfaction by work-life balance in Romania (mean)



Source: EQLS 2011/2012 (own calculation). Note: Only the answers of employed respondents were considered. Q30. All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied. Q40. Could you please tell me on a scale of 1 to 10 how satisfied you are with each of the following items, where 1 means you are very dissatisfied and 10 means you are very satisfied? (b. Your present job; c. Your family life; g. Your social life) Mean differences tested by Anova ($p < 0,001$).

¹EU12 = EU member states that joined in 2004 and 2007.

EU15 = EU member states before 2004.

EU28 = all EU member states in 2011/2012 and Croatia.

Conclusions

Number of working hours varies a lot across the European countries. Number of working hours in the main job is rising from West to East of European Union, and also from North to South. Although, most of the European are content with the fit of their working hours and their family and social commitments outside the work, they would prefer to work less.

All Europeans try to equilibrate working component and family or social life. This is easier for people from Nordic countries (like Netherlands, Finland and Denmark) of Western countries (like Germany). For people from Mediterranean countries or from Central or Eastern Europe is harder, they complaining more about the difficulties to balance work and family or social life.

Work-life balance contributes to the manner of evaluating different life domains, as well life as a whole. A low level of conflict in work-life balance leads to higher level of life satisfaction, but also to higher level of family satisfaction, job satisfaction and social life satisfaction.

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Web pages:

- European Foundation for Improvement of Living and Working Conditions <http://www.eurofound.europa.eu/>
- Eurostat: <http://ec.europa.eu/eurostat>
- UK Data Service: <http://ukdataservice.ac.uk/>

Annex

Table 1. Household size and the number of children in the household

	Romania	EU12	EU15	EU28
Household size (mean)				
	2, 9	2, 8	2, 3	2, 4
Number of children in household (%)				
0	73, 9%	75, 7%	78, 0%	77, 6%
1	16, 3%	14, 3%	11, 3%	12, 0%
2	8, 3%	7, 8%	7, 7%	7, 7%
3+	1, 6%	2, 2%	2, 8%	2, 7%

Source: EQLS 2011/2012 (own calculation).

Table 2. Life satisfaction and family satisfaction by work-life balance-conflict

	How satisfied are you? Your family life			All things considered, how satisfied would you say you are with your life these days?		
	Work-life balance conflict			Work-life balance conflict		
	No or weak conflict	Either work or home conflict	Both work and home conflict	No or weak conflict	Either work or home conflict	Both work and home conflict
	Mean	Mean	Mean	Mean	Mean	Mean
Austria	8, 8	8, 0	7, 2	7, 9	7, 6	6, 5
Belgium	7, 9	7, 6	7, 6	7, 8	7, 3	6, 8
Bulgaria	7, 0	7, 5	6, 8	6, 1	6, 1	6, 0
Cyprus	8, 9	8, 7	8, 7	7, 6	7, 3	7, 1
Czech Republic	7, 6	7, 3	7, 2	6, 9	6, 5	6, 4
Germany	8, 1	7, 6	6, 7	7, 6	7, 3	6, 7
Denmark	8, 7	8, 2	7, 2	8, 8	8, 2	7, 8
Estonia	7, 6	7, 4	6, 9	7, 2	6, 4	5, 7
Greece	8, 1	8, 1	7, 4	6, 7	6, 5	5, 3
Spain	8, 5	8, 2	7, 6	8, 0	7, 8	7, 2
Finland	8, 7	8, 1	8, 1	8, 5	7, 9	7, 4
France	8, 3	7, 8	7, 4	7, 7	7, 2	6, 6
Hungary	8, 1	7, 7	7, 5	6, 4	5, 9	5, 3
Ireland	8, 6	8, 4	7, 8	7, 7	7, 4	7, 1
Italy	7, 8	7, 7	7, 0	7, 3	6, 8	6, 1
Lithuania	8, 0	7, 5	6, 8	7, 2	6, 7	6, 0
Luxembourg	8, 4	8, 0	7, 9	8, 2	7, 6	7, 3
Latvia	7, 4	7, 7	7, 1	7, 0	6, 5	6, 0

	How satisfied are you? Your family life			All things considered, how satisfied would you say you are with your life these days?		
	Work-life balance conflict			Work-life balance conflict		
	No or weak conflict	Either work or home conflict	Both work and home conflict	No or weak conflict	Either work or home conflict	Both work and home conflict
Malta	8,7	8,5	8,0	7,8	7,5	6,4
Netherlands	8,0	8,0	7,3	8,1	7,7	7,3
Poland	8,1	8,0	7,4	7,5	7,4	6,9
Portugal	8,3	8,2	7,2	7,2	7,3	6,5
Romania	8,9	8,5	8,0	7,7	7,3	6,2
Sweden	8,5	7,8	6,9	8,4	8,0	7,4
Slovenia	8,3	7,9	8,1	7,6	6,9	6,7
Slovakia	7,9	7,6	7,6	6,9	6,5	6,1
UK	8,5	8,2	7,2	7,8	7,5	6,7
Croatia	8,3	8,0	7,8	7,6	6,8	6,0
EU 28	8,2	7,9	7,3	7,6	7,3	6,6
EU12	8,1	7,9	7,4	7,2	6,9	6,4
EU15	8,2	7,9	7,2	7,7	7,3	6,7

Source: EQLS 2011/2012 (own calculation).

Q30: All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied; Q40e: Could you please tell me on a scale of 1 to 10 how satisfied you are with each of the following items, where 1 means you are very dissatisfied and 10 means you are very satisfied?



PERCEPTIONS OF CHILD COSTS AS PROXIMATE DETERMINANT FOR ROMANIAN FERTILITY DECLINE¹

Iulian STĂNESCU²

Abstract: *This paper explores the issue of demographic decline in Romania by looking at the three proximate factors of the Oppenheim Mason theoretical model of fertility transition. For two of these factors, child survival probabilities and cost of prenatal and postnatal controls, we used macro level data (population indicators). With low infant mortality and wide availability of prenatal birth control methods, these factors would favour low fertility. The third and last proximate factor is the perception of child cost and benefits for the household. The analysis of this factor we used both macro level data and individual level data from a representative national survey.*

As in almost all other European countries, there is a difference in Romania as well between the ideal and actual number of children. A plurality of adult Romanians in the sample (45 per cent) have fewer children than they would like to have; more than one third (37.6 per cent) have as many children as they would like to have, while a minority (17.3 per cent) have more children than they would like to have. Qualitative data analysis on the perceived reasons for which Romanians do not have the number of children they desire was carried through an indirect, open-ended question. A clear majority (55 percent) pointed to material issues concerning the standard of living at household level as the main reason. Health issues and infertility was the second category in a distant second (10 percent). Almost all social and economic variables have no influence, at individual level, with the variance of the answers to the open ended question. As the perception of high child costs acts as a third factor that also favours low fertility, we conclude that the cultural shift towards a restrained natality culture became more entrenched.

Keywords: *Romania, population decline, births, fertility, children, perceived child costs.*

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Introduction

Like most other Central and Eastern European countries, Romania has experienced a demographic decline since the early 1990s. The latest census (2011) showed the population total set to drop below 20 million. This result arguably increased the salience of the issue. Questions were raised over a range of topics covering possible long-term effects, from the functioning of the labour market and the potential for economic growth to the sustainability of public finances and the social insurance system.

The aim of this paper is to contribute to a better understanding of Romania's demographic decline. Using the theoretical model for explaining fertility transition put forward by Karen Oppenheim Mason, we look at several determinants for fertility decline using both macro level and individual level data. In the first part, we analyze the long term trends in population indicators in the country, infant mortality, and prenatal birth controls. In the second part, by use of survey data, we look at the issue of child costs as perceived reasons for not having children.

Methodology and data

Secondary data analysis is employed to follow key elements in the Oppenheim Mason model of fertility transition in two stages. In the first one, at macro level, we use population data regarding several indicators such as crude birth and death rate, infant mortality, abortion rate, covering the period since World War Two. The source is official data provided by the Romanian National Statistics Institute (INS), collected by population census, statistical surveys, and administrative reports. In the second stage, at individual level, we use data from a nationwide representative survey for the adult population of Romania with a sample size of 1, 212. The survey was based on a probabilistic tri-stadial stratified sample. Data collection was carried through computer assisted telephone interviews by the CCSCC polling company for the Liberal Institute "Brătianu". Phone numbers included both mobile and fixed telephony. The margin of error for the sample is +/- 2.81 at the 95 per cent level of confidence. Available variables in the dataset include social-demographical and economic variables, but not cultural variables. In addition, no variable in the dataset covers religious affiliation or behaviour.

All the variables used in the individual-level analysis are categorical (marital status, age category, level of education, Internet usage, subjective wellbeing, gender, etc.). On the issue of ethnicity, the dataset features a common problem in Romanian surveys, namely the underrepresentation of the Roma/Gipsy population. In the sample, the Roma/Gipsy group totals 0.7 per cent, as compared to 3.3 per cent (620, 000) of the population at the 2011 census and an estimate of 1.5 million put forward by the Research Institute for Quality of Life in 2002 (Zamfir and Preda, 2002: 13). The reason is that some Roma/Gipsy respondents self-report themselves as Romanians.

The questionnaire also included an open ended, indirect question phrased as follows: "In your opinion, what prevents Romanians from having the number of children they desire?" The responses were coded in several categories. We use chi-square test to see if social, economic and other variables, including the desired versus actual number of

children, significantly influence the variation of the responses to the abovementioned question.

Explaining fertility transition: the Oppenheim Mason model

In its classic formulation, demographic transition theory dates to the period around the mid 20th century, close to the end of the Second World War. According to Notenstein (1944), all societies experience a transition from an initial stage of high mortality and high fertility to a final stage of low mortality and low fertility. Socio-economic factors drive the transition, most visible through the inter-related processes of industrialisation and urbanisation. In turn, these factors lead to changes in society in terms of way of life, values and norms. The demographic transition theory has been debated in terms of accuracy, especially concerning the pace of fertility decline, and its strength as a theory, considering its development from a perceived generalisation. In addition, the issues of causes and conditions of demographic transition have spurred much debate (Kirk, 1996).

After reviewing the debate for causality of the demographic transition, Dudley Kirk (Dudley, 1996: 379) put forward several key points:

- Mortality decline is a prime factor, which destabilized the old pattern of high mortality and high fertility;
- All causes are closely linked and part of the wider process of modernization; each cause emphasizes different element of this process;
- Once started in Western Europe fertility transition spread rapidly and independent of the socio-economic level;
- The causal factors could be groups in economic and social, on one hand, and cultural and ideational, on the other hand; American tend to favour the former, Europeans the latter; socio-economic factors receive perhaps undeserved dominance due to being easier to measure and hence regarded as more 'scientific'.

Based on the broad changes in Western European societies in the last quarter of the 20th century, van de Kaa and Lesthaeghe (1986) introduced the idea of a second demographic transition. Observing a decline in fertility below the levels described in the first demographic transition, the second transition also features changes such as:

- Nuptial indicators show rapid and sharp decline; marriage no longer felt as universal;
- The timing of marriage changed with the steady increase in age at first marriage steadily increased;
- The divorce rate increased rapidly, leading to fewer and increasingly unstable marriages, as well as markedly increased cohabitation both among the young (singles) and the elderly (widowed/divorced);

- Childbearing was postponed and contributed partially and temporarily to the fertility decline;
- Extramarital births rose significantly both among cohabiting and single mothers;
- Women's status within the household changed due to increased female employment and involvement in professional careers, at the expense of domestic activities.

Asked to state the difference between the first and the second demographic transition, van de Kaa (2002:2) wrote that “while the first, the traditional demographic transition, was a long term consequence of the decline in mortality, the second transition should be interpreted as a consequence of fertility declining way below the levels long thought plausible.”

Oppenheim Mason (1997) calls for a better understanding of fertility transitions through multi-causal theoretical models that would need to be ideational and interactive. Ideational denotes the importance of perceptions. For Mason, “changing *perceptions* ultimately drive fertility change” (Mason, 1997:450). In turn, perceptions could change slowly or quicker than reality. Interactive indicates the dependent relationships between fertility transitions and pre-existing conditions in the population, as well as other changes occurring in society. Mason puts forward such a model, which features three factors, called proximate determinants (Figure 1), four conditions, and a factor process. The three proximate determinants include:

1. Perceptions of child survival probabilities among reproducing couples or women;
2. Perceptions of child costs and benefits;
3. Perceptions of the costs of postnatal versus prenatal controls on family size and composition (including social, psychological, and financial costs). Postnatal controls consist of migration, adoption, child marriage, fostering and infanticide. The balance between prenatal and postnatal controls derives from the relative costs.

The four pre-existing conditions comprise:

1. Mortality levels;
2. Acceptable number of surviving children;
3. Acceptable sex composition of surviving children;
4. Costs of post-natal versus prenatal controls on family size and composition.

Of the abovementioned factors and conditions, Oppenheim Mason stresses the importance of the pre-existing number of surviving children that families can accommodate at the onset of mortality decline, and their prior and subsequent use of controls on family size and composition.

Demographic trends in Romania

In this section we first set out to explore the broad demographic trends in Romania for the past seven decades. In addition, we will look at several major issues in academic

debate concerning these trends. In the second stage we will focus on three variables derived from the proximate determinants from the Oppenheim Mason model, namely child survival and infant mortality, prenatal and postnatal controls, especially abortion, and perceptions of child costs and benefits.

The start of demographic transition in Romania could be traced to the period after the World War Two. Up to then, Romania experienced the usual pattern of high mortality rate and high birth rate found in pre-modern societies (Rotariu, 2006: 12-13). The rural population totalled 78.6 percent at the 1930 census and 76.6 percent at the 1948 census. Following the war, the new Communist regime initiated a crash program of industrialisation and urbanisation. By 1956, the rural population declined to 68.7 percent, then to 61.8 percent in 1966. In addition, mortality rates were reduced by the introduction of universal public health care system and wide vaccination programs. As a result, the mortality rate, which held steady at close to 20 in the last decade of the interwar period (19.3 in 1930, 18.9 in 1940) declined sharply to 9.7 in 1955, and would remain close to this level up to the end of the Communist period (Figure 2).

Up to the early 1950s, the birth rate mirrored the declining trend of the mortality rate. However, in the early 1960s, after the mortality rate stabilised, the birth rate continued to decline. In the mid to late 1950s, the Communist government liberalized divorce and abortion. This policy turn seemed to correlate with the sharp decline in fertility. A change in the leadership at the top of the Communist regime brought about a change of policy as well. The new party general secretary, Nicolae Ceaușescu, moved to repeal the liberal abortion and divorce legislation. These measures led to almost a doubling of the birth rate from 14.3 in 1966 to 27.4 in 1967. Afterwards, the birth rate entered a steady decline, eventually reaching in 1983 the same value of 14.3 as in 1966. With an increase of mortality rates to around 11, natural population growth slowed down in the 1980s, a decade of economic decline and severe fall in the standard of living.

Following the Romanian Revolution of December 1989, the provisional government moved quickly to liberalise abortion. This was followed by similar measures regarding divorce. As a result, the early 1990s saw a sharp decline of the birth rate and the total fertility rate, which dropped below the replacement level. In 1992, the natural population growth turned negative and has remained so since. Estimates for the future show that “the effects of demographic changes will increase as the “missing generation” reaches fertile age and the generations between 1966 and 1989 reach retirement age. The expected result is an even steeper fertility decrease leading to even lower child birth ratios, less people in labour prone age groups, while more people reach the retirement age” (Bărbulescu, 2012: 84-85). The “missing generations” are characterized by Bărbulescu (2012: 84) as those with “a chronic low fertility among a decreasing fertile population.” Compared to a high of 23.2 million in 1989, projections for the upcoming decades place the total population Romania around 18 million for 2030, 16 million for 2040, and 15 million for 2050 (Table 1).

Child survival and infant mortality

One of the three proximate determinants of fertility in the Oppenheim Mason model deals with perceptions of child survival probabilities among reproducing couples or

women. While measurements of perceptions on this issue are not available in public opinion surveys, there is objective data. The underlying hypothesis is that high prevalence of stillborn and infant mortality leads to increase in the number of births, as couples or women hope that at least some of them will survive into adulthood. This is the common behaviour in the pre-modern world, before the demographic transition. Once infant mortality is reduced, families adjust by having fewer children. Looking back at data from 1950 onwards, we see a very sharp fall in infant mortality rates, from a high of 116.7 in 1950 to just 44.1 in 1965. The fact that more than one in ten infants did not survive up to their first birthday is another point supporting the thesis that the start of Romania's demographic transition is after the Second World War.

In the mid to late 1960s there was a spike in infant mortality. More likely than not, this is explainable through the doubling of the number of births in 1967. As we mentioned before, this huge increase in births was caused by the 1966 policy turn regarding abortion and divorce. After families and the health system adjusted to the increase of births, infant mortality once more reverted to its decreasing trend. Postnatal controls could provide an additional, but as yet unexplored, explanation. The economic and social shocks of the late 1980s and early 1990s were the only periods during which infant mortality picked up again. In the 21st century, concerted efforts by successive governments in targeting the reduction of infant mortality were by and large successful (Figure 3). However, infant mortality in Romania is still one of the highest in the European Union, according to Burlea (2012). Looking at the variance of infant mortality at national level and in Neamț, the county with the highest national value, Burlea found the percentage of the population with no education is the only independent variable that has a significant effect on infant mortality, explaining 19% of the variance at national level and 5% in Neamț County.

Prenatal birth control

One of the main issues in all analysis of Romanian fertility trends is the 1966/1967 moment, in which the birth rate almost doubled (Figure 2). Rotariu summarizes it as “a historical accident that was induced by the excessive pro-natalist policy of the communist regime”. The two main pillars of this policy were the tight regulation of abortion and a stricter regime for divorce. In effect, the first pillar had a wider target concerning overall prenatal birth control, such as making contraceptive pills unavailable on the market.

In 1957, abortion was liberalised. This was followed by a quick decline of the birth rate, as abortion became a widely practiced method of prenatal birth control. By the mid 1960s, there were four registered abortions for each live birth (Trebici, 1994: 52). In absolute terms, this meant more than a million abortions per year at a population of around 16 million. In this context, a series of reports by health ministry officials dealt with the decline of the birth rate and medical aspects of abortions. Although the reports correctly highlighted that the fertility rate had declined below replacement level, Trebici (1994: 52) aptly noted that no direct causal link between abortions and the birth rate was demonstrated.

An important nuance in the “communist ban on abortion” is the nature of the limitations to abortion rights that occurred in 1966. The idea that abortions were banned altogether is present not just in the mainstream media (Furedi, 2013), but also in academic works. For instance, Gail Kligman (1995: 234) speaks about “The Banning of Abortions in Causescu’s Romania”. The confusion is also aided by the fact that some authors mention both the real nature of the limitation and the idea of the full ban in the same paper. For instance, Keil and Andreescu (1999: 481), after correctly mentioning that “Causescu signed a decree making induced abortions illegal”, note that “At the same time that abortion was banned, it was extremely difficult for Romanians to obtain safe and effective contraceptives, except for condoms.” Udvuleanu nominates Decree 770 as the one “which ban abortions” (2012: 269), right after mentioning “the ban on abortion on demand in communist Romania” (2012: 268). While the decree did achieve a substantial reduction of the total number of abortions, the number of legal abortions remained high. During 1988-1989, there was one legal abortion per each registered birth (Trebici, 1994: 52). The other real consequence of the policy to limit abortions was social effect on the population, especially women (Kligman, 1995, Keil and Andreescu, 1999).

The second pillar of the 1966 pro-natalist policy repealed the liberal divorce legislation introduced in the late 1940s and early 1950s. As with abortions, the authorities reacted to a marked increase in the abortion rate. According to studies authored by health ministry officials at the time, the divorce rate in 1965 was three times higher than in 1938. In 1964, one in five new marriages ended with divorce (Udvuleanu, 2011: 30). The authorities decided to repeal the liberal legislation and introduce new rules that made divorcing much more difficult. As with the restrictions on abortion, the population adjusted to the new rules. By 1980, the divorce rate reached the same rate as before the 1966 legislation (Keil and Andreescu, 1999: 41).

The abortion rate sharply increased following the repeal of the 1966 legislation in the aftermath of the 1989 Romanian Revolution. In 1990, there were more than 1 million registered abortions, which was three times more than the number of registered births. Although contraception pills and other birth control methods became widely available, births would start to outnumber abortions in 2004. As late as 2013, there was still a ratio of 4 abortions per 10 births (Figure 4).

Returning to the issue of prenatal controls as proximate determinants of fertility, the prevalence of abortions and other prenatal birth control methods after 1990 would suggest that, in terms perception, the cost of birth control would rather not be a problem for a large share of the population. However, this hypothesis would require further testing with individual level data.

Child costs and benefits

The third proximate determinant of fertility deals with perceptions on child costs and benefits. As we have seen, despite the pro-natalist policy introduced in 1966, in the late 1980s the birth rate declined back to pre 1966 values. For Cătălin Zamfir (1999), the main reason is that the child costs actually increased through the post-war period, marked by an intense and fast modernisation drive, but carried out with limited

resources: “it would be wholly erroneous to think that the socialist state fully covered the supplementary needs of the household with children or that, moreover, it would put in place a series of significant additional benefits for these households. In fact, paradoxically only at first glance, despite an extensive child protection policy, the cost supported by the family for bringing up a child was very high as a share of its available resources” (Zamfir, 1999: 172). The overall result, according to Zamfir, was a lasting shift in the culture of natality towards a restrained natality culture. The main requirement of this culture is “setting on the number of children accordingly with the capability of the family to provide the necessary material support for success in life” (Zamfir, 1999: 173).

The sharp decline of the birth rate in the aftermath of the fall of Communism in Romania is similar to other Central and Eastern European countries (Ellman, 1997, Jemna and Gicu, 2014). In the context of economic and social shocks of the transition (Stuckler et al., 2009), it is more likely than not that the share of child costs in the family budget remained high or even increased, both in real terms and in terms of perception.

Regarding the persistent demographic decline in the decades following the fall of communism, there are two outstanding points of debate. The first concerns the content and outcome of family and child support policy. Summing up the findings at the end of a review of family policies in Romania within European context on four dimensions (regulatory frameworks, expenditures with family policies, leave entitlements, and childcare services), Raluca Popescu (2014: 108) concludes that “Romania itself has an incoherent situation, with a conservative regulatory framework, a lack of financial effort and a scarcity of childcare services but with pretty generous leave policies”.

The second issue of debate looks into whether the demographic decline is associated with a change of in terms of family values. Repeated survey results show that “the family is the most important value for Romanians and the fundamental support of their life” (Popescu, 2010: 27). Traian Rotariu’s conclusion on the traditional value system and low fertility rates in Romania is that “most Romanian women still hold to a system of family values generally consisting of the most important components of the “bourgeois” vision of marriage and family life to which some elements of pre-modern traditional societies are added. This does not prevent them either from practicing extremely low fertility, ranked lowest on global scales, or from adopting attitudes and behaviours that place them far from their Western contemporaries and even from the situation acknowledged in Romania a few decades ago” (Rotariu, 2006: 25).

Perceptions on reasons for not having children

By using the difference between two continuous variables present in the available survey dataset, one regarding the desired and the other about the actual number of children, we computed a categorical variable that accounts for the difference between the two. A frequency analysis of this variable showed that a plurality of adult Romanians in the sample (45 per cent) have fewer children that they would like to have; more than one third (37.6 per cent) have as many children as they would like to have, while a minority (17.3 per cent) have more children than they would like to have. These

findings are in line with previous research data, which showed a constant gap between the ideal and the actual number of children (Rotariu, 2006, Testa, 2012, OECD, 2014) in almost all European countries, including Romania.

In order to obtain qualitative data on this issue, respondents were asked to answer an indirect question: “In your opinion, what prevents Romanians from having the number of children they desire?”. The indirect framing was intended to avoid conformist answers. In addition, it prompts the respondent to project his own ideas and experience on the others. In other words, the respondent projects himself in the image of the others.

After coding the answers, a clear majority of 55 percent of valid answers belonged to the category concerning the material situation of the household and perceived child costs (Table 3). The category regarding health issues and infertility was in a distant second with just 10 per cent of valid answers. Other categories generally related to material wellbeing (the economy, family and child support policies by the state, lack of housing) amounted to around 9 per cent of answers, as did categories related to lifestyle and ideational issues.

The relationship between this variable and the following socio-demographical variables was analysed using the chi-square test:

- gender
- age category, with four age groups: 18-35, 36-49, 50-64, 65 and older
- urban/rural residence
- subjective wellbeing, used as alternative for income (estimation of household total income compared to needs), with the following categories: we have everything we need, without great effort; we are able to buy more expansive goods, but with some effort; we have enough for decent living, but we can not afford more expensive goods; we have enough for basic needs, we do not have enough even for basic needs
- education: primary school or no education, general school (lower secondary education), vocational school (upper secondary), high school, post-secondary and non-tertiary school/college, higher education
- marital status: unmarried, married, divorced, separated, widow
- ethnicity: Romanian, Gypsy/Roma, other
- Internet usage: yes or no.

There was a significant association on the reasons for from having the desired number of children with just two variables: age category ($\chi^2(30) = 50.06, p < 0.001$), gender ($\chi^2(10) = 18.46, p < 0.048$). There was no significant association with marital status, education, internet usage, urban/rural residence, subjective wellbeing, and ethnicity (Table 4).

Looking at different age categories, seniors were more inclined (65.6%) to consider lack of money, low income, financial situation, poverty, standard of living, living conditions, lack of jobs as reasons for not having children than any other category. In terms of gender difference, 60 per cent of women regarded lack of material resources as the main reason compared to 50 per cent of men. On the other hand, 15.8 per cent of men blamed health and infertility issues, compared to just 9.2 per cent of women.

Discussion

This paper explored the issue of demographic decline in Romania by looking at the three proximate factors of the Oppenheim Mason model of fertility transition. For two of these factors, child survival probabilities and cost of prenatal and postnatal controls, we used macro level data (population indicators). Both at the onset of the demographic transition in the 1950s, and at the beginning of the demographic decline in the early 1990s, infant mortality entered a downward trend. Although still high compared to other European countries, infant mortality is a factor that would favour low fertility.

Postnatal and, especially, prenatal controls have a peculiar history in Romania. The 1966 pro-natalist policy, focused mainly, but not exclusively, on repealing liberal abortion and divorce laws had long-lasting effects both in demographic and social terms. By the end of the communist period in the late 1980s, the population has adjusted to this policy, with birth the birth rate and the divorce rate back to pre 1967 levels. The full liberalisation of abortion and the increasing availability of other birth control means since 1990 lead to the conclusion that the cost of prenatal and postnatal birth control is a second factor that would favour lower fertility.

The third and last proximate factor is the perception of child cost and benefits for the household. The analysis of this factor we used both macro level data and individual level data from a representative national sample. The sharp fall in the birth rate that occurred in the early 1990s, a trend that has not reversed since, is not unique in Romania. Indeed, almost all Central and Eastern European countries, former members of the Soviet bloc, the Soviet Union itself or the former Yugoslavia, have experienced the same trend. The economic and social shock of the transition induced an increase in relative terms of child costs for the households, while state support benefits and services were cut.

Subjective data further supports the importance of child costs as a factor favouring lower fertility. After coding the answers to an open ended indirect question on the reasons that prevent Romanians from having the number of children they desire, results show that a clear majority pointed to issues concerning the standard of living at household level (money, low income, financial situation, poverty, standard of living, living conditions, lack of jobs). Moreover, the second placed answer category, health issues and infertility, was in a distant second at just 10 percent. The importance of the perceived costs is highlighted by the fact that almost all social and economic variables have no influence, at individual level, with the variance of the answers. Only in the case of age category and gender there was a significant correlation with some of the answer categories: seniors and women placed even more emphasis on standard of living issues.

The lack of influence of social characteristics on the perceived reasons for not having children is a fact in itself.

In describing the phases of Romania's demographic transition, Cătălin Zamfir put forward the idea of a cultural shift towards a restrained natality culture, which occurred as the population adjusted to the Communist program to modernise the economy and society. In the aftermath of the fall of Communism, the transition period strengthened this cultural shift. The implication from this point is that changing fertility trends would mean changing a very deep rooted perception of high child costs, as well as the facts that underpin the perception, a challenge of a very tall order.

Tables and figures

Table 1. Projections for the total population of Romania

Source	2030	2040	2050
Bărbulescu (2012, p. 83)	19.2	17.3	15.9
Ghețău (2012, p. 47)	17.3	16.1	14.8
United Nations, Population Division (2015)	17.6	16.4	15.2

Table 2. Difference between desired and actual number of children (N=1, 212)

Actual vs. desired number of children	Valid percent
Has less children than desired	45.0
Has children as desired	37.6
Has more children than desired	17.3

Source: survey database

Table 3. Coding for open ended question "In your opinion, what prevents Romanians from having the number of children they desire?"

	Percent	Valid percent
Money, low income, financial situation, poverty, standard of living, living conditions, lack of jobs	44.6	55.4
Health issues, infertility	10.0	12.4
The economy, social outlook, the crisis, uncertainty	4.9	6.1
Other, other problems, everything, several issues	7.0	8.7

	Percent	Valid percent
Worldview, running away from responsibility, indifference towards the future, laziness, the mood	3.9	4.8
Lack of time, the job, the profession, stress	3.1	3.8
The political leadership, the state, child allowance too low, lack of support from the state	2.6	3.2
Lack of housing, poor housing	1.7	2.1
Relationship problems, lacking a partner	1.1	1.3
Career, professional fulfilment, other goals and priorities	1.1	1.3
Nothing	0.7	0.8
Don't know	14.4	
No answer	5.0	

Source: survey database

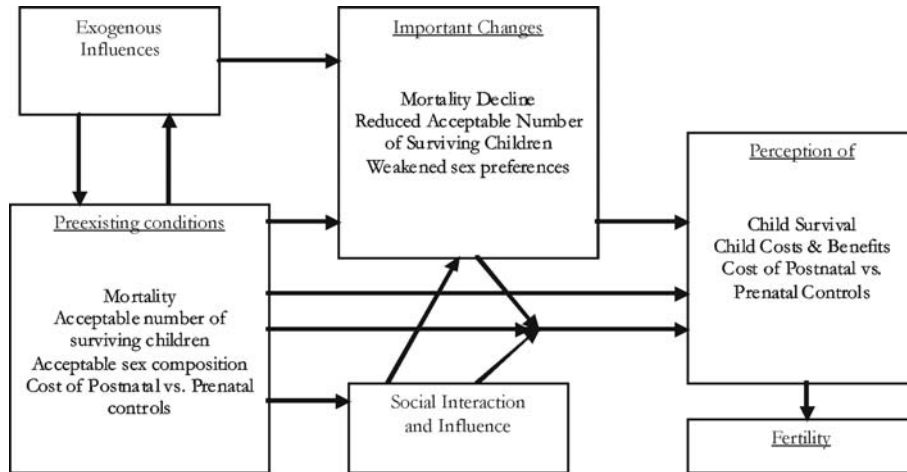
Table 4. Chi-Square tests output (N=976) for the variable
“In your opinion, what prevents Romanians
from having the number of children they desire?”

Variable	Pearson Chi-Square	df	Asymp. Sig. (2-sided)
Marital status	41.79	40	0.395
Age	50.06	30	0.012*
Education	60.18	50	0.154
Internet usage	11.16	10	0.312
Urban/rural residence	6.77	10	0.747
Subjective wellbeing	52.63	40	0.087
Gender	18.46	10	0.048*
Ethnicity	31.27	30	0.402

Source: survey database

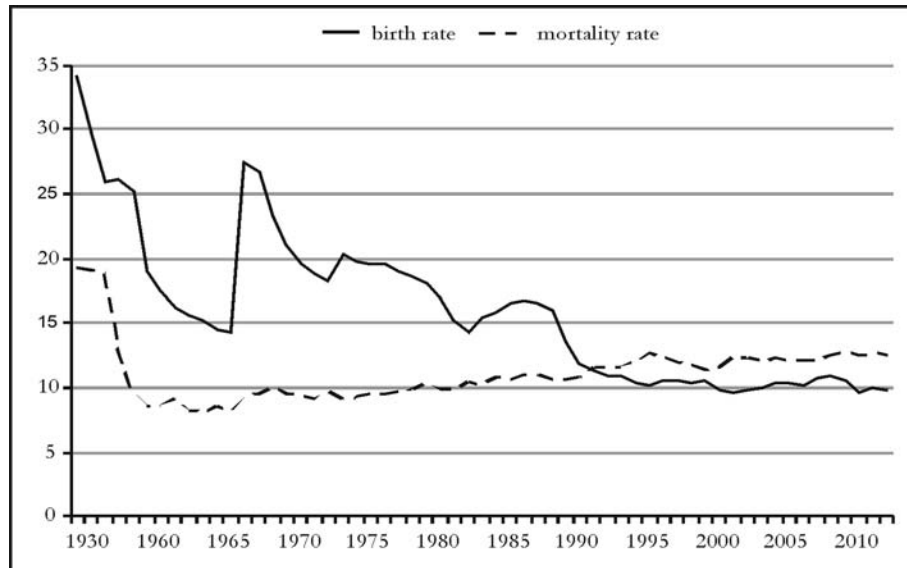
* $p < 0.001$

Figure 1. Oppenheim Mason model for explaining fertility transitions



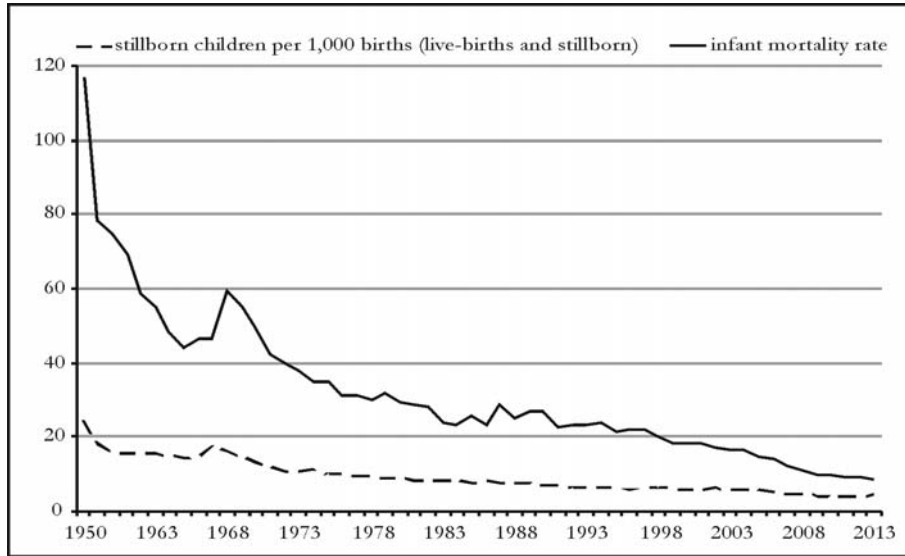
Source: Oppenheim Mason (1997, p. 450).

Figure 2. Birth and death rate in Romania since 1960



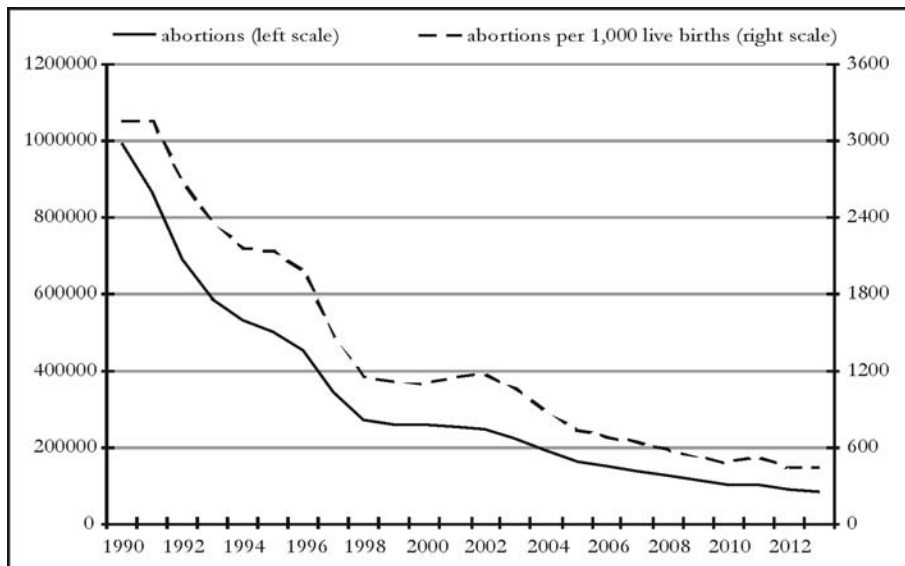
Source: Romanian Statistical Yearbook 2013, Tempo database

Figure 3. Infant mortality indicators in Romania since 1960



Source: Romanian Statistical Yearbook 2013, Tempo database

Figure 4. Abortion indicators in Romania 1990-2013



Source: Romanian Statistical Yearbook 2013, Tempo database

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TUBERCULOSIS, URBAN PLANNING AND POLITICS¹: SOCIAL HOUSING IN BUCHAREST (1906 – 1910)

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Abstract: *This article places a series of lines of inquiry to clarify what role the social housing played in the public health reform, who were the social reformers who campaigned for the construction of affordable dwellings, what was the state's answer to these initiatives, and finally how the architects perceived their own role in this narrative. These processes happened on the background of a capitalist state, in a race to catch up the West in manifold aspects and this particular factor decisively influenced the type of intervention that led to that precise chain of events. Dealing with the topic means asking certain questions and their answers are to be found in the discourse of the physicians who are the main pioneers of the public health and social housing reform, while the other social and political agents, such as politicians, architects and engineers, are rather responding to this quest than initializing it.*

Keywords: *social housing, allotments, Societatea Comunală pentru Locuințe Eftine, Garden-city, socialism, Town planning, social reformers*

Public health or social control?

The beginnings of social housing in Bucharest have a rather Foucauldian aspect, once one reviews the primary sources regarding social housing and reevaluates the traditionalist interpretations focusing rather on (the) separate aspects of legislation and urban planning (Lascu n., 1997) or architecture critique (Carmen Popescu, 2004). As mentioned in previous studies on the topic (Calotă, 2013), the public health reform represented the main way of dealing with the unhealthy environment of Bucharest at the beginning of the twentieth century; it was equally important to or even more

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important than the urban and architectural reforms. Constructing the plot of the narrative on the constant battle carried by the authorities against the unfriendly and most often deadly environment of Bucharest represents a constant of the public health reform throughout the entire century, regardless of the political system.

I will limit the research to the first years of the reform, analyzing the social and political processes that led to the production and distribution of the first dwellings for vulnerable classes (1909 - 1910). The choice for this time limitation derives from the result of the debates regarding public health. Although these debates about the involvement of the state in the health reform matter can be traced back to dr. Iacob Felix's activity as chief-physician of Bucharest (second half of the 19th century), they didn't result in investments in real estate projects, but rather in enforcing legislation or demolishing unhealthy dwellings which perpetuated the diseases (especially tuberculosis). On the contrary, the debates dated back to 1906 attacked this issue from a more pragmatic standpoint, leading to the social reformers' conclusion to rather replace the unhealthy houses with new dwellings constructed directly by the Municipality. Hence, the departure from the legislation-focused debates towards more material results, which heralded a change in the policies implemented by authorities, represents the subject of this article.

I already mentioned a couple of times the notion of public health (reform) as the key words to characterize state initiatives which were meant to secure the population against any physical danger. But did this phrase have the same meaning during the timeline that this article examines? According to Michael Harloe, who comparatively examines the social rented housing in Europe and America N (Harloe, 1995), public health meant more than the state fighting against diseases and has to be understood in the context of the social and economic aspects of the society: The concern was with the health of the new working class and this concern was motivated by the actual or presumed consequences of this class's condition for the dominant social and economic order. Therefore, the nineteenth-century concern with public health incorporated a whole range of issues lying at the very heart of capitalist society itself (Harloe, 1995:16). To be clearer, Harloe suggests that „the social reformers who campaigned over issues of housing and public health were concerned with a much more fundamental issue, variously described as the „social question” or, in a telling phrase, „the dangerous classes”, constructing a narrative where he deconstructs the myth of a benevolent elite and replaces it with a perspective where the image of the state is not that of a philanthropist, but of an investor, not a protector of the masses, but rather a pragmatic seeker of order, so that it can perpetuate itself. Harloe even considers the early debates over housing reform as “the experimental formulation of a new paradigm of social control”, bringing this issue to its Foucauldian aspect that I have disclosed.

Secondly, what do housing policies refer to and how do these policies integrate in the public health reform? In a nutshell, the housing policies integrate “the programs and actions of the national and local authorities on short and medium timescale, in order to satisfy the necessity of housing the population from the authorities' district” (Pop et al., 2002: 583). According to the same authors, “the housing policies should satisfy certain basic demands” (Pop et al., 2002: 584) regarding the right to housing as one of the fundamental human rights. Moreover, “the housing policies are influenced by the

degree of (in)stability of economy, by the level of inflation and rate of interest, while the objectives of these policies must be formulated keeping in mind the economic possibilities and resources, the materials and technologies used for execution, the workforce and land". (Pop et al, 2002: 583). In conclusion, "the housing policies should offer a high and stable degree of equilibrium between their efficiency and promoting the social equity". (Pop et al., 2002:583). On the other hand, in this article I will only analyze that strategy of the housing policies which refers to the state intervention in the direct construction of the dwellings, as this new strategy (starting 1909) completes the previous one (previous to 1909) which only controlled the legislation of the housing industry. I owe the differentiation between housing policies and strategies to J. Dolling (analyzed as well by Pop et al., 2002:585) who considers six strategies as part of the political instruments which, mostly, are complementary: the non-action, recommendation, legislative control, taxation, valorization and the distribution of housing. Nevertheless, once the topic of housing is brought into discussion, the question of the quality of housing opens a second debate and this will emerge from the below chapters: what does a decent dwelling consist of? Paraphrasing Alexandre Lemille in order to contextualize the concept nowadays, "decent dwelling conditions means more than just a mere roof over the head – they mean family stability and continuity, balance and physical health, safety and psychological security, better opportunities to education, to getting a job and, last but not least, to human dignity" (Stanciu, 2014: 1) However, at the beginning of the century, a decent dwelling consisted in constructing the house with qualitative materials (brick), the capacity of living only one family under the same roof, the existence of a toilet and of a kitchen, as I will discuss later on.

The notion of "social housing/dwelling" is also disputed. Whereas nowadays the meaning of the concept (as defined by Law 114/1996) concentrates on the dwelling given by the state to families whose economical status does not allow buying private dwelling (with a rent to be paid back), could we use the same term back in 1910? The vocabulary from the beginning of the century seldom uses "social", but rather "hygienically" or "cheap" dwellings. These keywords implicitly show the fact that the dwellings were directly sold to the person interested in acquisitions.

Romania aligned with the social housing reform which started at the end of the nineteenth century in Great Britain (1890) and continued with important changes in the legislation of Germany, Belgium and France. In Italy, "in 1903, the Act referring to popular and economic housing was passed; in 1904, the Parliament enacted the Law on industrial accidents and relevant insurance through the establishment of the National Insurance Service, that realized the conditions for the financing of the compulsory disability and old-age insurances; in 1910, the maternity national fund was established" (Busso, 2005: 4). The housing reform came hand in hand with other aspects of social policies which aimed to improve the living conditions for the vulnerable social classed. There is no coincidence that the housing projects included not just the dwelling itself, but most of the districts that will later be designed and executed included kindergartens, hospitals, schools or popular athenaeums. In addition, cleaning the dirty peripheral districts meant not just constructing dwellings, but also a complex set of measures such

as collecting the garbage, building public and private baths and toilets or demolishing old and salubrious dwellings.

In order to clarify what role the social housing played in the public health reform, I will firstly analyze the sanitary context, as it reveals itself from the studies published by some prominent physicians, and point out the role of tuberculosis at the very core of the initiative to build the first social dwellings in Bucharest. Secondly, I will examine the way in which these debates got underway at the Municipality and how politicians tackled this issue by reviewing the transcripts of the meetings and thirdly, I will get a glimpse of the nature of the architects' involvement in the material construction of the dwellings by investigating the context of architects' practice at the beginning of the century and its correspondence with the political agents. All these three categories had to win by the construction of the houses, as long as the state paid for it, hence, the very last perspective explores the results for the working class and for the state of the first campaign of houses' construction.

The Poor, the Physicians and Tuberculosis

As mentioned in the introduction, discussions regarding the public health reform were carried on in the direction of building dwellings since the end of the century, but concrete results materialized only in 1909. Hence, the early discussion investigated in a couple of studies won't make the point of the current analyze. What I am particularly interested in are the moments when debates led to concrete results and when the reform was centered on construction, not only on enforcing legislation. How precisely does this specific solution seem to be embraced and encouraged by politicians (who have the executive power) and how can this enterprise be subjected to criticism?

But the definition of a physician seems to mean something else or rather seems to have more meanings than today. As Michael Holmes argues, the question of public health concerned then not only the constructed environment, but also the morals. It is no surprise that the topics of alcoholism, prostitution and dwellings' construction are discussed during the same meetings. Let's see who were the main physicians of the time and by analyzing their discourse, we can understand how tuberculosis played the most important role in this reform

In the wake of the century (1902), Dr. G. Proca, Chief of the Bacteriology Department of the Communal Laboratory and member of the Council of Hygiene at the Municipality, publishes a study regarding the Public Assistance and the sanitary condition of the Capital ("Asistența publică și starea sanitară a capitalei") where he carefully analyzes different aspects of the mortality as well as the relationship between the institution of physician in Bucharest and the population, starting with the statistics which clarify the fact that, between 1894 and 1898, 13.7% of the deaths in Bucharest were caused by tuberculosis. Statistically speaking, 27% of the deceases are caused by the unhealthy dwellings...we should avoid the spread of tuberculosis by familiar contagion or from neighbor to neighbor and sometimes even from lodger to lodger. (Proca, 1902: 7)

In order to support the public health reform, the Municipality allocated yearly certain amounts of money, but, as was to be expected, they couldn't support the necessities, as it covered many expenditures, such as veterinary, salubrity or prevention of prostitution. However, the problem at stake is not just the effect, but the cause in itself, which Proca considers being poverty and that no longer needs to be looked upon as a crime: the necessity to help the poor population thus became a public duty rather than a sentimental action dictated by pity or sympathy. This evolution of ideas and feelings determined the change from punishing the poor to their protection and, in more recent times, contributed to public assistance being considered a state institution (Proca, 1902: 15) What Proca argued was the fact that the reform should have actually been organized as an institution of *raison de stat* or public interest (another clue for deciphering this in a Foucaudian key). And that called for state control.

Continuing his study in *Research on the Pest Holes of Tuberculosis in Bucharest* ("Cercetări asupra Focarelor de Tuberculosă din București"), Proca connects the state of poverty with the built environment, so that these morbid pestholes are formed by the overcrowding of a large number of illness cases, simultaneously arising [...] and affecting persons which find themselves in similar conditions of age, profession or housing (Proca, 1902: 6). His thorough analysis of available statistics proved that professions affected by tuberculosis are those of shoemakers, carpenters, tailors, blacksmiths or typographers. Most of these categories are represented in the pages of *România Muncitoare* with dark stories concerning their living and working conditions. Focusing on the living conditions, he claimed that "physical and psychological fatigue, the abuses of any kind, the lack of regular nutrition and, above all, the unhealthy state of the houses and the main conditions which maintain tuberculosis an affliction to the working and poorer classes in Bucharest, as well as in other cities (Proca, 1902: 24) and "the agglomeration of tuberculosis cases on certain streets. [...] prove that on these streets special conditions concur, which produce and explain the frequency of tuberculosis cases in these districts" (Proca, 1902: 25). However detailed these depictions were, Proca did not offer any clue about solutions that could be implemented. After all, it wasn't his job to issue any political or administrative actions in order to limit the spread of the disease, except for the sanitary treatments, which, as he convincingly argued, were not enough to stop tuberculosis.

Moving forward, a study conducted in 1906 and published in 1908 in *Viitorul Social*, by dr. Dr. Ecaterina Arbore, Physician at the Dispensary of the Tuberculosis Hospital from Filaret and Colțea, with the title of *Pulmonary tuberculosis in the working class from our country* argued that in 1906, with a population of 293, 000 and a death rate of 6, 585, tuberculosis killed almost 1, 200. The death rate calculated for 1000 people (4.1) was one of the highest in Europe, surprisingly getting higher than in the decade 1880 – 1890. She mapped the spots where tuberculosis spreaded, pointing out the Army's deposits and factories, the Matches Factory and the Tobacco Factory, all of them belonging to the State-owned Department of Monopolies. These factories represented the main industries in Bucharest and there is no surprise that they belonged to the state, as the state was the most important investor in industry at that time.

Arbore quoted Proca's study, emphasizing the fact that there were a couple of streets and districts in Bucharest where tuberculosis cases repeated yearly, in the same dwellings...the most affected (infected) districts being the ones from the periphery, where workers lived: "I believe that it is needless to say that these dangerous dwellings where cases of tuberculosis recur are very unhealthy, [having] small rooms [...], often affected by moisture...rented by workers, 3-5 persons per room. One knows that our laws protect the owners of the houses and in no way they have defended the health and life of the tenants, especially those of the workers who are bound to find cheap dwelling and endanger their life in cheap and dreadful dwellings." (Arbore, 1908: 170-171).

In comparison with Proca, Arbore seemed to be interested not only in identifying the symptom, but also in finding ways in which this state of things could come to an end "the unhealthy dwellings, the lack of space, the dirty streets without a sewer system and, then, at the workplace, the overcrowding, the dust and the vicious air and, on the other hand, the high number of hours spent at work, the low salaries, the high expenses, the insufficient nutrition, all of these factors equally contribute to the spread of the disease and transform our cities in the most affected by tuberculosis in Europe." (Arbore, 1908: 172) Moreover, she gave a direction to discussions aiming to bring the working classes into the fight: The working class should join the campaign started by physicians, because looking for initiative or assistance from the state or any other social class is in vain. But, backed up by the physicians' indications, the workers are prone to add to their demands for a better hygienic state of the factories and workshops the demand that Municipality constructs a sewer system on the insalubrious streets, that it demolishes unhealthy dwelling and, let's not forget at the same time, that without universal suffrage they will not be able to implement the reforms, however necessary they are (Arbore, 1908: 172). Arbore actually understood that profound causes of tuberculosis have to be sought in the decisions of the political or business elite, who, intentionally or not, ignored or didn't have the means to provide better conditions in the city. If they could not do this, they ought to be held responsible and the organized working class ought to impose a different elite through elections based on a different system than the census voting system.

Contextualizing even more thoroughly this problem in her second study and growing closer to the socialists, Arbore presented a powerful reformist voice and argued that actually the low wages were the single big problem (among these causes enlisted above, the most important is low wage. As a consequence, the first hygienic reform we should ask for is the rise of the wages". (Arbore, 1908: 310) In continuation of this reform, the state and the businessmen who own the factories should take into consideration building dwellings as it happens abroad. (Arbore, 1908:310)

This represented a decisive step in bringing the reform closer to the material results that has come to. Naturally, the discourse of the two physicians, especially Arbore's, couldn't result in concrete action, but it is useful to map the directions that the circulation of ideas and doctoral praxis took, in order to show the context which determined a certain material result that did appear beginning with 1909.

The last text which I will examine represents a report signed by Mina Minovici in 1909, a renowned physician, who was the General Secretary of the Society for the prevention of tuberculosis and the assistance of the poor hectic (“Societatea pentru profilaxia tuberculozei și asistența tuberculoșilor săraci din București”). This minister was set up in 1901 by a couple of philanthropists and one of its main measures was to construct a Hospital for the hectic, actually the hospital where Dr. Ecaterina Arbore practiced later. In this report, Minovici classified into three categories the addresses where the patients suffering from tuberculosis were living: hygienic (not luxury, with one or more rooms, light, air, sun, sufficient for the number of persons living there), mediocre (dwellings either with low ceilings or not sunny enough, too small for the number of tenants, however, one could still live there) and unhealthy. The third category comprises dwellings which were made up of small rooms, with low ceilings, mostly with floors of dirt, poorly ventilated, having no light due to the agglomeration in small yards. Most of these dwellings were constructed on unpaved streets...where rain water forms infected puddles during the summer...these dwellings have no water, sewage or light and represent real pest holes that are killing people (Minovici, 1909: 4).

This argument, coming from the above source, represented a strong one in favor of the necessity of changing the living environment. However, once the fight against tuberculosis became institutionalized (state or private-owned), the strategy became problematic. Dr. Minovici, General Secretary, mentioned that the results of 7 years of fighting against tuberculosis were rather negative, offering arguments and constructing a narrative that departed from the usual naïve interpretations: “we have to admit that imitating the foreign countries was bad, building a palace-sanatorium which cost over 450, 000 lei and spending an additional 450, 000 lei in 7 years, in total, 1 million was a bad choice. With 1 million lei, one could have constructed in Bucharest 200 -300 houses for the use of 200-300 poor families and even if we hadn’t healed any of them, with those money that we spent on the sanitarium we could have at least prevented 200-300 from becoming hectic. (Minovici, 1909: 18) However, the construction of the dwellings would also be copied from foreign (“more civilized”) countries.

Before we move forward to the politic milieu, some conclusions have to be drawn. Tuberculosis cases were increasing comparative to the number of inhabitants in Bucharest, so the death rate increased proportionally. The first ones to really mention this were the physicians. Proca mentioned the causes, Arbore directly proposed the political involvement of workers, the constructions erected in 1907 – 1908 and especially the raise of the wages, while Minovici blamed the construction of a Sanitarium rather than 2-300 houses for the poor. Analyzing these discourses, it is clear that the physicians were the vocal representatives of the citizens and that they prepared the reform first by naming the symptom (tuberculosis) which affected the population. They indicated that the construction of dwellings and their being destined for the poor population would be one of the most appropriate solutions to implement. Minovici’s advantage is that he wrote his report at a time when the first dwellings had been already built, thus he praised the Mayor who had accomplished this reform and had built the dwellings.

Why did the Municipality agree with the physicians' approach and how they found the means to implement it will be analyzed in the following chapter. Also, why did politicians consider that houses' construction was the solution and which was the strategy to follow in order to accomplish the aims?

Politicians seize control: Liberal Vintilă Brătianu and the bureaucratization of the reform

From a political viewpoint, one of the most accurate sources to decipher the mechanism of taking over a rather civic initiative and transforming it into law are the transcripts of the discussion in the Communal Council and the Council for Hygiene, where the public health reform was discussed regularly. On the one hand, the Communal Council led by the Mayor was formed by nearly 20 members, elected by citizens, while the Council for Hygiene gathered mostly different physicians with different roles, all paid by the Municipality. Dominated by the figure of dr. Iacob Felix or dr. Niculescu at the beginning of the century, the Council was managed by Dr. Orleanu in 1905, the vice-president and chief-physician of the Town Hall, who, in October 1906, set the problem of construction dwellings on the table of the Committee.

However, the issue wasn't new neither for the counselors, nor for the members of the Council for Hygiene, as most of them were anyhow doctors facing the realities of Bucharest on a daily basis. Yearly, the Municipality demolished unhealthy houses as a response to the dissemination of tuberculosis and other diseases among the tenants of the dwellings, but the problem wasn't addressed so far as the construction of new dwellings to replace the unhealthy ones. But the real estate issues weren't the only ones, because they were connected to the lack of a proper sewer system, a garbage disposal system or the absence of toilets from many of the houses.

On October 3rd, Dr. Orleanu presented the issue of housing to the Council, mentioning that tuberculosis (the disease of dwellings) killed more than 1000 people yearly. Looking for examples in Europe, Orleanu suggested that the social reformers who intended to resolve the issue should be inspired from the reforms in England where the "town hall thought it more preferable to buy land outside the city and build dwellings for workers and poor people" (Orleanu, 1906).¹ He also underlined the lack of philanthropists in Bucharest, as in comparison with England, where this initiative had also been supported by wealthy people, a class which did not involved itself in this kind of actions in Bucharest. In order to construct dwellings for the working class "one should create a communal fund for creating a sewer system and embellishing the city, from which one should put to the disposal of the poor the necessary amounts to build and improve their dwellings". The amounts used to construct the dwellings were to be paid back by the owners in 10 to 20 years. He advanced the idea of creating a philanthropic society managed by apt engineers and physicians, supported by the

¹ Orleanu's presentation at the meeting from October 3rd 1906, *The Communal Monitor*, Sunday, October 1906, year XXXI, nr. 40

Municipality and also financed from the state budget. The society would construct the new dwellings especially at the periphery of the city; building yearly 100-200 houses meant approximately 1000 houses to be constructed in ten years. Orleanu didn't simply throw random numbers as he had in mind the number of deaths caused by tuberculosis (around 1000). In his proposal, the process consisted in demolishing the infested house and, right on the same plot, constructing the new hygienic house, which was to be handed down to the family. Thus, in 10 years, mortality caused by tuberculosis would have decreased to a minimum. The workaround was to settle a committee to draw on these ideas and present a plan as soon as possible.¹ These debates, which were carried at the meeting, would also be echoed in *România Muncitoare*, the press organ of the Social Democratic Party, in an article praising the reform and underlining the fact that it was a good start, although one could not actually provide housing for the whole working class.

Before building the dwellings, demolishing the old ones continued yearly and 1906 was no exception from this rule. However, evicting the population from the unhealthy houses in which they lived became more difficult by late Fall 1906. After the meeting in November 26th, Mayor Cantacuzino decided to make a selection of the houses that were to be demolished and the rest were to be put on hold until spring. The indulgence of non-eviction should be addressed individually: humanity will forever guide, but we didn't forget our aim to transform Bucharest into a city with a western look. We will make a selection of the unhealthy dwellings, but we will have a strong when we will get to demolish them². Humanity and western look represent terms often used by almost all social reformers who embark (also) on the social housing reform.

At that time, the conservative Gh. Cantacuzino served as Mayor, but he would end his office in the spring of 1907 once the conservative government was replaced by a liberal one and Vintilă Brătianu was to be appointed Mayor by the Communal Council after the peasants' riots in the country and the workers' strikes in Bucharest at the Tobacco Factory and the Railway.

From the housing perspective, the Fall of 1907 presented the same issues as the previous, the rumors which circulated indicating that more than 400 dwellings would be demolished, so that it is Brătianu's time to confront the issue. Should the Municipality demolish the houses or not? Procopie Dumitrescu, one of the most experienced counselors proposed that a commission should to be set to decide on the eviction of the unhealthy dwellings, but again he mentioned that the issue were not only the dwellings in themselves, but also other elements, such as a sewer system, the lack of toilets and the lack of a garbage disposal service. He underlined the fact that the problems were not only at the periphery, but actually a lot of houses in the center had the same problems and that they didn't respect regulations. During the meeting, the economic problem that caused many of the issues was raised: the owners of the houses who wanted to get rich; hence, they rented the unhealthy houses to tenants who ended up being infested with tuberculosis.

¹ The meeting from October 3rd 1906, *The Communal Monitor*, Sunday, October 1906, year XXXI, nr. 40

² The meetings from October 31st 1906 and November 7th 1906, *The Communal Monitor*

The next meeting was in November 1907 and the discussions were then centered on finding a solution. The housing reform went hand in hand with other urbanistic aspects such as – sewage systems, water pipes at the periphery, the building of cheap latrines not only on the periphery, but also in the center. Orleanu proposed that the Mayor should institute a commission which included an architect, a physician and a special agent to control the houses, because even if on paper these should have had access to services, on the field, many owners didn't ensure them due to the lack of control from the Municipality.

The issues above mentioned sparked a complex reform of the sanitary system in 1908, which would begin with the proposal of a new regulation for constructions and alignment of the streets, the proposal to construct standardized and cheap latrines, a complicated sanitary organization of the physicians in each of the sectors and the control of the prostitutes. Among these regulations, Brătianu decided to fund the commission for social housing, which should have worked with the private sector in order to decide upon a strategy to construct dwellings in place of the ones that the Municipality had demolished.

By the end of the year, in November 1908, this Commission came up with a plan and Dr. Costinescu, a member of the Communal Council and of that particular Commission, presented it in front of the Council. The similarity between Dr. Costinescu's report and the ones presented by his fellow physicians point out the strong link between the two discourses. He quoted the statistics also invoked by previous physicians regarding mortality, underlined tuberculosis as the “disease of the dwellings”, showed the precise streets where the unhealthy houses were located and described that “pot houses, alcoholism, immorality, tuberculosis, the prison or the hospital represented the final destination for the tenants of those houses”.¹

Shortly after, they decided on 10 steps (some of them already implemented during 1908), among which we mention two: first, the reconstruction of the healthy dwellings replacing the unhealthy ones should be excepted from fee, and second, these constructions should be made by a society supported by the Municipality and by the private association named Casa Comunală (The Communal House) whose regulation was presented by Dr. Hagy Tudorache.

The proposal was to reconstruct the houses on the exact same place that the unhealthy dwellings had been demolished, while the House would benefit from a series of advantages awarded by the state, such as exemption from building taxes or from all taxes for the next 20 years, reduced railway taxes and encouragement for the companies who plan to construct economical dwellings. The real proposal was the founding of a Communal Company (House), where the capital was both private and public. Moving to a macro-perspective of Romania, Hagy Tudorache was aware of the fact that the country is in its agricultural-industrial phase, which attracted many people from rural communities for profit and prosperity. These people were afflicted by physiological diseases which represented a danger for the population of the Capital, so that they had to be treated.

1 Dr. Costinescu, The meeting from November 19th, in *The Communal Monitor*

But he also mentioned the fact that although industry represented progress for the population, actually it brings along disadvantages from a sanitary standpoint, that is why the project of a Communal House has a social role, because it marks the moment to put to an end to the current state of affairs and contribute to the improvement of the living conditions... According its very law of existence, the Municipality has the obligation of ensuring the hygiene and public salubrity. That is why making this House, the Municipality shouldn't look for profit, but rather for respecting its own law of controlling the urban planning issues. Hagi Tudorache also asked for more control from the Ministry of Commerce and Industry to better supervise the instruction and morality of the workers. Moreover, Counselor Ioanin recognized the need for financial support from the Government and enforced the idea of Tudorache of controlling the workers, but by building parks at the periphery, so that workers could go there and not stay in bars. The workers' descriptions in the counselors' debates portray a rather dangerous class, on the one hand, but as Proca set the terms of the reform from 1902 onwards, it also tended to be modeled according to the concept of *raison d'etate*, this coming from a state which focuses on material investments to correct problems, rather than feeling pity about these classes.

At the end of the meeting, dr. Costinescu also presented the regulation of this Communal House with all the details, such as the rate of interest, profit (he underlined that there will be actually no financial profit) and other economical aspects, arguing that the workaround would allow the House to buy cheap land, make allotments, construct houses and sell them to the poor, while the owners would paid a monthly rate instead. In May 1909, the problem seemed to be already taken cared of, as Brătianu mentioned that the law of this Society will be voted by the Parliament in its Fall session.

Nevertheless, waiting for the vote in Parliament would mean additional waiting and the coming of fall, when nobody could actually begin construction due to adverse weather conditions. In Romania/Bucharest, the traditional time for constructing started at St. George (April) and ended with Sf. Demetrius (October). Probably due to these reasons, the Municipality decided not to wait until the Parliament regulated this by law, also probably confident that the law will pass anyhow due to Brătianu's influence upon the Liberal Party, which had the majority in that session. During the Summer of 1909, at Councilor Procopie Dumitrescu's insistence, the construction of the first dwellings begun. It was decided that those who got a house should not be allowed to have a workshop or a shop, except for, strangely enough, those with a corner house, who were allowed to have a shop. Debating regarding the choice of the district where the dwellings should have been built revolved around the working districts and, ultimately, Lânăriei Street, in the district of the *tăbăcari*, was chosen.

Constructing the dwellings on Lânăriei Street – the Filaret industrial district

The architect in charge with the design of plans was most probably Ernest Doneaud, member by regulation of the Council of Hygiene himself, and he was present at the debates. For designing the dwellings he chose to group them differently. Some of them coupled two under the same roof, others coupled two by two (thus, four) under the

same roof. Carmen Popescu mentions this style as a “simplified Neo-Romanian Style”. (Popescu, 2004:181)

The next step was to hire a private company to construct the dwellings and again a foreign company is chosen – entrepreneur Petternelli who is in charge with building the houses with materials provided by the Municipality, which buys them from different companies (the lime is brought from Câmpulung, while other raw materials from local distributors (which are actually complaining one year after that they didn’t receive the money for the materials).

The detailed archives also shed light on the building of the dwellings on Lânăriei Street in 1909. From the first documents presenting the requests of the people who want to receive a dwelling on Lânăriei, one understands which were the requirements for people to be eligible for the program. First, they had to fill a declaration that they were healthy, signed by the physician, they had to be younger than 30 years and have a salary of 250lei/month tops. At that time, a worker received approximately 3 lei per day, meaning a wage of 60 lei/month. In total, there were 28 families moving in the new houses in October 1909 and the cost for acquisition was 5000 lei (with an advance of 10% and a monthly rate calculated for 20 years). Analyzing the income, they gained between 80 lei and 240 lei. So, the Municipality abandoned the idea of constructing for people potentially suffering of tuberculosis and opted for a category of people who could afford to pay back the houses, having safe jobs and not suffering from illness.

But let’s return for a while to the legislative aspect. As anticipated, the law for construction of cheap dwellings was passed in February 1910 and soon the Company for Low-Cost Housing was founded in Bucharest with the support and at the initiative of the Municipality. The result was that the Company could build dwellings with a maximum price of 8000 lei and sell them with a profit of maximum 6% to citizens who applied for them. This Company would organize itself by the end of 1910 and construct the first dwellings in 1911 on Clucerului and Lupeasca streets, together with a series of dwellings on Candiano Street (most probably designed by Doneaud), while the first ones were designed by the architect-chief of the Company, Ioan D. Traianescu. I will focus on these aspects in the following chapter.

For now, a couple of conclusions about what it meant translating the initiative of the physicians in the hands of politicians, the latter being the only ones capable of solving the issue, as the logic of modernization of the state/city was coming down from the upper classes towards the lower classes.

First, the physicians' calling out was listened and the issue was debated in the meeting of the Councils. Only building dwellings wouldn’t have been a satisfactory aim, as the problems described by politicians also referred to the districts themselves, hence the project on Lânăriei also meant the implementation of a sewer system, for example. As the Municipality didn’t have the means to deal with the increase of the wages, they limited the intervention according to the means they had at their disposal. It is no wonder that Vintilă Brătianu was the Mayor who implemented the first reform, as he was aware of the workers’ problems, serving as Director of the Tobacco Factory for many years and experiencing the revolts of the workers in 1907 together with his

Deputy Engineer A.G. Ioachimescu, who will be later appointed the Director of the Communal Company for Low Cost Housing. The choice for constructing on Lânăriei before the law had passed the Parliament proved to be an experiment to understand the costs of this program and the methodology to implement it. But without the Parliament taking over, the Municipality probably wouldn't have had the resources to continue it, at least according to the counselors who wrote the regulation and sent it to be passed as a law.

However, the discrepancies between the initial ideas and their being put in practice were of such a nature to make unhappy the physicians. After finishing the campaign construction in 1911, Dr. Orleanu, who continuously insisted on the matter, wrote a negative report regarding the Clucerului and Lupească allotments¹. In this, he argues that actually the dwellings were constructed for those who would have had the money anyway to build them for themselves, while the ones who suffered from tuberculosis didn't have access to them. Dr. Orleanu rather claimed that the Municipality sort of built a kind of hostels for the merchants who come only for a few days in Bucharest, so that they won't stay in unhealthy houses. The capitalization of this initiative seemed to overturn the aim of the reform and direct it to other aims. However, the archives don't show who precisely moved there². The field work in these allotments (interviews with the present owners of the houses in 2012 and 2013) helped me to understand that the houses built on Clucerului street, because of their architecture and the fact that they were constructed near one of the richest districts in Bucharest in 1911 (Boerescu allotment), indicate that the tenants were rather part of the upper-middle class, than of the vulnerable classes.

A separate example was the private investors who actually invested in land and construction. Let's take, for example, Blank and Pleșoianu, renowned investors at that time. According to the Municipalities they bought land at the periphery at that time, in what would later be known as the Dristor neighborhood, from the Municipality according to a transaction with the Municipality. According to the contract, they were supposed to build streets with certain lengths and widths (as per the regulation from 1909), were obliged to construct a sewer system, which they didn't. As a result, the Municipality canceled the transaction and people who bought parcels in that allotment with the aim of building their dwellings no longer received authorization to build in that allotment and the Municipality even intended to demolish the dwellings.

Urban planning and architecture

The last chapter investigates the result of all the debates, the actual construction of the dwellings, the relation with the city and with the architectural styles. This perspective helps understanding the social housing reform in connection with the architectural practices at the beginning of the century and with the international reforms invoked so

1 Dr. Orleanu, "Raport general asupra igienei, stărei sanitare precum și asupra mersului Serviciului Sanitar al Capitalei pe anul 1911"

2 The archive of the Company for Low-Cost Housing is not yet available at the National Archives, the Municipality, nor at the City's Archives

many times by the social reformers. What was the role of the architect at that time, how did the relation with the city affect the praxis and, to begin with, how did the Municipality control the city taking into consideration that the practice of the urban planner didn't exist at that time?

Firstly, during the 1890s, the administrative reform initiated by the conservatives obliged each administrative unit to have a plan of their unit, but this wasn't put in practice. Bucharest would only have its plan at the beginning of the 20th century. According to the same law, the administrative units were supposed to have a House for the City's Constructions. Although this was created at that time on paper, the House didn't have any activity and no regulations, which were set only in 1908, at the same time with all the other sanitary regulations set by Brătianu. Thus, the urban planning was in the hands of the same physicians and architects who dealt with all the other matters mentioned above. In the absence of an urban planner, all the issues were in hands of a chief-architect and his Technical Service. It is important to mention the fact that many of these discussions were held in the meeting of the Council of Hygiene and not during the usual meetings of the Council. The Council of Hygiene gathered mostly physicians, not elected representatives, but also the Chief of the Architecture Department (at that time arh. Al. Davidescu, soon to be replaced on 1st of July 1908 by Ernest Doneaud.)

One of the recurrent issues was that many owners brought plans to be authorized by the Municipality but they were not being supervised regarding the construction itself, so many didn't respect the plans they presented in order to get the authorization. So Brătianu asked for a strict control by founding a department for approving the plans and an exterior department which was to control the execution of the plans. This led to two developments. First, the profession of the architect suffers from control, because Municipality stipulates very clearly in the meeting from July 1909 that all the owners who attempt to build a house should present plans signed by architects recognized by the Municipality, as a guarantee that their projects were qualitative and so that the architects could be held responsible. Architects should have made an application to be enlisted on the list of architects recognized by a Commission formed by the President of the Romanian Society of Architects and others specialists.

But what about the poor districts where people couldn't be obliged to make a plan signed by an architect or engineer because it was too expensive? In this case, the second effect of the intervention meant that the Municipality should make available standardized plans, affordable for the means of the poor population, plans which should have respected hygiene measures and which had to be executed accordingly, under supervision. This was the argumentation that actually led to the use of standardized dwellings' plans built on Lănăriei and, after that, by the Communal Company for Low Cost Housing.

Moving forward, designing dwellings on larger plots than the ones from Lănăriei also meant imagining a new approach to the ideas of urban planning, almost absent from the debates of the architectural or political milieu. In 1908 – 1909, however, the emergence of the garden city ideas on Romanian soil proved to be a new way to

connect to the West and brought modernization in Bucharest, at that time not far from something resembling a bigger rural settlement.

The approval of the Ioanid Garden (For more details about that allotment see Woinaroski C., 2013). and other similar enterprises also triggered the opportunity to use the garden city principles, modified accordingly to Romanian realities. Brătianu was again a big supporter of these ideas and the appointing of Ioachimescu as Director of the new-founded Company for Low-Cost Housing opened the door to designing social housing districts as garden cities, actually not more than disconnected garden suburbs, taking into consideration the area of these small interventions at the periphery.

Ioachimescu published in 1912 a report regarding the result of the Company, covering the year 1911, and he proclaimed that Romanians preferred their houses surrounded by gardens, hence he announced clearly the every family with its house, each house with its garden principle, that would remain a constant for the next 40 years of activity of the Company. That is why Clucerului and Lupasca allotments were built observing the couple dwellings model, surrounded by a small garden.

In regard to style, Brătianu understood that this couldn't be another than the newly neo-Romanian style, designed by local architects in order to counteract the massive presence of foreign architects who designed in the academic/eclectic styles influenced by the French or German professional milieus. As chief of the Company, Ioan D. Traianescu designed the prototype dwelling with a touch of neo-Romanian style, limited by the costs of the dwelling set by the law.

The discussions between the Society of the Romanian Architects and the Mayor Procopie Dumitrescu (who was elected Mayor after Brătianu) shed light on the tensions between the architects and the politicians. Initially, the Society of the Romanian Architects was more than reluctant to take part in the contest for the construction of the dwellings, considering that it was below their prestige to design cheap and not so sophisticated dwellings. Consequently, the Society of the Romanian Architects advised its members not to take part in the contest, despite the Mayor's requests to show empathy towards the poor. Contextualizing this issue, one key of reading it is actually the conflict between the foreign and the local architects, unsatisfied that they didn't receive too many important commissions from the state. Once the reform continued, parallel with the consolidation of the national state, the Company imposes the neo-Romanian style (or at least, a simplified version of it), transforming itself in a state institution encouraging the national interest.

In conclusion, the choice for the neo-Romanian style should be viewed in light of these tensions and the political support for this style should be coupled with the support for local architects. Urban planning would seek the model of the garden city until the late 40s without reaching it, despite the commending efforts. Obliging the Company or any other investor who invested in construction of big allotments to also deal with the urbanistic issues (construction of the sewer system, public lighting etc.) assured the state that some of the problems were relieved from its shoulders and contributed to the rising of the quality of living standards and conditions. But the architects enrolled in

this reform only at the end of the chain of events, contributing to the form, but not to the essence of the reform.

The stories in order: Capitalism and social housing. Conclusions

Turning the focus and the lines of inquiry towards the political and economical macro perspective by way of conclusion, I will map the beginnings of the social housing reform in connection with the context of the Romanian state and the theories of social control mentioned in the theoretical chapter.

Controlling the diseases at the beginning of the 20th century didn't amount to only the physical aspect of the problem, but it also meant tending to its causes. Departing from the idea of constructing dwellings for the ones who suffered from tuberculosis or potentially suffering in the short term, the state made sure that the initial investment would not meet with a dead end and that the money invested will someday be recovered.

The mechanism of social control was based on the realities of Bucharest at the beginning of the 20th century, namely a city which was desperately trying to modernize itself and whose swift adoption of capitalism gave rise to a working class, mostly formed from peasants moving from rural communities in search of a better life, as the land reform was still under discussion, and which was soon confronted with issues such as poverty, an unhealthy living environment, low wages and miserable working conditions. Correctly analyzing the state of the working class, the physicians were the first to come into contact with the harsh realities and they redirected the problem to the politicians. The trigger was in fact the spread of the disease of the house, tuberculosis, which affected the working class, a disease which made more and more victims every year, in proportion with the growing number of workers in industry.

In order to address the problems, the physicians proposed to build healthy dwellings and demolish unhealthy ones, which perpetuated the spread of the disease. But their means were limited, so they forwarded the issue to politicians. The connection between politicians and physicians eased the solving of the issue, bringing about the aim of building houses, so that the debates were carried in the Communal Council, as well as in the Council for Hygiene, dominated by physicians convinced that the best solution to the problem was to address its root causes.

However, the politicians from the administration could not deal with the problem alone, as the building of the dwellings needed financial support from the financial institutions of the state, so control had to be delegated to the executive and the legislative forums. This actually meant the transformation of the problem in a *raison d'état*, precisely how the physicians advocated, thus convincing the state to seriously consider and to deal with this problem.

But the state involvement was different from a philanthropist initiative, in which money can be spent without the need to recover it. The state considered that such an investment should be paid back by the beneficiaries of the dwellings, thus excluding or

limiting the category of those vulnerable, who were initially the ones who should have gotten the dwellings. Asking for a certificate of health in order to distribute the dwellings presents an image of the state which didn't want to risk anything. Did the state win by approaching the issue from that perspective? Not in the short run, but the Company for Low-Cost Housing will demonstrate after the First World War that its aims were to house as many workers and state clerks as possible, in order to keep the state administration around the idea of the national-centralized state. As the reports of the physicians who started the reform convincingly demonstrate, the first tenants of the houses came rather from categories that normally could afford buying or building houses on their own, without the help of the state. Or, better said, there were other social classes that needed the support of the state, not the ones that benefited directly.

Founding the Company for Low-Cost Housing represented a Liberal initiative similar to that of founding two other state companies in 1909-1910, the Company for Tramways and Govora-Călimănești Company for exploiting mineral water resources. Ioachimescu, the first director of the Company for Low-Cost Housing, recognized later that all these three companies were nothing more than an application of the national-liberal principle “Prin noi înșine!” (“Through our own powers!”), as all the facilities of these companies derive from means owned by the country. (Ioachimescu, 1936: 56)

From an architectural perspective, the laws from 1908 represent the grantee of the state for professionalization of the architects. Constraining them to be held responsible for the construction of the signed plans as they were authorized by the Municipality, the administration made an important step in preventing the construction of unhealthy dwellings. Moreover, the administration was aware of the fact that vulnerable classes couldn't afford hiring an architect to design a plan for the house, so the Municipality provided standardized plans which would be put in practice on Lânăriei Street.

This industrialization of the building process announced the large scale project which the state developed through the Company for Low-Cost Housing starting from 1911. Influenced by the ideas of the garden-city, architects and politicians decided to plan the first allotments at the periphery and build standardized dwellings, easy to produce, with almost no cost implied. Together with the concern for urbanistic works such as a sewer system, public lighting etc., the social housing allotments would soon become desirable for the middle class. This process went hand in hand with the use of the neo-Romanian style proposed by local architects in order to counterpart the foreign architects' use of eclectic styles.

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ROMANIANS' PARTICIPATION TO CULTURE¹

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Abstract: *The importance of culture in society is undeniable, therefore culture has often been analyzed by sociologists in close relationship with sustainable development. The European Union also pointed out the role of culture in strengthening cohesion among the member countries, in achieving unity in diversity, knowledge one to the other, based on tolerance and respect.*

The European cultural policies were based on respect for human rights, encouraging cultural consumption and participation in all member states. In evaluating the effectiveness of the implemented over time cultural programs, through their ascertaining valence, cultural Eurobarometer conducted at European level have provided important data regarding participation in culture in member countries using comparative study.

In Romania, cultural policy objectives were subordinated to those developed by the European Union, customized and adapted to specific issues of the country. Cultural Strategy 2014-2020 fully illustrates this. Researching cultural phenomenon in Romania, cultural Eurobarometer conducted by the Ministry of Culture beginning with 2005, led to important data about characteristics of participation in the culture of the Romanian people, by age, by area (rural and urban), about access to culture, making the cultural consumer profiles in specific areas.

The cultural Eurobarometer's results offered guidelines for the development and implementation of measures taken by the Ministry of Culture and other institutions, which have as objectives increasing citizens participation in cultural phenomenon.

Keywords: *culture, participation, cultural barometers, eurobarometres, cultural researches.*

Introduction

The culture of a society is a component of its identity, including values, knowledge and symbols. Vehicle between generations, culture was considered often by researchers closely related to the sustainable development of a society. "Because the process of

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civilization and culture are inseparable, sustainable development is based on elements of culture (linguistic diversity, theoretical and empirical knowledge, beliefs, representations of the world, material and immaterial heritage, artistic creation, literary, scientific, inventions etc.)” (Moldoveanu M., Mucica D., Vasile V., Ioan-Franc V., Nitulescu V., 2005:13).

A bio-psycho-socio-cultural whole, the individual achieves the state of harmony with oneself and with society, relating himself to landmarks and cultural values that culture offers.

„Culture is a complex and abstract construct that consists of various implicit and explicit elements (Groeschl and Doherty, 2000), that makes it difficult for academics across disciplines to agree on a common description. Over 200 descriptions of culture have been found; however, the most broadly known and used definition in marketing literature is the one specified systematically by Taylor in 1881, who defined culture as a "complex whole which includes knowledge, beliefs, arts, morals and law, customs and any other capabilities and habits acquired by man as a member of society" (Lindridge and Dibb, 2003)” (Firat A., Kutucuoglu K, Arıkan Saltık I., Tuncel O., 2013: 188).

The phenomena of culture was studied in specialized literature also regarding the behavior of people when they made the selection of cultural products or services or of a kind of cultural activities.

In his work “Distinction, a Social Critique of a Judgement of the Taste” (1984), Pierre Bourdieu underlined the strong relation between cultural consumption and all the factors which influenced it. In this context in his sociological studies, he talked about the cultural behavior emphasizing the involvement of taste, of style and of “habitus” (Bourdieu P., 1984). The concept of “habitus” is explained by Pierre Bourdieu as a relation between social position and people acts. Any symbolic violence begins with building a habitus inside an individual. Habitus includes deep, lasting, unconscious structures taken from family during childhood (primary habitus), transformed in secondary or tertiary habitus) by educational process in school and society.

After Pierre Bordieu, habitusul conducts all the cultural behaviour as a history interiorized, as a history transformed in nature.

The importance of culture for individual is underlined by Bordieu explaining that it is a direct relation between the cultural acquisition of an individual and his place and domination in society which he belongs to.

European Cultural Policy

Due to importance of culture for human development and reaching social policy objectives at European level, over time, cultural policy were developed, pursuing knowledge about cultural creations of the member countries, exchange of experience among specialists in this area and preservation of cultural heritage.

Cultural policies’ objectives are to increase the social cohesion and contribution between members of a society, at European level, between EU countries, developing

the respect for different cultural values and the acceptance of these differences, on the same time. Another objective was to develop and to improve intercultural communication defined as that kind of „communication between people of whom cultural system of perceptions and values are different enough to alter/influence the process of communication between them” (Mircea R, Dragoi V., 2008:39). Cultural policies reduced the obstacles in the process of intercultural communication and encouraged this way the exchange of knowledge, experiences and good practices in the culture field.

„Culture lies at the heart of the European project and is the anchor on which the European Union's "unity in diversity" is founded. The combination of respect for cultural diversity and the ability to unite around shared values has guaranteed the peace, prosperity and solidarity the EU enjoys. In today's globalising world, culture can make a unique contribution to a European Strategy for smart, sustainable and inclusive growth, promoting stability, mutual understanding and cooperation worldwide.” (European Commission, 2010).

During the history of European cultural policies, the most important moment when it was underlined the importance of culture and the need to develop and implement this kind of policies, was the Treaty of Maastricht on 7 February 1992. It is mentioning that for the European integration, the economic and monetary unity is important, but also strengthening the solidarity between their peoples, respecting the history, culture and traditions (ec.europa.eu/programmes/creative-europe).

For instance, the cultural program Kaleidoscope was developed in the whole European Union in 1996 and consisted in financing audio-visual and multimedia creations for a period of two years (1997-1999). In the same period, there were developed and implemented also other programs: Ariane, focused on sustaining culture of books and reading in the translation and Raphael, program that has as main objective the preservation of cultural heritage.

Between 2000 and 2006, all objectives of these three programs have been included in a more complex cultural program "Culture 2000", which aimed to encourage creative activities, exchange of experience between artists through their mobility within the European area and also the exchange of best practices regarding cultural heritage.

The European Parliament and the Council have decided that this program would be continued in the coming years, being named "Culture" (2007-2013), mentioning the fact that that "it is necessary to promote active citizenship and to strengthen the fight against all forms of exclusion, including racism and xenophobia. Improving access to culture for as many people can be a tool for fight against social exclusion” (Decision No 1855/2006/EC of the European Parliament and of the Council of 12 December 2006 establishing the Culture Programme 2007 to 2013). The objectives of this program have continued those of previous programs, focusing on removing all forms of discrimination, facilitating the mobility of artists and cultural operators and exchange of good practice between them, encouraging intercultural dialogue.

In the same period of time, 2007-2013, European Union implemented the program "Media", whose objectives regarded financing and development of media production

projects and their campaigns, training professionals, mobility of cinematographic works and audiovisual programs, promoting them, and pilot projects.

Bringing together the objectives of these two programs 'Culture' and 'Media', the European Commission implemented only one program for period 2014-2020, this cultural program named Creative Europe, "culture" and "media" becoming its subprograms. There is also a third component, a transverse one represented by funding lines, which will be opened in 2016 and which includes bank loans for the culture sector.

By the program "Creative Europe" it is facilitated the promotion of literary fiction, their mobility and mobility of artists, making networks between cultural organizations for the exchange of their experience and of exhibitions, concerts and other cultural events in European Union member states. It also supported the production of films, organization of film festivals, distribution of media products.

All these programs were implemented in all member countries, their objectives subordinating European cultural policy and from all of them the important are: encouraging the participation of people from their culture and increasing accessibility to cultural values of their own countries but also international culture.

Cultural Eurobarometers

Because of importance of cultural policies, European Commission conducted across EU countries some big researches regarding cultural consumption and participation to culture of European people. In this context, in 2007, it took place the research Special Eurobarometer 278 on "European Cultural Values" and in 2013, it was made the special Eurobarometer 399, on "Cultural Access and Participation", which shows how much European people are engaged with culture by age groups. It was measured the level of participation of European people at cultural activities as going to the theatre, to cinema, to historical monuments, etc. This Eurobarometer took place after Agenda for Culture from 2007, where it was mentioned as objective that "the cultural sector and EU institution to jointly promote: cultural diversity and intercultural dialogue; culture as a catalyst for creativity for growth and jobs; culture as a vital element in the Union's international relations".

In Romania, European cultural policy objectives are reflected in the strategies of culture sector, implemented over time.

Culture Consumption Barometers in Romania

Being in line with the cultural objectives which were developed and implemented by European Union authorities responsible for these issues, since 2005, the Ministry of Culture has funded and conducted research as cultural consumption barometers on culture phenomenon, how the population perceives culture, infrastructure and cultural heritage and level of their participation in cultural activities. These researches were designed and conducted by the Center for Studies and Research in the Field of Culture, after a while included in the National Institute for Cultural Research and Training, together with research and public opinion polling institutes, winner of the auction, such

as the Center for Urban and Rural Sociology (CURS) in 2005-2007, Metromedia Transylvania in 2006, Totem Communication in 2008, etc.

Some of the cultural phenomena investigated by the barometers of cultural consumption were consumer profile cultural sectors, public infrastructure for cultural goods and services, public attendance at cultural institutions, cultural consumer preferences, cultural tourism, public participation in performing arts, style life and cultural consumption, cultural consumption among young people and children.

All the time the term of „consumption” was defined in specialized literature in relation with needs. „The non-self-sufficient human being has various physiological, psychological, social and cultural needs. All activities towards meeting any of these needs, could be stated as consumption” (Firat A., Kutucuoglu K, Arıkan Saltık I., Tuncel O. (2013:183).

In the context of Barometers, cultural consumption shows the frequency of reading, of watching TV, of going to the theatre, opera, in genere, of consuming cultural products, performing cultural activities or using cultural services.

Cultural Consumption Barometer 2010 conducted by the Center for Research and Consultancy in the Field of Culture in collaboration with the Center for Rural and Urban Sociology, continued the study began in 2005, regarding the dynamics of Romanian cultural values in society and public participation in acts and cultural events.

The sample of Barometer was composed by 1100 respondents over 15 years old, who received a survey questionnaire being made a national representative survey. In Bucharest, it was added a sample in addition, made of 900 respondents. Maximum sampling error was at a 95% confidence interval of +/- 3%. In the context of cultural barometer "cultural consumption" was regarded in the sense of "frequency of reading, viewing television programs or performances preference for certain cultural goods or services."

One of the elements researched by the cultural barometer of cultural in 2010 was the consumption in “domestic” space. In this sense, the Internet and cable television are the main routes of transmission of cultural information. In their spare time, most of the respondents spend more than an hour a day watching television (83%) and listening music (54%). Cultural activities in the domestic space which were rarely performed in 2010 were reading specialized books and using the Internet.

Table 1. The frequency of domestic cultural consumption

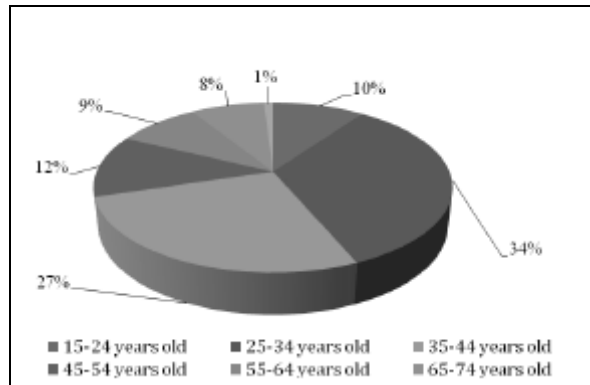
How often	Once/ twice a year or never	Once/ twice a month	Once/twice a week	Less than one hour per day	1-3 hours daily	Over 3 hours daily
do you watch television?	2%	1%	3%	12%	43%	40%
do you listen to music?	9%	4%	9%	22%	31%	23%
do you watch movies?	11%	7%	17%	12%	38%	14%
do you listen the radio?	28%	5%	8%	17%	23%	17%
do you read newspapers and magazine?	33%	13%	17%	22%	10%	4%
do you use the computer?	48%	2%	5%	8%	14%	20%
do you read books?	49%	13%	14%	11%	8%	3%
do you use the internet?	50%	2%	5%	7%	12%	19%
do you read specialised literature?	66%	10%	7%	5%	6%	1%

Source: http://www.culturadata.ro/wpcontent/uploads/2014/05/Barometrul_de_Consum_Cultural_2010RO.pdf

Regarding public participation in cultural activities, according to the barometer of cultural consumption in 2010, holidays and local events are the most frequented, being followed by participation to festivals and music shows. The less frequented in 2010 there were: theater, museums and exhibitions and the opera / operetta, last. Dynamics of watching movies at the cinema was positive, an explanation can be that the cinema market is growing by introducing new products.

Cultural Consumption Barometer 2010 Romania researched also the preferences of people for a certain type of music, for a certain type of play for a certain kind of film. The folk music is in first place in the hierarchy of preferences with 34% followed by Romanian pop music by 13% of respondents; 10% listen “manele” (specific music of Roma) the same percentage 10% listen to foreign pop music. Jazz music is listed in percent of only 1%. Among the favorite theatre plays are comedies for 35% and dramas and outdoor performances for 12% of respondents.

In the second part of the cultural consumption barometer 2010 it was performed the data analysis taking into account the categories of age, occupation, and education level, urban or rural areas of the respondents. For example the respondents aged 15-19 years were the most, 32%, followed by 25-29 year old age category, 31%. By occupation, students go to the theater in the largest percentage, 45%, followed by pupils 41%, and followed by people in maternity / child care, 31%. Depending on education, people with long lasting studies in highest percentage – 53% go to the theatre, and those with postgraduate studies in percent 52% (Croitoru C., Becut A. et al., 2010).

Graph 1. Participation rates of respondents in opera / operetta by age

Source: http://www.culturadata.ro/wpcontent/uploads/2014/05/Barometrul_de_Consum_Cultural_2010RO.pdf

The highest percentage of respondents who go to the opera / operetta is the youth also this time, namely, 34% of young people aged 25-34.

And museums were visited in the highest percentage by young people. Respondents in urban areas visited museums more often than those in rural areas, with a participation rate of 2.6 times higher (Barometrul_de_Consum_Cultural_2010RO).

Classifying data obtained by indicators such as: frequent cultural consumption practices at home, in public spaces, other leisure practices, budget time, values, age, occupation, education level, etc. barometer of cultural consumption in 2010 put disclosed the existence of four types of consumers:

- urban consumers with high potential for diverse activities – 25% of respondents
- urban consumers with high potential for mass events - 31%
- rural non-consumers with the slight potential for “mass” events - 27%
- rural non-consumers with no identified potential – 31%.

Aiming to identify factors that influence cultural consumption, cultural consumer barometer from 2010 indicates important factors as cultural experiences. The "rate of performance attendance is much higher among the persons who also attend other cultural activities (philharmonic, opera, museum, cinema). The persons who attend performance arts have a museum exhibition visiting rate double compared to the national average. (Croitoru C., Becut A. et al., 2010)".

The Cultural Consumption Barometer: Culture and New Technologies, between Sedentariness and Cultural Activism 2012, takes some of the themes of previous research on: cultural infrastructure, culture at home and in the public space, leisure,

lifestyle and cultural activities, participation to the performing arts but also reveals a new themes as cultural consumption and practices of children's free time.

The cultural consumption barometer, 2012 edition, the national representative sample was made of 1308 people and had an error of +/- 2.8% at the 95% confidence level. The sample had also a boost of 1063 people in Bucharest, representing a sub-sample representative of this city.

Analysing the access to culture at home, most common electronic objects of respondents were: television (97.9%), mobile phone (88.2%), cable TV (78.6%), radio (62.1%). Regarding public space where respondents most often participate in cultural events, community centers were mentioned by the highest percentage of the respondents (19.2%), followed by the market / town center (16.2%) (Croitoru C., Becut A. et al., 2010).

Tabel 2. Spaces used for cultural activities

	Where take place the most frequent cultural activities?	Where do you prefer to attend cultural activities?
Cultural institutions	11,6%	15,9%
Community centre	19,2%	19,1%
Public square	16,2%	15,6%
Parks	10,2%	18,6%
Unconventional spaces	2,1%	1,4%
Entertainment spaces	0,3%	0,1%
Churches	0,1%	0,2%
Open spaces	0,0%	0,4%
Elsewhere	0,2%	0,5%
Don't know	39,4%	25,7%

Source: http://www.culturadata.ro/wpcontent/uploads/2014/05/2012_Barometrul_de_Consum_Cultural.pdf

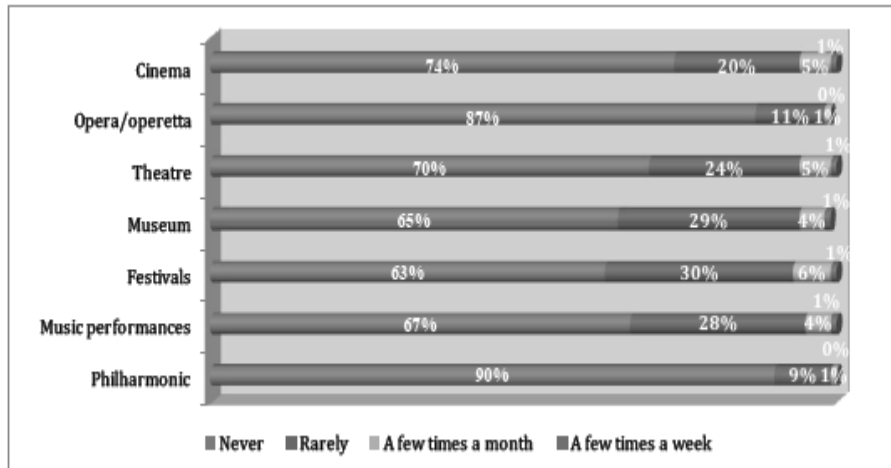
It can be noticed that people want cultural activities take place more inside the cultural institutions and parks.

At home, as in 2010, the cultural activities performed more than an hour each day, by most respondents are: watching TV (80% of respondents), listening to music (52%) and watching movies (52%). According to the sources, the barometer of cultural consumption for 2012, reading books more than an hour each day is performed only by 10%of respondents and 41% of respondents never read.

Internet is being used more than one hour everyday by 46% of respondents for entertainment (games, listening to music, watching movies) and by 30.6% of respondents in professional purposes.

In terms of public cultural consumption and its frequency, 90% of respondents did not go at all to the philharmonic, 87% didn't go to opera / operetta.

Graph 2. Cultural consume and its frequency



Source: http://www.culturadata.ro/wpcontent/uploads/2014/05/2012_Barometrul_de_Consum_Cultural.pdf

In terms of participation, respondents have visited museums and collections in the highest percentage (34%), followed by those who participated in entertainment (33%).

Cultural Consumption Barometer 2012 had as purpose identifying the factors that influence public participation in performing arts.

In this context, it was identified the educational factor. Postgraduate school respondents participate in the highest percentage in entertainment and music (55.3%), opera / operetta (37.6%), also in the greatest percentage, to the theater, too (67, 1%).

Another factor influencing participation in the performing arts is personal income. The personal income than 2000 lei higher participation rate in all forms of art to show. Participation in at least one festival in 2012 is best represented by young people aged 18-24 (54.1%), followed by those aged 25-34 (49.6%).

Cultural Consumption Barometer, 2012 edition, researched also cultural consumption among children aged between 7 and 15 years. The research methodology of this theme consisted in applying a questionnaire to parents.

School plays an important role in the cultural consumption among children.

Among the cultural activities organized by the school, outside the classroom, 61% of respondents mentioned visits to museums, it was mentioned also going to the theater

by 51% respondents. Going to the opera / operetta was also mentioned by the fewest respondents, 6%.

Inside the family, the percentage of respondents was the largest regarding walking with their children to circuses (96.6% of 122 cases of which was calculated percentage), followed going to the entertainment park (95.3 201% of cases) and visiting museums (94.3% of 101 cases). Outside of school, the activities most often practiced by children are watching television (said by 89% respondents) and played on the computer (67.9%).

All the data obtained by Cultural Consumption 2012 Barometer were completed by the next Barometer, in 2014.

Culture Consumption Barometer 2014 had a sample of 1, 260 people, with a maximum error tolerance of +/- 2.8% at a confidence level of 95%. The sample contained a boost of 840 people in Bucharest, which produced a representative subsample for the capital of country, with a maximum error tolerance of +/- 3.4% at a confidence level of 95% (Barometrul-cultural-2014).

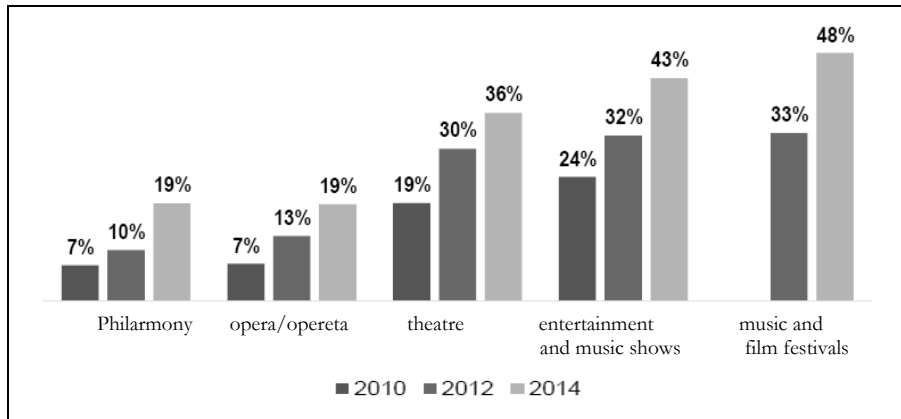
Culture Consumption Barometer 2014 - Culture, between global and local, performs an analysis of the dynamics of cultural consumption versus non-cultural consumption over the years. In this context, the percentage of culture non-consumers remains higher than culture consumers in the same time non-consumer percentage is increasingly lower year by year (except for 2009-2011 when due to the economic crisis the number of non-consumers was increasing).

As we can notice in the research, in 2014 the percentage of respondents who do not go to the opera / operetta is 79.1%, with 11.9% lower than in 2012 when 91% of respondents said they never go to the opera / operetta. Compared with those who did not go all the work / operetta in 2014, the percentage of those who never went to the cinema was lower, namely 62.2% value close to that of the respondents who did not go to theater 63%.

Also pursuant to the Barometer of cultural consumption in 2014, 79% of respondents didn't go at all to the library in 2014 (*Culture Consumption Barometer, 2014*).

The cultural barometer 2014 shows that cultural activities with the highest degree of participation among Romanians are music and film festivals (48%), followed by entertainment shows and music with a percentage of 43%, the third place is occupied by percentage of respondents who went to the theater with a percentage of 36%. Only 19% of respondents said they attended performances by the Philharmonic in 2014, a percentage higher than the one recorded in 2012 (10%) and in 2010 (7%).

Neither visiting cultural heritage is not an activity often performed by respondents of barometer. Only 21% said they had visited cultural heritage at once to three times per year, 70% of them never visiting them in 2014.

Graph 3

Source: http://www.culturadata.ro/wpcontent/uploads/2014/05/Grafice_Barometrul_de_Consum_Cultural_2014.pdf

The same like previous years, history museums were the most visited ones, de data aceasta by 62% of respondents, followed by science museums (56%).

Cultural Barometer 2014 also provides data about youth participation in theatre, so young people aged 18-25 participate in such performances several times a month 18%, compared to those aged 26-34 whose participation rate is only 3%. Among young people 18-24 years 39% said they did not participate at all in theater, while 55% of young people aged 25-34 never go to the theater.

Another reached objective of the Barometer in 2014 was to identify cultural factors that increase the Romanians' participation to performing arts. Among the most important factors were mentioned: promotional tickets offers - by a 39% of respondents and another factor: more spare time, by 36%. Creative activities were associated the most with the occupation of painter, then the with sculptor and potter and in the third place with a musician.

In 2014, cultural barometer showed that 39% of respondents have never read, 18% read daily, 13% read once or twice a week. In 2012 the percentage of those who have never read a book in the past year was 41% and 16% read books daily (Croitoru C., Becut A. et al., 2014).

Among the respondents of Cultural Barometer 2014, 35% considered culture in Romania fairly important and 32% considered it very important. Regarding the level of interest of Romanians for arts and culture in Romania, 43% are somewhat interested, the highest percentage, 11% saying they are not interested. A percentage of 39% of respondents are somewhat interested in art and culture in the European Union, while 17% said they were not interested. In smaller percentage, 35% of respondents were somewhat interested in art and culture of other countries of the world and 34% said they are somewhat interested to know personally other people in the European Union (*Culture Consumption Barometer, 2014*).

Conclusion

Culture Consumption Barometer 2014 continued and completed data provided by cultural consumption barometers made in previous years. All these data have contributed to create a real image about Romanians' participation in culture and, in the same time, led to the identification of vulnerabilities and the development of national cultural policies and cultural strategies aimed to encouraging the participation of Romanians' to culture, better awareness of cultural values and facilitate accessibility of people to cultural products.

In this context, last years the European Union has given an increasingly importance to culture sector through the development of cultural policies and research on participation in culture, in the same time, these actions and measures being taken and applied by all the member states. Also in Romania, the European cultural policies have been taken, objectives were adapted to the specific conditions. Cultural barometers made since 2005 have provided data on participation particularly important Roman culture and also as guidelines for cultural policies come to be developed and implemented.

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- *** European Comission (coord.), Special Eurobarometer 399 "Cultural Access and Participation" (2013): 2 http://ec.europa.eu/public_opinion/archives/ebs/ebs_399_en.pdf
- *** <http://www.mediafax.ro/cultura-media/barometrul-cultural-2014-18-dintre-tineri-merg-de-cateva-ori-pe-luna-la-spectacole-de-teatru-13998701>
- *** http://ec.europa.eu/programmes/creative-europe/index_en.htm



SOCIO-ECONOMIC ASPECTS OF BEEKEEPING IN ROMANIA¹

Eugen GLĂVAN²

Abstract: *The evaluation of the beekeeping activity from the perspective of social sciences needs the integration of specialist information from various knowledge fields. Biology, economy, agricultural sciences, as well as some border line disciplines, such as climatology or environmental sciences, contribute to the process of presenting and explaining nature and the changes which are associated with the activity of beekeeping. Although the importance of *apis mellifera* is emphasized in natural sciences, the potential impact of their extinction, and the analyses which include the social dimension generated by the production and the economic exploitation of beekeeping products, are limited. In this article we shall proceed towards the critical evaluations of the approaches to beekeeping, trying to identify the limitations and the internal consistency, and evaluating the level of empirical support sustaining the theory, in order to draft a holistic approach. This procedure is necessary in order to understand the way this activity, which has a long tradition in Romania, can adapt and develop in the context of modernity and its challenges, of climate changes, and of the standards imposed by national and international organizations.*

Keywords: *apiculture, socio-economic analyses, honey*

Introduction

Melliferous beekeeping is a traditional, historically-documented activity in Romania since the very distant past, and it has an important economic, cultural and spiritual impact, maintained until the present day. From the scientific point of view, beekeeping has been a research topic in various domains, such as agriculture, nutrition science, medicine, industrial activities, art, geography, environmental sciences, etc. As a main or alternative economic activity, being at the border between rural and urban environment, beekeeping has an important development potential, including on a community level, and a significant role in sustaining a lifestyle which is in line with modern

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environmental challenges. Also, as it only needs small capital investments and a small work volume (in relation to the number of families) and as it is compatible with alternative activities, and having the potential to involve the entire household in its exploitation, beekeeping is seen as a solution to reduce poverty in vulnerable areas. At the same time, the profit that can be registered following a modern exploitation is significant, as several Romanian apiaries make considerable profit through commercializing beekeeping products on an international level. However, the economic effects only represent a part of the role that melliferous bees have within the interaction between humans and environment, as the role that they have in protecting or restoring the honey producing potential in the unbalanced and ecologically damaged areas is equally important, as is the role of bees in increasing the productivity of agricultural harvests.

After 1990, Romania saw important changes in the methods of use of agricultural areas, and major changes were registered in all regions of the country. Therefore, a fragmentation of the areas which were cultivated with melliferous plants was registered, as well as a decrease of the number of orchards, deforestations and the abandonment of land developments which also involved plantations of acacia and linden. The environmental changes were accompanied by social changes, mainly the right to manage private activities and the right to free association. The passage from a state-governed beekeeping system within large hives, during the communist times, to the independent and multi-level development of beekeeping defines an active and well-developed domain on the Romanian territory. On the regional level, the activity is coordinated by the European Union through National Apiculture Programmes, development frameworks which follow the support of the activity through computing systems, purchasing biological materials and apicultural inventories, phytosanitary control, as well as physical and chemical analyses which confirm the quality of the honey. The national legal framework is completed by the Law of Apiculture no. 383/2013, which establishes the way in which the activity of apiculture is regulated.

The foundations of beekeeping in Romania

The first historical reference related to bees on Romania's current territory can be found in Herodotus's writings, stating that „*the country beyond the Ister is possessed by bees, on account of which it is impossible to penetrate farther*” (Herodotus, 440 B.C.E., p. 4). Also, in „Anabasis”, Xenofon (430-355 î. Hr.) affirms that „*The food of the Getae consisted mainly in honey, vegetables, milk, simple or prepared, and very little meat, as their faith in Zamolxes stopped them*” (apud Giogia, 2001). The systematic and profit-oriented beekeeping activity proved itself to be placed in some favourable geographical areas. Initially, this has kept itself basic and inefficient for a long time, the extraction of honey meaning, in most cases, the destruction of the colonies through suffocation. An innovation in beekeeping management is presented by Dimitrie Cantemir in „*Descriptio Moldaviae*” (Chapter VII – *About wild and domesticated animals*): „*the law of the land stops one from having more hives than the neighbour so that one's increased number of bees should not bring damages to the neighbour*”. Moreover, the first technological innovations and the way there are brought to fruition are described: „*when beekeepers catch a new swarm with its queen, before bringing it into the hive, they cut holes and small openings into it. Before starting anything else, bees fill in the holes*”.

and cuts with the black wax [...]. Beekeepers take this wax together with the honey in due time: because it smells like amber and holds sunlight, they sell it at a dear price". After all, honey and wax were amongst the first products which consisted the tribute paid by the Romanian Countries to the Ottoman Empire (showing a remarkable stability in time, the top counties for honey tax in 1700 were Prahova, Gorj, Romanati and Mehedinti), or represented an important export category when economic trades were regulated through international treaties. The development of the beekeeping sector is mentioned by most travellers across the Romanian Countries, Del Chiaro writing „Plenty of hives can be found throughout the entire Romanian country” and „from the Romanian Country, Venice draws its supply of wax and meat, as well as the Sultan’s kitchen with butter and honey in large quantities” (apud Ungureanu, 2005, p. 15).

The necessity to have the families of bees localized in order to extract the apicultural products led to the improvisation of primitive hives. Those were made of locally-available materials (straw, unbaked clay, wood, twigs etc.) They also had different shapes adapted to the local climate: clay pot, used in Afghanistan, gourd hive, one of the oldest ones being discovered in Vehnemoor, near Oldengurg, skeps or baskets made of rods, mobile rods and poles, metal and wooden barrels, etc. The first systematic hives with mobile frames were elaborated in Ukraine in 1814 by Petro Prokopovych, and the correct definition of the distance between frames eventually imposed the Langstroth hives. At present, in Romania, models of hives deriving from this design are being used, most apiaries abandoning traditional models, which are considered inefficient and difficult to maintain.

The classification of *Apis mellifera* belongs to the *Insecta* class, order *Hymenoptera*, extended family *Apoidea*, family *Apidae*, type *Apis*, species *Apis mellifera* (Honey Bee). The classification of bees’ subspecies takes into consideration the morphometric measurements suggested by DuPraw in 1964, completing the differences in size and colour promoted by Ruttner. The subspecies are gathered in three evolutionary branches based on morphometric measurements: European honeybees (M), African (A), North Mediterranean (C) (Mărghitas et al., 2008, p. 309). The purpose of this material is not to exhaustively present the biological characteristics of the subspecies of melliferous bees. However, we shall review a few selective characteristics of the subspecies which influence the beekeeping activity on a regional level, because their ecology represents an important debate point in the community of Romanian beekeepers and an important topic in policy making:

- *Apis mellifera carnica*: Carniolan Honey bees are native to colder regions of Eastern Europe. Used in the United States, excellent in areas which tend to have rapid changes in pollen and nectar supplies, able to quickly adapt to changing conditions. For the apiarist, the rapid build-up of bees will also result in rapid swarming. The Carniolan honey bee is native to Slovenia, southern Austria, and parts of Croatia, Bosnia and Herzegovina, Serbia, Hungary, Romania, and Bulgaria (Michel, 2014).
- *Apis mellifera caucasica*: the Caucasian honey bee originates from the high valleys of the Central Caucasus. Georgia is the „central homeland” for the species, although the bees also can be found in eastern Turkey, Armenia and Azerbaijan. At an

average length of 7.1 millimetres, over half a millimetre longer than that of other honeybees, the Caucasus bee's proboscis can reach nectar that its competitors cannot; imported in USA for „ability to produce large amounts of honey despite cold weather and bad conditions” (Corso, 2013).

- *Apis mellifera ligustica*: The Italian honey bee is thought to originate from the continental part of Italy, south of the Alps, and north of Sicily. Italian bees, having been conditioned to the warmer climate of the central Mediterranean, are less able to cope with the „hard” winters and cool, wet springs of more northern latitudes. They do not form such tight winter clusters. More food has to be consumed to compensate for the greater heat loss from the loose cluster (EOL, 2014).
- *Apis mellifera carpatica*: subspecies which originates from the Carpathian area of Romania and neighbouring areas, such as the Serbian Banat, the Bulgarian shore of the Danube, Bessarabia, Sub Carpathian Ukraine and Hungarian Puszta. The National Agency for Improvement and Reproduction in Zootechnics „Prof. dr. G. K. Constantinescu” approved the homologation of the Romanian bee with the Certificate of homologation no. 1, released on 28.10.2009, according to the Zootechnics Law no. 72/2002 and with the Ministry Ordinance no. 383/2009, awarded to the Apiculture Research and Development Institute S.A. (Institutul de Cercetare-Dezvoltare pentru Apicultură S.A., 2009). According to the beekeepers its characteristics are a gentle nature, a quiet behaviour and a low swarming instinct.

The evolution of bees since Eocene-Oligocene (the historical period from which fossils have been identified in the European space) until the present day, was co-dependent with flower plants, including their ability to nurture themselves of nectar and pollen. The bees' capacity to pollinate certain types of plants is completed by the adaptation of the development cycle in synchronicity with the local flora, the formation of the winter brood in low temperature areas during the cold season, or migratory swarming towards warm geographical areas. These characteristics emphasize the importance which must be given to the ecology of commercial beekeeping, because the impact on the biodiversity and the stability of ecosystems is sometimes neglected, as a result of the desire to maximize profit. It is important to mention that the *apis mellifera* species is a native of Romania's geographic area, and its spreading on other continents was the effect of actions which preceded the understanding of the ways in which ecosystems are affected by invading species. At present, various protection measures are employed in certain areas in order to protect the health of honeybees and to protect the local activity of beekeeping (Australia imposed quarantine, the United States have imposed border control through Honeybee Act, which regulates the importation of honeybees to prevent the entry of honeybee diseases and parasites, as well as undesirable subspecies of honeybees). The efforts to define a biosecurity strategy at EU level are drafted according to Council Regulation (EC) No 1234/2007 of 22 October 2007, establishing a common organization of agricultural markets and on specific provisions for certain agricultural products (Single CMO Regulation).

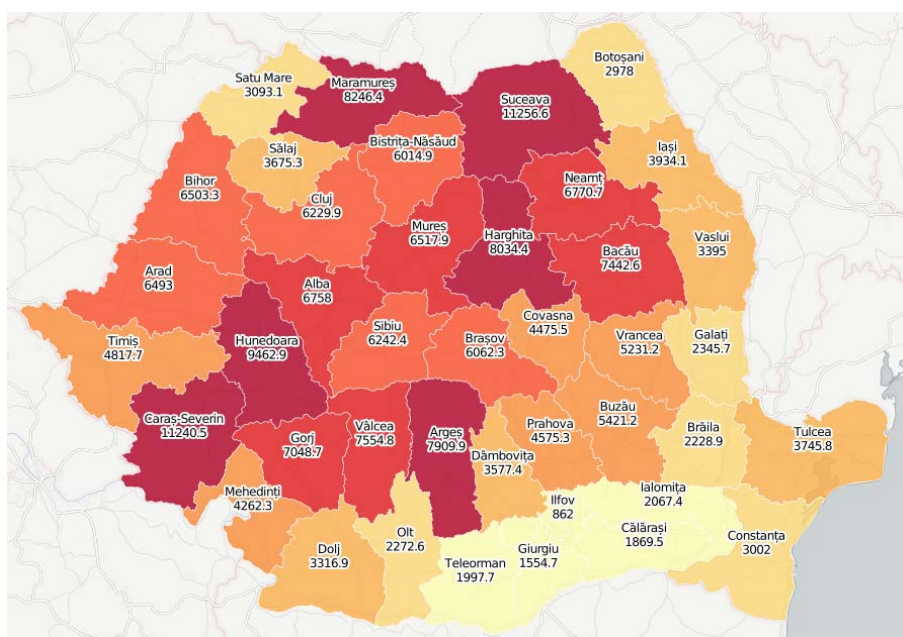
The adaptation of the subspecies of bees to various climate areas, as well as the synchronicity between their stages of growth and stagnation with the flourishing of the

local species of melliferous plants makes the introduction of other types of bees problematic in the context of Romanian characteristics. We say that because there are no comprehensive studies examining all the implications for the local flora, for the diversity of species and the relationships to other ecosystems. Probably, the best known popular example is the Africanization of the European bee, as a result of the hybridization between *Apis mellifera scutellata* and different European species in Brazil. Characterized by an increased aggressiveness, including against humans, the spreading of the Africanized bee implies great risks for public health (Schumacher & Egen, 1995), and makes it difficult to estimate the impact they would have in the areas they invade. The potential adverse effects are not to be placed exclusively on the environmental level, but they also affect the actual beekeeping activity, Adgaba and his colleagues reporting that „approximately 82% of imported hybrid bees die after one honey-harvesting season for reasons that are not yet certain” (Adgaba et al., 2014, p. 6). Taking into consideration the potential risks which the unverified import of genetic material could have, it is important for Romania to protect the *Apis mellifera carpatica* species, a species which is both adapted to the local environment conditions and economically efficient.

The development of beekeeping on the Romanian territory is facilitated by adequate land surfaces, which are favourable for extracting nectar by pollinating bees, medium temperatures and right quantities of precipitations. It is estimated that, out of a total of over five million hectares worth of cultivated and spontaneously-grown plants, an approximate three million could be used for apicultural production (Băloi, Csösz, Cristina, & Bogluț, 2013, p. 242). The seasons' order, the environmental characteristics and the types of melliferous plants define six Bio-bee areas on the national level:

1. *Romanian Plain and Dobruja* – continental climate and precipitations between 400-600 mm, steppe flora and forests, acacia and linden plantations, sunflowers; in the Danube Delta and floodable plains, forest vegetation includes mint, white clover, vetch, oaks, thyme, sage etc.)
2. *Moldavian plateau* – continental climate and precipitations between 500-600 mm, extended linden surfaces (over 22.000 Ha), acacia in the south and sunflowers in the north.
3. *Western Plains* – average yearly temperatures between 8 and 11° C, melliferous characteristics similar to the ones of the Romanian Plain.
4. *Transylvania* – precipitations between 500-600 mm, is a mixed area, cereal, fruit and pasture and meadow. The production is moderate, yet continuous. For this reason, it is a suitable area for stationary beekeeping, raising queen bees or development.
5. *Mountain side* – represented by the Carpathian Mountains and the Subcarpathian Hills, average yearly temperatures of between 4 and 8° C, precipitations between 700-1100 mm, multifarious flora consists of fruit plantations, and the flying raspberries. Two main pickings manifests themselves most strongly, i.e. raspberry, flying and manna. It is currently the area less used for beekeeping purposes.
6. *Carpathian slopes* - trees, pasture and meadow (Băloi et al., 2013, pp. 242-243).

Further on, each of these Eco typical areas determines different morphological characters for pollinating insects, including honeybees: physical size, trunk length, length of the tarsi and tibia, length of the anterior wings and cubital index. In the section presenting the species of melliferous bees, we shall examine the importance of this aspect more in depth, as it is directly linked to the biological protection of the local species (*apis mellifera carpatica*), as well as the pressures of commercial exploitation, which can generate unbalance due to the unfiltered import of unverified biologic material (on the EU level, regulations regarding bee importing from outside the Union already exist).



Map 1 Romania stub potential (counties level). Map creator CartoDB¹, data source (Băloi et al., 2013, p. 244)

The areas with melliferous potential for subsistence and apicultural production comprise spontaneously-grown, as well as cultivated plants. Determining the potential on the Romanian territory takes into consideration the areas which are populated with species of a major importance for nectar collecting, and is dependent on cultivated plants (especially sunflowers and vegetables), as well as on climatic conditions throughout the year (Băloi et al., 2013, p. 244). A statistical study for the year 2005 can offer a county-level image of the geographical distribution of melliferous potential of apicultural production, which exists on the national territory. In Map 1 we can see the distribution of the areas which include a large concentration of surfaces with

¹ <https://cartodb.com>

melliferous plants, and it can be easily figured out the importance of mountain and intra Carpathian areas.

Beekeeping nowadays

The financing of the activities associated with beekeeping is ensured by the European Union through a support scheme elaborated on a three year' time frame, which takes into account the number of bee families existing in each member state, and through which 50% of the expenses are being covered. Because honeybees are essential for pollinating several important agricultural harvests, the capacity to maintain food production at an optimal level is one of the main concerns of National and International institutions. For example, international evaluations cannot estimate pollinating services on a general level, but, in the European Union, 80% of the production of 264 cultivated species depends directly on insects' pollination, the yearly monetary value on the international level being estimated at 153 billion Euros (Chauzat et al., p. 1). Direct and indirect benefits, as well as the risks associated with the beekeeping sector are approached by the European Union in an integrated manner. The use of pesticides is regulated through European Food Safety Authority (EFSA), recognizing the risks for the bees, associated especially with the new class of Neonicotinoide Pesticides, and environment related issues are approached through the LIFE+ programme. For the development and support of apiculture, the Common Agricultural Policy (CAP) financing mechanisms for National Apiculture Programmes are employed, with a value of € 33, 100.000 per year between 2014 and 2016. Their top priority measures are:

- *Technical assistance to beekeepers and groupings of beekeepers*: technical assistance is designed to enhance the efficiency of production and marketing by introducing better techniques.
- *Control of varroasis*: the aim of varroasis prevention is to reduce expenditure incurred in treating hives or to ensure that part of the cost is met.
- *Rationalisation of transhumance*: intended to assist with managing the movement of hives in the Community and with providing locations for the strong concentration of beekeepers during the flowering season.
- *Measures to support laboratories carrying out analyses of the physico-chemical properties of honey*: financing of analyses of the properties of honey according to its botanical origin provides beekeepers with precise knowledge of the quality of the honey harvested, and enables them to get a higher price for their product.
- *Measures to support the restocking of hives in the Community*: to compensate for losses of bees, and therefore of production, by funding activities to promote queen production or purchasing of bee colonies.
- *Cooperation with specialised bodies for the implementation of applied research programmes in the field of beekeeping and apiculture products*: specific applied research projects for improving honey quality in the honey programmes, and dissemination of the

results of such projects, can help to increase producer incomes in particular regions.

The recent days have been characterized by a worldwide increase in the concerns regarding the negative evolutions in the beekeeping sector. Therefore, significant decreases in the numbers of bee families have been registered, a phenomenon which is known in academic literature under the name of Colony Collapse Disorder, the mortality being still only partially explained. An intervention mechanism was launched at the EU level, structuring the efforts in the following directions:

- *veterinarian measures*: prohibiting the import of bee colonies, European and national reference laboratories, trainings for the social actors involved in policy drafting, eliminating parasites;
- *pesticides*: new schemes of risk evaluation, reinforcing the approval process, restrictions of use and integrated management;
- *beekeeping*: technical assistance, applied research, eliminating the *Varroa acaridae* and other invaders, re-increasing the number of bee families;
- *environment*: the protection and restoration of bee habitats. European Red List of bees (a review of the status of European species according to IUCN regional Red Listing guidelines) (Nieto et al., 2014), Life Programme (the EU's financial instrument supporting environmental, nature conservation and climate action projects throughout the EU);
- *agriculture*: ecologic, climatic, environmental, and rural development measures.

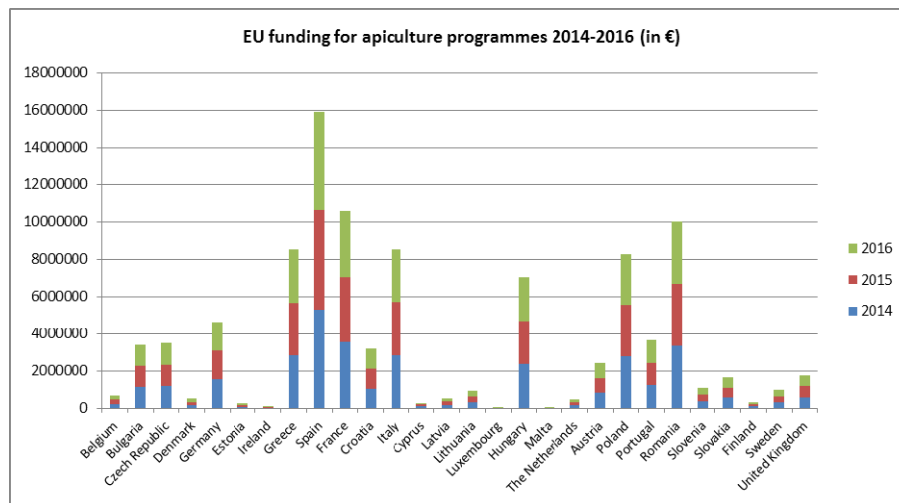
An example of the way applied research can contribute to solving some complex issues regarding the use of honey-contaminating substances is the elimination of the *Varroa acaridae* (*Varroa destructor* and *Varroa jacobsoni*). The treatment includes, as an alternative to the classical pharmacological approach, the use of heat tolerance in order to eliminate them. Therefore, a new technology recommends warming the frame with brood until having reached a temperature of 43.3° C, as the parasites' larvae do not resist these temperatures, whilst the bees' larvae can, and this procedure eliminates the contamination. One of the projects using this approach is MiteNot, developed by Eltopia¹, a project which involves „*compostable circuit board that senses the stages of the bee broods reproductive cycle and applies heat at a specific temperature and time to sterilize the mites*” (Eltopia, 2014). Currently being in the process of research, development and testing, the technology might represent a simple and non-toxic alternative for the elimination of the *Varroa acaridae*.

The budget breakdown of the Apicultural National Programmes between 2011-2013 was as follows: in 2010 and 2011, the greatest beneficiaries (Spain (93%, 84%), Greece (97%, 92%), France (90%, 88%), Italy (96%, 92%), and Romania (100%, 85%) was very effective in their use of the budgets. This was also the case in 2012 (Greece (97%), France (92%), Italy (93%), and Romania (98%) with the exception of Spain where only

¹ <http://www.eltopia.com/mitenot/>

69% of budget was used. It is worth noticing that Romania did not use the funds for technical assistance measures, and only used the funds for applied research and honey analysis to a small extent, as the main categories of expenses consisted of rationalisation of transhumance and hive restocking measures (European Commission, 2013, pp. 7-8). The National Programmes are part of the instruments and concrete measures (Cace, 2008, p. 30) through which the European Union tries to reach its objectives regarding the growth of the number and of the quality of jobs, as well as those aimed at increased flexibility in the context of climate change.

Figure 1. National Apiculture Programmes for 2014-2016 in all 28 Member States, co-funded by the EU



Source: European Commission¹

As we can see, in the European context, Romania is one of the countries with a developed apicultural sector, in 2010 the number of bee families reaching 963, 342 (7% of the total number). This number of bee families has a corresponding number of 41, 794 beekeepers (6.8% of the total number), which defines an average number of 23.1 bee families making up a stub. The relation between the number of bee families and beekeepers, in the context in which Romania occupies the fifth position in Europe regarding families' stock, defines a very diverse profile, where this activity does not represent a dominant category. The beekeepers' activity, combined with the number of bee families, defines a few profiles such as: professional, non-professional, part-time and hobby (Chauzat et al., p. 4) or commercial, sideliners, and hobbyists (Kleinman & Suryanarayanan, 2012, p. 493). As a consequence of the developed system of beekeeping, a large number of professional/commercial beekeepers can be found in

¹ http://ec.europa.eu/agriculture/newsroom/121_en.htm

Romania, but also numerous beekeepers of the hobby range, which confirms the interest for this activity and for the opportunities it offers.

Table 1. Livestock (honeybee colonies), number of beekeepers, distribution and density of honeybee colonies in the European Union in 2010

	No colonies (percentage of total)	No beekeepers (percentage of total)	Mean no colonies/beekeeper	Mean no colonies/km ²
Austria	367 583 (2.7%)	24 453 (4.0%)	15.0	4.4
Belgium	110 000 (0.8%)	10 000 (1.6%)	11.0	3.6
Bulgaria	613 262 (4.4%)	27 477 (4.4%)	22.3	5.5
Cyprus	40 066 (0.3%)	552 (0.1%)	72.6	4.3
Czech Republic	517 300 (3.7%)	46 600 (7.5%)	11.1	6.6
Denmark	170 000 (1.2%)	5 000 (0.8%)	34.0	3.9
Estonia	42 000 (0.3%)	3 080 (0.5%)	13.6	1.0
Finland	37 500 (0.3%)	2 500 (0.4%)	15.0	0.1
France	1 346 575 (9.7%)	69 237 (11.2%)	19.5	2.5
Germany	680 000 (4.9%)	89 000 (14.4%)	7.6	1.9
Greece	1 500 000 (10.8%)	20 000 (3.2%)	75.0	11.4
Hungary	995 812 (7.2%)	17 556 (2.8%)	56.7	10.7
Ireland	24 000 (0.2%)	2 200 (0.4%)	10.9	0.3
Italy	1 127 000 (8.1%)	70 000 (11.3%)	16.1	3.7
Kosovo	70 664 (0.5%)	6 453 (1.0%)	11.0	6.5
Latvia	64 133 (0.5%)	3 500 (0.6%)	18.3	1.0
Lithuania	117 977 (0.9%)	4 565 (0.7%)	25.8	1.8
Netherlands	80 000 (0.6%)	8 000 (1.3%)	10.0	1.9
Norway	50 000 (0.4%)	3 000 (0.5%)	16.7	0.1
Poland	1 122 396 (8.1%)	44 951 (7.3%)	25.0	3.6
Portugal	580 065 (4.2%)	17 291 (2.8%)	33.6	6.3
Romania	963 342 (7.0%)	41 794 (6.8%)	23.1	4.0
Slovakia	246 214 (1.8%)	15 709 (2.5%)	15.7	5.0
Slovenia	156 178 (1.1%)	9 100 (1.5%)	17.2	7.7
Spain	2 498 003 (18.0%)	24 251 (3.9%)	103.0	4.9
Sweden	125 000 (0.9%)	12 000 (1.9%)	10.4	0.3
United Kingdom	200 000 (1.4%)	40 000 (6.5%)	5.0	1.3
Europe	13 845 070	618 269 (100%)	22.4	4.2

The minimum and the maximum are reported in bold in each column.
doi:10.1371/journal.pone.0079018.t001

Source: Chauzat et al., p. 3.

According to the National Apiculture Programme 2011-2013, the costs for one bee family are approximately 68 Euros, the main category which favours beekeeping being that of work-related costs. The production of one kilogram of honey (for a number of 60 families owned) amounts to approximately 2.72 Euro, while the income amounts to

1.76 Euro/Kg (Capri & Marchis, 2013, p. 47). This is why it is absolutely necessary to cover the difference through an offer diversification and decreasing the work costs, the main solution being a household-integrated work regime, assigning the work to family members (proper employment in the field being limited only for specific or intensive activities, such as the transport of hives in transhumance). Financing and European standards shape the beekeeping activity in a particular way sometimes very different from other geographical areas. During a 2012 questionnaire-based research, Adgaba and his colleagues register the production systems, the socio-economic profiles of beekeepers, the number of bee colonies, the type of bee that is used, the production of honey, the types of hives and the reasons behind their choice, the profit, the household income, the main risks associated with beekeeping, bee diseases, the marketing activities carried out, as well as management practices (Adgaba et al., 2014, p. 4). The purpose of the research is finding out the determinant factors influencing the employment of these technologies in Saudi Arabia where institutional pressure for innovation and standardization is reduced.

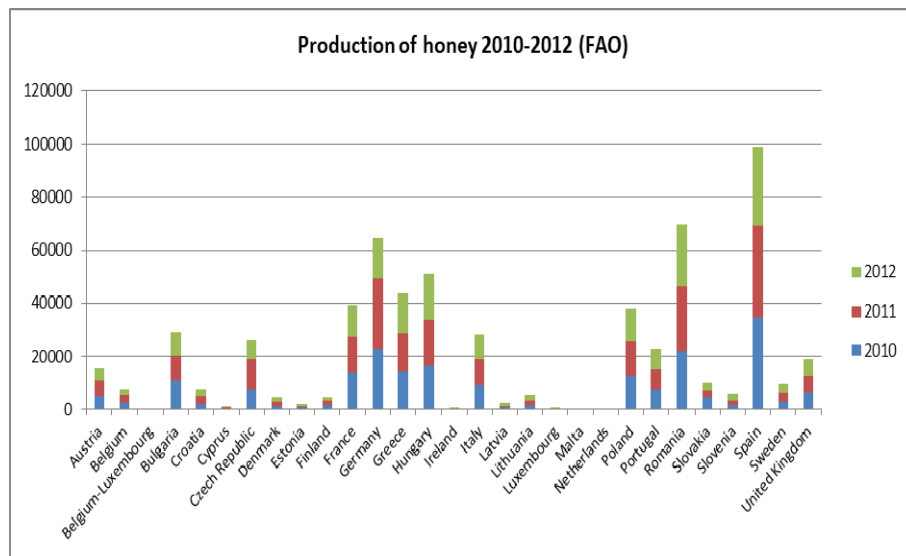
Apicultural products: technologies and standards

Apicultural products are used in various domains, such as medicine or nutrition, industry, technology or art, and consisting of honey, bees wax, royal jelly, bee venom, bee glue and pollen. Apicultural products are testified in the Bible, the Koran and the Talmud, representing a sign of hard-work and order in the Orient, and the oldest coin in the world (Efes, Sec. IV BCE) has a bee as its symbol. The oldest testimonials of the usage of bees and derivate products include the preservation of fruit in honey in Egypt, healing the ill in India (1.400 BCE), where eight types of honey are known and used. Aristotle in „The Description of Animals” suggests the use of honey and bee glue as remedies against concussions and wounds, and Plinius in „Natural History” mentions that wax and bee glue are efficient as medicines. Other methods of use include making wax boards used in writing, with the aid of a stylus (for example, the Roman boards present at the „Timotei Cipariu” Library in Blaj, Alba, existing since 133 and 142), home illumination and the production of magic figurines, as well as extended use during Christian rituals, wax being used for the production of candles.

Honey is the main product of honeybees, having in its composition a wide range of sugars, which vary according to the nectar sources, as well as other substances such as minerals, vitamins, proteins and amino acids. The quality of honey is the object of national and international regulations and standards, its classification being also a matter of prestige for producers and distributors. The selling price of honey is influenced by its type, quality and the used channels of commerce. Consumption honey, which represents approximately 85% of the honey sold in the European Union, is more expensive, whilst industrial honey is sold at smaller prices; at the same time, single-flower honey is more appreciated, and implicitly its prices are higher. Distribution networks influence the final prices, beekeepers obtaining higher prices when they sell directly to consumers, medium prices in the case of retailers, and small prices in the case of packers and distributors.

The production of EU member states covers 61.6% of internal consumption. As we can see in Figure 2, the main producer states are Spain (29, 735 tonnes in 2012), Romania (23, 062 tonnes) and Hungary (17, 000 tonnes). During the time interval 2010-2012 we can notice a relative stability, however, we can also remark a drastic decrease of the production in Germany in 2012, generated by the loss of bee families, as well as an increase in Latvia, facilitated by the investments in the field. Taking as a reference the interval 2004-2006, the costs of honey production for 2012 have a higher variation on the global scale (FAO Producer Prices - Annual¹), Belarus (432.19) and Ukraine (240.83) having the biggest increases, whilst Germany (95.85) and Slovakia (84.85) the smaller ones. From this point of view, in Romania (159.1) we notice a medium increase. The consumption of honey in Romania is relatively low, at 0.42 kg per capita in 2007, compared with the EU average of 0.63 kg (CBI Market Survey, 2009, p. 5). The consumption variation is influenced by several factors, such as the trade price or cuisine traditions, the economic crisis only having limited effects, the request levels remaining high.

Figure 2. Honey production in European Union



Source: Food and Agriculture Organization

The characteristics of biotype systems are continuously changing, and the evolution of honeybees depends on the plants where they extract the necessary substances in order to feed themselves. The local flora consists of over 300 melliferous species, both cultivated and spontaneously-grown. The bees' request for proteins, minerals, lipids and

¹ <http://faostat3.fao.org/download/P/PI/E>

vitamins are concentrated in pollen. This is extracted from certain plants, the most productive being: pledge (*salix cinerea*), willow (*salix caprea*), cherry (*prunus avium*), apple (*malus domestica*), autumn rapeseed (*brassica napus*), dandelions, the local maple, white mustard, rapeseed, sainfoin, raspberries (*rubus idaeus*), corn, pumpkin, sorghum (Băloi et al., 2013, p. 243). The current honey production in Romania is concentrated on a few species of plants: acacia - *Robinia pseudocacia* L., linden - *Tilia tomentosa* Moench.; *Tilia cordata* Mill.; *Tilia platyphyllos* Scop., rapeseed - *Brassica napus* L. ssp. *oleifera* Metzg., and sunflower - *Helianthus annuus* L. (Ion et al., 2011, p. 2). During the past few years, the production of rapeseed honey has been developing, especially thanks to the spreading of the land surfaces allocated to this plant, which is used in the production of biological combustibles.

The transhumance of bee families represents an important aspect of management practices, both for the process of initiation and for honey production. Temperature variations and rain are key factors influencing beekeeping in Saudi Arabia, migratory activity being more profitable compared to the stationary one (Adgaba et al., 2014, p. 9). This is also true for Romania, particularly as there are geographic areas where the nectar extraction from specific plants can be done at various and predictable moments of the year.

The obtained types of honey depend on the flourishing period, accessibility, the technologies applied to plants' growth, and the specific environmental conditions (temperature, humidity, and atmospheric precipitations), which can influence the nectar quantity. Standards differ on national level, whereas the European Union establishes criteria related to the inclusion in certain quality groups, as well as to the eligibility for sale on the member states' territories.

In Romania, a special attention must be given to those technologies and species of plants which produce wood tars used by honeybees for secondary products, such as bee glue, poison-extracting technologies, or royal jelly harvest. During the communist period, the local pharmaceutical industry registered significant progress regarding medical research using apicultural products, such as Apilarnil (natural apicultural product, obtained from larvae of drones) or medicaments based on the bee glue.

Researching beekeeping as social enterprise

Beekeeping is not an easily-labelled activity, as it involves the interaction of different elements, which take into account environmental factors, natural resources, specific knowledge, etc. Besides, beekeeping has a strong social character, as the capacity to build and maintain a social network with relevant social actors is compulsory in order to obtain information, financial support, production, etc. Having had a long history and different methods of approach, beekeeping is adapted to the exploitation areas, and is situated on different levels of technological development. The size of the family, the age of the beekeeper, and the level of education are identified as socio-demographic predictors for the usage of systematic hives in Saudi Arabia (Adgaba et al., 2014, p. 7). Using a sample of logistic regression, the authors claim that the employment of new technologies also depends on the degree of adequacy to local conditions and the local particularities of honeybee species. This is why it is necessary to identify the technologic

and biologic factors which can turn beekeeping into a profitable and environmental-safe activity.

The education level is important in relation to technology employment, as the level of knowledge and access to information increases, making the usage mechanisms comprehensible. Analysing the beekeeping activity from an entrepreneurial perspective, (Popa, Mărghitaș, & Pocol, 2011, p. 289) introduce four variables in the questionnaire-based analysis: experience, motivation, knowledge and social capital, in order to examine the intention to be economically active in this field, by setting up a business. The entrepreneur's profile is defined by the type of activity where the expected results influence decisions (hobby or profit-oriented activity). The authors make an in-depth analysis trying to identify the motivations leading a beekeeper to get involved in entrepreneurship: „*passion for apiculture, commercialization, tradition from family, taking advantage of the financial support, need for achievement and the need for independence*” (Popa et al., 2011, p. 290). Knowledge in the field is a variable which influence the decision of entrepreneurial involvement, advanced experience acting as deterrent. This approach is highly debatable, because it makes no distinction between the amount of knowledge possessed when entering the market, and the knowledge acquired through participation (Croitoru, 2013, p. 105). However, the simplicity of the followed analysis model also raises other questions, social capital being made operational through only one question, concerning the presence of collaboration with other beekeepers (Popa et al., 2011, p. 292). The interaction suggested by the authors can hardly be classified as *bonding* social capital, as it is not clear whether the intention to collaborate is dictated by circumstances, or whether the individuals trust each other, causing some sort of linking social capital, an efficient strategy in difficult times (Neguț, 2013, p. 4). The development of an entrepreneurial culture within the contemporary Romanian rural space is perceived as „top-down” due to the legislative framework and local administrative support (Pricina, 2012, p. 219). The need for a beekeeper to possess the motivation, knowledge and social capital in order to carry out beekeeping activities successfully defines an entrepreneurial profile different from the one described in strict correlation with the rural space. These characteristics are similar to those encountered in social economy analysis (Nicolăescu, Căce, & Căce, 2012), leading to a strong need to develop a theoretical framework capable of shedding light on its the traits, as well as bring forward instruments necessary for development.

A strong extension and research supports to enhance the development of the subsector like: consideration of local conditions in technology selection and adoption; conservation and rehabilitation of vegetation with integration of beekeeping; organizing of beekeepers for efficient marketing of bee products; establishing of colony multiplication centre and multiplying, distributing and conserving of the indigenous honeybee race would be very important (Adgaba et al., 2014, p. 14). Amongst the most important aspects influencing beekeeping in a negative way could be „*absence of rain, shortage of bee forage and bee enemies*” (Adgaba et al., 2014, p. 13). Moreover, poor bee product marketing, pesticides and lack of training are also being mentioned.

Turkey is one of the important honey producing countries on a global scale, the beekeeping sector being favoured by environmental conditions (the Anatolian Bridge

being the source of numerous species of melliferous plants). In a research carried out in the province of Bursa, evaluating the characteristics of beekeepers (Vural & Karaman, 2009) honey production, organization and marketing problems are examined. The average age of the interviewed beekeepers was of 43 years old, the level of education of 6.5 years, and the experience in apiculture of 14 years. Just like in other geographical areas, Romania included, the selling price of apicultural products is higher when the beekeeper sells directly to the consumer. In Turkey, honey producers are not required to respect certain production standards, and there are no quality-imposing economic conventions. This is why, although the country plays an important part on the international level, the selling price is smaller, compared to the honey produced in the European Union, for example. Hence, a model which explains the influence of the type of hive being used has a limited explaining power.

Conclusions

The beekeeping activity in Romania is regulated by the Law of Apiculture no. 383/2013, published in the Official Monitor no. 14/09.01.2014. This establishes the fact that the regulation of apicultural activity is done with the purpose of the protection of bees, and that the activity has a traditional character. This fact is worth emphasizing because it introduces a specific dimension for Romania in the European context. Therefore, we notice a professionalization of beekeeping (main activity, large stubs focused on production and export), which is in accordance to the degree of development of this field on the National level. On the other hand, the traditional character of the activity has its own ways of problem solving, and can respond in a limited way to the challenges generated by the use of pesticides, climate changes, or the introduction of genetically modified organisms.

The beekeeping sector in Romania is well-developed, the main advantages consisting of the favourable natural conditions, the large number of stubs with a diversified production, scientific research facilities, active associative forms, as well as specialist apiculture courses for beginners and experts. The upward trend, also found in the production of eco-honey (Pîrviuțoiu & Popescu, 2011, p. 503), is proof that beekeeping in Romania can successfully face the EU quality regulations and has the natural and social resources for development. The link between the number of bee families and the number of beekeepers must be taken into consideration during a sociologic analysis of this domain. The main reason is given by the large area of socio-demographic and regional profiles, which can be constructed using variables such as residency, age, gender, level of education, number of bee families, production, type of apicultural products brought to fruition, distribution network, etc.

The particularity of apiculture makes this economic activity a necessity, both in natural resources preservation areas, and within programmes of environmental rehabilitation (for example, the fruition of wild mint in the Danube's floodable areas, or recreating the habitats in coalmine affected areas). Planning pastoral activities on the local and national level is legally regulated, the implementation of measures being, however, ineffective. The centralization through IT systems is supported and funded by the National Apiculture Programme, and has its legal foundation in the Law of Apiculture,

through the responsibility of the Local Councils to provide information regarding the melliferous potential. An integrated information system meant to facilitate beekeeping activities in pastoral transhumance is projected by (Ion et al., 2011, p. 2) on the following coordinates: (a) administrative and geographic information about acacia and lime forests, sunflower and rapeseed crops; (b) average multiannual climatic data; (c) local melliferous potential for each acacia and lime forest, as well as for each homogenous zone with sunflower and rapeseed crops; (d) number of beekeepers and beehives in each county. Finally, the databases with this consolidated information should be made available to the local and central administration, to the beekeepers' organizations and their members, as well as to researchers and other interested social actors, in order to ensure an efficient planning of the beekeeping activity on the territory.

Amongst the fundamental problems in the activity of beekeeping there are also the approach methods for the elimination of parasites and the cure of diseases. The classic solution involves the use of medicines which contain active and passive pharmacological substances, which could contaminate apicultural products. This way, one of the main characteristics of the image of honey is being denied, that of a natural biological product. In this context, it is important to emphasize that on the EU level an average of three medicines are authorized per member state, whilst this number rises to 426 for pigs, and 592 for dogs. The solutions that include alternative strategies, also presented in this material, should be accompanied by research projects in order to understand the complex way in which beekeeping influences natural ecosystems, but also in order to broaden the strictly economical perspective on the practice of beekeeping.

One of the particular traits of beekeeping is the extent to which human intervention altered the natural evolution of bees. The use of artificial methods for domestic species beekeeping, for productive purposes, is measured on three dimensions: shelter, food and the perpetuation of species. As far as shelter is concerned, the mobile-frame hive is a relatively recent discovery, the gofer being naturally elaborated by the bees, the organization and stocking of honey and pollen, as well as the growth of the brood can be marginally manipulated by the beekeeper.

Currently, the incoherence of agricultural policies in Romania after 1989 led to large land surfaces remaining uncultivated, and we can notice a discrepancy between the official discourse and policies, and the possibility of exploitation of these lands as melliferous surfaces for beehives. A characteristic of the natural local habitat is its diversity and its capacity to offer areas of spontaneously-grown flora and trees, favourable for extracting nectar and/or pollen. A similar conclusion is reached by (Băloi et al., 2013, p. 245) who estimate that 11 million hectares in agricultural and forest areas are covered by diverse flowers, having a potential for producing 200 thousand tons of honey. This is why Romania's position is important, in the context in which apiculture is not taken into consideration when decisions are making regarding of the genetically modified organisms and pesticides on the national territory, as the risks concerning the beekeeping activity are not quantified.

Destructive natural events such as drought, disease, flood, prolonged frost, or man-made destructive actions such as robbery, inadequate public policies, over taxation, unsubstantiated legislation can create, at community level, a context unsuitable for the development of beekeeping as a social and economic practice. Therefore, it is imperative that these vulnerabilities be understood and approached in an integrated manner, not just top-down through regional programmes and national legislation, but also through mobilizing and organizing communities in order to create a framework suitable for financial development, the use of apiary products in medicine, for the integration of beekeeping in tourism and the use of honey as food.

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ROMANIAN DIASPORA: THE 2014 PRESIDENTIAL ELECTIONS AS POSITIVE COMMUNITY PRACTICE^{1,2}

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Abstract: Romania has a very complex history of outbound migration, which resulted in numerous Romanian communities in several countries of the world. And on the occasion of the presidential elections in November 2014, all these communities united, in a higher turnout than usual, towards the achievement of two major common purposes. The first one was exerting a democratic right in difficult conditions, as the organization of the elections at the Romanian Embassies and Consulates abroad was poorly organized. The second one, and with the most important long-term consequences was contributing to the creation of a new Romanian society, to which they might want to return someday. In this paper, we shall analyze the theoretical explanation of the phenomenon in relation with active participation, and then we will apply the theoretical concepts to the responses of a group of Romanians living abroad, regarding their motivation behind their decision to vote, whether they encountered any difficulties, and what are the hopes they associated with casting their vote. The willingness to participate and make their voices heard and the passion manifested in pursuing a collective goal, especially for a country with a fairly recent tradition in the field, make the voting participation of Romanian diaspora a lesson in active citizenship, and, consequently, positive community practice.

Keywords: immigrant communities, elections, active citizenship, return migration, media communication.

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1. Introduction

Romania is one of the European countries with the most numerous communities abroad. Since the fall of communism, outbound migration has constantly grown, and this phenomenon has transformed across various stages. Generally speaking, Romanian communities have been analyzed based on the host country, but a special event in the very recent history made it worth approaching the subject in a global way. We are talking about the presidential elections of 2014. Not only there has been an issue of the number of voters both in Romania and abroad reaching the highest point after 1990, at the first democratic elections after the Revolution, but the Romanian diaspora gave a real lesson in civic participation and willingness to see positive change happening in their country of origin.

First of all, we will have an insight on the stages of Romanian external migration, emphasizing the points in history which had a role in modifying its tendencies, and also the preferred countries of destination throughout all these stages. The next step will be to look at the facts and figures of the Presidential Elections of 2014, as well as the associated controversies. Further on, the events will be analyzed theoretically, from the perspectives of civic participation and the role of social media in mass mobilization. Last but not least, the responses of 20 Romanians living abroad will be presented, in order to see what exactly lied beneath their voting behavior. Was it simply a matter of civic duty? Was the voting emotional? Or, most importantly, did they really believe in a positive change for Romania, change which might affect their return home?

2. Romanian Outbound Migration: Stages in History and Defining the Community

Taking into consideration historical and geopolitical changes, there have been identified a total of five key moments which Romania went through, and which, implicitly, have influenced migration outflows.

The first three stages have been clearly defined by sociologist Dumitru Sandu, in his book *Lumile sociale ale migrației românești în străinătate (The Social Worlds of Romanian Migration Abroad)* (Sandu, 2010: 87):

- a) 1990 – 1995: The first years after the Romanian Revolution against the communist regime was characterized by the sudden abolishment of travel restrictions. On one hand, there was the completion of ethnic migration of minorities towards Germany, Hungary and Israel. On the other hand, there was the newly found freedom and desire to travel, rather than emigrate, of the previously restricted Romanian population. Therefore, Romanians also orientated themselves towards Turkey and Central and Eastern European countries, for small commerce activities. Last but not least, various people sought asylum in the Western world, by taking advantage of so-called consequences of communism and the Revolution (Diminescu in Anghel and Horvath, 2009: 46-47).
- b) 1996 – 2001: The levels of long-term and definitive migration are on the rising. This was largely caused by the decline of Romanian industry in the transition process

from communism to capitalism. This fact led to more than three million people losing their jobs throughout the 1990s (Alexe et al., 2011:42). Desperation caused this recent unemployed workforce to seek out work abroad, although not always legal, and not always in line with their previous skills and competencies. Simultaneously, many high-skilled Romanians had the opportunity to emigrate towards Canada, the United States of America, and even Australia and New Zealand, as these countries issued favorable immigration and integration policies, placing a considerable value on human capital (Serban, 2011:120).

- c) 2002 – 2006: A period in time which was marked by Romanians' freedom to circulate within the Schengen area, as a consequence to the negotiations for adhesion to the European Union. Romanian citizens were allowed to enter the territory of Schengen countries without a visa, for a maximum period of 90 days within a six months interval. This encouraged numerous people to migrate temporarily for seasonal work towards Western Europe, especially Italy and Spain.

The last two stages are also the consequences of major moments in the history of Europe.

- d) 2007 – 2013: Romania becomes a member of the European Union. This implies total freedom of circulation, although some countries still apply restrictions regarding employment. As expected, most destinations are represented by Western European countries, and the purposes of migration range from university study to work, in several domains and all levels of qualification.
- e) 2014 – present day: Starting with the 1st of January 2014, all member states of the European Union were obligated to abolish all work restrictions for Romanian and Bulgarian citizens. Of all the previously-restricted countries, major attention has been given to the United Kingdom, which, until this point in history, was very difficult to enter, and finding employment of the territory was a rather bureaucratic process.

This brief section is meant to give a quick insight on the complexity of Romanian outbound migration – multi-directional, varying across time and in relation with the subjects' social status and level of qualification. Consequently, there should be no surprise at the size of the Romanian community abroad – on the 1st of January 2013, data offered by the National Institute of Statistics declared a number of 2.344.183 Romanians living abroad for more than one year. In the meantime, the number of immigrants is believed to have grown.

Can we consider these millions of people a community in their own right, although they are spread across several countries of the world? First of all, let us define a community. The classical definition suggested by Mercer in 1956 describes it as “a functional group of individuals who live in a specific geographical localization in a specific moment, share a common culture, are arranged in a social structure and express a conscience of their uniqueness, as well as a of a separate identity as a group”. (Mercer in Pitulac, 2006:118). T. Pitulac continues the analysis of the concept of community, by emphasizing the importance of common beliefs and values, as well as direct relations as well as mental representations (Pitulac in Zamfir and Stanescu, 2006:119-120). Another

definition offered by S. Cace in the article “Mobilizarea comunitatii” (“Community Mobilization”), which appeared in the *Journal of Community Positive Practices*, explains that “The human settlement or community is not only a group of houses, it is a human, social and cultural organization. (...) Plus, the community is not only a collection of individuals, it is a socio-cultural system, it is social organization. Social animation (the promotion of community participation) is what mobilizes and organizes the community” (Cace, 2001:38). Consequently, although the Romanian community is widely spread in space, its members are all united by the Romanian sociocultural identity, in all its sets of values. And this time, in a moment in history which called all Romanians to action, all these communities merged together towards the achievement of a common goal. In conclusion, in this particular situation we can definitely talk about one big community, in spite of geographical proximity not being applicable, but rather distance dissolved by one unifying identity and set of ideals.

3. 2014 Presidential Elections: Facts, Figures and Controversies

The Romanian presidential elections took place in two rounds, on the 2nd and respectively 16th of November 2014. According to the Central Electoral Bureau (BEC), the final results concluded with the victory of Liberal Klaus Iohannis, Mayor of Sibiu, with 54, 6% votes in the second round, over Social Democrat Victor Ponta, Prime-Minister of Romania, who obtained 45, 4% of votes. The total of voters was reported at 62% of the Romanian population, at an all-time high since 1990, the first democratic elections in post-communist Romania. The data of all election polls since 1990 are present in the book *Inequality in Romania: Dimensions and Trends*, coordinated by Precupețu and Precupețu.

Table 1. Voting participation in Romania

	Parliamentary Elections (%)	Presidential Elections (%)	Local Elections (%)	European Parliament Elections (%)
1990	86	86		
1992	76	76	65	
1996	76	76	56	
2000	65	65	51	
2004	58	58	54	
2007				29
2008	39		51	
2009		54		28
2012	56	-	-	-
2014	-	62	-	32

Sources: Precupețu and Precupețu, 2011: 82; Central Electoral Bureau (BEC)

As far as Romanians' voting presence abroad is concerned, it also reached a much higher number than in the recent past, with 377.651 voters, compared to 146.000 in 2009. In Table 2, it is presented an outline of the countries with the highest number of voters from Romanian diaspora.

Table 2. Romanian diaspora voting presence, by countries

Country	Number of voters
Italy	96.600
Spain	82.744
Moldova	35.543
United Kingdom	25.850
United States of America	17.683
Germany	17.506
France	16.053
Belgium	13.040
Austria	9.533
Canada	6.490

Source: Central Electoral Bureau (Biroul Electoral Central)

A surprisingly high voting turnout, and a fair share of controversy. Throughout both election days, national and international media have reported the abnormally slow process of voting in Romanian Embassies, Consulates, Cultural Institutes, and other authorized institutions where Romanian citizens should have exerted a fundamental democratic right. Various media platforms showed in real time how thousands of Romanians had been queuing for hours, waiting to vote, forming proper crowds on the streets leading to the institutions of the State. Moreover, the queues were not advancing fast enough in order to guarantee all present people the chance to vote, hence a fair number of people did not manage to vote at all. The most dramatic situations could be encountered in cities such as London, Paris, Torino, Vienna and New York, which are home to numerous Romanian communities. In some cases, crowds of angry Romanians decided to invade Embassies and Consulates, claiming their right to vote, a right which apparently was being denied to them, often causing rather violent clashes between themselves and the local police force. Apart from the permanent transmission on behalf of niche television channels, these masses of people provided live updates on social media regarding the situations they found themselves in, causing other diaspora members and also Romanians at home to create solidarity towards a common goal.

4. Elections, Active Citizenship and Political Participation

Analyzing the theoretical concepts and the official data beneath these facts, the first issue to be tackled in connection with voting participation is the one of active citizenship – the general perspective, and the particular case of Romania, as a country with a new tradition in the field. Active citizenship, also known as civic and political participation, is most often associated with involvement in voluntary activity – civic organizations or community initiatives, as well as voting in election polls, the latter being the aspect we will concentrate upon.

When it comes to civic and political participation, Adrian Hatos defines five directions of research and analysis, all of them united by a common ground (Hatos, in Zamfir and Stoica, 2006: 180):

- theoretical and empirical investigation of political participation and socialization;
- participation in voluntary organizations;
- research on social movements in the past 20 years;
- efforts dedicated to community involvement during the past 20 years;
- debates related to social capital.

The author mentions that all these typologies of active citizenship and participation are centered on “individuals who engage voluntarily in solving collective problems, on different levels”, or contributing to the creation of a common good. Or, as mentioned by A. Dinu in the article “From European Migrants to European Citizens: an Unfinished Process”, which appeared in the *Journal of Community Positive Practices*: “These steps include identifying the matrix that enable individuals to perceive themselves as belonging to the same group and building a common project” (Dinu, 2014:21). Hence, these individuals are not materially or financially motivated, but rather sustained by a spiritual motivation, such as an ideal or a desire for change. In our case, one could argue that the “common good” or “common purpose” was a new political situation in Romania, or simply exerting a fundamental right as citizens, at a time when circumstances were obstructing this purpose.

We can link the idea of common purpose with the expectations associated with participating in the elections. Which specific measures would the citizens expect from a new president?

In the study conducted by the Romanian Institute of Evaluation and Research (IRES), entitled *Political Romania after the Presidential Elections 2014 (Romania politica dupa alegerile prezidentiale 2014)* and published on the 20th of November 2014, the first main expectations of Romanians in relation to the new President's changes in the political and social system would be the following:

- creating new workplaces (15, 2%);

- fighting against corruption (13, 9%);
- increasing salaries / pension / child allowance (7, 6%);
- changing the political class / members of parliament (5, 4%);
- obtain independence of justice (3, 2%).

Moreover, would it be possible, in the case of the Romanian diaspora, to consider the common purpose as the possibility for return migration? What if changes in the Romanian society, such as the ones mentioned above, or perhaps different ones, represented the premises for immigrants to return home someday?

Generally speaking, return migration is a decision based on a small number of major factors, according to the OECD report *Return Migration: a New Perspective*, written by J.C. Dumont and G. Spielvogel, and published in 2007. The findings of the study sum up four key motivations behind return migration (Dumont and Spielvogel, 2007:163):

- a) failure to integrate in the society of the host country;
- b) the individual's preference for his country of origin;
- c) having reached a financial objective in the country of emigration;
- d) the opening of employment opportunities in the country of origin; however, for this latter argument, we could extend it to a positive transformation in all sectors of society, not just the professional one.

Going more in depth, Dumitru Sandu has been analyzing return migration from the perspective on Romanians living in Spain, but surely the findings could be applied to various countries of migration. Apart from the situations of return based on dissatisfaction with life in the country of destination, there are also the situations where positive perception of the home country acts as catalyst. The core of the matter amounts to two main sets of causes, of which the second could surely be connected to the voting turnout of the Romanian diaspora, as our own research results will show. Rephrasing the author's idea, we can say that returning to Romania would mean that “the way I live right now in the country of migration compared to the way I lived in Romania and the way I perceive the future for workplaces and institutions in Romania compared to the ones in the country of destination determines what I project, as a migrant, for my future regarding the location of my life” (Sandu, 2010:123-124).

Having outlined the main characteristics of active citizenship, as well as the common goals associated with participating in the presidential elections of 2014, we shall move on to other parameters of analysis, which, although they might be less evident upon a first impact, they are surely very valid theories and perfectly applicable to our specific case study.

4.1. Active Citizenship as a Cultural Trait

We should mention that this high voting turnout may not be the case of a mere interest in politics, as according to the *World Values Survey 2010-2014 (wave 6): Romania 2012*, in

response to the question “How interested in politics are you?”, 32% of Romanians have responded “not very much”, 30, 8% - “not at all”, 28, 2% - “somehow” and 8, 6% - “very much”.

But what can really be said about participative culture in Romania? Adrian Hatos is suggesting a few variables for analyzing civic and political participation, and one of these is, indeed, the *cultural perspective*. Based on already established theories, the author is giving us some reference points, such as the fact that there are specific cultural traits leading to or putting impediments towards a participative lifestyle, or, as based on Hechter's 1987 theory, that “participation could be the result of conforming oneself to social norms or sets of collective obligations” (Hatos, in Zamfir and Stoica, 2006:182).

However, these theories might not apply to Romania and its citizens, and this is confirmed by the results of the research study “Participative Culture in Romania” (“Cultura participativa in Romania”), by Dan Sultanescu, presented as part of the European funded project *Initiative for the Civil Society (Initiativa pentru societatea civila)*, of Fundatia Multimedia, in 2013. The study had as primary objectives to discover the level of participative culture in Romania, its main characteristics, and what can be done for a higher participation. Some of the findings of the research include:

- The Romanian society is a traditional one, despite several years having passed since the adhesion to the European Union.
- Romanians' values tend to be focused rather on survival, than achievement and status.
- The civic profile of Romania is not a participative one, different from Western Europe.
- Community participation is insufficiently developed.
- Citizens are available for participation and information, but they do not participate effectively, and are not sufficiently informed.
- In Romania, there is an evident discrepancy between social and political, and participation in election is notably higher than civic participation.

As the conclusions of the study punctually point out, Romania and its citizens have not developed yet a strong sense of active citizenship and participation in its culture as a country. However, does this status-quo change with migration? What happens when a 'traditional' Romanian migrates to a different country, with different values? Perhaps the host country values civic participation, and, as a consequence, the Romanian immigrant will adopt this tendency in the process of integration. Or, there could be cases when emigrating changes the way the subject sees his/her country of origin. Some of these points are explained by R. Careja and P. Emmenegger, in the article “Making Democratic Citizens: the Effects of Migration Experience on Political Attitudes in Central and Eastern Europe”, which appeared in the *Comparative Political Studies* journal. Amongst the explanations given, the issue of arriving in an environment which might have different values and different ways of seeing and experiencing civic participation is just one of various aspects.

More interestingly, the authors describe migration as “a means to access an institutional context favorable to the development and expression of political attitudes” (Careja and Emmenegger, 2012:6). Although the example used relates to immigrants who fled dictatorship and it does not exactly apply to the case of Romania, we can definitely admit that numerous migrants left behind a country with a difficult political and economic situation, as well as with numerous social problems. Therefore, by adapting the idea to this slight variation, we could state that they use the setting of the host country in order to make their voices heard. They might have found a better life abroad, at least from some points of view, but this does not mean that what happens in Romania, to the family and friends left behind, or even to the society itself, with or without an intention to return in project, no longer affects them, or that they do not wish to see positive changes.

Moreover, the authors also claim that, in the case of immigrants, there is “less concern for personal interest, more concern towards a common purpose” (Careja and Emmenegger, 2012:7). So, as we can see, this statement is in line with the definition of the community, presented in the second section of this article, and also with the core characteristic of active participation, regardless of its type. Consequently, we have the different way of relating to one's country of origin, which is an effect of migration, we have an increased value placed on civic and political participation, and we have common purposes in the form of desire for change in the Romanian society. Although active citizenship may not be very typical of Romanians as a nation, there are circumstances under which this reality can transform, showing that Romanians, and especially the members of the Romanian diaspora, can change a national imprint whilst fighting for a common goal.

4.2. Active Citizenship and Psychological Factors

This section will also start with some classical theories offered by A. Hatos in his work on participation (Hatos, in Zamfir and Stoica, 2006:182). The recurring theme is that behind participation there is often a strong emotional motive, such as the anger associated with protest action, as theorized by Kemper (1978) and Ost (2004), as well as the idea according to which the involvement in social movements is caused by dissatisfaction with a certain status (Lipset, Raab, 1978; Lenski, 1956). Moving to our specific case, we find confirmation for these theories. The Romanian presidential elections did not start off as a protest, but the difficulties encountered at the Embassies and Consulates generated a feeling of anger in the crowds of aspiring voters, causing them to react sometimes aggressively towards authorities. Anger was provoked also for the Romanian population within the country's borders, by seeing what was happening abroad, everything resulting in the (rather peaceful) demonstrations on the evening of the 16th of November, concluded with the celebrations after the announcement of the final results.

An opinion often produced by the media in the aftermath of the election is that the population's electoral behavior was dictated by emotion rather than logic. Indeed, emotion is believed to play an important part in dictating reactions and decisions when it comes to political choices. This phenomenon is explained by D. Westen in the book

The Political Brain: the Role of Emotion in Deciding the Fate of the Nation. “It is no accident that the words motivation and emotion share the same Latin root 'movere', which means 'to move'. (...) Emotion channel behavior in directions that maximize our survival (...) and care for the welfare of others in whom we are emotionally invested” (Westen, 2008:71). The emotions behind all this unexpected behavior during the Romanian presidential elections could have ranged from a negative reaction to one particular candidate whom the population did not trust, or to the negative reaction towards the organization of voting polls abroad, automatically associated with the State institutions still in power.

Westen continues to explain the way certain emotions work. “We feel scared or angry when someone attacks us and we feel admiration when someone shows courage. (...) All these emotions motivate us to behave in ways that are ultimately in our own interest and in the interest of those within our sphere of care or concern” (Westen, 2008:49-50). The range of emotions mentioned by the author are more numerous than just anger and admiration, but for our situation, these are the ones which reflect what might have happened with the Romanian voters. The anger was felt especially when a fundamental human right of democracy was being attacked. At the same time, admiration was felt by fellow voters inside and outside the country, towards the members of diaspora who did not give up in front of difficulties, being determined to persevere in their quest for exerting their duty as citizens, but also for a new Romania. Eventually, anger and admiration were the feelings which acted as an engine in increasing mobilization.

As we can see, the participation in the 2014 election was highly emotional, but by no means illogical. It was the reaction of a worldwide community, and of an entire nation, towards difficulty and disrespect. This controversial situation not only called to action more people than usual, but also caused a rather individualistic nation to unite and fight against obstacles towards their common goal.

4.3. The Role of the Media as a Connecting Network

In this sub-section, we will tackle the last theoretical issue: the power of influence exerted by networking and the media on active participation, in the context of the presidential elections. Thanks to the ubiquitous nature of the media and its fragmentation, the audience has the possibility to stay informed via a wide variety of sources, whilst comparing the content and credibility of the received information. News on the development of the event, from all perspectives, locations and political orientations, were transmitted in real time, especially by TV news channels, yet the most important role was played by social media. Thanks to its user-generated content and mobile technology, social media revolutionized the freedom of expression, as virtually any person becomes a real-life reporter and a mobilization agent, in any moment in time, and in all types of circumstances.

In the study *Social Media: the New Power of Political Influence*, by Auvinen, published by the Center for European Studies, the author gives examples of several political episodes, more or less controversial, from across the Globe, where social media played a major role in mass mobilization and establishing communication between participants. Eight

key characteristics are given, with the purpose of emphasizing the advantages of social media over other forms of communication (Auvinen, 2012: 5):

1. Possibility of anonymity.
2. Richness and diversity of information.
3. Omnipresence, and ease of access.
4. Speed, and the ability to publish in real time.
5. Diversity of roles and mutual connection of users.
6. Subjectivity
7. Combining information.
8. Near absence of regulation.

This also can be said in connection with diaspora voting participation. Apart from the materials transmitted on television and published in online press, the first level of reporters were actually all those people queuing at the Embassies and Consulates. When technology, in the form of mobile Internet facilitates the connection to social media, particularly Facebook and YouTube, all written and video updates on what is actually happening on location becomes social media content, and goes viral in a very short amount of time. The more people post, the more people have the occasion to be informed, ultimately being influenced to join forces, by either participating in voting (or at least trying), or by spreading the information further.

This huge media and social media exposure on the days of the elections merged with the emotional factor discussed in the previous sub-section, adding an extra amplitude to mass mobilization. In his book *Mass-Media Sociology (Sociologia Mass-Media)*, Rieffel takes as a departure point the classical theory of early 20th century sociologist Gabriel Tarde, which, although represents a historical period when little did mankind expect about something called 'media' and their power, is all perfectly applicable to nowadays' context. Tarde makes a distinction between 'the crowds' and 'the public' as being two types of human communities which function on the basis of imitation, but each one of them has a different approach, as the author rephrases. "The action of the crowd is unstable and unexpected, it reacts impulsively and emotionally. In this sense, it is often intolerant, subject to prejudices and passionate outbursts" (Rieffel, 2008:41-42). This principle can perfectly be linked to the issue of emotional voting and emotional participation which we talked about earlier on. The factual information could be easily transmitted amongst queuing voters and the audience in Romania, as well as the feelings of rage or frustration associated with it, and the media played a major role, causing people, now seen as 'crowds', to act in similar ways. On the other hand, Tarde also gives the definition of the 'public' as being "a purely spiritual collective, made of physically separated individuals, whose cohesion is only mental" (Tarde, in Rieffel, 2008:42), united by shared ideas and purposes. This is also true in our case study, as these communities were in physical proximity only locally, but they had the same purposes and were encountering the same obstacles in reaching them, a fact which was also emphasized by the media. Therefore, we can say that the members of the

Romanian diaspora acted as both members of a crowd and members of the public, with the media by their side for the entire duration of events.

On a last note, we are returning to the parameters of analysis for public participation, proposed by A. Hatos, more specifically network effects. The main premise of this approach, originally defined by McAdam and Paulsen in 1993 and is that active participation is based on being closely connected with other participants, as “dense interpersonal networks increase the audience of an invitation to participate and decreases uncertainty regarding mobilization” (Hatos, in Zamfir and Stoica, 2006:182). In our case, the connection was happening live on the local level, but also virtually, yet in real time, thanks to social media, which are also networks in their own right.

Through this section, we had opportunity to analyze in detail the principles behind active citizenship or public participation in relation to voting behaviour, all theory being applied to the presidential elections held in Romania, in November 2014. The next step of the study will be to verify if this theory is confirmed or not, through the empirical research carried out among a group of representatives of Romanian diaspora. What was the motivation behind their decision to go voting, whilst risking to queue in vain for several hours? Was their decision dictated by emotional factors of any kind, or pure civic duty? Last but not least, what were the hopes associated with casting their vote, and would the fulfillment of these hopes encourage them to return to Romania?

5. Beyond Theory: Voters' Motivation and Return Perspectives

In order to compare theory and practice, 20 structured and semi-structured interviews have been carried out. The chosen segment of population consists of high-skilled Romanian immigrants, aged between 25 and 40, students or professionals of various fields: IT, teaching, cultural management, languages, graphics and design, finance and accountancy, business management. Their countries of residence are: Italy, Great Britain, Germany, and Czech Republic, and all respondents emigrated at least one year ago. The main issues tackled in the interviews are the motivation behind voting (or the mere attempt to vote, in some unfortunate cases), as well as the hopes associated with voting.

Of the main motivations behind their emigration, we find: accompanying working parents during childhood or adolescence (20%), the difficulty to progress professionally in Romania (20%), continuing university studies (10%), and general uncertainty regarding the future of Romanian society (10%).

As means of information before the election days, all respondents have cited online newspapers and social media, as well as exchanges of opinions with family and friends at home. Communication and staying informed on the development of the situation continued also during the election days, and those who queued for long hours kept posting social media updates on what was happening on the premises. The voting experience has proven itself to be difficult exclusively in the cases of those subjects living in Italy and Great Britain, who add up to 60% of the interviewees. In some cases, they did not even manage to vote, after queuing for a time frame of between four and

six hours, while some others have managed to enter very shortly before closing time. One person in particular witnessed the clashes between the Romanian crowds and the police in the Italian city of Torino.

What were the emotions behind the voting? 70% of the respondents admitted to have voted specifically in favor of one candidate or against another, associated with strong feelings of liking or disliking, and in some cases the alternatives were described as 'dramatic'. The flawed organization of voting polls caused feelings of frustration or rage, emphasizing any previously-existing negative feelings, as well as provoking a fiery determination to go ahead and not give up until the vote was cast. Plus, the unusual situation also created a positive feeling: the feeling of belonging, of pride to be Romanian, and making a move towards a better future, a feeling which was also created by the situation of fighting together for a common purpose on the election days 50% of the respondents mentioned as motivation exerting a democratic right, and the fact that they participate in all elections. Other motivations include: desire for social change and collective conscience.

What about the expected changes, and would these changes affect the immigrants' choice of whether to return to Romania? First of all, we have to specify that none of the respondents claimed to expect sudden changes, but believe that even the smallest of steps can make a difference in this moment. Contrary to common belief, high-skilled immigrants are no strangers to the idea of returning to Romania in a near or more distant future. What would make for a better Romanian society, in their view?

- Changes of the general mentalities and attitudes of the people: more respect for others, more community spirit, learning to value ourselves as a nation, appreciation for our national values and traditions.
- Better healthcare and education services.
- Complete eradication of corruption.
- EU-level salaries and pensions, and a good balance between incomes and prices.
- Work opportunities in accordance with academic studies.
- Economy and industry being brought (back) to full potential.
- Better and cheaper transport connections and infrastructure.

Being away from Romania, everything good and bad about our home country is amplified – from the concern when something is not functioning well in society, to the desire to see changes happening, to the need of building a positive image on an international level, and actually acting upon these situations which would need fixing. As the responses show, people believe that Romania has potential, and that there are very clear directions towards a good society – opinions which are surely shared by non-migrants as well.

We can say that the Romanian diaspora have proven to have a proactive attitude as opposed to resignation and indifference, and unlike the famous mentality of 'Why

should I vote? After all, nothing changes!” For the first time since 1989, a very strong community spirit could be seen like never before, and everything started from diaspora. Because, if it hadn't been for them, and judging according to what was happening in Romania, it would have been just an election poll with a slightly higher turnout. Not only there was a high value being placed on active participation and democracy, but everything was evident in the behavior of the people, and the various media platforms did their very best to emphasize this fact.

Conclusions and Future Developments

Apart from practice confirming theory almost entirely, we can surely consider the events connected to the Romanian diaspora on the November 2014 election days a true lesson in positive community practice. Several communities across the world have demonstrated that they value, first and foremost, their country of origin and their national identity, and, despite having lived far away, in some cases for many years, they still care about what happens to Romania, and wish to see things changing for the better, to match the country's potential. Sentimental as it may sound, being Romanian and being a patriot transcends geographical borders.

Nevertheless, this episode brought to light an aspect of society which, until now, was not as well exploited in Romania: active citizenship. Although sometimes wrongfully dismissed on the basis of 'communist associations', active citizenship is about knowing your own rights as a citizen, knowing what values and ideals bring yourself and your peers together, and considering the collective interest as well, not only the individual one. The elections episode serves us as a reminder that people have the power to make changes and move a situation towards a desired outcome, one step at a time, instead of expecting change to simply happen from above. Resignation and indifference are not beneficial attitudes for a good society.

As direction for further research, it is still early to have a clear and obvious view of the changes that have happened since the election. However, good research topics would be the way active citizenship will be perceived and experienced by Romanians in the near future, and the domains should not be restricted only to participation in the election, but also taking part in voluntary activities, as well as what will happen in the following years with the Romanian diaspora, and whether, in the eventuality of positive changes, there would be an increase in return migration.

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Book review

MARIEA IONESCU, SIMONA MARIA STĂNESCU, PUBLIC POLICIES FOR THE ROMA, 2014, BUCHAREST: PRO UNIVERSITARIA

Victor NICOLAESCU¹

Increasing importance is attached at the national and international levels to the design and application of public policies for the Roma, which to yield beneficial results for the improvement of their situation. It is therefore recommended to record updated and periodical data in order to reveal the progress acquired by the public policies for the Roma and to outline the complex frameworks of intervention and cooperation within the European area. From the detailed evaluations of particular projects and programs addressing the Roma it is important to make comparative analyses of the policies implemented for the Roma.

To this extent, the book “Public policies for the Roma”, published in Bucharest (ProUniversitaria, 2014, 118 pp.), is authored by Mariea Ionescu and Simona Maria Stănescu, whose relevant experience contributed to the development of a reference book. Thus, Mariea Ionescu – counsellor and doctor in sociology, makes a significant contribution by her professional practice within the professional activities of the National Roma Agency, and by the expertise she acquired within her relations with the structures of the civil society; Simona Maria Stănescu – researcher and doctor in sociology, gives a rigorous methodological framework by the expertise she acquired within the Research Institute for Quality of Life, and by her coordination and implementation of many projects.

The book consists of two parts, written by the two authors. Thus, Mariea Ionescu documented and wrote part I “Evaluation report of the national programs financed by the European Union, targeting the inclusion of the Roma people living in Romania”, while Simona Maria Stănescu documented and wrote part II, “Comparative report on the financing programs for the Roma minorities; success and failure: Albania, Bulgaria, Italy, Romania, Serbia and Hungary”. The book provides a complex national analysis by presenting detailed aspects of financing the public policies for the Roma; additionally,

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the book makes a comparative analysis of the success and failure recorded in six European countries, among which Romania. The book, published by ProUniversitaria publishing house, is an outcome of the project “*Efficient programs for the active/inclusive integration of the Roma in South-Eastern Europe*”. Priority axis: Development of transnational synergies to support the areas with sustainable growth, financed by the European Commission (CE), through the program of transnational cooperation South-East Europe, implemented by 18 partners from 8 countries: Albania, Bulgaria, Italy, Romania, Hungary, Ukraine, Serbia and Slovakia (the partners from Romania are the National Roma Agency (ANR) and the Agency for Community Development “Together”).

As mentioned in the Introduction, the purpose of the book is to “identify and analyse the successes and failures of the public policies from the partner countries, with the purpose to identify the strengths and weaknesses, to analyse the financing frameworks of the projects aiming the social inclusion of the Roma, and to formulate recommendations for the European and national stakeholders which to promote the improvement of the financial programs and national strategies” (p.19).

The book, composed as a comprehensive research report, relied on the use of two research methods: desk analysis of official documents relevant for the research topic, and the desk analysis of the information provided by the subject experts in the national reports from the mentioned project. The first part of the book consists of four chapters which analyse the public policies and the stakeholders whose objective is the integration/inclusion of the Roma minority, the mechanism of coordination, implementation and monitoring of the public policies for the Roma, to present the results of the opportunities explored by the identified stakeholders and the lessons learnt, whose purpose is to prepare the process of developing the national policies and the European regulations for 2014-2020. This part also has a part of conclusions and general recommendations. The second part of the research report consists of five chapters which approach the issues of acknowledgement of the Roma minority in the surveyed countries; public policies – institutional framework and regulations regarding the Roma minority; (inter)national financing programs for the Roma in each of the surveyed countries; key elements and discrepancies in education, occupation, healthcare, dwelling and structural requirements; learnt lessons in terms of the successes and failures in those countries; recommendations for the improvement of the subsequent programs.

The book integrates the analytical attempts to identify the public policies for the Roma financed from non-reimbursable sources of the European Union, within the context in which the absorption of the structural funds is an important subject of analysis of the recent national analyses (Cace C. et al. 2010a; Cace C. et al. 2010b; Cace C. et al. 2011; Cace C. et al. 2012).

The book is the outcome of the implementation partners from Romania of the mentioned project, the National Roma Agency (ANR) and the Agency for Community Development “Together”. The abundant information is the result of an effort of collection, aggregation and synthesis of the main dimensions of the public policies for the Roma from Romania and from several other European countries.

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