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Quality of Life and Social Justice in Romania: Measuring Quality of Life

Elena ZAMFIR¹

Abstract

Starting from the main components/dimensions of the quality of life, the paper aims an analysis the role and the place of social indicators, objective and subjective ones, in achieving life satisfaction of the Romanian population during transition. Thus, the study focuses on the main factors with a decisive impact on the quality of life: the national economy, social state, community, and individuals' performance in Romania compared with the European standards. The paper underlines that despite the fact that within both national and European official statistics the range of 'objective' indicators for the quality of life are at the forefront of attention (see living standard, income, employment, etc.); the specific/proper indicators for the quality of life are the subjective ones. In fact, quality of life involves par excellence an evaluative structure. First, it supposes a set of indicators of state which record the actual characteristics at a given moment for all life dimensions, and second, a set of evaluation criteria in relation to which we may assess this state. From this perspective, the paper analyses some recent researches and statistical data of the national and international surveys related to individual general satisfaction with life. It is estimated based on subjective indicators regarding the overall positive experience life has as outcome, and the perceived quality of the basic components of life. In addition, the paper focuses on social policies in the period of Romanian transition with the great impact in life satisfaction. From this point of view, the evaluation process of social inclusion of vulnerable groups in post-communist Romania is relation with the main indicators of social justice. Therefore, as a conclusion, an analysis of the real state of the quality of life must take into account next to objective indicators of state (essential for the living conditions) also the subjective ones. In fact, they capture the reaction/perception of the population about the given socio-economic context (the subjective well-being). Subjective indicators emerge much more frequently in academic research analyses. Sometimes, as a rule, researches focused to happiness as an individual general satisfaction with life indicator. The human condition emerges thus as basic milestone and dimension for the quality of life.

Keywords: quality of life, subjective and objectives indicators, general satisfaction with life, wellbeing, welfare, happiness, social state.

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The quality of life in the psycho-sociological analysis

In the current academic debates, the quality of life emerges as third-faceted aspect: (1) as theoretical concept open to clarifications and terminological delineations; (2) as objective to be achieved by development programmes and country strategies; (3) as evaluation and measurement criterion for social development performances at personal, collective, community, societal and global level. Already at its emergence, in the sixties and seventies, the topic regarding quality of life turned in Romania into a topic of interest both for analysts, sociologists, and for public and mass media debates. The sociological definition of the concept of quality of life underpinned right from the beginning its distinct particularities, thus differentiating it from germane concepts of other scientific fields (Zamfir & Rebedeu, 1982; Zamfir, 1984; Zamfir & Zamfir, 1995; Zamfir, 1989, 1997; Zamfir & Magino, 2013, 2014; Marginean & Balasa, 2005; Voicu, 2005; Baltatescu, 2014).

Nevertheless, within the complexity and multidimensional facets of the issues related to the structure of life, the concept received in time several particular meanings depending on the analysed areas of life. However, it remained a concept open to terminological clarifications and scientific delimitations. Very often, it is mistaken for other related economic terms: welfare, standard of living, quality of products, etc. Sociology emphasized upfront that by its evaluative structure, the quality of life implies the value of life for the human being: how good or bad is life as a whole and on its specific particular components (family, profession, and work, civic, social, cultural and political participation, interpersonal relations, etc.). The multidimensional aspect of the quality of life is estimated based on a plurality of social and economic indicators, distributed on the distinct components of life (Zamfir, 1989: 29).

Satisfaction is estimated by subjective indicators of overall positive experience (general post satisfaction) of life as outcome of the perceived quality of the basic components of life. The main components/dimensions of the quality of life aim at: quality of the economic sphere and of the one of economic growth; quality of the society's structure represented by the organisation of the institutional-administrative framework, by ensuring the safety of the living environment based on a civilized relational climate (the Good Society), etc. The Good Society emphasises the quality of the society by relating it to covering/satisfying human requirements. The human condition emerges thus as basic milestone and dimension for the quality of life. The Good Society refers to the quality of the political governance of society, to the functioning of institutions (the global rationality of state's functioning, the efficiency and transparency of institutional decisions, openness towards citizens and their issues, etc.); the quality of the main social services; quality of workplace and working conditions; quality of the human environment and of interpersonal relationships; quality of life the family and of the

neighbourhood; quality and beauty of the natural environment; the general social-moral climate of daily life, etc.

By its multiple determinants and conditionings, quality of life depends on the actual state of the society and of the natural environment at a given time because of their impact on the human condition, and on the individual's satisfaction with life. Therefore, the perception of the population about the various components of the living environment is the one which confers specificity to the quality of life. Thereby, quality of life involves a structure which is par excellence evaluative. First, it supposes a set of indicators of state which record the actual characteristics at a given moment for all life dimensions. Secondly, a set of evaluation criteria related to the way in which we may assess this state. Quality of life does not describe simple objects or exterior life realities to the individual, or general existing characteristics of the environment. It refers to the value of life for the individual both as a whole, and on its particular components/areas. It indicates the extent to which the external environment (natural, social, political, cultural, moral, familial etc.) provides for human beings resources and opportunities for satisfying their multiple needs (Abraham Maslow's Pyramid of Needs and the theory of the humanistic approach to psychology). As a strictly evaluative concept, quality of life depends both on the actual state of life at a given moment, but also on the much differentiated subjective appreciations (obviously, based on standardised evaluation criteria). Therefore, quality of life is subjected to a double causality. The first one owned by the sectoral areas composing life, and the other one as outcome of the options, expectations based on values, norms, and individual strategies of life. The latter ones depend on the level of education, culture, the system of values of the profession-lifestyle type (age, gender, ethnicity, religion, etc.). Hence, the general idea of life related to the profile of human needs. Each individual makes/builds his own life but under certain given conditions. The way in which the lifestyle looks like dependence both on aspirations, on value orientations, on individual skills and competences, but also on the objective social conditions provided by the existing society (Zamfir, 1989, 1993). Right from the first attempts of defining the concept of quality of life, its dual structure was specified: (1) an actual state of life as whole, with various specific components as they emerge at a given moment and for a certain person or community, and (2) a set of evaluation criteria (values) in relation to which the state of life is appreciated as either good or bad.

The concept of quality of life, as synthesis, expresses the outcome of relating the state of life to a system of needs, exigencies, aspirations and human ideals. In this context is emphasised the importance of some defining factors for the living conditions by distributing them in frameworks as surrounding external environment (which we find as an objective given) and in resources. Even though the distinction between frames and resources is somewhat a conventional one, it becomes operational by listing the basic elements that compose life and provide

for its quality (Zamfir, 1989): (1) The frameworks include the natural surrounding environment, the macro-social environment, the cultural environment, the human-collective or human-individual one existing at any given time. These are the objective elements, and more general premises found in society and nature at a given time. On their basis own lifestyles can be built. As objective elements, the frameworks exercise multiple either positive or negative influences, and might be even determined in crystallising a satisfying or unsatisfying lifestyle for the individual; (2) Resources emerge as special potentialities targeted towards building a life. They indicate the effort of the individual in processing the objectively given frameworks for changing them into opportunities, instruments required for searching/selecting an adequate/fitting lifestyle which is “fit to use” (Juran, 1986) or “corresponding to necessities/needs” (Crosby, 1979). They refer to economic resources (financial means, economic goods and services, etc.), to natural resources (resources of the land and minerals, water, air, natural landscape, etc.), social and cultural resources (jobs, types of professions, social security, medical care, formal and informal education, mass-media communication means, etc.) personal resources (physical, psychical, intellectual, affective-emotional capabilities required for an own lifestyle).

The individual, in relation to the options, aspirations and needs is the one to add meaning to his life, by identifying an own lifestyle. The individual’s rationality in choosing his life path and achieving own projects consists in the skill of using as rationally/wise as possible available resources existing within a given framework. Obviously, the lack of resources affects negatively our lives. However, the lacking skill in their timely detection or efficient use are also sources of permanent dissatisfaction with life.

Main factors of increasing quality of life: national economy, social state, community, individuals

To varying degrees, quality of life is conditioned by several economic, social, political, cultural and environmental factors etc. Each of them gives separately substance to the quality of life profile. Ensuring the general satisfaction with life emerges, however, as outcome of their synthesis as dynamic process in time.

The national economy, as essential factor of quality of life increase provides the necessary resources for each individual’s life, and for the functioning of the entire society. The economy by means of the financial sector gives a distinct profile to the living standard of the community: economic incomes (wages, profit), various forms of support by means of the welfare state, fundamental social services (education, health, personal safety), social benefits (child allocations, unemployment benefits, minimum guaranteed incomes), ensuring incomes after the conclusion of the active economic life based on the public pensions’ system, etc.

In 2016, Romania, next to Bulgaria, registered a GDP increase that was four times higher than in the first year of transition after 1989, and this was the lowest increase within the EU. While in the same year 2016, countries like Hungary and the Czech Republic, but especially Poland, have registered during transition much higher increases of GDP, that is more than 5 times over: Poland almost 7 times more, the Czech Republic 6 times higher, Hungary five times higher. At the beginning of transition, Romania had an underdeveloped economy affected massively by the rigid structures of communist centralization. The integration/inclusion of the Romanian economy in the European and world economy brought with it a series of visible advantages for its modernization and performance. Nevertheless, own economic capacities were insufficiently incentives and did not rise to the level aimed at initially. The restructuring of the Romanian economy for the entire transition period was not one oriented strictly on constant economic growth, nor controlled by reforms centred on country advantages. Therefore, its contribution to increasing quality of life was rather modest and not customized for the expected and hoped for social justice.

Along with the economy, *the social functions of the state* assist individuals, vulnerable groups, and marginalised communities in overcoming their difficult situations, all types of social risks, especially during crisis and austerity periods. The purpose for the social intervention of the state is oriented on avoiding and diminishing degradation / deterioration risks of living conditions, on eliminating exclusion and social marginalisation. Thus, the state as source for the quality of life assumes an essential role in generating welfare (Zamfir, & Zamfir, 1995; Voicu, 2005). It takes over an important amount of the financial resources generated by the economy and thereafter redistributes them under various forms through education, health care and social work services, social security, and support for poor people etc. At the same time, it ensures the creation of jobs, and social protection for all people in need so as to decrease social inequities, etc.

According to the European standards regarding inclusion and social justice, we assist in many developed European countries to a rapid increase in the sizes/ and powers of the social state. At the same time, there is a diversification of its functions corresponding to the extent of modern risks.

Contrary to this European trend, a long period of the Romanian transition was dominated by the *minimal state* retrenchment policy, restricting gradually its social role. The argument was that the state is the freeloader of the economy, thus hindering its development. The Romanian state was and continues to be “in retrenchment in the social area” compared to the other European states. The lacking active intervention and rapid mitigation of the state to the severe social issues led to its diminished contribution to the Romanians’ welfare. The social policies lacking long-term strategic vision were inefficient and delivered modest outcomes. The argument of former President Basescu often mentioned in the

public “discourse” that fat man sitting on the shoulders of the skinny man” justifies the passive social policy of the “small state”. Moreover, all social functions of the state (that support major activities of social assistance and protection) suffered in this period from chronic under-financing. The social state of Romania is severe not only because of the weakly developed economy, but also because of the inefficient management of public funds, because of incompetence and corruption, and the irresponsibility of political decision makers from the public institutions’ system (Vlad, 2015)). Faced with stark social issues that multiplied rapidly after long periods of crisis and austerity, Romania contrary to European trends reduced massively social protection expenditures as share of GDP. While after 2011, the European average for social protection expenditures as % from GDP increased from 28.3% to 28.7%, Romania paradoxically reduced yearly these expenditures from 16.4% in 2011 to 14.8% in 2014. This diminishment positioned Romania right under Bulgaria and Slovakia (18.5%), and just a bit above Estonia (14.5%) and Lithuania (14.7%). Taking into account the dynamics of the 4 years, 2011-2014, the Eurostat data of December 2016 show that Romania is on the last position in Europe regarding social protection expenditures. These expenditures per capita adjusted to the purchasing power parity place Romania by 70% under the EU average. Romania’s situation is even worse than the situation of Bulgaria, and Latvia (in an interval by 65% - 70% under the EU average). The differences between Romania and the EU countries increase even more and the situation worsens if we consider the redistribution of expenditures on disfavoured segments/categories of social protection (pensioners, unemployed, children from poor families). With regard to the unemployed we are placed on the last position in the EU regarding their reinsertion in the labour market. Even though we are the country with the highest level of poverty in the case of children, for children, the allocation is of only 8.3%. This is much less than in Bulgaria, Hungary, Estonia, respectively countries allocating over 10% and with active policies for diminishing child poverty.

In the context of European accession, Romania felt perhaps most acutely the burden of severe social issues which remained without answer from the sphere of social policies. In fact, social Europe at the specialised support level for vulnerable groups, which is less visible in the field of social indicators, recorded different speeds for the member-states in developing a professional system for social work services (Land & Spilerman, 1975). Beyond the severe social issues, as outcome of the modern risks shared by a large part of the EU countries, the answers at the level of personalized social assistance services bring along own solutions, specific to the situations existing in each country.

At the same time, *the community based on own resources, and the individual according to own possibilities* are active actors involved directly in the social progress and the functioning of the real economy. Their initiatives are actual contributions to increasing the individual and collective quality of life. The

community by its own efforts can and might exercise pressure for institutional reorganisation, for improving the capabilities and resources of the society, and for major changes in the area of public policies. The community, by its political involvement at all levels, by means of the local administration system, and through non-governmental organizations, has a wide free movement area towards using its resources and for collective action. Its initiatives and determination can be an active factor decisive for the dynamics of increasing quality of life. Within the modern societies, the community represents a significant force in outlining a distinct profile of the common space of social life and action. The community imposes itself for an essential role in creating and maintaining solidarity and the safety network. It preserves traditions and cultural norms of life, in solving based on its own strategies the projects of community interest. In many of my research studies I pointed out that a particular impetus in the ascent of the idea of community development was represented by the current trends of decentralisation in the operations of the public system. The programme for solving social issues based on the instruments of the centralised state proved its structural limits. In the last decades the principle of decentralisation provided for a new approach in the public sector shifting to a significant extent the public mechanisms from the central to the local level. The local community becomes thus an active subject of solving a wide range of collective issues. If, at the beginnings, community development seemed to be a solution for the third world, the orientation towards decentralisation of the strong developed states changed it into a vital approach of the economically developed modern society (Zamfir, & Zamfir, 1995; Zamfir, 2000; Zamfir, Stanescu, & Arpinte, 2015). “In the context of the societies nowadays, ‘community development’ becomes extremely important in the programmes of collective action. Their launch was linked in particular to the issue of community rehabilitation. Many communities have a marginal position in the system of the market economy. Their efficient integration into this system is hindered by structural factors on which rather collective action than individual action might be exercised. In these instances, generating welfare at satisfying levels cannot be achieved but by means of rehabilitation programmes of the collective economic conditions (infrastructure, territorial arrangements, developing economic activities’ human capabilities, information about market demands, etc.) and by mobilising some collective community resources. Hence, it might be said that community development programmes refer mainly to creating/restoring/rehabilitating the community conditions that would make possible the reintegration of the community in the global circuit of the market economy and of the aimed at collective welfare. To this end, the idea of community development involves scheduled planned action with defined objectives: eliminating “community handicaps”. At the same time, community development refers to building-up some mechanisms for mobilising community resources, the only ones that would lead, possibly, under certain conditions to solving the respective objectives. The community public authorities open a new opportunity which is poorly exploited

by the centralised state mechanisms: building a space favourable to community participation in solving its issues. The new philosophy involved in this option is the creation of multiple partnerships: community and its citizens, various segments of the community, local level businessmen, trade unions, church, and bodies of the community public authority. The community public authorities tend to turn into the democratic built instrument of orchestrating the community efforts under various forms, by mobilising all community actors. In this new perspective, the traditional alienation of the state from the civil society tends to become an instance of the past. The local public authorities by combining representative democracy with the participative one, by joining together standardised public activities with community activities oriented towards solving common issues tend to become the central axis of this third sector of collective action for increasing quality of life” (Zamfir, 2000: 18).

According to the sociologist Zigmund Bauman, the community gains new forces, different from the architecture of modern community relations. It turns into a safe living space for the members of the community in an uncertain world filled with threats and risks (Bauman, 2001). Moreover, the community is empowered to negotiate with the decision factors and to impose cultural life models in agreement with the needs’ profile of its members.

As a preliminary conclusion: in the quality of life dynamics are interspersed 4 relatively distinct fields/factors but which are intertwined by their specific functions in social development: *economy, quality of governance (the role of the state and its social functions), quality of individuals with their own lifestyles, and quality of the community space*. These 4 instances with decisive role in the profile of the quality of life formulate their own strategies and programmes of action. Even though relatively autonomous, by their common contributions, these impose themselves as “active actors of social change”. In Romania, during the transition, these factors with decisional and social action role had various spaces for their shaping and different development paths. Each with its own evolution, more or less linear or sinuous, have brought diverse contributions to increasing quality of life.

Subjective and Objective Indicators of the Quality of life

Researches regarding quality of life focused on two main methodologies of measurement: The first methodology, regarding “subjective welfare” is based on subjective indicators of satisfaction with life that measure the individual fulfilment level/degree by relating it to the actual, objective state of life’s components. The second methodology uses the ‘objective’ measurement of the quality of life, based on quantifiable social, economic and health indicators (for example: objective measurements include indicators about economic output, general culture level,

life expectancy, etc. – data that can be collected without interviewing directly the subjects-evaluated individuals).

Combining objective and subjective approaches led to numerous integrated-type definitions of the quality of life from various perspectives of the socio-humane sciences, economic, political and medical sciences, etc. Psychological-social analyses emerged that contributed with added understanding regarding the concept of Well-Being – Subjective Welfare (the subjective effects of deprivation, the relationship between subjective well-being and happiness, between economic welfare and own satisfaction with life, etc.). “Quality of life represents the degree in which the objective needs of the individual are fulfilled in relationship to the personal perceptions, or group perceptions about “subjective well-being” (Constanza, *et al.*, 2008). Human needs are basic necessities regarding the existence, reproduction, security, and affection of life etc. as Abraham Maslow’s pyramid points out. The individual as a dynamic quantum of needs, with swift transitions from one stage to another regarding expectations, sets a level of aspirations/wishes corresponding to the evolutionary character of needs. Therefore, the world in which the individual leads his life is not the objectively given, just an external world. It is one perceived and defined subjectively within the universe of his own values. The sociological theorem of Thomas, W.I. and Thomas, D.S. (1928) underpinned: “When individuals consider a situation as real, it becomes real by its consequences” (Zamfir, 1997: 336).

Of course, there is also a social reference framework of aspirations set imposed by a values context of the society. This is depending by a concrete level of social, cultural, political, and moral development, etc. at a given moment. However, it emerges only as milestone regarding the individual’s choices and is taken over differently by individuals functioning on their personality.

The series of satisfaction with life indicators realised based on the own methodology of IQLR (ICCV) between 1990-2010 records a low level of satisfaction with life in post-December Romania placed constantly under 40%, comparable with Bulgaria, Greece and Portugal, and at high difference against the other European countries. In spite of this fact, surprisingly, the Info graphs on Quality of life, Eurostat 2016 presented data about general satisfaction with life in EU countries 2013 (average) changed Romanian position. They positioned Romania among the first places as perceived satisfaction with life related to the EU average. These data have shocked both analysts, and mass-media representatives, even experts in the field. Even though Romanians are from the country with the poorest people in Europe, they appreciate that they have a general degree of satisfaction with life at the level of the European average, Romania being surpassed only by the northern countries: Denmark, Norway and Sweden. Many have classified this outcome as a paradox.

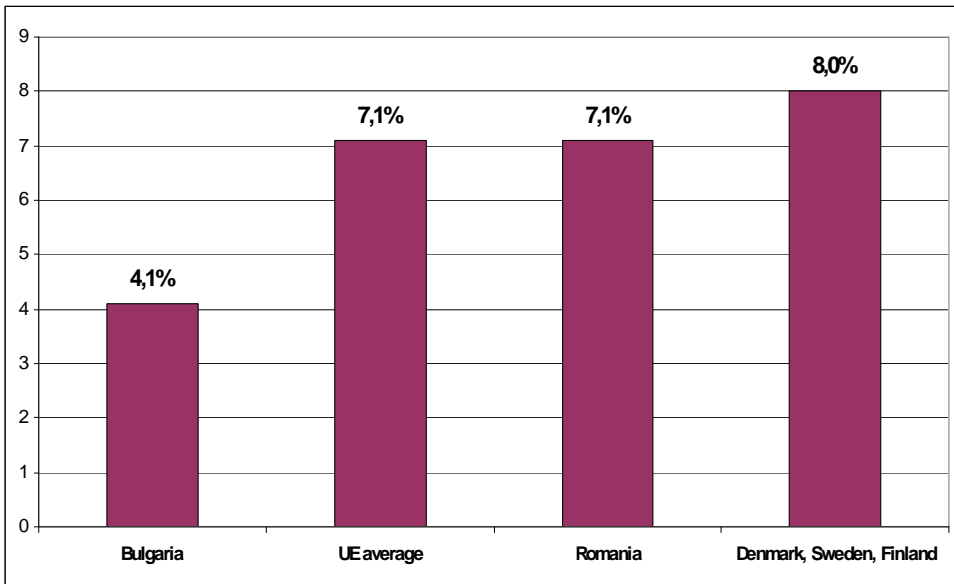


Figure 1. General satisfaction with life in 2013 (average).

Source: NIS, 2016, Info graphics “Quality of Life” by using the Eurostat data, 2016.

This figure is realised based on the info graphics Quality of Life from the NIS-site http://www.insse.ro/cms/qol/index_ro.html

Data from the Eurostat report, 2015 Quality of Life. Facts and Views. Data for satisfaction with the quality of life are from EU-SILC for the year 2013. The scale is from 0 to 10 (0 not satisfied at all, 10 fully satisfied).

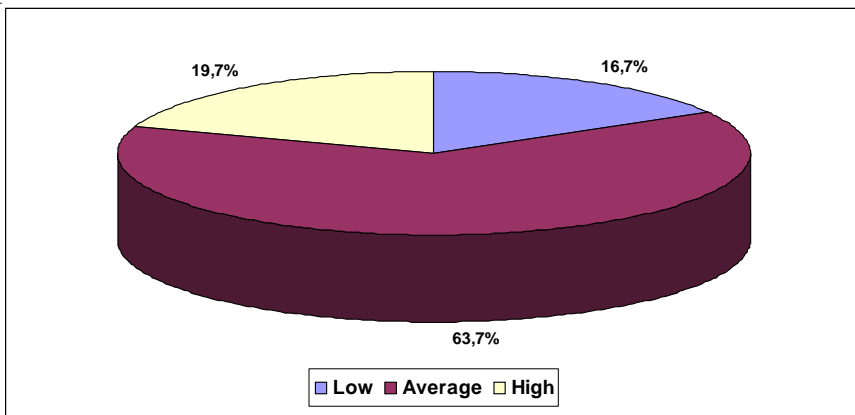


Figure 2. General satisfaction with life in 2013 in Romania (%).

Source NIS, 2016, Info-graphics “Quality of Life” based on Eurostat data, 2016.

Indeed, related to the precarious economic state, the degree of social exclusion of the Romanians as compared with the European standards, it is surprising that just 16.7% consider that they have a low level of general satisfaction with life, while a very high percentage, 63.7% consider that they have an average/satisfying level, and 19.7% even a very high one. In the mentioned research (“Quality of Life”, Eurostat Info graphs, 2016, the comparative analysis of EU countries) the comparative data for EU countries on selected variables-items show: (1) interpersonal relations – of mutual help on which people may rely (Romania for this indicator records 94%, exceeding the EU average of 93.3%, and is ranked before Luxemburg with 84.7%, and is exceeded only by Slovakia with 98.6%); (2) community safety, daily security according to the weight of individuals reporting crimes, violence, vandalism acts in their neighbourhood (in Romania 13.1%, close to the EU average of 13.6%, at high difference against Bulgaria 26.3%, and exceeded at great difference by Croatia 2.9%); (3) the self-perceived state of health (Romanians consider it as very good 70.4%, as reasonable 20.7%, and as bad and worse 9% , under the conditions in which life expectancy at birth is of 75.0 years, a bit above Bulgaria, 74.5 years, while the EU average is of 80.9 years. Spain ranks above the EU average and Romania by 83.3 years life expectancy at birth.

For many it was astonishing that the majority of Romanians consider that they have an average/satisfying level of satisfaction with life in spite of the constant deterioration of their living conditions. The concrete ways of achieving satisfaction with life that result from researches regarding the perceived quality of life based on subjective indicators show the individual-subjective well-being, a concept often overlapped with the one of happiness. Or, happiness is a subjective state, multifactorial conditioning. Therefore, the explanations for the so-called paradox might be multiple. It might be considered that general satisfaction with life, close to the state of happiness is not determined directly only by the economic state.

Here, beyond the methodology used in this context, and which might make the object of a distinct analysis, the psychological-sociological theories regarding the formation and dynamics of aspirations, the weight of the significances of life’s components on the happiness degree (general satisfaction with life based on the quality of life perceived by the subject), theories of the lifestyle, etc., could be useful. In this context, Herzberg’s two factor theory could be operational as well. The factors designated by him as “dissatisfactory” are those that should not lack for the state of well-being, fulfilment. These, in the present analysis are those of economic order, of economic welfare. However, their presence does not automatically ensure the state of happiness, of satisfaction with life. Necessary for the general happiness/satisfaction with life are also those factors of the ‘satisfaction’-type which complete the profile of the quality of life (in our case these are the ones giving subjective significance to life). And why should we not resort also to

popular wisdom: “money doesn’t bring happiness”, and “the rich cry also”; or to other pleadings for harmonious life based on satisfying the authentic needs. Appreciating some cultural-spiritual-artistic values regarding the balance between behaviour and contentment are parts of harmonious lifestyle. As a rule, next to the economic situation (income, financial resources), other subjective factors might be essential for personal fulfilment general satisfaction with life.

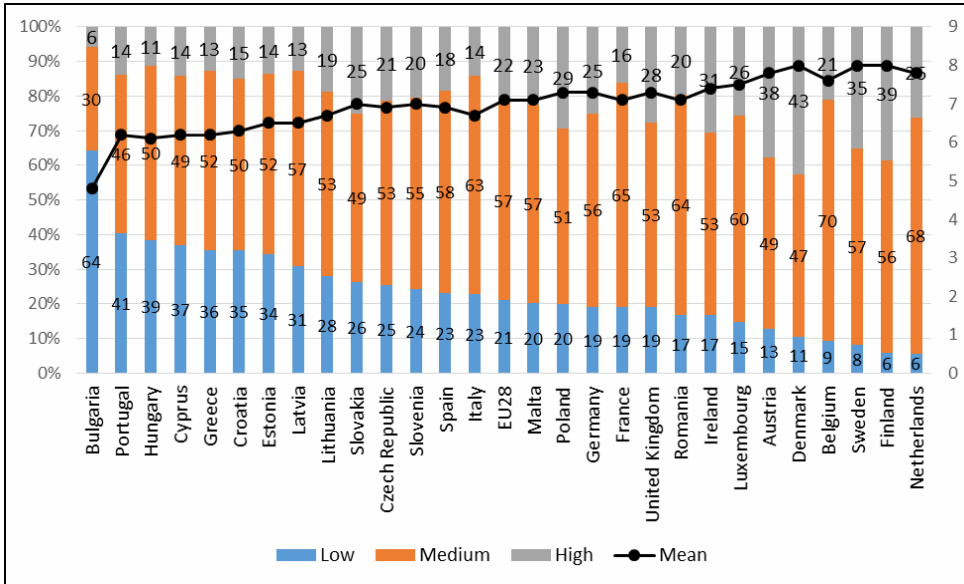


Figure 3. General satisfaction with life in 2013 in EU-28 member-states (% and mean).

Source: Eurostat, 2015 (ilc_pw01; ilc_pw05).

Data regarding general satisfaction with life from EU-SILC 2013; the scale is from 0 to 10, where 0 means “not at all satisfied”, and 10 “fully satisfied”. “Low” (0-5), “medium” (6-8), “high” (9-10) used in the Eurostat Report 2015, Quality of Life. Facts and Views

Categories “low” (0-5), “medium” (6-8), “high” (9-10).

The subjective indicators and possibilities in measuring happiness.

The subjective indicators of the quality of life measure the perception of the observers about their own life based on the reactions they have towards it (Zamfir, 1997: 346). This is the explanation for the strictly personalised expectations of people, which are very diverse when thinking about happiness. Often, especially at the level of common knowledge, simple understandings emerge rendering banal the theoretic consistency of the happiness concept depending on the state at the respective moment. The beginning is represented by the assumption that happiness defines a series of some events with significance for subjective experiences: a spiritual state of contentment/fulfilment, outcome of some life meaningful actions.

Due to the differences in the socio-professional status, to the varied personality characteristics, to the various levels of training and education, to belonging to certain social groups and to differing political orientations, etc., individuals perceive life in an individualised/subjective manner. Usually, people don't act in strictly objectively defined situations, as they appear as external to them, but in situations that are understood/perceived as they are subjectively defined. Here, the intention is not to assert that objective reality, expressed by its strictly objective indicators is irrelevant for general life satisfaction. But rather we want to add the significance of subjective understandings of external reality for life satisfaction. Adequate or erroneous, the subjective perceptions are component parts of our real life. They cannot be ignored as they influence/determine the individual's way of thinking, of feeling and experiencing, as they are found at the level of the individual's behaviour and actions. The shift of the subjective indicators turns thus into an actuality promise for measuring the components of happiness. The subjective satisfaction with life requires also a not easy at all answer to the question "Who and how measures" (Zamfir, 2013).

Hence, other explanations are possible. Under conditions of extreme poverty, of major deprivation for vulnerable groups, the understanding of the subjective satisfaction with life is low/ diminished often to strictly biological needs of surviving (food, shelter, and safety etc). All these elementary needs of the individual within the normality of social and human organisation and by the fundamental right of the human being to life itself are assumed as assured automatically. Of course, a level of aspirations exists socially imposed by the values' reference framework of the society, as it emerges on the background of social, cultural and moral development at a given time. Probably, those very poor Romanians, given the state of severe material deprivation, have a very low level of expectations as compared to those with normal lives. Due to the difficulties of life, it is explicable why their expectations are centred on biological survival needs and less on spiritual, personal fulfilment ones. Satisfying these biological, elemental needs is regarded by the marginalised poor as fulfilment, personal satisfaction and even "happiness". Often, in particular at the level of common

knowledge, the temptation emerges to trivialize the theoretic consistency of the happiness concept. Hereunder, are given some examples. We often hear: *'I'm happy that I have what to eat today'*, *'happy that I have a house and a good roof'*, *'I'm happy that I took the umbrella as it's raining outside'*, *'I'm happy about the good discourse I gave today'*, or *'I'm happy to have good colleagues at work'*, etc. All of the above are included into the normality of modern life organisation. It is common place to have good colleagues in a rational/efficient organization of the institutions. It is normal to have something to eat daily. It is normal to have a roof over your head. It is normal to give a good discourse if your role is to be an orator and you are well-trained. It is normal to be in a positive, stimulating environment on the job and well-trained professional colleagues if the institution/organization has performance management. It is normal to take your umbrella and to reflect on how to prepare for going outside by listening to the weather forecast, etc. Often, under difficult life conditions, at the level of shared knowledge happiness is reduced to a state of simple normality. Paradoxically, thereby the state of abnormality replaces normality. But, it would be very inefficient way for improving quality of life if we get used thinking so. We noticed sometimes people too desperate because of severe poverty who accept passively their fate/life. Moreover, the transition was very tough for some groups and social categories. The abnormality of the precarious marginalisation conditions changed into a style/way of life at the level of "learned helplessness". Even more serious, these life models are found in behaviours dominated by norms of the "poverty culture". These are then transferred to the future generations of children emphasising marginalisation and social exclusion. All these instances in a normal world should be eliminated. Unfortunately, in Romanian transition, the crisis periods were characterised by an acute structural deficit in the organisation and functioning of institutions.

According to agreed standards as member-country of the EU, Romania must assume responsibly active measures of reversing the abnormal living conditions. The country must aim to development objectives and targets in agreement with the European criteria for increasing the quality of life. The quality of life, based on its entire topicality, brings a pragmatic vision in searching for happiness based on efficient actions of continuing change/improvement both at the level of the universe external to the individual and at the level of the internal one.

Instead of conclusions, some social policies examples

In Romania, sectoral social policies did not have answers corresponding to the seriousness of social problems cumulated during transition period with major significance for the quality of life. Some examples from social fields could be significance:

The education system faced in Romania with several changes, some of them completely unjustified by their damaging social finality. “Change for change’s sake” often “changing the change”. Education system was in a permanent so-called “state of reform” which led to chronic instability and inefficiency. The lack of periodical evaluation and of monitoring the impact of these changes in time on the generations of students were often perceived by Romanians as an experiment on children and youths of the type “trial and error”. In addition, the negative effects either indirect or implicit of the Bologna Reform should be been considered. Without stability and lacking efficiency, without clear value milestones, the Romanian education system during transition was not oriented constantly based on rational decisions and responsible action at social level. The chronic under-financing of the system was always obvious. Romania has the lowest GDP share allocated to education, as compared with the EU countries during the last 5 years. The exaggerated large number of Ministers of education who were quickly changed in over 26 years imprinted to the education system a fluctuating character in time, which was confused, incoherent and chaotic. Each Minister attempted to link its name to a so-called reform. And many of them were failures in the end. Perhaps, this is the reason why the post-December education system did not find its own identity of values, despite of good and consistent cultural tradition from the past.

The health system was and still is in a continuing crisis, a major “pain”. As a sociologist stated “the healthcare system is very ill”. The 19 Ministers of Health did not find solutions for sanitizing the system. The population’s dissatisfaction with the quality of health services was on rapid increase. The data presented by the “Social Justice in the EU; Index Report 2016; Social inclusion Monitor Europe” (Schraad-Tischler & Schiller, 2016), is relevant in this context. There, most concerning is that Romania is on the second last position in EU countries regarding poverty prevention and precarious health state.

Social assistance is chronically underfinanced as well and could not keep up pace with the swift deterioration of the living conditions for vulnerable individuals and groups at a high risk of marginalization. At the beginning of the nineties, the social assistance services eliminated by the communist regime seemed only an aim of future social reform. The social assistance system maintained still the signs of its communist past: the illusion that the state can and must solve alone the issues of those in difficulty in strictly clerical, administrative-bureaucratic manner.

Of essence, in this context was financial assistance under the form of monetary benefits (cash benefits) and with a low focus on the needs' profile.

The support of social assistance services was insufficient for diminishing the poverty and social exclusion risk. Social assistance services, especially community services, marginalized within public policies, chronically underfinanced, could not act either at the level of reintegrating those in need, or for preventing some future risks for vulnerable individuals and groups. Social assistance was but for mitigating emergencies and not an active preventative social assistance. Paradoxically, the state withdrew gradually from its social support functions in helping those vulnerable people at the most difficult times of the crisis and austerity. While EU member-countries during the crisis knew increased social intervention of the state active in social protection and social assistance, in Romania, the argument was for an increasingly downsized state and with social budgetary expenditures as low as possible.

Hence, based on the evaluation indicators for social justice according to the report "Social Justice in the EU; Index Report 2016; Social inclusion Monitor Europe" (Schraad-Tischler & Schiller, 2016), Romania's general performance in 2016 with a score of 3.91, places the country on the 27th position in the EU, followed by Greece with a score of 3.66 (Figure 4).

It is worrying that social justice indicators place Romania on the last positions among the EU countries (Schraad-Tischler & Schiller, 2016).

Table 1. Social justice index in the year 2016 and the values of the indices on dimensions

		Social Justice Index 2016	Equitable education	Access on the labour market	Poverty prevention	Intergenerational justice	Health	Social cohesion and non-discrimination
1	Sweden	7.5	7.7	7.2	7.2	7.9	8.0	7.9
2	Finland	7.2	7.8	6.8	7.0	7.2	7.1	7.4
3	Denmark	7.2	7.3	7.5	6.8	7.2	7.4	7.2
4	Czech R.	6.9	6.7	6.5	7.6	5.7	7.7	5.8
5	The Netherlands	6.8	6.2	7.0	7.0	5.2	7.7	7.7
6	Austria	6.7	6.4	7.2	6.6	6.0	7.1	6.5
7	Germany	6.7	6.8	7.4	6.2	5.5	7.0	7.1
8	Luxemburg	6.6	6.1	6.4	6.6	5.5	8.0	7.4
9	Slovenia	6.5	7.0	6.1	6.4	6.2	6.6	6.8
10	France	6.3	5.9	6.0	6.8	5.6	7.1	5.9
11	Belgium	6.2	6.3	6.0	6.0	5.1	7.6	6.5
12	United Kingdom	6.2	6.1	7.2	5.4	5.4	7.0	6.5
13	Estonia	6.2	7.3	7.0	5.2	6.4	5.1	5.9
14	Poland	5.8	7.2	5.7	5.4	5.5	4.4	6.1

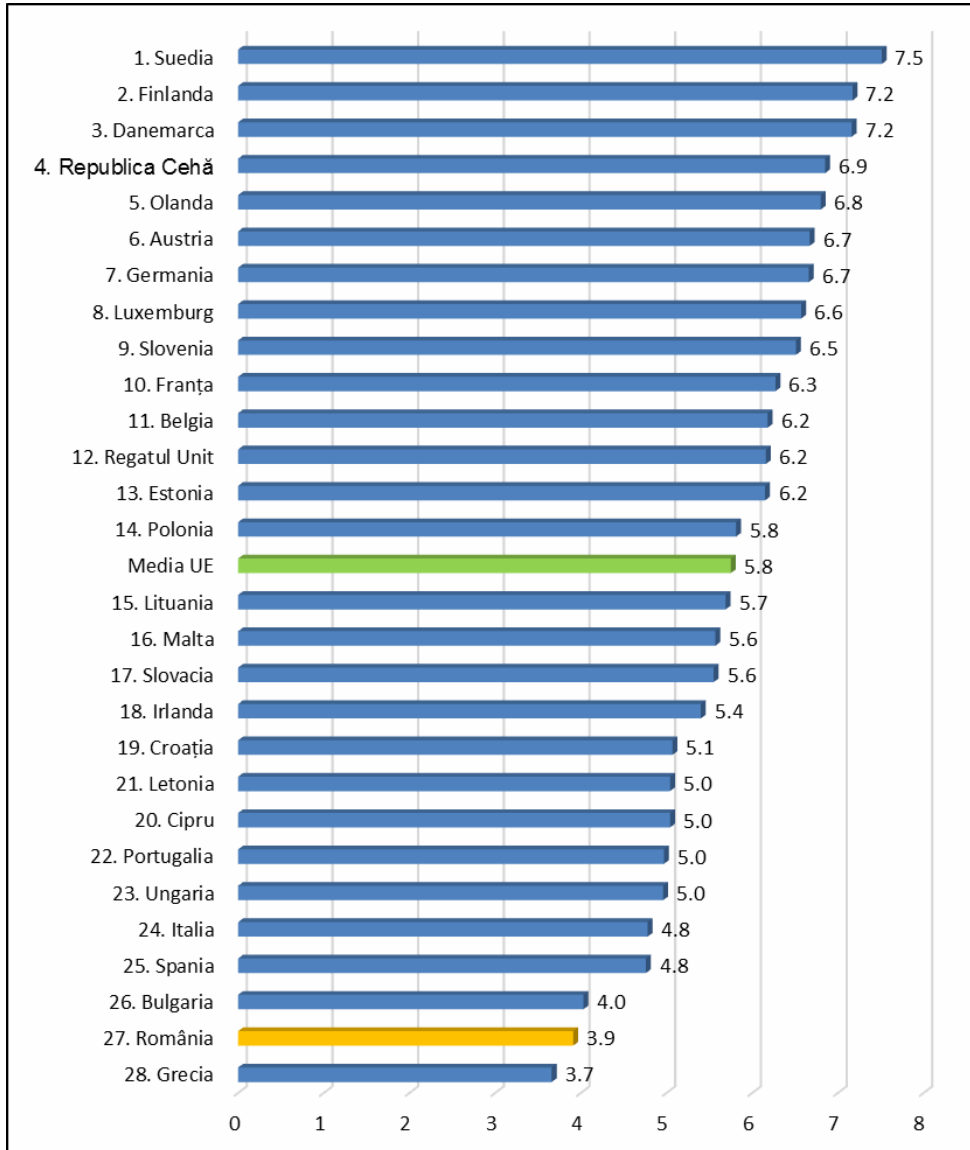
	EU Average	5.8	6.2	6.0	5.2	5.4	6.2	5.9
15	Lithuania	5.7	7.5	6.0	4.0	6.3	5.8	5.7
16	Malta	5.6	6.3	6.5	5.7	4.4	7.5	5.1
17	Slovakia	5.6	5.4	4.8	6.6	5.2	5.2	5.1
18	Ireland	5.4	5.7	6.1	4.4	5.1	6.2	6.0
19	Croatia	5.1	7.2	4.6	4.1	4.8	6.0	4.1
20	Cyprus	5.0	6.8	4.8	4.1	4.0	6.0	5.1
21	Latvia	5.0	5.5	6.0	3.6	6.2	3.3	5.1
22	Portugal	5.0	4.5	5.2	4.7	4.8	5.7	6.0
23	Hungary	5.0	5.6	5.8	4.3	4.6	5.2	4.4
24	Italy	4.8	5.5	4.8	4.2	3.8	5.8	5.2
25	Spain	4.8	5.0	3.8	4.2	4.8	7.1	5.7
26	Bulgaria	4.0	5.9	5.5	1.2	5.3	4.8	4.1
27	Romania	3.9	4.7	5.1	2.1	5.2	3.8	4.2
28	Greece	3.7	5.2	3.3	2.5	3.6	4.1	4.4

Source: Schraad-Tischler, D., Schiller, C., 2016, *Social Justice in the EU. Index Report 2016. Social Inclusion Monitor Europe*, Bertelsman Stiftung.

Conclusion

More than that, for key-indicators: number of children and teens under 18 years of age at poverty or social exclusion risk, the influence of the socio-economic framework on educational success/performance, the share of early school-leaving in the case of children and the NEETs rate, all place Romania within the EU on the last position: 28 out of 28. The categories of children and teens remains completely socially disadvantaged also in 2016. These categories have the fewest chances and opportunities to exit the state of major poverty and social exclusion risk. It can be noticed that Romania is placed on the last 5 positions among the EU member-countries regarding health, position 27; social cohesion and non-discrimination also on the 26th position; access on labour market, 26th position; equitable education, 22nd position; poverty prevention 27th position; intergenerational justice, 17th position. Romania is on the second last position in the EU regarding poverty prevention and health risks. Regarding the category of teens and children, Romania's score of 2.77 in the case of this sub-index places the country on the last position in the EU. According to the European standards for social protection and social assistance of vulnerable groups, Romania because of its ranking on the last positions in the EU requires a package of urgent reforms based on active measures for many of the disadvantaged social categories. In this context, prevention and poverty diminishment measures emerge as a priority for the process of social inclusion. According to these data, Romania is among the weakest five performers within the EU for four out of the six dimensions selected by the Report.

Figure 4. Social Justice Index in 2016



Source: Schraad-Tischler, & Schiller, 2016, *Social Justice in the EU. Index Report 2016. Social Inclusion Monitor Europe*, Bertelsman Stiftung.

Unfortunately, despite of the financial costs invested in building-up the new post-communist social protection system, the public social policies in transition did not succeed in identifying correctly the sources of the multiple causalities generating social exclusion and marginalization. They did not could provide viable pragmatic solutions to the needs for vulnerable groups in a timely manner. On the background of bureaucracy (red tape), of non-performing management and of a low social and political responsibility, the new social issues identified during the transition period were permanently protracted. Their chronic permanence has been direct impact on the population dissatisfaction with life.

During the transition, the sectoral social policies did not register major changes with positive social impact on the quality of life, as we have imagined in the nineties. The requirements of the standards set by the EU for social protection and assistance of vulnerable groups, as precondition for social inclusion, underpin the wide gaps of Romania in relation to EU countries, and even to East-European countries.

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