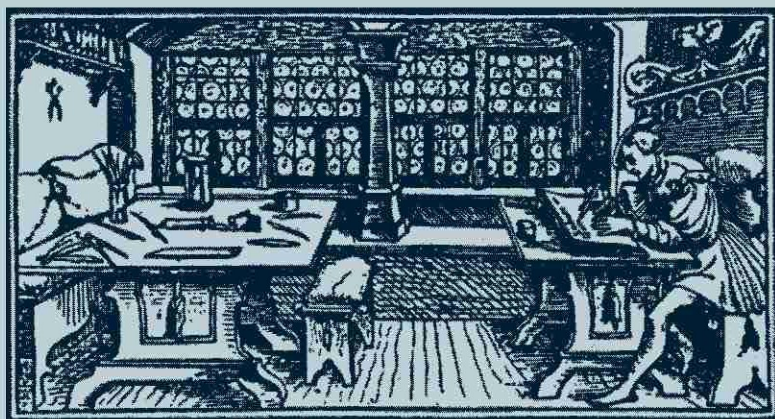


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REFORMS OF THE STUDY PROGRAMMES AT UNIVERSITY IN THE LIGHT OF THE BOLOGNA PROCESS (THE EXAMPLE OF GEOGRAPHY AT THE UNIVERSITY OF POTSDAM)

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RÉSUMÉ. *Reforme des programmes d'étude universitaires dans la perspective du procès Bologna (Un exemple, l'enseignement de la géographie à l'Université de Potsdam).* Cette étude vise la réforme universitaire connue sous le nom de Procès Bologna. Dans une première section, l'étude présente les principales caractéristiques du procès, au niveau de la restructuration de l'enseignement universitaire (niveau licence et master); ensuite, on présente une étude de cas, en utilisant des exemples sur l'étude et l'enseignement de la géographie à l'Université de Potsdam, pour mieux conceptualiser et comprendre la nouvelle réforme Bologna. La conclusion théorique s'occupe des avantages et des possibles problèmes de la réforme.

1. What does 'Bologna Process' mean?

The important reforms in Europe since the political change in 1989/1990 concerned mainly the destruction of barriers, that is of the following barriers: firstly, the barriers at the borders between the countries; secondly, the barriers with regard to democratic elections; thirdly, the barriers which hinder the access to the education at university. The fourth and up to date last reform is related to the elimination of borders between the different university systems of the European countries. At least, the borders should become open or more permeable. This unstrained university system of Europe is called harmonized or standardized higher education area or landscape, too.

At present we are about the beginning of the second half on the way to this area or landscape. The way started in 1999 when in Bologna (Italy) 29 European countries decided to create this common European higher education system or - how it is called sometimes, too - a common higher education frame.

In 2005, in Bergen (Norway) a follow-up conference assessed an interim balance of the Bologna process. Since that year, 45 countries have participated in this process - that is far more than the 25 member countries of the European Union. This process shall support the mobility of the students between the universities of the participating countries. Until 2010 all universities of this area shall have introduced comparable standards of quality and shall have realized university degrees which

can be accepted mutually (Bundesministerium für Bildung und Forschung, 2006; Conference of European Ministers Responsible for Higher Education, 2005).

These new degrees are called graded or stepped degrees, that is: The first degree or step consists of a Bachelor degree which shall qualify to start an employment. The second step is a Master degree which is based on a Bachelor degree and which consolidates, enlarges and specializes the skills gained by the Bachelor study programme. The students can take this second step but they must not as they have already received a recognized university degree, the Bachelor degree.

In an article of the weekly newspaper "Das Parlament" a journalist from Hannover (Kuntz-Brunner, 2006) wrote on 16 January 2006 that perhaps the Bologna process will be regarded as a cultural revolution in Europe at some time in the future because it touches not only science and the higher education system but integrates also people all over Europe: "If until 2010 the universities from Dublin to Warszawa, and from Helsinki to Athens are linked within a network, if - for example - German Bachelor graduates can continue without problems their studies at a university in London or Riga by a Master study programme which is also accepted by industry, then beside a national culture also a specific European culture arises. The graded and modular study programme system will be carried out through all over Europe in order to achieve this vision: The Bachelor and Master degrees will be awarded according to identical criteria, exams done in the course of the study programme will be marked with the equal number of credit points, and the same standards of quality will be kept. A Bachelor graduate shall have that fundamental qualification and those skills for employment that he is able either to take a job or to continue at university with a Master study programme which extends and specializes his qualification. According to that a bachelor degree must qualify for the labour market." (Kuntz-Brunner, 2006: 10).

2. Structure of the new modular Bachelor and Master study programmes

2.1 Essential features

The main difference between new and old study programmes is the following: the studies consist of two steps, that is of two autonomous study programmes, and not longer of one single block or programme. It is true that this single block or programme was subdivided into a basic study programme or a first study section (from the 1st to the 4th semester) and into an advanced or main study programme or second study section (from the 5th to the 9th or 10th semester). The basic study programme or first section was finished with an intermediate examination which did not mean the academic degree of a study programme but only the certificate to be accepted to continue with the advanced study programme. Compared with that, the new graded study programmes consist of the Bachelor programme with 6 or 7 semesters and the Master programme with 3 or 4 semesters. The bachelor degree is accepted as a full academic degree. In Germany, the period of a bachelor study programme consists of 6 semesters, generally. 83 % of all universities

introduced this period for a Bachelor study programme (Steedman & Wagner, 2005: 311). Also the University of Potsdam introduced the 6 semester Bachelor. The Master study programme shall take 4 semesters.

2.2. The study programme human geography and the study programme geography for secondary school teachers (grammar school, high school teachers) as examples

2.2.1. The Bachelor study programme human geography

At the University of Potsdam the Bachelor study programme can be studied beginning from winter semester 2006/2007. Thus, this programme will start next October. The Bachelor study programme replaces the Magister study programme. That is to say, that it is no longer possible to start a Magister study programme. But those students who are already registered in a Magister study programme can continue and finish their study programme according to the old system. So, Magister and Bachelor study programmes will exist simultaneously for some years. It is planned that the Bachelor study programme human geography will be followed by a Master study programme human geography. As regards the contents, the differences between the old Magister study programme and the new Bachelor and Master study programmes will be small. The differences mainly consist, firstly, of the above mentioned structural differences caused by the new graded system, and secondly, by some shifts of emphasis with regard to subject matters and methods.

Within the Bachelor and the Master study programme two subjects are to be studied. That means, that beside human geography a second subject is to be studied, for example sociology or philology or physical geography or biology. At the end of the Bachelor study programme, the students have to write a so-called Bachelor thesis. The period to do this consists of three months. The subject of the study programme, to which the Bachelor or the Master thesis is related, is called subject 1. Human geography can be studied as subject 1 or 2. Apart from the Bachelor and the Master thesis, there are not important differences between human geography as subject 1 and as subject 2, with the exception, that concerning subject 1 the students have to take more exams than in subject 2, and so they have to achieve more credit points. But the lectures and seminars and other kinds of courses are the same.

Apart from the courses of subject 1 and 2, the students have to visit courses where so-called key skills are taught. Key skills can be divided into technical, social and inter-cultural skills. Among the technical skills, there are above all the knowledge of foreign languages and of electronic data processing. The social and inter-cultural key skills consist for example of

- a) the skills of a correct verbal and written communication with colleagues and partners or customers in the own country or in foreign countries;
- b) the skills of presentation, that is for example to present facts and information verbally or written with a clear, understandable and well structured manner, and

c) the skills of management, that is for example the skills to co-operate with other members of the team and with other teams at home or outside, and to solve tasks and problems relevant in the professional life.

Key skills contribute to a high degree to make the students employable. Employability cannot be achieved only by knowledge of the subject, but also by key skills which are - so many reformers think - independent from the subject and the profession. So, to get key skills means also to gain the competence to solve problems. At university many members of the staff personal think that key skills should be taught and learned in separate modules. The purpose should be "Learn how to learn". This is the opinion represented in connection with the introduction of the modularised Bachelor and Master study programmes. Modules consist of groups of lectures and seminars and other kinds of courses either related to certain fields and topics of the subject (scientific discipline) or to scientific methods of the subject (scientific discipline) or even to key skills. It is the opinion of those who introduced the modularised study programmes that key skills should be taught in separate modules independent from the discipline, because by doing so the disciplines would be relieved. If they were taught in courses of the discipline - what was done in the old study programmes up to date - then there would be many unnecessary repetitions. So, a separate module for key skills would contribute to shorten the duration of the students at university.

Table 1 shows the structure of the Bachelor study programme with the example of human geography as optional subject 1 at the University of Potsdam. Apart from subject 1 the student has to enrol for another optional subject 2 and for a compulsory subject 3 where key skills are taught. Altogether a student has to register for 100 hours lessons, to participate for three months in a practical training outside of university in a private or public institution or in industry, and he has to write a Bachelor thesis within the period of three months. If he is successful he gets 180 credit points.

Table 1.

**Structure of the Bachelor Study Programme
(University of Potsdam, 2006)**

Subjects	Hours/Week (h/w)	Credits (ECTS points) (p)
Subject 1 (including Bachelor thesis): eg human geography (optional subject)	40 h/w, 3 months Bachelor thesis, and 3 months of practical training outside of university	90 p

Subject 2: eg macro-economics (optional subject)	about 40 h/w	60 p
Subject 3: key skills (compulsory)	about 20 h/w	30 p
Total	about 100 h/w	180 p

The study programme is structured by modules. Table 2 informs about the study programme of human geography as optional subject 1 of the Bachelor study programme at the University of Potsdam.

Table 2

**Human Geography as Optional Subject 1 of the Bachelor Study Programme
(University of Potsdam, 2006)**

Modules	Study Programme	Hours/ Week h/w	Credits (ECTS points) (p)	
1. Bases of geography (9 h/w, 11 p)	1.	Introduction to human geography (lecture)	2	2
	2.	Introduction to physical geography (lecture)	2	2
	3.	Development and concepts of regional geography (lecture)	2	2
	4.	Basic scientific approaches to human geography (seminar)	2	4
	5.	Excursion (field work)	1	1
2. Cartography, GIS, remote sensing (8 h/w, 12 p)	1.	Bases of cartography (lecture)	2	2
	2.	Cartography (seminar)	2	4
	3.	GIS and remote sensing (lecture)	2	2
	4.	GIS or remote sensing (seminar)	2	4
3. Scientific methodology (6 h/w, 12 p)	1.	Empirical social and regional research (lecture)	2	2
	2.	Geostatistics with examples from human geography (lecture)	2	4

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	3.	Methods of human geography (seminar)	2	6
4. Social and cultural geography (4 h/w, 6 p)	1.	Social and cultural geography (lecture)	2	2
	2.	Social and cultural geography (seminar)	2	4
5. Economic geography (4 h/w, 6 p)	1.	Economic geography (lecture)	2	2
	2.	Economic geography (seminar)	2	4
6. Study project in human geography (3 h/w, 7 p)	1.	Project seminar in human geography	2	6
	2.	Excursion (field work)	1	1
7. Applied geography, urban and regional planning, regional development (6 h/w, 10 p)	1.	Applied geography (lecture)	2	2
	2.	Urban geography and rural development (lecture)	2	2
	3.	Applied geography (seminar)	2	6
8. Practical training outside of university (3 months, 14 p)	1.	Practical training in planning institutions, in industry	3 months	14
9. Bachelor thesis	1.		3 months	12
Total			40 hours/ week and 6 months	90 points

2.2.2. Bachelor and Master study programmes of geography for secondary school teachers (grammar school, high school teachers)

As another example the Bachelor study programme of geography for secondary school teachers (grammar school, high school teachers) is presented here.

The student of this programme has to enrol for two subjects and for educational sciences as compulsory subject. Altogether the student has to register for 120 hours lessons and to write a Bachelor thesis within the period of six weeks. If he is successful he gets 180 credit points.

Table 3 shows the structure of the Bachelor study programme with the example of geography as optional subject 1.

Table 3.

**Structure of the Bachelor Study Programme for Secondary School Teachers
(Grammar School, High School Teachers) (University of Potsdam, 2006)**

Subjects	Hours/Week (h/w)	Credits (ECTS points) (p)
Subject 1 (including Bachelor thesis): eg geography (optional subject)	60 h/w, and 6 weeks Bachelor thesis	95 p
Subject 2: eg German language and literature (optional subject)	about 50 h/w	70 p
Subject 3: educational sciences (compulsory)	about 10 h/w	15 p
Total	about 120 h/w and 6 weeks	about 180 p

Table 4 informs about the study programme of geography as optional subject 1 of the Bachelor study programme for secondary school teachers (grammar school, high school teachers) at the University of Potsdam.

Table 4.

**Geography as Optional Subject 1 of the Bachelor Study Programme for Secondary
School Teachers
(Grammar School, High School Teachers)
(University of Potsdam, 2006)**

Modules	Study Programme		Hours/ Week (h/w)	Credits (ECTS points) (p)
1. General physical geography (8 h/w, 10 p)	1.	Lecture	4	4
	2.	Seminar	3	4
	3.	Excursion	1	2

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2. Regional physical geography (8 h/w, 13 p)	1.	Physical geography of Germany (lecture or seminar)	2	3
	2.	Excursion (field work)	2	4
	3.	Regional physical geography of the area outside the tropics (lecture or seminar)	2	3
	4.	Regional physical geography of the tropics (lecture or seminar)	2	3
3. Landscape studies (5 h/w, 5 p)	1.	Bases of landscape ecology (lecture)	2	2
	2.	Landscape ecology (seminar)	1	1
	3.	Landscape planning	2	2
4. Global geo-ecological studies (3 h/w, 5 p)	1.	Eco-zones of the earth (lecture)	1	1
	2.	Eco-zones of the earth (seminar)	1	2
	3.	Global geo-ecological problems (seminar)	1	2
5. Introduction to human geography (7 h/w, 9 p)	1.	Introduction to human geography (lecture)	2	2
	2.	Basic scientific approaches to human geography (seminar)	2	4
	3.	Development and concepts of Regional Geography (lecture)	2	2
	4.	Excursion (field work)	1	1
6. Cartography, GIS and remote sensing (6 h/w, 10 p)	1.	Bases of cartography (lecture)	2	2
	2.	Cartography (seminar)	2	4
	3.	GIS and remote sensing (lecture)	2	4
7. Social and cultural geography (4 h/w, 6 p)	1.	Social and cultural geography (lecture)	2	2
	2.	Social and cultural geography (seminar)	2	4
8. Economic geography (4 h/w, 6 p)	1.	Economic geography (lecture)	2	2
	2.	Economic geography (seminar)	2	4
9. Applied human geography	1.	Urban geography and rural development (lecture)	2	2

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(4 h/w, 6 p)	2.	Applied human geography (seminar)	2	4
10. Scientific methodology (4 h/w, 9 p)	1.	Empirical social and regional research (lecture)	2	3
	2.	Methods of regional geography (seminar and field work)	2	6
11. Didactics of geography (7 h/w, 10 p)	1.	Bases of didactics of geography (lecture)	2	2
	2.	Teaching methods (seminar)	2	4
	3.	Practical studies at school	3	4
12. Bachelor thesis		Urban geography and rural development (lecture)	6 weeks	6
Total			about 60 hours/week and 6 weeks	about 95 points

The Bachelor degree for secondary school teachers is not sufficient to get a job as a teacher. So, in addition it is necessary to complete a Master study programme, too. Critics think that this rule is contradictory because the Bachelor degree is accepted as a qualifying academic degree for any appropriate job, but not for the job as teacher, what is an exception. This is the reason why for example the state (“Bundesland”) Bavaria does not structure the study programme for teachers by a Bachelor and Master study programme. Instead of that, Bavaria keeps the old model of a study programme of 10 semesters. There, the only academic degree the teacher programme students can receive is a certificate called state exam.

At the University of Potsdam, the Master study programme for secondary school teachers with the example of geography as optional subject 1 is structured as you see in Table 5. In addition to subject 1, the student has to register for another discipline as subject 2, for educational sciences as subject 3 and for practical studies at school as subject 4.

Altogether the student has to enrol for 70 hours lessons, and he has to write a Master thesis within the period of four months. If he is successful, he gets 120 credit points.

Table 5.

**Structure of the Master Study Programme for Secondary School Teachers (Grammar School, High School Teachers)
(University of Potsdam, 2006)**

Subjects	Hours/Week (h/w)	Credits (ECTS points) (p)
Subject 1 (including Master thesis): eg human geography (optional subject)	18 and 4 months Master thesis,	45
Subject 2: eg German language and literature (optional subject)	about 20	25
Subject 3: educational sciences (compulsory)	about 20	30
Subject 4: practical studies at school	about 10	20
Total	about 70 h/week and 4 months	120 p

Table 6 gives an overview of the study programme of geography as optional subject 1 of the Master study programme for secondary school teachers at the University of Potsdam.

Table 6.

**Geography as Optional Subject 1 of the Master Study Programme for Secondary School Teachers
(Grammar School, High School Teachers)
(University of Potsdam, 2006)**

Modules	Study Programme		Hours/ Week (h/w)	Credits (ECTS points) (p)
1. Applied physical geography/geo- ecology (5 h/w, 5 p)	1.	Basic scientific approaches and bases of science of physical geography (lecture)	3	2
	2.	Selected geo-ecological problems (seminar)	2	3
or	or		or	or

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Landscape studies (5 h/w, 5 p)	1.	Bases of landscape ecology (lecture)	2	2
	2.	Landscape ecology (seminar)	1	1
	3.	Landscape planning (lecture)	2	2
or	or		or	or
Global geo-ecological studies (5 h/w, 5 p)	1.	Eco-zones of the earth (lecture)	1	1
	2.	Eco-zones of the earth (seminar)	1	2
	3.	Global geo-ecological problems (seminar)	1	2
	Total		5	5
2. Applied human geography (6 h/w, 10 p)	1.	Applied human geography or spatial planning (seminar)	2	4
	2.	Applied human geography or spatial planning (field work with preparation and evaluation seminars)	4	6
3. Didactics of geography (7 h/w, 11 p)	1.	Innovative teaching methods in geography (seminar)	2	3
	2.	Media in geographical lessons (seminar)	2	3
	3.	Didactics of geography (project seminar)	3	4
4. Master thesis			4 months	20
Total			18 and 4 months master thesis	45

3. Reasons for the introduction of a system of Bachelor and Master programmes

The first reason for the introduction of a two-cycle degree structure results from the already above mentioned target of the Bologna process to create a common European higher education area. That is, the new degrees should be compatible on international level. Up to now in more than 80 % of all countries of the world the university graduates have a Bachelor or Master degree (Schwarzburger, 2006: 11).

Because of the common study programme system the mobility of students would increase Europe-wide and world-wide, and this would be also the case for the mobility of the academic labour force in the future. The new study programmes would better consider the international labour market.

The second reason is that the introduction of a graded Bachelor and Master system would mean an improvement of the quality of the study programmes. This improvement would be achieved by the following measures: Firstly, by applying innovative teaching and learning methods, and secondly, by implementing special skills which prepare the students for professional life. The application of innovative teaching and learning methods means to work with more separate and autonomous small groups of students. It should be less important that the students repeat as exactly as possible the words of the professors. Instead of that it should be more important for the students to understand scientific questions, approaches and the main problems as well as to apply theoretical perspectives and empirical methods concerning the handling of scientific questions and problems. By this way it would be possible to reduce and concentrate the amount of topics as well as to shorten the duration of the students at university. So, the graduates would become younger. That would fit very well to the wishes of industry which asks for younger graduates on the labour market - that is true especially with regard to Germany.

As a consequence of the changed study programmes the share of young people who start to study at university would increase. That is the opinion of the reformers. They refer to those countries where Bachelor and Master study programmes already exist. There the shares are significantly larger than in Germany where a Bachelor and Master system is introduced only just at present by the Bologna process. At present, in Germany the share amounts to only 36 %, but in Japan, Great Britain and the USA between 42 % and 65 %. The association of the university rectors of Germany ("Hochschulrektorenkonferenz") is expecting an increase of this share between 41 % and 45 % as a consequence of the new system (Hochschulrektorenkonferenz 2005). The increase of the share would be necessary because the modern knowledge based society needs more graduates than the past industrial society.

What is understood by "special skills which prepare the students for the professional life"? These skills are a) key skills and b) skills gained by practical trainings outside of university.

The practical trainings outside the university for students of geography for example can be carried out in offices of urban and regional planning, in offices which support economic development, in institutions for education and further education, in public and private institutions of geomatics, and in chambers of industry and commerce. It is desirable to connect the practical trainings with courses at university or with the elaboration of Bachelor and Master theses.

The third reason for the introduction of a graded Bachelor and Master system is the following one: The share of students who fail to complete their study programmes would decrease, because the new system shortens and concentrates the study programmes. All in all, the new system would be more effective.

In Germany, the introduction of the Bachelor and Master system is not only supported by the competent state institutions as for example above all by the ministries of science and culture of the separate states ("Bundesländer"), but also

by the association of the rectors of universities (“Hochschulrektorenkonferenz”). This association is not only asking the universities and departments to apply the new system, but is also expecting that the state institutions support the universities. Without this support the aims of the education policy of the reforms could not be achieved. These aims are the following ones:

- a) the increase of the share of young people who start to study at university,
- b) the improvement of the quality of the study programmes,
- c) the improvement of the students’ preparation to the professional life, and
- d) the abbreviation of the periods the students stay at university despite of the increase in performance.

The support of the state should be above all an increase of the financial support for the universities, because it would be necessary to take on more staff members in order to consult and to teach the students. Apart from that, the universities should receive better equipments and rooms. But also the students should contribute by paying higher tuition fees (Hochschulrektorenkonferenz, 2005).

4. Problems as consequences of the introduction of a graded system of Bachelor and Master study programmes

4.1. First problem: The professional quality of the graduates could decrease

In Germany, opponents of the introduction of a Bachelor degree after 6 or 7 semesters study programme are afraid of a decrease or loss of the professional quality of the graduates. This is regarded as the main problem of a Bachelor degree which shall qualify for the professional life (Grigal, 2005: 290).

Even if the Bachelor study programme will be strongly financially supported by the state - what is demanded by the association of the university rectors as already mentioned above (Hochschulrektorenkonferenz, 2005) - 6 semesters are not enough to come to a degree qualifying for the professional life. It is true that those elements of the study programmes which are related to the practice of the professional life will be strengthened, but doing so the scientific parts of the study programmes could be weakened (Schwarz-Hahn/Rehberg, 2004; cited by Grigal, 2005: 292). The future employers of the graduates expect a high scientific level, too, and not only the practical competence to apply knowledge, because a better scientific education is more able to ensure the skills of the graduates which are necessary for a successful activity in the professional life. These skills are a high degree of the appreciation of problem, of the potential of reflection and of flexibility.

So, many conferences of university faculties and scientific associations voted against the Bachelor as a degree qualifying for professional life. They continue to think that a study period of 10 semesters (5 years) is necessary. The employability would not be achieved by the Bachelor degree. Some observers of the introduction of the Bachelor und Master system hint to the following weaknesses:

- Short study programmes would be often too schoolish, that is they force the students to swot relatively many facts. So, the students would not learn enough to think for themselves and independently, and they would not learn enough social competences (Schwarzburger, 2006). The own and independent study activities of the students would decrease (Herrmann, 2005: 64).

- The professors and lecturers would sit in front of mountains of exam papers of many courses and lectures, because the great final exam has been dropped and replaced by a lot of exams of the separate courses of the whole study programme. The final mark will result from many marks of the separate courses and not from the last important examination. The professors and lecturers need a lot of time to examine the students in the separate courses. This time lacks for the professors' and lecturers' preparation of courses.

According to a study of the Bavarian State Institute of Higher Education Research and Planning (2004 - cited by Grigal, 2005: 292) the Bachelor degree would not only not ensure enough a scientific level but also the relation to the professional life, because the short period of the study programmes would not allow a sufficient reference to the practice of the real labour life. In order to gain employability it would be necessary to enrol in a Master programme in addition to the Bachelor programme. But the admittance to the Master study programme will be restricted numerically by the responsible ministries in Germany (HIS: Hochschulinformationssystem; cited by Grigal, 2005: 292).

All in all, one can summarize in the following manner: A long-time study programme cannot guarantee the quality of the graduates but a short-time study programme perhaps even less (Stifterverband für die deutsche Wissenschaft, 2005 - cited by Grigal, 2005: 292).

4.2. Second problem: The regional mobility of students could be reduced

One of the reasons to create a common European higher education area by the Bachelor and Master study programmes was the intention to make easier the regional mobility of the students. But because of the short periods of the new study programmes, the regional mobility could decrease. The students could no longer afford a semester in a foreign country because of lack of time. The standardizing of the systems of the study programmes would produce the contrary of what was intended, at least concerning the Bachelor study programme.

If the students went to a foreign country in order to study there, then they seldom would make practical training outside of university. The contacts to potential employers would be rare (Schwarz-Hahn/Rehberg, 2004 - cited by Grigal, 2005: 292). The two universities of Munich for example recommend only for 10 % of the Bachelor study programmes to visit a university in a foreign country for an interim semester (Grigal, 2005: 292). The regional mobility of the Master students is even less than that of the Bachelor students because the master cycle is shorter than the Bachelor cycle.

As a consequence of that, an increase of the regional mobility can only be achieved if the students change university after the Bachelor cycle, that is: They study the whole Master study programme at another university.

4.3. Third problem

Up to date it is not clear that reforms of the study programmes will reduce the duration of the students at university, because the Bachelor and Master cycles together (10 - 11 semesters) are sometimes longer than the traditional study programmes for Diploma or Magister (9 - 10 semesters). Improvements of the course guidance services and of the looking of professors and lecturers after the students could shorten the duration. However, these measures need more money granted by the state. But this cannot be expected necessarily. Some people think that students' tuition fees and a more rigid admittance system for the universities could reduce the duration of the students at university. However, the effects of tuition fees are seen as ambivalent: On the one hand, the students are influenced to come to the end of their study programmes faster. On the other hand, it could become necessary for students to take a job beside the study programme to earn money. More rigid restrictions on admission can produce an increase in performance, but also a decrease of the share of young people who want to study at university. That would not be congruent with the philosophy of the reforms of the study programmes.

4.4. Fourth problem

Simultaneously with the standardizing of the study programmes one can observe a contrasting tendency: The ministries demand the universities to discover and to develop their special qualities. The magic word is to create a distinctive image or profile for the university. Some excellent departments shall be established at the universities, that is for example: Some disciplines or a good number of professors shall be combined to certain interdisciplinary centres or clusters of research where they work together on certain topics. By this way they shall create synergy. The most ambitious goal is the development to elite universities. On the other hand it is assumed that the introduction of the Bachelor study programmes would adapt the study programmes at university to the level of comparable study programmes at technical universities ("Fachhochschulen") and special schools for graduates of school colleges ("Berufsakademien"). This would not be consistent with the above mentioned creation of a distinctive image for the university.

4.5. Fifth problem

Too many exceptions concerning the structures of Bachelor and Master programmes could disturb the standardization. The exceptions are related mainly to the different duration of the Bachelor and Master study programmes in each European country (Bundesministerium für Bildung und Forschung, 2005). The exceptions can concern the separate disciplines in a different way. There are many

deviations from the basic model of 3 years respectively 6 semesters Bachelor and 2 years respectively 4 semesters Master.

Deviations also exist at the institute of geography at the University of Potsdam with regard to the Master study programmes, because the interdisciplinary study programme regional sciences consists of three semesters, whereas the Master cycle of human geography and of geography for secondary school teachers consists of four semesters.

At the universities of Great Britain the Master study programmes usually consist only of one year. There, a standardized Bachelor study programme does not exist (Centrum für Hochschulentwicklungsforschung, 2004). It is suggested (Bundesministerium für Bildung und Forschung, 2005) that the British authorities would accept a standardized European arrangement concerning the curricular structures only in that case that the European structures would be adapted to the British structure. How can this position be explained? It is supposed that the British are afraid of a new rivalry on the world-wide labour market for their Bachelor and Master graduates as a consequence of the Bologna process. That is: As a result of the Bologna process, too many Bachelor and Master graduates would enter the labour market. These graduates would not restrict themselves to the labour market in their own countries.

But on the other side the British see also positive effects of the Europe-wide introduction of the Bachelor and Master degrees. They hope that more students come from other European countries in order to study in Great Britain. That would mean an increasing influx of money, because the British universities demand high tuition fees. It seems that the British discussion about the Bologna process is in some way contrary to the developments in most of the European countries. That does not fit to the vision of a standardized higher education area in Europe.

4.6. Sixth problem

The discussion about the introduction of a separate module for key skills in the Bachelor study programme is a special case (Jager & Stern, 2004). In order to avoid a misunderstanding: There is no doubt about the importance of key skills. So, the discussion concerns the question whether it is right to establish a separate module for the key skills. The critics of the introduction of a separate module (Stern in Jager/Stern, 2004) derive from the findings of the cognition sciences that key skills can be best taught by studying concrete facts. These concrete facts would be always specific to the subject. So, the slogan "Learn how to learn" is a banter, is empty. Instead of that it should be said "Win knowledge and ability". It would be the best way to learn key skills by a well structured teaching in the scientific disciplines, for example by analysing texts, by visualization of complex correlations or by carrying out professional or technical discussions.

The critics think that key skills could not be learned effectively and sustainable without the relation to concrete subjects of the scientific disciplines. So, for example, the following tasks would be suitable to win key skills: to write essays

or papers about the subjects of a course, seminar or field work, to write records or reports of discussions or to use foreign language literature for paper presentations and other works. In this way one can learn foreign languages or practise them. Instead of the introduction of separate modules it would be better to establish didactic centres at the universities. There, the professors and lecturers could be consulted concerning methods of didactics and can get further education.

4.7 Seventh problem

In Germany, there is a special discussion about the study programme for school teachers (Grigal, 2005, p. 291-292). The one position (Wissenschaftsrat) wants a Bachelor only with contents of scientific disciplines. Didactics should be taught only in the Master study programme. The other position (Kultusministerkonferenz) assumes that didactics should be studied as early as possible - that is in the Bachelor programme. Already in the course of the Bachelor cycle, bridges should be built between university disciplines and school subjects. Also practical didactic courses should be held and modern learning and teaching methods should be taught (Herrmann, 2005). But a study programme of 6 semesters would be not sufficient to this end. So, the abolishment of the old study programme of 10 semesters would be damaging for the study programme for school teachers. Because of that reason the state ("Bundesland") Saxony continues to offer the old study programmes beside the new Bachelor and Master study programmes. And Bavaria - as already mentioned above (in chapter 2,2,2) - makes even an exception for the study programmes for school teachers. This state applies exclusively the old programmes (Kuntz-Brunner, 2006: 10).

4.8 Eighth problem

A survey on enterprises made by a research institution of economy (Stifterverband für die Deutsche Wissenschaft, 2005 – cited by Grigal, 2005: 292) shows that most of the Bachelor graduates are not paid according to the usual level of university graduates, but according to the lower level of graduates of technical universities ("Fachhochschulen") and schools as well as special profession schools ("Berufsakademien"). Only Master graduates would be paid according to the up-to-date usual level of university graduates (Grigal, 2005: 293). A survey of another research institution of economy (Institut der Deutschen Wirtschaft, 2005) comes to the same result (Schwarzburger, 2006, p. 11). It is true that about 80 % of the 672 interviewed enterprises would accept the Bachelor degree. But only 30 % consider the Bachelor as equivalent to the old degrees Magister and Diploma.

For Bachelor graduates who want to make a career in an enterprise, having an additional Master degree is necessary (see also Mersch, 2006 and Schmitz, 2006).

Up to now it is not clear to which salary level the state institutions will pay the Bachelor graduates.

5. The train goes on

However, despite of the mentioned problems and of other problems, the further introduction of Bachelor and Master study programmes cannot be withdrawn. The train goes on (Schwarzburger, 2006: 11). So, some people emphasize the chances which are generally connected with reforms of study programmes, that means, to reflect the innovations as well as to realize some of them.

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THE ENTREPRENEURSHIP. A POST-MODERN URBANIZATION VECTOR. INQUIRES IN THE APUSENI MOUNTAINS (ALBA COUNTY, ROMANIA)¹

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RÉSUMÉ. L'entrepreneuriat. Vecteur postmoderne de l'urbanisation. Enquêtes dans les montagnes Apuseni (le département Alba, Roumanie). Cette étude aborde dans une nouvelle perspective une série de recherches faites entre 2004 et 2005 sur l'entrepreneuriat dans la région des montagnes Apuseni. La nouvelle perspective se traduit par l'identification de l'entrepreneuriat à un vecteur de l'urbanisation postmoderne. De nos jours l'entrepreneuriat est une dimension significative pour la mentalité des habitants des communes d'Apuseni. En plus, l'orientation de l'entrepreneuriat en fonction de domaines d'activité nous indique une propension au secteur tertiaire, une tendance spécifique pour cette époque post-industrielle ou postmoderne. Des problèmes concernant l'entrepreneuriat peuvent modifier l'essence, le rythme et le support relationnel humaine des communautés qui vivent aujourd'hui aux alentours des montagnes Apuseni. Par conséquent, nos recherches ont été centrées sur l'identification de ces problèmes, le point de départ de nos analyses étant déjà le développement des affaires menées dans les zones respectives. On est arrivé à la conclusion que les problèmes du développement de l'entrepreneuriat dans la région d'Apuseni sont les mêmes que les problèmes généraux de la région. Une dernière constatation indique qu'il s'agit d'un entrepreneuriat de subsistance, ce qui pourrait être un nouvel défi pour les recherches socio-économiques, au niveau régional.

Introduction

The Apuseni Mountains area comprises 4.7% of Romania's surface, its agricultural land represents 3.6% of Romania's agricultural land fund and its population is of 4.7% of the entire population of the country. From an administrative and territorial viewpoint, the Apuseni Mountains cover six counties: Alba, Arad, Bihor, Cluj, Hunedoara and Sălaj. The highest surface of this mountain area is on the Territory of Alba County.

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From an economic and social viewpoint, the area is characterized by the most disfavoured conditions: difficult accessibility towards the urban and rural centres due to the insufficiency of communicational routes; high intensity of the process of depopulation due to the precarious local conditions and strong ageing of the population which shall encourage depopulation in the future by biological disappearance; a low level of living standard, as the buying power is low, the prices for the majority of products being higher than the country average; the impossibility to value the excess of agricultural products (especially livestock) due to isolation, the lack of means of transportation, etc; poor infrastructure; a high percentage of unemployed people due to restructuring of the mining and light industry in the area; low valuation of the tourist resources whose potential is of the highest, both as regards original natural elements (karstic forms, natural sights) as well as regards cultural richness such as specific architecture, costumes, customs, etc. (Buciuman & Pascaru, 2003; Pascaru et al., 2005).

As we've also pointed out in other studies, despite the harsh conditions, entrepreneurship has known an interesting development in the Apuseni Mountains as well, after the falling of communism in Romania (1989), the first firms being set up in 1990.

1. The entrepreneurship. A post-modern urbanization vector

According to Placide Rambaud (1971) urbanization appears at almost all the fundamental levels of the social life, more or less aware, that we have to distinguish as otherwise the most important mechanisms should not be understood. The a-cultural phenomenon can be only material, at least in theory, and can be also reduced to a morphological plan. The partial arrangement that a paysant made to his household in order to rent it to tourists is one aspect of this type. When the mentality and the living way are highly modified than it is complete.

A few sociologists - as I. Mihăilescu (2003) has stated - consider that the rural urbanization formulae wouldn't be appropriate, for the following reasons: 1) the urban formulae is associated to the industrial type development, is based on the production, workplace and, implicitly, residential places' concentration; the rural community continues to be associated to the agricultural activity, which, despite its industrialization degree, is based on the working places' dispersion in the whole agricultural territory (the urban type residential congestion would be unavailable for the agricultural activity); 2) the rural community is directly connected to nature, so rural urbanization would diminish this relationship; 3) rural urbanization would impoverish the habitation forms, the diversity of the rural communities would be reduce to a single formulae-the city; 4) rural urbanization is based on the city idealisation and on the argument that they are historically old-fashioned, over-dynamic and consequently, with no future; 5) rural urbanization would restraint the cultural life's richness and diversity. The most adequate developing process would be that of modernizing and not of urbanization. The superior living conditions (public utilities, household utilities, comfort) are not intrinsic to urban, in spite of

the fact that they have been used in this case firstly, and they are more extended. The rural communities can develop (modernize) in accordance to their socio-cultural status. Modernization and urbanization, Mihăilescu states, are correlated social processes, that action simultaneously upon both rural and urban communities

A major role in modernization and urbanization of the human territorial communities has been played by industrialization, through a number of plants implementation in the rural area. Nowadays we can easily recognize two associate phenomena specific to the post-industrial era: 1) entrepreneurship is accepted in the rural space as innovation (Sandu, 1999), underlying a change of the whole mentality and living ways, a totally a-cultural phenomenon, according to Rambaud, the peasants themselves hoping to become entrepreneurs and 2) the entrepreneurial orientation stands, in most cases, for the services domain; therefore we will refer to entrepreneurship as a post-modern or post-industrial urbanization vector.

According to the space investigated by ourselves and to the activity domain, we could notice that there were only 5 firms (representing 9.4%) activating in the field of industry, the great majority (42 firms; 79.2%) dealing with services (trade, public alimentation, tourism, etc.), and six firms (11.3%) being involved in more than one field of activity. Important to note that none of the firms activated in the primary sector (agriculture).

2. The entrepreneurs – definition and types

Speaking in economic terms, the entrepreneur is an authorized physical person or a juridical person, who separately or in partnership with another authorized physical or juridical person, organizes a company, called an enterprise, regarding the commercial activity.

As the property of the entrepreneur, the company (enterprise, firm) is an organizational form of an economic activity, self-conscious and authorized, regarding the law, in doing commercial activities, seeking profit through the material goods produced, or performing services, selling on the market and being a piece of the market competition.

The proper functioning of a company or enterprise is determined by the assurance of the human, financial, material and informational resources, by the existence of material resources (buildings, wards, warehouses and others), the equipments (installations, gear), the tangible and intangible assets, related with the set objectives profile, nature and dimension (Burja *et al.*, 2001). But, the optimal functioning of company depends also on the social and economic climate in which the economic activity is being developed as well as, as we consider, by the earning aspirations of the entrepreneurs.

The Romanian sociologist, Dumitru Sandu assesses that being an entrepreneur in a building up market economy, like the economy of the ex-socialist countries, really is a social innovation.

Being an entrepreneur means “to learn a new role which is far from what the communism has been proposing or, more exactly, has imposed as a socializing model”, to learn a new role in an unfavourable medium representing “the biggest challenge of the Romanian rural entrepreneurs” (Sandu, 1999; Hinescu *et al.*, 2003).

In order to reflect the entrepreneurship’s diversity at the local level, our research objectives were the companies that are organized in the following juridical shapes: authorized persons; family associations; limited companies; share companies.

The most simplified organizational shapes for a company are the physical person and family association.

The private company has a more complex character. The authorized share capital is being divided into social parts that can be transmitted only with the partners’ approval and the responsibility is limited at the capital contribution level. The social parts belong only to a single partner, and the minimum authorized share capital needed for a company to be born is settled by the law and it is smaller than the one corresponding to the share companies.

The share companies are organized by constituting the authorized share capital, based on the partners’ contribution, which subscribe and pay the amount representing a certain number of shares and in a weighted way they have rights and obligations that come from the activity’s results. The stockholders are not obliged, from the patrimonial viewpoint, in this type of company, but they have to pay the price for the shares subscribed (Burja *et al.*, 2001)

3. Some general results of the investigations

We’ve included in our batch 53 firms from the area of the Apuseni Mounains (Alba county, Romania), from 12 communes: Albac (7 firms, representing 13.2 %), Bistra (7; 13.2 %) ; Ciuruleasa (4; 7.5 %) ; Gârda de Sus (6; 11.3 %) ; Horea (4; 7.5 %) ; Lupșa (5; 9.4 %) ; Meteș (5; 9.4 %) ; Mogoș (1; 1.9 %) ; Poiana Vadului (4 ; 7.5 %) ; Poșaga (1; 1.9 %) ; Sălciua (4; 7.5 %) ; Scărișoara (5; 9.4 %).

According to the juridical status of the firm from our batch, we’ve investigated 10 authorized persons, representing 18.9 %, 13 family associations, representing 24.5%, 29 limited companies representing 54.7% and 1 share-company representing 1.9%. The authorized persons and the family associations made up more than 43% of the whole investigated firms.

The sector of activity is extremely important for the general characterization of the entrepreneurship from the area. In this sense, we could notice that there were only 5 firms (representing 9.4%) activating in the field of industry, the great majority (42; 79.2%) dealing with services (trade, public alimentation, tourism, etc.), six firms (11.3%) being involved in more than one field of activity. None of the firms activated in the primary sector (agriculture).

Using another classification, that of the area of activity, we registered the fact that 11 firms (20.8%) dealt with rural tourism, 12 firms (22.6%) were involved in activities specific to the Apuseni Mountains (exploitation and discharge of

wood, furniture) while more than a half (30; 56.6%) dealt with trade and public alimentation (see also Table 1).

Each entrepreneur or associate was asked to describe his type of activity. Based on this description, we could identify in our batch: 6 firms (11.3%) that were exclusively involved in public alimentation, 19 firms (35.8%) specialized in commercial activities with food and non-food products, 5 firms (9.4%) were oriented exclusively towards tourism, 7 firms (13.2%) dealt with commerce and dispatching wood, 3 firms (5.7%) that had as object of activity only wood exploitation, 2 firms (3.9%) were specialized in producing furniture and 11 firms (20.8%) that developed other activities.

Table 1.

Field of activity			
Field of activity	Frequency	%	Cumulative %
Rural tourism	11	20.8	20.8
Wood processing	12	22.6	43.4
Commerce and public alimentation	30	56.6	100.0
Total	53	100.0	

Another criterion that we've introduced when classifying firms from the investigated batch was that of the category of personnel, related to the presence or absence of employees outside the family.

Of the investigated entrepreneurs or associates, 31 were male (58.5%) and 22 were female (41.5%). On age categories: 16 were between 18 and 35 (30.2%); 35 between 36 and 60 (66%); 2 were 60 and over, (3.8%). A number of 46 entrepreneurs (86.8%) were born in the area and 7 (13.2%) were born outside it. According to school education, most of the entrepreneurs who we talked to (30; 56.6%) had high school or post-high school degree, 11 (20.8) had higher education degree and 12 (22.6%) had 9-10 classes or vocational school degrees.

As regards the main profession, 10 entrepreneurs (18.9%) were professionally connected to industry and agriculture, 36 (67.9%) were connected to trade and services and 7 (13.2%) were specialized in education, administration or the army.

Of the 53 firms, 41 (77.4%) had had a peak period in their activity, while 12 (22.6%) had not known such a period.

However, for the theme of our study, the most important aspect could be represented by the entrepreneurs' option regarding the development of their business in the future. The result of our inquiry showed, according to Table 2, the fact that 49 firms (92.5%) intended to expand their business and only 4 firms (7%) did not want this. Business increase was foreseen in the direction of expanding the present business (32 firms, representing 60.4%) or in the direction of starting other activities or fields of activity (16 firms, representing 32%).

Table 2.**Courses of business development**

Courses of business development	Frequency	%
Expanding the existing business	32	60.4
Expanding to other activities or fields	16	30.2
Not the case	4	7.5
Don't Know/No answer	1	1.9
Total	53	100.0

A presentation of concrete courses of development is very relevant: "Acquisition of wood processing equipment" (Limited Company, Gârda de Sus, 18-35 years old of entrepreneur); "Agricultural tourism" (Limited Company, Sălciua, 36-60 years old); "Agricultural tourism and commerce" (Limited Company, Horea, 36-60 years old); "Agricultural tourism, tourism, commerce" (Limited Company, Horea, 36-60 years old, administrator); "Building a wood drying room" (Limited Company, Bistra, 36-60 years old); "Livestock breeding" Limited Company, Lupşa, 36-60 years old); "Raising the number of employees, acquisition of equipment" (Limited Company, Bistra, 36-60 years old); "Developing the car stock with new modern wood processing equipment, enhancing the production capacity and the turnover" (Limited Company, Albac, 36-60 years old); "Disco" (Limited Company, Bistra, 18-35 years old); "I intend to expand my business by investing in the same field and more in tourism" (Authorized Person, Scărişoara, 36-60 years old); "Expanding the accommodation capacity and modernising the living conditions offered to the tourists, diversifying services" (Authorized Person, Gârda de Sus, 18-35 years old, administrator); "Expanding the space (joiner's shop), expanding the present business by passing from an authorized person to a limited company with several employees" (Authorized Person, Gârda de Sus, 18-35 years old); "Expanding the space, acquiring modern machines, internal and external contracts" (Share Company, Bistra, 18-35 years old); "Modernising and expanding location – fitting a restaurant" (Family Association, Sălciua, 18-35 years old); "Tennis field, pool, equitation" (Family Association, Meteş, 36-60 years old).

The entrepreneurs themselves also identify a series of impediments in business expanding. For the respondents of our investigation, these impediments were represented by: 1) *lack of financial resources* (18 firms, representing 26.4%), 2) *authority control and fiscal system* (5 firms, 9.4%), 3) *the unpredictable dynamics of prices*, 4) *the lack of means of communication of the Internet type* and 5) *the precarious infrastructure* (one firm, representing each 1.9%). A number of 13 firms (24.5%) indicated other possible impediments (most of the times, combinations of the above-mentioned), and the managers of 14 firms (26.4%) had nothing to declare regarding this aspect (see Table 3).

Examining, even partially, the list of anticipated impediments is, in our opinion, suggestive: “Money (Limited Company, Meteş, 18-35 years old of entrepreneur); “Money and the fines that the economic agents received following complaints made by various people (!)” (Family Association, Poiana Vadului, 36-60 years old); “Money and the road...” (Limited Company, Poiana Vadului, 36-60 years old, administrator); “The bureaucracy in administration and the weak involvement of local power (town hall) in supporting and informing the small entrepreneurs” (Limited Company, Sălciua, 36-60 years old); “Bureaucracy, insufficient financial resources, difficult access to bigger loans” (Authorized person, Gârda de Sus, 36-60 years old); “Expenses, duties, taxes, the poor quality of merchandise” (Family Association, Lupşa, 18-35 years old); “State inspections, too much Mafia” (Family Association, Ciuruleasa, 18-35 years old); “High fiscal system, low buying level” (Limited Company, Ciuruleasa, 36-60 years old); “High duties, inappropriate roads” (Limited Company, Mogoş, 36-60 years old, administrator); “Infrastructure, professional training of personnel, lack of qualification courses” (Limited Company, Albac, 36-60 years old, administrator); „Bad infrastructure, frequent change of book-keeping” (Family Association, Poşaga, 36-60 years old); “Lack of information, binding legislation” (Limited Company, Sălciua, 36-60 years old); “Lack of information on the locality and on the area in general, unknown and non-promoted tourist potential of the area” (Limited Company, Sălciua, 36-60 years old); “Financial resources, difficult access to big loans for a long period of time for investments” (Authorized person, Gârda de Sus, 18-35 years old); “Price variations” (Limited Company, Scărişoara, 36-60 years old).

Table 3.

Impediments in business expanding

Impediments in business expanding	Frequency	%
No declaration	14	26.4
Financial resources	18	34.0
Infrastructure	1	1.9
Authority control and fiscal system	5	9.4
Lack of means of communication (Internet)	1	1.9
Dynamics of prices	1	1.9
Others	13	24.5
Total	53	100.0

All these impediments reflect aspects of the economic and social climate where the entrepreneur has to expand his/her business, climate specific to Apuseni Mountains, partially, but to Romanian society, generally.

4. Conclusions and perspectives

Being an entrepreneur in a developing market economy, according to Dumitru Sandu is quite a social innovation. That means to play a new role far by what communism has suggested or imposed as socialising pattern. To learn a new role in an unfavourable surrounding-this is the great challenge of the Romanian rural entrepreneurs. They are considered to be the elitists by creativity, resources and productive performances (Sandu, 1999)

These remarks of the Romanian sociologist are available in the case of the Apuseni Mountains communities, as well. A problem may occur in this situation, and not only in this case: *What type of entrepreneurship would the Apuseni inhabitants develop?* Considering this issue and relating to the psycho-sociological dimension, we introduced in our investigations, the following question: *What do you think a good business should assure?*

In our batch, 2 entrepreneurs (3.8%) considered that a good business must ensure the minimum income necessary to the family, 25 entrepreneurs (47.2%) considered that a good business must ensure the minimum income for the family as well as a small profit, while 23 entrepreneurs (43.4%) considered that a good business must ensure a high profit (see Table 4).

Most of those who wanted to expand their business were part of the category of people who said that a business “must ensure a high profit”. Among these, most entrepreneurs wished to expand the existing business. Among those who oriented towards other types of business, most considered that a business “must ensure the minimum income for the family as well as a small profit”.

Table 4.

The level of earning aspirations

What do you think a good business should assure?	Frequency	%	Cumulative %
Ensure the minimum income for the family	2	3.8	3.8
Ensure the minimum income for the family as well as a small profit	25	47.2	50.9
Ensure a high profit	23	43.4	94.3
Other answers (which)	3	5.7	100.0
Total	53	100.0	

A new strange economic behaviour that we could call *subsistence entrepreneurship* will be brought into play, at the very border of the rural traditionalism and the entrepreneurship as a post-modern urbanization vector; and this is happening not only in the Apuseni area but elsewhere also. So, this can be considered, from our viewpoint, a new challenge for the socio-economic research at regional level.

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THREE ASPECTS OF OVERCONFIDENCE BIAS AND THEIR RELATION WITH ENTREPRENEURIAL DECISION-MAKING

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RÉSUMÉ. **Trois aspects du penchant à la confiance excessive et leur relation avec l'esprit décisionnel de l'entrepreneuriat.** Dans cette étude, nous décrirons trois aspects du biais de la supraconfiance: l'effet du malcalibrage, l'illusion du contrôle et l'effet "mieux que la moyenne", aussi que l'utilisation de "Market Entry Game" pour tester leurs influences sur la décision entrepreneuriale. Les résultats montrent que l'illusion du contrôle a une relation stable avec la décision d'entrer, pendant que les effets du malcalibrage et du "mieux que la moyenne" n'ont pas une relation significative. À la fin de ce travail, nous discuterons quelques aspects conceptuels et méthodologiques de cette recherche et des idées prochaines pour l'optimisation du design de la recherche.

Aspects of overconfidence bias

Although we have a rich psychological literature dedicated to overconfidence bias, there are surprisingly few experimental studies concerned with evaluating the behavioural consequences of this bias (Cesarini *et al.*, 2005). However, this literature shows that the individuals that prove overconfidence treat their assumptions as facts and consequently they fail to realize the uncertain nature of the conclusions based on these assumptions. Confronted with a decision situation, such individuals erroneously conclude that a certain action is not risky. By reducing the perceived risk, overconfidence bias determines certain individuals to get involved in actions (ventures) in which most of the rational people would not adventure (Bernardo & Welch, 2001).

In the last years, overconfidence bias is not treated as unitary concept in the cognitive literature. Recent studies show at least three aspects of overconfidence bias: 1. miscalibration effect (people think that their knowledge is more precise than it really is) 2. better than average effect (people think their abilities are above the average of the general population abilities) 3. illusion of control (people think they have control upon random events) (Glaser *et al.*, 2005; Glaser & Weber, 2003).

Miscalibration effect

Miscalibration effect refers to people's propensity toward overestimating the precision of their estimations, in other words, the measure in which people don't know what they don't know (Lichtenstein & Fischhoff, 1977; Forbes, 2005).

In the overconfidence literature we found two ways of measuring the miscalibration effect. The first one is used by Simon et al. (1999), Russo & Schoemaker (1992), Keh et al. (2002) and consists in constructing confidence intervals for 10 questions of general knowledge. Each confidence interval should be constructed in such way that the subject is 90% sure that the correct answer to the question is situated in that interval. If more than 10% of the correct answers lay outside the constructed intervals, the subject is categorized as overconfident (which means he/she constructed too narrow intervals). If exactly 10% of the answers lay inside the confidence intervals, the subject is categorized as perfectly calibrated.

The second way of measuring miscalibration effect is used by Busenitz & Barney (1997) and inspired by the study of Lichtenstein & Fischhoff (1977). This measure consists in a general knowledge test with five questions (e.g. *Which is the first cause for mortality in USA?*) each question having two alternatives (e.g. *a. Cancer b. Hart disease*), one of them being the correct answer according to statistics. Subjects have to choose the correct answer and also to estimate the probability of choosing the correct answer. The estimation is limited between 50% (which means a random choice for the answer) and 100% (the subject is certain for choosing the correct answer). The total score of the scale is calculated by subtracting the percent of correct answers from the mean estimated percent of choosing the correct answer. In other words, the overconfidence effect is obtained by subtracting the real probability of being correct from the perceived probability of being correct. Using this procedure, a positive score means that a person is overconfident while a negative score means a person is underconfident. A score of 0 points means a person is perfectly calibrated.

In the overconfidence literature still persists a debate whether miscalibration effect is a general or a specific effect, dependent of a certain context or task (Glaser & Weber, 2003).

Better than average effect

The better than average effect refers to the tendency of most people to consider themselves above the average of the general population. Of course, assuming that the general population is normally distributed, only half of them can be above the average. In other words, this effect reflects the propensity of most people to have an unrealistic positive perception of themselves. The object of such perceptions can be a general ability or any positive personality trait (Taylor & Brown, 1988; Svenson, 1981; Glaser & Weber, 2003).

Illusion of control

This aspect of overconfidence bias refers to the tendency of overestimating the extent in which the subject's abilities can influence his/her performance in random situations. Actually, individuals overestimate their abilities to predict future events.

The concept of illusion of control is based on some empirical results showing that faced with a repeated random selection situation, subjects prefer to

choose themselves the potential winning numbers against randomly receiving these numbers (Langer, 1975; Langer & Roth, 1975; Goodman & Irwin, 2005). Similarly, a recent study shows that gamblers tend to bet more money when they throw the dices themselves than in the situation when somebody else throws the dices (Davis et al., 2000; Fellner, 2004).

Regarding the relationship of illusion of control with the decision of starting a venture, some studies show that perceived control in starting a venture is a good predictor of the entrepreneurial intention (Boyd & Vozikis, 1994). Considering the similarities between perceived control and illusion of control (the perceived control without justification in fact), Simon et al. (1999) underline the importance of this cognitive bias in relation with the entrepreneurial decision bringing empirical proves regarding both the relation with the entrepreneurial decision and the perceived risk associated with starting new ventures.

The relationship between the aspects of the concept

There are divergent opinions regarding the relationship between the different aspects of overconfidence bias. Some of the authors suggest that there is a significant relationship between those aspects (Taylor & Brown, 1988; Griffin & Brenner, 2004), others (many more and with sound arguments) suggesting there is no such relationship (Glaser & Weber, 2003; Deaves, Luders & Luo, 2003; Oberlechner & Osler, 2003; Regner, Hilton, Cabantous & Vautier, 2004; Glaser, Langer & Weber, 2005). For example, in a recent study, Glaser et al. (2005) studied if there is a significant difference regarding overconfidence bias between financial experts and non-experts (students). The authors measured two aspects of the concept: miscalibration effect and better than average effect. Besides the main objective of the study – underlying significant differences – the authors analysed the correlation between the two aspects in the research sample. The results indicated that there was a significant difference between experts and non-experts for both miscalibration effect and better than average effect, but they could not find a correlation between the two aspects of overconfidence bias. The absence of such a relationship was also found by Glaser & Weber (2003).

Overconfidence and entrepreneurial behaviour

The issue of the relationship between overconfidence bias and entrepreneurial behaviour belongs to a larger issue: the relationship between overconfidence bias and economic behaviour. An example of such research is the study conducted by Glaser & Weber (2003) and focused on the relationship between overconfidence bias (miscalibration effect, illusion of control, better than average effect) and investment behaviour (the extent of investment, number of transactions etc.). The authors concluded that investors perceiving themselves above the average in investment abilities (better than average effect) were engaging in more transactions, where miscalibration effect showed no significant difference. Another example is the study conducted by Simon & Houghton (2003), indicating a significant

relationship between managers' overconfidence and the introduction of innovative products on the market.

Similarly to the general economic behaviour studies, those who focused on the relationship between overconfidence and entrepreneurial behaviour, measured different aspects of this cognitive bias, each study analysing another aspect. Depending on the aspect chosen, on the actual measuring procedure and also on the sequence of the entrepreneurial behaviour chosen as dependent variable, we can recognize a large diversity of empirical results, apparently contradictory but easy to explain from a methodological point of view.

Miscalibration effect

One of the studies focused on the relationship between miscalibration effect and entrepreneurship is the study conducted by Forbes (2005). The author examined if there were significant differences between certain types of entrepreneurs regarding the miscalibration effect. The measuring procedure used was the one with estimating the probability of choosing the correct answer in a five general knowledge questions test. The study shows that there are significant differences regarding overconfidence bias between entrepreneurs who started their own venture and entrepreneurs who bought or inherited the venture, and also between young and older entrepreneurs.

Another study, conducted by Simon *et al.* (1999) focused on the influence of miscalibration effect and illusion of control upon the perception of risk and entrepreneurial decision. The authors concluded that there is a significant relationship between illusion of control and perception of risk, illusion of control and entrepreneurial decision, but could not prove the relationship of miscalibration effect with those two dependent variables. The illusion of control effect was measured regarding 3 business scenarios, miscalibration effect was measured with the confidence interval estimation method, risk perception with 9 questions regarding a business scenario and the entrepreneurial decision also regarding the same business scenario.

Busenitz & Barney (1997) also tried to find out if there is a significant difference between entrepreneurs and managers in large corporations regarding overconfidence bias (miscalibration effect). Measuring miscalibration effect by estimating the probability of choosing the correct answer in a five general knowledge questions test, the authors found significant differences between the two categories.

Keh *et al.* (2002) also tested the relationship between overconfidence (miscalibration effect) on one hand, and risk perception and opportunity perception on the other. The authors used the same measure for miscalibration effect as Simon *et al.* (1999) (the interval estimation method), while risk perception and opportunity perception were measured regarding a business scenario. The author concluded there is a significant relationship of miscalibration effect with risk and opportunity perception.

Better than average effect

Searching for an empirical proved relationship of better than average effect with entrepreneurial decision we identified two empirical studies: Camerer & Lovallo (1999) and Moore & Cain (2004).

Camerer & Lovallo (1999) used the Market Entry Game in order to prove the influence of overconfidence bias (better than average effect) upon the decision of entering on a simulated market. Emphasizing that regarding their own abilities, people tend to perceive themselves above the average, the authors analyse the number of entries in 2 situations: in the first, the success on the market depends on random factors while in the second it depends on the abilities of participants. The authors assume that in the second situation, the subjects make the decisions under the overconfidence bias.

In the Market Entry Game's structure, the authors bring a new element: the profitable entries depend on the subject's position in a top of the entries. For example, if the market has a capacity of 4 positions in a round, all the entrants are ranked in a top, the first 4 positions being rewarded. The other positions of the top are losing all, the same amount of money. The criteria for organizing the entrants in a top, based on random factors or on ability test, are announced in the beginning of every round.

To be sure that the explanation for market entries is overconfidence and not an incorrect evaluation of winning chances, the authors analysed also the situation when subjects estimate a large number of entries but still decide to enter. In other words, overconfidence is more accurate revealed when we know it will be a strong competition but we decide to enter anyway.

Without presenting all the details of the research, we mention that the authors concluded that there is a significant larger number of entries on the market in the overconfidence condition compared to the random condition.

Moore & Cain (2004), started their research from the conclusions of Camerer & Lovallo (1999) but they suggested replacing the overconfidence explanation by myopic bias in comparative judgement as an explanation for the number of entries in Market Entry Game. The authors consider that myopic comparative judgement is a more general explanation. They experimentally manipulated the difficulty of ranking criteria and counted the number of entries on the market. Actually, the ranking system based on abilities was divided in two categories: 1. ranking based on a difficult abilities test and 2. ranking based on a simple abilities test. In the beginning of every round, subjects were informed about the ranking system used in that round. For both abilities tests, subjects received examples of items and their correct answers.

The assumption of the study was that overconfidence bias (better than average effect) manifests only for simple tasks and consequently the excess entry will appear only on the *simple* markets. Using the Market Entry Game and comparing the number of entries in three conditions (simple test ranking system, difficult test ranking system and random ranking), the authors concluded that there are significantly more entries in the simple test ranking system condition.

Illusion of control

As showed in the section dedicated to miscalibration effect, the study conducted by Simon et al. (1999) investigated the influence of both miscalibration and illusion of control. Measuring illusion of control, risk perception and entrepreneurial decision regarding a business scenario, the authors concluded that illusion of control, have a significant relationship both with risk perception and entrepreneurial decision.

Another study testing the relationship of illusion of control with risks and opportunities perception was conducted by Keh et al. (2002). Measuring illusion of control regarding their perceived ability to predict market evolution, the authors concluded that illusion of control has a significant relationship with opportunities perception, mediated by risks perception.

Some methodological issues

As we could see, overconfidence bias has at least three aspects, each one with a variety of measuring procedures. We have also seen that empirical studies could not bring always evidence for a significant relationship between overconfidence bias and entrepreneurial behaviour (entrepreneurial decision, risk perception, opportunity perception etc.). Even if we found just a few studies dedicated to this subject, we try to find out if there is a relationship between the procedure of measuring different aspects of overconfidence bias and the success of underlying a significant relationship of this bias with entrepreneurial behaviour. In table 1, we present the results of the empirical studies founded, and the measures used for overconfidence bias.

Table 1.

The relationship between overconfidence and entrepreneurship

Aspects of overconfidence bias	Significant relationship	Non-significant relationship
<i>Miscalibration effect</i>	Forbes, 2005: entrepreneurs vs. non-entrepreneurs; estimating the probability of choosing the correct answer in a 5 items general knowledge test Busenitz & Barney, 1997: entrepreneurs vs. non-entrepreneurs; estimating the probability of choosing the correct answer in a 5 items general knowledge test	Simon et al., 1999: business scenario; estimation with 10 confidence intervals Keh et al., 2002: business scenario; estimation with 10 confidence intervals
<i>Better than average effect</i>	Camerer & Lovallo, 1999: Market Entry Game; abilities ranking system vs. random ranking Moore & Cain, 2004: Market Entry Game; abilities ranking system (simple vs. difficult test) vs. random ranking	0 studies
<i>Illusion of control</i>	Simon et al., 1999: business scenario Keh et al., 2002: business scenario; the perceived ability to predict the market evolution	0 studies

Table 1 shows that regarding the relationship between miscalibration effect and entrepreneurial behaviour, a significant result was found only by studies that measured this bias using the procedure of estimating the probability of choosing the correct answer in a 5 items general knowledge test, and only by analysing entrepreneurs vs. non-entrepreneurs. In the same time, the studies using business scenarios and the procedure of estimating the correct answers with 10 confidence intervals could not bring evidence for such relationship.

The table also shows that regarding the better than average effect, both studies found a significant relationship of overconfidence bias with entrepreneurial decision, simulated by Market Entry Game.

As illusion of control is concerned, both studies found show a significant relationship between this bias and entrepreneurial decision, measured regarding a business scenario.

Objectives

Our study is based on the conclusion of a recent study (Pintea, 2006) in which we showed that between two aspects of overconfidence bias - illusion of control and miscalibration effect - just the first one proved a significant influence upon the entrepreneurial decision simulated by Market Entry Game. The absence of an influence of miscalibration effect was explained there by a possible incomplete congruence between conceptual and methodological approach. We meant there that even if in a conceptual dimension a relationship between miscalibration effect and entrepreneurial decision is plausible, the actual general measurement of this effect might be incompatible with the specificity of decisional behaviour in the Market Entry Game.

Based on this assumption, in the present study we have modified the research design in order to test the influence of a miscalibration effect measured at a more specific level, using items compatible with the specific content of Market Entry Game. We have also tested a third aspect of overconfidence bias: better than average effect, measured also at a specific level, adapted to Market Entry Game specificity. We were also interested in retesting the influence of illusion of control, in order to find out if this aspect of overconfidence bias shows a stable relationship with the entrepreneurial decision.

Method

The structure of Market Entry Game used in the studies referred above was presented in electronic format, in which every round was a slide containing the parameters of the market (ex. capacity) and subjects exposed successively to every round (market). In our study instead, Market Entry Game was adapted into a paper and pencil infrastructure.

The set of rounds (markets) is presented in tables, each raw representing a round. The number of every round is presented on the first column, the capacity of the market in that round on the second column and the decision taken by the subject in the third column ("0" for non-entering and "1" for entering). An example of three rounds is presented in table 2.

Table 2.**An example for the presentation of markets (rounds)**

Market (round)	Capacity	Decision “1” for entering “0” for non-entering
1.	8	0
2.	4	1
3.	10	0

In order to avoid the subject’s anticipation of the capacity for the following round (and consequently the cognitive bias related to this) for every round, the researcher announce the capacity for that round, the subjects write down the value in column 2 and take a decision in column 3.

There were 80 subjects involved in the research, first grade students at Babeş-Bolyai University, Cluj-Napoca.

In the beginning of the study, each subject received a questionnaire containing the scale for miscalibration, illusion of control and better than average effect. After completing the questionnaire, subjects received the formula for their gains in the Market Entry Game, computed as follows:

$$5, \text{ if } di = 0$$

$$Hi(d) =$$

$$5 + 10(C - I), \text{ if } di = 1$$

where “C” is the capacity of the market in a round and “I” is the number of entries in that round. The non-entering decision ($di=0$) is rewarded every time with 5 points, while the entering decision ($di=1$) is rewarded by adding to those 5 points the difference between “C” and “I”, multiplied by 10.

As the capacity of the market is concerned, we have chosen 5 different values: 4, 6, 8, 10 and 12 positions. The game is composed by 5 blocks, each one consisting in 10 rounds of the market with each capacity appearing twice, in random order. Consequently, each subject has to take a total number of 50 decisions (5 blocks X 10 rounds).

In the beginning of the simulation, subjects were exposed to some training rounds. In this case, after taking the decision, subjects received a feedback regarding the number of entries in each training round in order to give them examples of the amount of points that subjects can win or lose. As the experimental game proceeds, subjects received no feedback in order to avoid the influence of this factor upon the decisions.

The concepts and their measurement

Illusion of control: The scale used is based on the studies conducted by Langer (1975), Langer & Roth (1975), Goodman & Irwin (2005), Davis et al. (2000). The illusion of control scale is composed by 6 items and based on an

experimental task used by Fellner (2004) for underlying the illusion of control effect. The subjects are exposed to 6 experimental games with random results in which they have to bet a certain amount of money (between 1 and 100 in the previous study) in two conditions: 1. the random game is managed by himself and 2. the random game is managed by someone else. The difference of bet between the two conditions represents actually an indicator for illusion of control. In other words, knowing that the chances of winning are identical in both situations, illusion of control is revealed by the tendency to bet more when the random game is managed by the subject himself, indicating a perceived bigger chance of winning.

In the present study, the interval of variation for betting was reduced to 1 to 10 in order to avoid certain situation in which an item with a great difference will bring a larger contribution to the total score (the mean difference). For example, if in the previous scale, in the first five items there was no difference between betting on himself or on someone else (score 0) and a large difference in the last item (score 99), this last item was having an unreasonably contribution in the final score. As the final score is the mean difference found in the 6 items, a score of 99 represents an unreasonably value compared to the other 0 scores, and the final score is biased as an estimation for illusion of control effect.

For testing the internal consistence of our scale we computed the Alpha Cronbach coefficient for the 6 items, obtaining a value of 0.63, indicating a good internal consistency. We remind that in the previous study the Alpha Cronbach coefficient was 0.74 indicating also a good internal consistency.

Miscalibration effect: In the previous study where miscalibration effect showed no significant influence upon the entrepreneurial decision, this effect was measured using the procedure of estimating the probability of choosing the correct answer in a 5 items general knowledge test. Subjects have to choose between two answers and to estimate the probability of choosing the correct answer with a percent between 50% (the random choice) and 100% (which means the subject is certain to choose the correct answer). The total score is computed by extracting the proportion of correct answers from the mean of perceived proportion of choosing the correct answers. In other words, we extract the real probability of being right from the perceived probability of being right and the value obtained is a confidence without facts (overconfidence – miscalibration effect). In this case, a positive score means overconfidence while a negative score means underconfidence. A 0 score means a perfectly calibrated subject.

In the present study, we measured miscalibration effect regarding the contents involved in Market Entry Game. The general knowledge items were replaced by 10 estimations of the total number of entries in 10 rounds of the game. In a training session, subjects were exposed to 10 rounds of the simulated market, with a capacity between 4 and 12 positions (4, 6, 8, 10 or 12), each capacity appearing twice in random order. After announcing the capacity in every round, subjects were asked to estimate the number of entries in that round. Subjects received a feedback regarding the real

number of entries in each of 10 round only in the end of the experiment. After the 10 rounds with estimations, subjects were asked to write down the number of rounds in which they thought they estimated correctly the overloading and underloading of the market. In other words, in this case, a correct estimation means that the subject estimated correctly an underloading by writing down a number of entries smaller than the capacity and an overloading by writing down a number of entries bigger than the capacity. As correct estimations were included also the cases when the subjects estimated precisely the number of entries. The correct estimations were coded with 1 points and wrong estimations with 0 points. The final score was computed by extracting the correct estimations from the perceived correct estimations. In this case, a -10 score indicates maximum underconfidence, a score of $+10$ indicating a maximum overconfidence and a 0 score, a perfectly calibrated subject.

Better than average effect: This aspect of the overconfidence bias was measured with a three items scale in which every subject was asked to estimate the percent of participants from his group that will perform better than himself in three abilities involved in Market Entry Game: 1. to gain more, 2. to anticipate the number of entries and 3. to enter on the market only when it is profitable to enter. Subjects were asked to respond by writing down a percentage between 0% and 100%. This specific better than average effect scale has an Alfa Cronbach coefficient of 0.88 indicating a good internal consistency.

Entrepreneurial decision: The total number of entries measured the entrepreneurial decision in all 50 round of the simulated market. This way of simulating the entrepreneurial decision shows some important advantages comparative to the procedures used by other empirical studies. For example, Simon et al. (2000) use a business scenario and measure the entrepreneurial decision regarding that scenario. In another study, Busenitz & Barney (1997) measure the entrepreneurial decision (0 for non-entrepreneurs, and 1 for entrepreneurs), analysing the influence of cognitions upon entrepreneurial decision by logistic regression. In our opinion, both procedures have their disadvantages. The first measures a declared decision, very similar with an intention but not with a real decision. The second assumes that entrepreneurs are individuals that have already taken the entrepreneurial decision, and so it could not prove if those cognitions are cause or effect of the entrepreneurial decision. It is the same disadvantage that was frequently addressed to the personality traits approach in studying entrepreneurial behaviour (Pintea, 2004; Pintea, 2005).

Compared with these approaches, the use of Market Entry Game in order to simulate the entrepreneurial decision expose subjects to a situation in which they have to take a real decision. The subjects have to take a decision in the condition of competition, created by the other participants in the game. This procedure also permits to establish the temporal succession of the events, and consequently can reveal causal relationships between the variables involved. This way, Market Entry Game is superior to the procedures mentioned above, but this does not mean that this experimental game has no disadvantages. The most important disadvantage of

Market Entry Game as a simulation for the entrepreneurial decision is its reduced ecological validity (Pintea & Balazsi, 2005). Even if the essence of this game (a lower benefit for staying out of competition and the chance/risk of winning/losing a greater amount for entering in competition) is similar to the essence of the real market, the abstract rewarding formula, the motivation of participants, the small number of market's parameters make from the Market Entry Game a relatively modest miniaturization of the real market regarding its ecological validity.

Results and discussions

The influence of illusion of control

In order to test the influence of illusion of control upon the entry decision we have divided the subjects in three contrasting groups regarding their score on this bias. The influence was tested using the analysis of variance (ANOVA) for the three groups, the dependent variable being the total number of entries on the market/subject. Table 3 shows the results of the analysis.

Table 3.

The influence of illusion of control upon the entry decision

		Mean	Standard deviation	F	Sig.
1.Reduced effect	32	17,1	9,8	6,7	0.002
2.Medium effect	22	23,8	5,4		
3.Strong effect	25	23,2	5,7		
Total	79	20,9	8,1		

As we can see in Table 3, there are significant differences between these three groups regarding the number of entries on the market. In order to find out more precisely the groups where the significant difference lies, we used the post hoc Scheffe test. Table 4 shows the results of this test.

Table 4.

The results of post hoc Scheffe test

(I) Categories illusion of control	(J) Categories illusion of control	Mean Difference (I-J)	Std. Error	Sig.
1	2	-6,6	2,1	,009
	3	-6,1	2,0	,014
2	1	6,6	2,1	,009
	3	0,5	2,2	,971
3	1	6,1	2,0	,014
	2	-0,5	2,2	,971

Table 4 shows there are significant differences between the 1st and the 2nd group, and also between the 1st and the 3rd group, but no significant difference between 2nd and the 3rd group. In other words, the first 33% of the subjects with a low illusion of control effect entered significantly less on the market than the other two groups of 33% with medium and strong illusion of control effect. The results show a significant influence of illusion of control upon the entry decision.

We remind that in the previous study (Pintea, 2006) we have also revealed a significant influence of this bias upon the entry decision. Altogether, these results show a stable relationship between the illusion of control effect and the entrepreneurial decision simulated by Market Entry Game.

The influence of miscalibration effect

The influence of miscalibration effect upon the entry decision was also tested by dividing the subjects in three contrasting groups regarding their performance on the miscalibration scale. Using the analysis of variance (ANOVA) we have tested if there are significant differences between these three groups regarding their number of entries on the simulated market. Table 5 shows the results of this analysis.

Table 5.

The influence of miscalibration effect upon the entry decision

	N	Mean	Standard deviation	F	Sig.
1 st group	23	21,0	7,8	0,51	0,602
2 nd group	15	20,1	8,3		
3 rd group	18	22,8	8,3		
Total	56	21,3	8,0		

Table 5, shows there are no significant differences regarding the number of entries on the market between these three groups. In other words we could not prove the existence of an influence of miscalibration effect upon the entrepreneurial decision simulated by Market Entry Game.

We remind that in the previous study where we measured a general miscalibration effect, we also could not found a significant relationship with the entrepreneurial decision. Altogether, these results shows that regardless the level of specificity of its measurement, the miscalibration effect has no significant influence upon the entrepreneurial decision simulated by Market Entry Game. Considering also the results obtained by Forbes (2005) and Busenitz & Barney (1997) which show significant differences between entrepreneurs and non-entrepreneurs regarding the miscalibration effect, we conclude that miscalibration seems to be a consequence of entrepreneurial behaviour, without being a predictor for the decision to start a new venture (to become entrepreneur).

The influence of better than average effect

In order to test the influence of better than average effect upon the entry decision we have divided the subjects in three groups by their performance on the better than average scale. We have also used the analysis of variance (ANOVA) in order to find out if there are significant differences between these three groups regarding the number of entries on the market. Table 6 shows the results of the analysis.

Table 6.**The influence of better than average effect upon the entry decision**

	N	Mean	Standard deviation	F	Sig.
1 st group	26	19,4	9,0	0,694	0,503
2 nd group	27	21,4	7,5		
3 rd group	26	21,9	7,9		
Total	79	20,9	8,1		

Table 6, shows there are no significant differences between these three categories of subjects regarding their number entries on the market. In other words, we could not reveal a significant influence of better than average effect upon the entrepreneurial decision simulated by Market Entry Game.

Trying to explain this result, we suggest that into a conceptual dimension, a relationship between better than average effect and entrepreneurial decision remains plausible while the actual procedure of measuring this effect could explain the failure of revealing such a relationship. We remind that we measured better than average effect by asking the subjects to estimate their performance in three abilities involved in Market Entry Game reported to the other participants in the game. It is possible that these three abilities have no connection with the entry decision itself but with the profit obtained by entering/not entering the market. For example, it is possible that those who believe they can anticipate the number of entries above the average of the group also estimate for most of the rounds an overloading of the market and consequently they avoid entering the market.

In other words, it is possible that the better than average effect measured in this study is related to abilities that do not have a direct connection with the decision of entering itself. Consequently, in a future study we shall make sure that the better than average effect is related to abilities more relevant for a successful entry on the Market Entry Game. In the present study, we also measured a declared better than average effect, without any guarantee that this effect was actually present. Consequently, in the future study we shall try to experimentally induce the better than average effect.

The aspects of overconfidence bias as predictors of entrepreneurial decision

In the following section we are interested in testing the relationship of each effect with the entrepreneurial decision when statistically controlling the other two effects. We are doing this by constructing the linear regression equation including the three independent variables - illusion of control, miscalibration effect and better than average effect - as predictors for the total number of entries/subject. Table 7 shows the results of this analysis.

Table 7.
The three aspects of overconfidence bias as predictors for the entrepreneurial decision

		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
Model		B	Std. Error	Beta		
1	(Constant)	12.652	3.941		3.210	.002
	Illusion of control	.304	.136	.287	2.230	.030
	Miscalibration	.700	.494	.187	1.418	.162
	Better than average	9.174E-02	.063	.193	1.463	.149

a Dependent Variable: Total number of entries

Table 7 shows that controlling the miscalibration and better than average effects, illusion of control continue to be a significant predictor for the entrepreneurial decision measured by the total number of entries/subject in a simulated market. This means that when illusion of control grows with one standard deviation, the number of entries/subject grows with 0.287 standard deviations, while controlling the other two effects, miscalibration and better than average effects continue to be non-significant predictors of entry decision.

Conclusions

As we have shown in the beginning of the paper, the idea for this study is based on the conclusions of a previous study, testing the influence of two aspects of overconfidence bias (illusion of control and miscalibration effect) upon the entrepreneurial decision. We have found there is a significant influence of illusion of control upon the entrepreneurial decision simulated by Market Entry Game, while miscalibration effect proved no significant influence. We explained these results as follows: even both effects have a plausible relationship with the entrepreneurial decision according to the entrepreneurship literature, the success or the failure in revealing such relationship depends on methodological aspects as the compatibility between the level of specificity of measuring the concepts involved. We assumed that such compatibility was satisfied only for the illusion of control.

Such an explanation became one of the hypotheses for the present study. Here, we have first retested the influence of illusion of control in order to find out

if this effect has a stable relationship with the entrepreneurial decision. Second, we have tested the influence of a specifically measured miscalibration effect (regarding the estimation of the number of entries in 10 rounds of the Market Entry Game). In other words, we measured a miscalibration effect regarding the ability to predict the evolution of the market. The last objective was to test a third aspect of overconfidence bias: better than average effect. This effect was also measured at a level of specificity adapted to the contents involved in the Market Entry Game.

The results confirmed that illusion of control has a significant influence upon the entrepreneurial decision. In the same time, the results show that miscalibration and better than average effect have no significant influence upon the entrepreneurial decision simulated by Market Entry Game. Such results maintained when we have controlled the other variables involved using the analysis of regression.

Regarding the miscalibration effect, the results from the previous and present study make us conclude that this aspect of overconfidence has no influence upon the entrepreneurial decision but it seems to be a consequence of the entrepreneurial behaviour.

If better than average effect is concerned, the failure of revealing a significant influence upon the entrepreneurial decision can be explained by the abilities related to which we measured this bias. It is possible that these abilities are not related with the entry decision itself but with the profit of entering/not entering on the market. Consequently, we do not exclude this aspect. In a future study we shall try to provoke the better than average effect related to a set of abilities that are more relevant for the success of entering on the Market Entry Game.

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PERCEPTIONS AND EXPECTATIONS TOWARDS THE HEALTH STATUS

ADINA REBELEANU

RÉSUMÉ. Perceptions et espérances de l'état de santé. L'étude propose une analyse synthétique sur les échanges que se sont passés dans le domaine de politique de la santé et aussi une revue sur les tendances dans l'état de la santé de population roumaine. De plus, l'étude présente une analyse concernant les perceptions des roumains sur l'état de la santé dans le contexte de Roumanie pendant la transition. L'espérance de la vie en Roumanie est moins que dans les états de références¹, et aussi que la moyenne européenne. Les plus importants causes de décèses sont les maladie cardiovasculaires et les tumeurs. Les accidents, traumatismes et les empoisonnements sont augmentés après 1990. Même la mortalité infantile est en décline après 1990, est encore plus élevée en comparaison les états de références. L'incidence de tuberculose a décré jusqu'à moitié des années '80 ; après, elle a commence de grandir ; depuis l'année 1989 est la plus grande que les pays de références. Après plus de dixième année de transition les roumains ont peur de la maladie. En 2002, seulement 20% de la populations connaissent leurs droits en qualité des personnes assurées et 26% connaissent leurs obligations. 65% ne connaissaient pas le contenu de paquet des services médicaux. Toutefois, les perceptions de la santé, les attentes de la populations sont encore ignorées par les décideurs politiques, même si les usagers de soins médicaux sont considérés des acteurs sociaux importants pour le processus d'une réforme véritable.

Introduction

The reforms that started in Romania after 1990 have redefined the fundamental role of the state in all sectors (economic, social, and political). The transition towards a market economy from a centralized economy was accompanied by a series of oscillations in choosing the options in what concerns the social and economic politics. These characteristics have also marked the reform of the health system. The politicians who were to decide had to face both the perennial problems from the past, with their good and bad parts, and also the costs that the transition devolved and which, most of the times, were higher than the estimated ones, and the population had too little information to deal with these costs.

¹ J'ai dénommé "les états de référence" pour Roumanie les dix pays de Europe Central et d'Est qui ont candidaté pour l'accession avant de l'année 2003- Bulgarie, République Czeche, Estonia, Hungary, Lithuania, Lettonie, Pologne, Roumanie, Slovakia and Slovenia

The evolution of the health system and the population's health status after 1990. A short overview

During the communist period, the health system was financed and managed by the state, and the population had free access to it. But, because of the inadequate income of the medical staff, the quality of the medical act was conditioned or influenced by the amount of money received from the patients.

The option for an insurance system appeared in our country in the post-revolutionary period under the pressure of the medical professionals and as a consequence of the total rejection of the communist régime. The population continued, and unfortunately continues, to be ignored in what concerns the advantages and disadvantages of the different financing and organizational models of the medical assistance.

The adoption of the project for the Social Health Insurance Law was too delayed, meanwhile important changes have appeared in the status and behavior of the main actors from the medical system. The health system in Romania, although highly comprehensible from the services accessibility point of view, was inefficient, poorly administered and poorly endowed in what concerned the technology and the available medical gear. In 1997 the Law of the social health insurances passed and it marked the structural and functional change of the financing system for the health services in Romania. The model which was mainly financed through general taxes was replaced by a model based on obligatory insurance bonuses. But the collection of the contributions started only beginning with 1999. In 2002, this law was abrogated by the Urgent Ordinance of the Government no. 150, that regulates the organization and the functioning of the present health insurance system. Between the two texts there are some differences, among which the fact that the text in force is more complex and less prone to interpretations.

The health insurance system functions based on the subsidiary and solidarity principles when collecting and using the funds, on the patient's liberty of choice the doctor and the insurance institution, on equality and indiscrimination of the services access. The unique fund of the health insurances is still not autonomous.

The uncertain evolution of the national economy, the health status which is in a continuous deterioration, the increasing unemployment, the fact that more than 45% of the population lives in the rural area are just a few of the elements which plead for the necessity of considering health as a politic priority. Moreover, the decrease of the standard of living after the year 1990, the increase of the underprivileged social groups (elders, paupers, families with a lot of children) and the increase of the hard pathology determined the increase of the medical services consumption. The recrudescence of some illness such as the tuberculosis, which is considered a social disease, indicates the certain deterioration of the population's standard of living.

Perceptions and expectation

The population's perceptions in what concerns the following aspects are synthetically presented: disease *versus* health, access to the health services, the costs for the health care.

After more than a decade from starting the reforms within the economic and social area, and after five years from adopting the social health insurance system, Romanians are mostly afraid from the disease. The following diagram indicates this evolution, in comparison with the fear of prices, prices and disease being almost predominantly situated in the top of fears among the Romanian population.

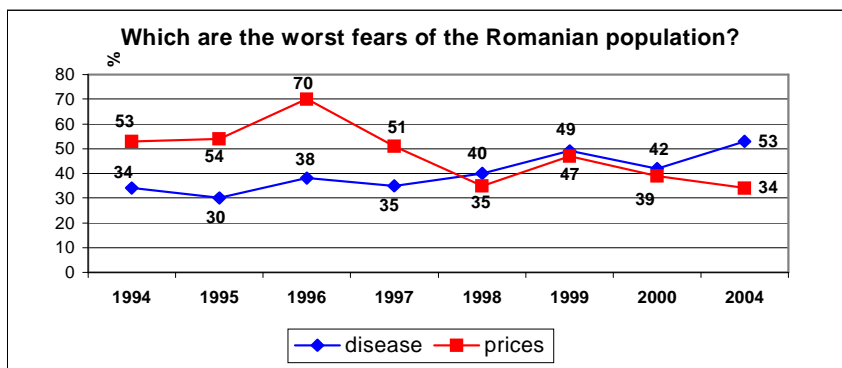


Figure 1. Disease perception among Romanians during 1994-2004

Source: Public Opinion Barometer, October 2004²

Other variables taken into consideration in evaluating the Romanians' fears were criminality, unemployment, a local war, social disturbances, and children's future (this variable appeared from 1998). The questioned persons could only deal with two options. The data testify that even in some of the years when the disease was outmatched by the prices, it was mentioned as a first option.

The population's expectations after the year 1990 were high, for all the domains, including the health field. In what concerns the degree of satisfaction versus the dissatisfaction towards the health state, after 1997, the year of the legal regulation of the health insurance system, the situation was as it follows.

² The "Public Opinion Barometer" program was initiated by the Foundation for an Open Society in 1994 ; www.osf.ro

Table 1.**The degree of satisfaction in comparison to the personal health state of the Romanian population, between 1998-2004**

		1998	2001	2002	2003	2004
Your health	satisfied	45	52	49	53	51
	dissatisfied	49	48	51	41	49

Source: B.O.P, November 1998, B.O.P, November 2001, B.O.P, June 2002, B.O.P., October 2003, B.O.P., October 2004³

In 2002⁴, 22% of the Romanian population appreciated that personal health status was bad, 6% said that their health was very bad, 35% appreciated it as satisfactory, 29% appreciated it as good and 7% said it was very good. The analysis on sub-population of this characteristic is presented in the following table.

Table 2.**The perception of the health status of the Romanian population according to the following variables: age, education, income and living environment, in 2002**

Variable		Good+very good	Satisfactory	Bad+very bad
Education	University education	45	45	10
	High-school education	46	37	17
	Gymnasium education	21	32	47
Age	55+	19	37	45
	35-54	37	43	20
	18-34	54	27	9
Income	Over average	44	42	14
	Under average	33	33	35
Living environment	Urban	40	39.5	20.5
	Rural	34	33	34

Population injustice in the perception of the health status is evident. The higher the level of education is, the better the access to information and services is, and accordingly the health status is appreciated as being better. The correlation between the income and the health state is frequently mentioned in the specific literature: the low income is more frequently associated with a precarious health

³ B.O.P. means Barometrul de opinie publica; www.osf.ro

⁴ The data for 2002 are presented from the Opinion Barometer, regarding the health services, and has been made among the Romanian population, required by the Center for Health Politics and Services (CPSS) and realized by Metro Media Transylvania (MMT)

state. Acknowledging the health state in a higher proportion as being ‘bad and very bad’, by the population which has an income under the average confirms the supposition. The health state is appreciated to be bad and very bad by 45 % of the 55 years old and more population and only a small percent of this age group thinks as being good and very good, in comparison to the other age groups. This is partially explicable through the demographic profile of Romania’s population. The socio-economic data for Romania indicate a higher rate of the older persons in the rural area than in the urban area, a higher rate of the poverty and a greater number of the families with three or more children appear still in the rural area⁵.

In what concerns the perception of the access to the health services, the situation is as it follows: 77% of the questioned population in 2002 declared that that they had easy access to a family doctor. In 17% of the cases, the family doctor’s consulting room was in another locality, and in 8% of these cases it was located over 20 km distance. This situation is more frequently met in the rural area than in the urban area, because of the insufficient staff and transportation difficulty. For an approximately 70% of the situations, people are addressing themselves to the family doctor, regardless of the age, living environment, income. However, the access to other medical services, other than those offered through the family doctors’ consulting rooms is different. The data are presented in Table 3 on categories of respondents, according to age, education, living environment and income.

Table 3.

The perception of the access facility to other medical services, other than the ones offered by the family doctor⁶

	Easy access(%)	yes	no
n	Education		
	<i>University education</i>	74	26
	<i>High-school education</i>	79	21
	<i>Gymnasium education</i>	64	36
Age	<i>55+</i>	71	29
	<i>35-54</i>	74	26
	<i>18-34</i>	73	27
Income	<i>Over average</i>	80	20
	<i>Under average</i>	69	32
Living environment	<i>Urban</i>	77	23
	<i>Rural</i>	65	35

The lack of money represents the main reason for the persons who did not resort to other medical services than those offered by the family doctor in 43% of

⁵ Rebeleanu, A., (2005), Health and Disparities between City and Countryside- facts and alternatives, Studia

⁶ The Opinion Barometer, regarding the health services realized among the Romanian population , 2002

the cases, and 32% declare that they were not able to go to the hospital because of the transportation difficulties (The Opinion Barometer regarding the health services, 2003). The situation is more frequently met in the rural area than in the urban area, because the hospitalization services are rarely present in the rural area.

In BOP from November 1998 (one month away from the official start of the health reform and over one year from the voting of the social health insurances Law in July 1997) the following question was introduced: “In order to be treated in the correct way, is it or is it not necessary to offer “present” (money, products, services)” (There are indicated several institutions: the Court, the City Hall, the police, the school, the hospital, the working place). 30% of the questioned persons answered “yes, sometimes” and 37% “yes, always” in case of the hospital. For the rest of the institutions, the proportion of those who answered affirmative varies between 8% and 18%. At the same time, in what concerns also the living environments, the hospital is placed on the first place, outmatching the other institutions (Table 4).

Table 4.

The distribution of the ones who offered 'presents' to be treated correctly

Living environment	Yes, always %	Yes, sometimes %	No %
Urban	42	29	23
Rural	3	31	32
Total	37	30	27

Source: The Public Opinion Barometer, November 1998, MMT

In 2001, the hospital continued to hold the highest rate in what concerned the informal payments in order the population to obtain services. 45% of the population resorted to hospitalization services; 54% of these people offered presents (and the rates vary between 7 for the financial center and 17% for school). 66% were satisfied with the services received during hospitalization (within the satisfaction field, the school and the financial center registered the highest percentages 78% versus 79%) (BOP, November 2001⁷).

The arguments for offering informal payments are: a more attentive care from the doctor (21%), gratitude (19%), it is customer (18%), for a prompt treatment (11%), for a more attentive care from the nurse (13%), for a better relationship with the doctor in the future (8%). Only in 3% of the cases the “present” was solicited by the medical staff (BOP - regarding the health services, 2002).

The Public Opinion Barometer from May 2003⁸ and the one from October 2004⁹ permit us to appreciate the way in which the Romanians relate to the

⁷ The Foundation for an Open Society, The Public Opinion Barometer, November 2001, realized by the Center of Urban and Regional Sociology, Romania

⁸ The Foundation for an Open Society, The Public Opinion Barometer, May 2003, realized by the Gallup Organization, Romania

informal payments system towards the doctors. The mentioned documents emphasize and reconfirm the information above: the very high frequency of the informal payments in the medical system in comparison to the public administration, the juridical system, the educational system (Figure 2).

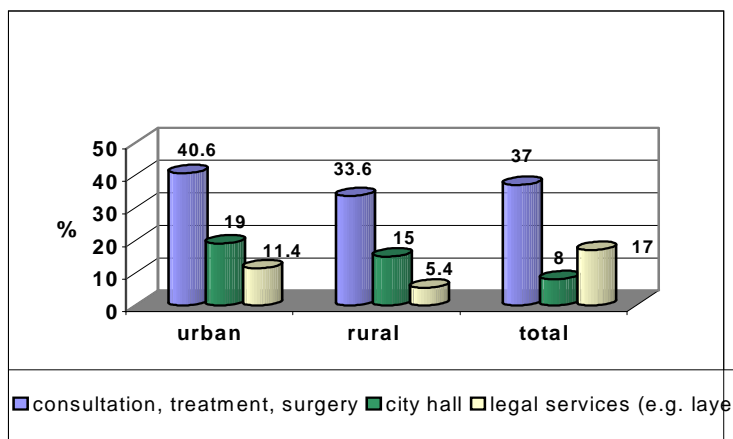


Figure 2. The distribution of the informal payments among the population who resorts to different services

Source: B.O.P. October, 2004

The frequency of the informal payments is higher among the persons who have relations or people they know in the medical system, but the relations do not replace the informal changes, they are only a second guarantee of the caring quality. In what concerns the age categories, the persons who are under 30 years old are the most willing to offer informal payments to the medical staff: a half of them paid more than the legal taxes, in comparison to approximately a third of the other age categories. (The Public Opinion Barometer, May 2004, The Opinion Barometer regarding the health services, 2002). One can talk about the paternal inheritance of the informal payments, and actually there is a legitimacy of the informal payments: 28% of the Romanian population consider that it is normal to 'give the doctor or the nurse something because they have treated you right', their frequency being twice higher than in the cases of the presents given to the boss, over three times higher than in the cases of the presents given to the teachers, and over four times higher than in the case of payments for the police officers (BOP, October, 2004). 61% of the people who offered presents consider that it was necessary to do this thing in order to receive the proper care or medicines and 12% declare that the medical staff asked/ conditioned the medical act by the supplementary payments or presents, according to the poll made in 2003 at the CPSS's request (The Opinion Barometer regarding the health services, 2003).

⁹ The Foundation for an Open Society, The Public Opinion Barometer, October 2004, realized by the Gallup Organization, Romania

As a result of the poll made at the CPSS's request in 2002, 58% of the questioned persons do not hold sufficient information about the health system. 65% of the questioned persons do not know what the services pack means, 13% respond affirmative and 22% only partially. To benefit of the services supplementary to the basic pack 70% consider that the state must pay supplementary insurances for each citizen, 17% consider that the ones who need to pay an official direct tax, 11% consider that each citizen should pay insurances to the private insurance institutions, 1% appreciate that the ones who desire such services should offer presents (The Opinion Barometer regarding the health services, 2002). In 2003, the most viable alternative for stopping the informal payments mentioned by those who declared have offered presents, was to increase the income of the medical stuff (61%) (The Opinion Barometer regarding the health services, 2003).

According to the same source, in appreciating the health insurance system in Romania, 34% do not see any changes, considering that the medical care is exactly the same as prior to introducing the health insurances, 32% appreciate that the situation was better before the introduction of the insurance system, 20% consider that in what concerns the health services the situation is better now, while 14% represents non-responses or 'I don't know' variant. Referring to the present health system in Romania, 39% appreciate that 'there are good parts in the present system, but fundamental changes are necessary in order to function better', 23% consider that 'the Romanian sanitary system functions so bad that a complete change is necessary', while 23% think 'generally the system functions rather well and it only needs small changes to make it functioning better', the rest being non-responses and the 'I don't know' variant. 79% consider that the system is confronted with financial problems, and the main cause is considered to be the small budget (45%). 60% of the questioned persons consider that the government should allocate the money from state budget primarily for health, the next places being occupied by education and social assistance. Only 20% know their rights as an assured person, and 26% know their duties.

A retrospective analysis is essential for the appreciations regarding the subjective welfare from the point of view of the possibilities of the population to administrate their income (Table 5).

Table 5.

The appreciation of the standard of living between 1995-2004

%	1995	1996	1997	1998	1999	2001	2002	2003	004
We manage to have everything we need without having to give something up	1	1	1	2	1	1	1	1	
We manage to buy some of the more expensive objects, but we give something else up	9	5	7	8	3	3	3	5	

PERCEPTIONS AND EXPECTATIONS TOWARDS THE HEALTH STATUS

The income is enough for a decent living, but we cannot afford some of the more expensive objects	23	23	23	22	15	14	16	17	4
The income is enough only for the essentials of life	36	38	40	37	42	38	34	39	0
The income is not enough not even for the essentials of life	31	33	29	31	39	44	45	36	9

Source: B.O.P.¹⁰

One can note the growing percentage of the ones who see that the household income is not sufficient even for the essentials of life, the high percentage with the same values varying between 36 and 42% for the ones who appreciate that the income is enough just for the essentials of life. At the same time, the proportion of the ones who declare that the income is sufficient for a decent living, but without the possibility to buy more expensive objects is decreasing in 2004 in comparison to 1995.

What should be changed in the medical caring activity?

If the activity done by the family doctors is concerned, the changes suggested by the patients refer to: the endowment of the consulting room with medical gear (39%), the behavior, interest and attention for the patients (27%) and a prolonged schedule, and the announced one to be respected (26%) (The Opinion Barometer regarding the medical service, 2003).

The activity of the medical stuff in the hospitals should be changed in the following way: the endowment with medical gear, the attention, the understanding and the empathy given to the patients, and a better specialization, and responsibility (The Opinion Barometer regarding the medical service, 2003).

The Ministry of Health is considered responsible of the right guarantee and access to the free or compensated medicines and recipes, of the endowment of the consulting rooms, of the polyclinics and hospitals, with high quality medical gear and of medical staff attitude (The Opinion Barometer regarding the medical service, 2003).

I mention the fact that I have indicated only the first three aspects in the changing hierarchy, according to the quoted document.

Final remarks

To synthesize, the population’s lack of information regarding the organization and functioning of the health insurance system is present in a proportion of over 50% of the cases, however there are five years by now since the reform was issued. There are still a great number of persons who consider that even in the conditions imposed by the system with insurances based on contribution, the state must have a main role in the present sanitary system. The cost of the medical services is perceived as being high.

¹⁰ www.osf.ro

As a result of the introduction of the health insurances, has grown the role of the family doctors and of the primary assistance of the health status, and this aspect was one of the wanted effects through the implementation of the health system based on insurances.

The thing the Romanian population fears from the most are the diseases. In the conditions in which the Romanian economy registers slight growing tendencies, which could be seen only after 2001, it also registers the deterioration of the living standard, against the diminution of the income and of transfers, especially in the first years of the transition, the main source of welfare for the Romanian population remains the income. The disease affects the working capacity, and thus it diminishes the income. Under these conditions, the medical system can be considered the sore point of their quality of life. The informal payments, even if they persist, are legitimate, but they supplementary harden the ones who have an income under the average salary in the country.

Even if the general perception of the population is that the state must have an important role in administrating the health fund, the increase of the medical stuff income and the private insurances seem to be an alternative to the diminution of the informal payments.

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RURAL COMMUNITIES AND DEVELOPMENT PROJECTS

TRAIAN VEDINAȘ

RÉSUMÉ. Les communautés rurales et les projets du développement. Les changements politiques et sociaux de la société roumaine post-communiste sont présents aussi au niveau des communautés rurales, bien que plus faiblement. L'exercice démocratique du suffrage libre, l'autonomie locale et la libre initiative ont rendu possible la perception du développement social, non pas seulement du point de vue général, mais aussi du point de vue de la réalité locale. Bien que dominées par l'économie de subsistance, les communautés rurales présentées dans cette étude ont leurs propres projets de développement, ayant dépassé la mentalité du regard rétrospectif (il s'agit, dans ce cas, des communautés suivantes: Adâncata – de Suceava, Dabâca – de Cluj, Dragu – de Sălaj, Grinties – de Neamț, Ogra – de Mureș, Sag – de Sălaj et Tulghes – de Harghita).

Introduction

This analysis continues a previous research entitled “Regional Development and Local Mentalities”, presented in 2001 at the same reunion¹ and its basic sociological statement is that every rural settlement (commune, village, hamlet) represents a different social unit with distinct territorial, demographical, cultural, and organizational particularities. Therefore, although they are social units, the rural communities are rather different than similar.

The objectives of our research are the minimal geographical description of the communities that we have chosen, the presentation of the political structure of the local councils and the drawing of some assumptions regarding the way in which these communities manage their development. The database was obtained through questionnaires applied to one or to several officials belonging to the communities that we studied and situated in various areas of Romania. The description of these localities will be made in alphabetical order, as well as the presentation of the structure of the local councils and of the assumptions concerning the development tasks.

1. Geographical Descriptions

Adâncata is an administrative unit of the county of Suceava, situated in the Southeast of the hilly massif of Dragomirna, natural subunit of Suceava Plateau. As an administrative unit, it includes also the villages Călugăreni and Fetești.

¹Vasile Surd, Vasile Zotic, Rural Space and Regional Development, Editura Studia, 2003, p. 447-449.

Adâncata, together with these two villages, cover an area of 3857 hectares, of which 1834 hectares are plough field, 360 hectares are pastures and grasslands, 4 hectares are orchards, 1513 hectares are woods, 92 kilometers are roads, 27 hectares are waters and courts. The population of the commune is represented of 4093 inhabitants, living in 1302 small peasant farms. Adâncata is a hill village with a subsistence economy.

Dăbâca is an administrative unit of the county of Cluj, situated in Someșan Plateau and including in its territory Dăbâca, Cătun, Luna de Jos and Paqlișa localities, too. The agricultural territory is organized in plough field, orchards, hay fields and pastures. There are 1824 inhabitants, living in 1189 peasant farms, of which there are 552 small peasant farms of 13 hectares, 456 middle small peasant farms of 35 hectares, 5 small middle farms of 10 hectares, 180 large middle farms of more than 5 hectares. Dăbâca is a village of low hills, where the economy is a subsistence economy but there are also small merchants in the 12 commerce and public alimentation units.

Dragu is an administrative unit of the county of Sălaj, situated in Someșan Plateau on the road from Cluj-Napoca to Jibou and it is the first in the series of localities on the Almaș Valley. The administrative unit Dragu includes also the localities Adaliu and Voivodeni. The agriculture is organized in small peasant farms and in an agricultural association. The agricultural territory is of 8850 hectares, of which 2230 hectares of plough fields and 3270 hectares of hay fields. The commune has also 3350 hectares of woods. 7250 hectares of the 8850 hectares owned are administrated by the "Dragu Association". As in the case of the other localities, Dragu is also a hill village, with a subsistence economy, where the association has only half of the administrated field worked. The commune is specialized in the culture of the cereals and the local people who subscribed in this association, whose principle is the rent principle, live in the typical conditions of the subsistence economy.

Grințieș is an administrative unit of the county of Neamț, situated near Ceahlău Mountain on the river Bistricioara not far of the accumulation lake Izvorul Muntelui. This administrative unit includes the villages Bradu, Poiana, Grințieșul Mare and Grințieșul Mic, all of them organized in 962 small family farms. The agricultural territory is represented by 14170 hectares, of which there are 2184 hectares of agricultural field, 233 hectares of plough field, 468 hectares of natural pastures, 1476 hectares of natural hay fields, 11804 hectares of woods, 182 hectares of roads, waters and other fields, 56 hectares of yards and gardens. The three localities are mountain villages with a subsistence economy based on breeding and on the cropping of maize and of potatoes.

Ogra is an administrative unit of the county of Mureș situated near the river with the same name between the two geographical units, Câmpia Sărmașului and Podișul Târnavelor. The villages Dileul Vechi, Giuluș, Lascu and Văideni belong to the same administrative unit. All these localities together represent 5216.

99 hectares of field, of which 294.20 hectares represent fields inside the localities and 4922.79 hectares represent fields outside the localities. According to the census of 2002, the population of the commune is of 2.441 inhabitants. The families own fields, usually between 5 to 10 hectares, they practice the family working which is typical to the subsistence economy, but they also sell milk, calves and pigs. Ogra is a village of deforested hills situated 'at the middle distance between tradition and modernity', as one of the interviewed subjects specified.

Sag is an administrative unit of the county of Sălaj, situated in the area before the mountain area of Muntele Şes (Plopişului Mountains). This administrative unit includes also the villages Fizeş, Mal, Sarbi, Tusa. The population of this administrative unit is of 3616 inhabitants and it has 1124.86 hectares of field, representing 800.89 hectares of plough field, 15.12 hectares of family gardens, 303.92 hectares of natural pastures and hay fields. This administrative unit is a half-mountain community, with settled villages (Sag, Fizeş, Mal, Sarbi) and dispelled villages (Tusa and the hamlets Dealu Mare and Dealul Corbului). The economy is a subsistence economy.

Tulgheş is an administrative unit of the county of Harghita, situated along the river Putna, between Munţii Curmăturii and Munţii Giurgeu. The village is an area of the communicational lines between Moldova and Transilvania. It has 3751 stable inhabitants, a field of approximately 13787 hectares, represented by pastures and woods. The main activities of the inhabitants of this mountain village are the commerce, the forest exploitation, the milling, a fact which gives to this social unit the aspect of a rural-industrial organizational structure.

The descriptions above are not homogeneous, because in these local administrative units, the standardized data slips are not being used, a fact which creates a bureaucratic curtain difficult to be rationalized and transformed in subject of the typologies of the researcher so useful for the comprehensive analyses. This fact might be considered easily a handicap which obstructs the honest and objective scientific research.

The Political Structure of the Local Councils

In our field research, we've noticed that the mayors of the rural administrative units are being elected due to the personality criteria, and not to the political belonging. The myth of the 'good housekeeper', so present in the traditional peasants' mentality, is the one who determines the electoral option. This way, the belonging of one mayor or another to a political group is not relevant for the rural citizens, but only for the central authorities, the latter usually favor - by financing - those mayors belong to the governing parties. Due to this fact, rural mayors have migrated in the past from one party to another and they still do that after the last elections which cause the change of the governing parties. Thus, there are cases of mayors belonging to the opposite parties who have moved to the governing parties in order to obtain development funds and to keep the confidence of the

electorate in case of a future election for the position of local administrative leaders. These migrations are also caused by the fact that these leaders are very much aware of the mentality of the rural electorate. The latter still elect a mayor based on the criterion of person and not of the party, the political group whom that person represents.

The degree in which the political groups are represented in the rural communities is visible in the local councils, these small rural parliaments composed of social actors with different political belonging. Their initiatives, in a limited area, as well as their vote are decisive for the approval of the distribution of the local development funds and in some of the cases, they are decisive even for sustaining some development programs with external funds which do not come from the local or governmental authorities.

Based on the argumentation above, we considered necessary to introduce in our case studies, the structure of the political belonging of the local councilors, too, as their position is important in the management of the community.

The political belonging of the social actors who are in the local councils of the localities that we have researched is presented in the table below:

Table 1.

The political belonging of the social actors who are in the local councils

No.	Locality	County	Political Groups ²									Total
			PFD	PD	PNG	PNL	PSD	PRM	PUNR	PR	UDMR	
1.	Adâncata	Suceava	1	1	1	2	7	1	-	-	-	13
2.	Dăbâca	Cluj	-	2	-	2	4	1	1	-	-	10
3.	Dragu	Sălaj	-	1	-	5	2	-	-	1	-	9
4.	Griințieș	Neamț	-	-	-	5	6	1	-	-	-	12
5.	Ogra	Mureș	-	3	-	4	2	1	-	-	1	11
.	Sag	Sălaj	-	2	-	2	8	-	-	1	-	13
.	Tulgheș ³	Harghita	-	4	-	1	2	-	1	-	2	11

Note: PFD= The Democratic Force Party; PD= The Democratic Party; PNG= The New Generation Party; PNL= The National Liberal Party; PSD= The Social Democratic Party; PRM= United Romania Party; PUNR = Party of the Romanian National Unity; PR = The Party of Roma; UDMR = The Democratic Union of the Hungarians in Romania

A first thing to be drawn the attention upon concerning the structure of the political belonging in the local rural councils is regarding their composition,

² RFD=Democratic Force Party, PD=Democratic Party, PNG=New Generation Party, PNL=National Liberal Party, PSD=Social Democratic Party, PRM=United Romania Party, PUNR=Party of the Romanian National Unity, PR=Rroma Party, UDMR= Democratic Union of the Hungarians in Romania.

³ One independent councilor.

different in some cases comparing to the parliamentary structure of the political groups. At the parliamentary level, there are only the following groups: Justice and Truth Alliance, The Social Democratic Party, United Romania Party, The Democratic Union of the Hungarians in Romania, while in the local councils there are also political groups that are not represented in the Parliament, such as The Democratic Force Party, The New Generation Party and the Party of the Romanian National Unity. This difference is the proof of the different nature of the local democracies which do not allow to be seduced by the impact of the huge media campaigns organized by the political groups represented in the Parliament. It might also be the proof of the sudden awareness of the rural inhabitants concerning the so-called political consciousness and public consciousness, a fact which clearly differentiated the rural world of the mass, unidirectional voting specific to the previous elections. Beginning with the elections in 2004, the rural inhabitants escaped the 'collectivist' spirit specific to the campaigns in 1990, 1992, 1996, 2000 in rural communities. This was the first step towards the democratic and liberal individualism.

The specific structure of the local rural councils presented above might easily be identified also due to a certain ethnical polarization with nationalist backstage aspect when sustaining the interests of the communities of various cultures. We would like to specify the fact that the Romanian groups with a nationalist mentality (United Romania Party and the Party of the Romanian National Unity) are not included in the structure of the local councils except for those communities where there are also representatives of the Hungarian ethnicity (Democratic Union of the Hungarians in Romania), which ideology has also nationalist aspects, even radical forms. It is obvious that there are two polarized nationalisms, the nationalism of the Romanians and the nationalism of the Hungarians, once we notice that, although in the community in Dragu there is a councilor of another ethnical belonging (Roma) than the Romanian one, the Romanian nationalist parties don't have representatives in this council. This means that the real or perceived political nationalism is distributed in percentages that cannot be evaluated precisely, except between Romanians and Hungarians, actually in the communities with inhabitants belonging to these two ethnicities. This situation of the ethnical polarization, with aspects of nationalist ideology, may be found also in the parliamentary groups, where the nationalism of the United Romania Party is moreover a tough and virulent one. Meantime, the nationalism of the Democratic Union of the Hungarians in Romania is an apparently soft one which becomes radical and uncontrolled only in populism accesses between two legislatures and is expressed through some personalities of this political group which are not the leaders, the latter preferring to deny with ability their solidarity with this kind of declarations, in order to keep their European option and the presence in the government, no matter the left or right option of the governmental majority. This way, The Democratic Union of the Hungarians in Romania escapes extremism, yet it has nationalist flashes, not without the conscious or unconscious

intention of maintaining the Romanian nationalist extremism. The Romanian extremism becomes this way much more visible, which does not mean that the nationalist flashes of some Hungarian politicians don't bring as much prejudices as the former to the real image of the Romanian society, which is essentially tolerant and humane, in the relationship with all the ethnical and cultural identities that live on its territory – a territory where the majority does not dominate through decisions the minority, as we will see when analyzing the development projects.

The Development Projects

In some of the testimonies regarding the rural development through projects, it is mentioned that the project was proposed and sustained by a certain group of councilors belonging to a certain political group, a fact which confirms the real role of the local councils in finding the efficient ways of development.

The administrative unit Adâncata has 'running' projects: the water supplying, the draining, the building of a purge station, the distribution of the methane gas, the rehabilitation and asphaltting of the roads of the commune, the general repairs made to the buildings of the public institutions, the modernization of the public lighting, the buying of PC software.

In the Dăbâca commune, a SAPARD project was obtained for 2005-2006, in order to introduce the drinking water. For the future years, the objectives are the modernization of the medical assistance, the introduction of the methane gas, the rehabilitation of the public lighting in the villages Paclișa, Dăbâca, Cătun, Luna de Jos. The local council in Dăbâca is considering also the possibility of development through agro-tourism.

In Dragu, there are the following running projects: the paving of the backstreets of the commune through SAPARD projects, the installing of the drinking water in school and the building of a sport hall.

In Grințieș commune, the cable television was introduced, the schools received computers through a program financially sustained by the World Bank. Although in 2004 there was a project meant to fix the draining and the drinking water, it was not brought to the end, because of the missing funds.

The administrative unit Ogra developed a project named "Ogra- European Village", initiated by the entire local council. The citizens of this locality are quite skeptical regarding the possibility of realizing such a project, yet they trust the local councilors.

In the Sag commune, a project is running for the arranging and modernization of the roads of the commune with Sapard funds and they intend to develop the tourism in the future.

In Tulgheș commune, there is a development program running with the help of the Sapard funds, in order to fix the draining and the purge of the water.

Conclusions

The cases presented above show, in comparison with the previous years, the clear intentions of correlations between development and modernization, the phenomenon being one of urbanization through draining, the introducing of the drinking water, of the methane gas, the arranging of the roads of the commune that are transformed from ground roads into stoned roads, as the symbol of the first step to the comfort of the driving and generally speaking, of the transport.

The development coordinates have reached, in some of the communities, European standards, through the implication of some SAPARD projects in the development. The project "Ogra-European Village", which produces at the moment enough controversies, aims also at the standards of the European integration.

As we saw, in all the cases studied above, the dominant economy was the subsistence economy, which means that they produce as much as they consume, that is why the expressed intention of the development through agro-tourism and tourism introduces in the field of the Romanian rural development, alternative activities which ten years ago seemed to be only an utopia, as only specialists dared to talk about them. Now, as we could see, the alternative activities of agro-tourism and tourism are present, even if not very often, in the speeches regarding the local rural development projects.

This fact is a proof that the Romanian villages are in a process of change of mentalities generated also by better information of the people regarding the projects, but also by the democratic functioning of the small communal parliaments, the local councils.

CHILDREN AND SOCIAL POLICIES IN ROMANIA

MARIA ROTH-SZAMOSKOZI, LIVIA POPESCU, CRISTINA RAȚ

RESUMÉ. Les enfants et la politique de protection sociale en Roumanie. La période postcommuniste a généré de nombreuses difficultés, mais aussi de nouvelles opportunités pour les familles de Roumanie. Les dépenses sociales publiques ont enregistré un niveau particulièrement bas pendant toute la période de transition. Même si une telle politique a pu avoir des raisons économiques, son impact sur la qualité de vie des familles a été négatif. À cause de l'inégalité accrue, ainsi qu'en raison du niveau insuffisant des prestations sociales, les familles pauvres ont subi l'effet des nombreux facteurs de stress. Dans ces conditions, le système de protection de l'enfant a dû parcourir un long et pénible procès de «renaissance». Des étapes importantes ont été parcourues, notamment par le développement des alternatives non-institutionnelles, l'importance accordée aux droits de l'enfant et la professionnalisation des services. Néanmoins, le changement du système est loin d'être achevé. Confrontée à l'intégration européenne, la Roumanie a amélioré le financement des prestations et des services destinés aux enfants et aux familles en difficulté. Tout de même, la politique sociale, dans son ensemble, ne satisfait toujours pas le principe d'une société centrée sur l'enfant.

Social, demographical context

In the communist period, marriage and family life were “territory” designated so as to be better controlled by the Communist Party. Communist political discourse had a strong pro-natalist message. The child was proclaimed as ‘the very future of our nation’ and families and particularly women had the “patriotic duty” to contribute to the growth of the nation (Kligman, 2000; Verdery 2003). Legal regulations referred to such concepts as *the interest of the child*, *protection of the child*, *education of children*, *mother-and-child* and *the state care for children in difficulty* (orphans, but more often children whose parents were unable to care for them). Special educational programs and were instituted, as well as a few public services aiming at providing support to “mother and child”(Stanculescu, 2005).

The control of the state over family-life was plainly exposed in the “scientific” explanation of the family code. Ionescu, Muresan, Costin, and Ursa (1975: 67) considered that “in our socialist society the maintenance of marriage ceased to be a strictly personal problem of the spouses. The society cannot be indifferent to the fate of marriage and to family.” The main role of family was considered to be giving birth to children and raising them in the new social spirit. That is, to become worthy citizens of the communist society. The politics of the

communist dictator, N. Ceausescu, who ruled in the period 1965–1989, were aimed at fighting against the Western urban family type, and for the preservation of traditional Romanian family values. This included an ideological strengthening of rural-patriarchal values, which was partially successful. Economic difficulties influenced the attitudes and perceptions of women, but so did the firm pro-natalist politics and the rural-patriarchal mentality of the Ceausescu period (Baban & David, 1995; Kligman, 2002; Verdery, 2003)

Urban nuclear families diminished their social functions during the communist regime. First of all, the educational roles were transferred to society. Women had to return to their employment soon after delivering a baby (the mother was entitled to a maximum of 117 paid days off from work). To make this possible, nurseries and kindergartens were offered to families. However, nurseries were notorious for being crowded and for providing low quality child care. Women were working with men, which was progress compared to the pre-war, dominant housekeeper role. However, this also meant more duties in a still patriarchal family decision-making model. Women knew that they had to work and contribute to the family income because one (husband's) wage was not sufficient for the family's living expenses. As the traditional roles of the women (raise children—the more, the best, according to the dominant communist ideology—and domestic activities) continued to be performed, women's duties had doubled (Kligman, 2000).

In a more traditionalist pattern than in Western societies, the typical family today is still the nuclear family, with both parents employed and raising one or two children. This family pattern is typical for the Romanian majority population and for the largest ethnic minority, the Hungarians (about seven percent of the population)¹. Roma (Gypsy) families represent another pattern, that can be found especially in rural areas, with many children and women not engaged on the formal labour market (E. Zamfir & C. Zamfir, 1993). They are the only minority whose size is increasing in both absolute and relative terms, representing according to the latest Census (2002) 2.5% of the population. However, estimations of researchers indicate a much larger percentage, around 7% of the population (Guvernul României & UNICEF, 1997; INS, 2003, Popescu, Roth-Szamoskozi, in press, Resource Center for Roma Communities, 2004).²

¹ The German (0.3%) and the Jewish (0.04%) minorities (at the 2002 Census, which is the most recent, Institutul National de Statistica [INS], 2003), with constantly decreasing numbers, are characterized by elderly families, and with the younger generations already emigrated.

² According to the World Factbook (2005), the ethnic makeup of Romania is 90 percent Romanian, seven percent Hungarian, three percent Roma, and about one percent of Germans, Russians, Turks, and others. Earlier, in 1992, the Census counted 409,723 Roma, or 1.8 percent of the population. Another estimate places the number at around 1.5 million, or 6.5 percent of the population, while others report between 1.4 million and 2.5 million Roma. If accurate, this would be the largest Roma population in Europe and perhaps the world. However, there is difficult to determine who is a Roma (see Mizsei et al., 2003).

Child birth rate and infant mortality

After 1989, the significant decrease in job security, the deterioration of the overall standard of living, and the lack of affordable housing affected family formation and reduced child birth rate. The salary policy during the 1990s led to an increased inequality among the population. Income inequality rose by approximately 50 percent above its 1989 level (Berthin, 2002). The marketization of the economy, however committed in the first years to the gradual transition and hesitant to comply with transnational bodies - like the International Monetary Fund (IMF) and the World Bank - aggravated the lives of many families.

The infant mortality rate (above 20 per 1000 live births until 1998, above 18 per 1000 live births in 1999 and 2000, 19.4 in 2003, and 26.4 in 2005) is higher than in all other European countries except Albania, Moldova, The Russian Federation, and the Former Yugoslavia Republic of Macedonia (CNS, 1999b, INS, 2005a; The World Factbook, 2005)³. The under-five years mortality rate (per 1000 live births) was 24 in 1998 and 21 in 2001 (rate was 57 in 1970) (Balasa et al., 1999; United Nations, 2003). The causes of the high child mortality rate are to be found in problems related to the quality of, and the difficulties within, the medical system. They are also related to the low living standards of the families who tend to have more children and to the quality of the child welfare system, which has not yet developed effective forms of support for children living in inappropriate or dangerous situations⁴ (Popescu, Roth-Szamoskozi, in press).

Romania had since 1992 a decrease in population, due both to negative population growth (high mortality and decreasing birth rate) and to emigration (Comisia Nationala pentru Statistica & United Nations Development Programme [CNS & UNDP], 2000; World Factbook, 2000, 2004). Demographers (Muresan, 1996) have asked repeatedly to bring in social policy regulations to encourage birth rate. This low child birth rate has been targeted by the legislation on parental leave in 1997 and again in 2000 (Law 19/2000) and 2003 (Governmental Ordinance 105/2003). The legislation provides support for child-rearing – to parents who have previously contributed minimum a year to social security funds – till the child turns 2 years (3 years for children with disabilities). Means-tested provisions were introduced for families with children based on the legal framework that was finalized by 2004. It should be mentioned that 2005 was the first year when the number of birth rates rose above the previous year. This tendency seems to be repeated in 2006, when newspapers signaled a “record” number of child birth (Radio Romania International, RRI, 2006-07-14).

³ The infant mortality rate is defined as the probability of dying between birth and exactly one year of age, expressed per 1000 live births. The under-five mortality rate is the probability of dying between birth and exactly five years of age, expressed per 1000 live births (UNICEF, 1996a).

⁴ M. Roth-Szamoskozi, interview with representatives of Child Protection Structures (SOROS Foundation Research Support Scheme grant), 1997.

Education

Romanian families, as a rule, give much attention to children and their education. Families invest considerably in the education of their children, supporting private lessons (especially foreign languages), participation at extra-curricular competitions, including artistic and sport activities, as well as in their learning resources (books, computers, Internet access at home) (E. Zamfir, 1995). The emphasis on investing in the education of children constitutes a powerful social norm, present already during state socialism, and maintained throughout the transition period. This is shown by the significant increase in the number of youngsters enrolled in higher education. Parents continue to offer help for secondary education, their support reaching out even to the adult life of their sons and daughters.

Access to education is equal to both genders. Overall, a slightly higher proportion of females than males were enrolled in primary through tertiary schools in 2002 (United Nations, 2003, UNDP, 2004). According to law 268/2003, compulsory school has extended from 8 to 10 classes. School is not compulsory for those aged 15–18 if the first two levels (8 years) have been completed. The percentage of primary aged children attending school (percent average 1990–1999) was 92 for Romania (Berthin, 2002)⁵. Yet, the raising numbers of school dropouts and of street children have been matters of concern through the last 15 years (Popescu, Roth-Szamoskozi, in press).

Teachers are not prepared to address the problems of poor and neglected children: they have little supervised practice and practically no training or theoretical basis for working with children with special needs. There are no social workers in the school system except from those working in some pilot projects, who are most often at the very beginning of their professional career and cannot demonstrate their efficacy, and few child psychologists. Recently, more qualified personnel are involved in the mainstreaming of children with special needs and learning disabilities, but there is still a great need for child-centered educational services, especially in rural areas, which impedes on the school progress of a large number of children (Jigau, 2002; Pop & Voicu, 2002).

Social security and social services

Within the strained economic context, many families struggle to overcome barriers to achieve a reasonable standard of living and quality of life. Social services, which could help families in this regard, were long standing inadequate for family preservation, favoring the institutionalization of children born in poor families, of handicapped children and adults, as well as of independent elderly. The budget for social and healthcare services remained at a low level⁶. In contrast, the indirect

⁵ The enrollment rate (percentage, 1999–2000) in primary and gymnasium levels in Romania was 97. The rate for secondary (high and vocational school) was 69, and for preschool, 65 (Berthin, 2002).

⁶ For example, the public expenditure as percent of GNP for education in 1995–1997 was 3.6 percent. The expenditure for health from 1996–1998 was 2.9 percent. In 1998, Romania received about US\$ 355.9 million in aid (UNDP, 2003, 2004).

subsidies for the inefficient state-owned enterprises continued to represent a large share of governmental expenditures, while, until recently, social welfare has not been treated as a priority. Although the share of GDP allocated to social expenditure slightly increased in the 1990–2002 period compared with 1989, the financial support of the social programs and services reduced in real value because the decline in GDP itself. According to 2002 data, the social public expenditure was 20 percent of the GDP, where education, health, and personal social services share less than one-half of the total (UNDP, 2004, Popescu, Roth-Szamoskozi, in press).

Social security in Romania depends on a combination of universal benefits (state child-care allowance), insurance-based benefits (pensions, unemployment benefit, health care, and maternity benefit), and means tested safety-net provisions (social aid benefit, complementary family allowance, and support allowance for single parent families). While social welfare provisions were generally inadequate until now, it can be stated that families in Romania do benefit. The average contribution of the social transfers to the household monetary (cash) income was 29 percent in 2002, and its share is even more important for the households where pensioners, unemployed, and numerous children are members (Popescu, 2004, UNDP, 2004).

Already after 1996, but especially after the elections in 2000, both economic and social policies have a more explicit liberal orientation. Economic policy included price liberalization and removing most subsidies (last in this process were bread, electricity, heating, and transportation). It contributed to the diminishing of the budget deficit and inflation of the country (which was estimated as 11.9 percent in 2004, compared to the 22.5 percent in 2002, and 44 percent in 1999, while averaging about 114 percent from 1990 to 1998 (Balasa et al., 1999; INS, 2005b; World Factbook, 2000, 2004), but continued to aggravate social problems. The universal provisions have become fewer, among them child allowance was preserved and the amount increased only slightly, to counter inflation. This occurred during a period of constant devaluation of the real allowance benefit. The share of GDP allocated to child-care allowance declined from less than three percent (1990) to 0.9 percent (1994), and further deterioration through 1996 reduced it to 0.7 percent. In 1997, the child allowance increased both as a percentage of the GDP (1%) and in its real value, but yet reaching only 42 percent of the 1989 value (UNDP, 1998, Popescu, Roth-Szamoskozi, in press).

Children and risks related to poverty

Poverty largely affects the situation of children in Romania, in many aspects: education, health and nutrition, hygiene and housing conditions and chances of social integration. Children also have to endure the indirect effects of poverty as a result of the stress on their parents.

Since 1990, there has been an explosive increase in poverty. In 1989, an estimated seven percent of the population was poor. By 1994, the poverty rate ranged, according to the methodology employed, between 22 percent (Tesliuc, Pop,

& Panduru, 2003) and 39 percent (UNDP, 2002, C. Zamfir, 1995). A second wave of impoverishment began in 1997. By 2000, the poverty rate reached 36 (26 for urban population and 48 percent for rural population) according to the World Bank (Tesliuc et al., 2003) and UNDP (2004). This is a significant (21 percent) increase over the 1995 rate. Extreme poverty showed a similar pattern over the same time interval, rising from 9 to 14 percent. The economic collapse has been the main source of structural-economic poverty. However, poverty resulting from increasing inequality in the distribution of resources and inadequate social protection has also played a role (UNDP, 2002). The economic growth led to a reduction of the overall poverty rate after 2001, but the impact on the extreme poverty was lesser. In 2002, the poverty rate was 29 percent and extreme poverty was 11. The poverty risk of a household is dependent upon occupational status and educational level of the head of the household, and the number of dependent children in the family. The most exposed households are those headed by unemployed persons and farmers/peasants (CASPIIS, 2004). Among the employed, manual workers are more likely to be poor than are those with non-manual occupations. Households where the head is self-employed are more often poor than those with other employment. People with inadequate educational attainment are at risk. In terms of social groups, poverty is more common among the Roma population and older women who live alone (Berthin, 2002). Ecological setting is also important in establishing risk of poverty. Similar to many societies, families in rural areas are more vulnerable to poverty than urban families. This is seen, for example, in the least developed areas of Romania, the North-East, the Southern part, and the Southeast (Berthin, 2002).

The risk of becoming poor increases with the number of children, especially with the third child. Two-thirds of families with three and more children are living in poverty (Tesliuc et al., 2003). Their condition worsened despite the overall diminishing of the poverty rate. Data relating the economic condition to the number of dependents show that larger proportions of families with three or more children are facing poverty (Berthin, 2002; UNDP, 1998). The number of dependent children is a poverty-related factor and the hardship of the transition period has been considerable for children. A 1997 study shows that 50 percent of all children live in the poorest one-third of families (C. Zamfir, 1997). The risk for poverty had a peak in 2000, and diminished in 2001 and 2002 for all ages, but significantly less for those with three and four children and for those over age 65 (World Bank, 2003; CASPIIS, 2004).

Among children, by age, the highest risk of poverty (based on per adult equivalent consumption) is found especially during the adolescent period, then under the age of 7, and third being between seven and 14 years of age (Tesliuc et al., 2003; World Bank, 2003). This is a general tendency during the period 1995–2002. The same source considers lone-parent families as “one deep pocket of poverty,” “who represent only 11% of the poor, but face 30% to 50% higher risk of poverty than the comparator households” (Tesliuc et al., 2003, p. 26).

Poverty is much related to family model with low fertility control and numerous children. During the 1993–1998 period, the majority of the newborn babies had low and middle educated mothers. Almost half of the women delivering babies within the same years were housewives (CNS & UNDP, 2000). Poor families from rural areas and Roma families have higher fertility rates, for the latter the proportion of children representing 41 percent of their total population (Guvernul Romaniei & UNICEF, 1997). This is labeled as a “deviant” family model because of the increased poverty risk of these families (Guvernul Romaniei & UNICEF, 1997), that might lead to the inability of parents to raise their children and eventually to abandon them to institutions (Popescu, Roth-Szamoskozi, in press, USAID, 2000).

Children and welfare provisions

Recognizing the high poverty risk of families with children, the government introduced in 1997 a new provision called supplementary child allowance. It meant to reduce risks linked to poverty for families with two or more children, who became eligible for this benefit. By 1998, the child benefits represented two percent of a household’s total net monetary income (CNS, 1999a). The share of the cash child benefits in the average household income varied according to the number of dependent children from 2 percent (household with one child) to 12 percent (household with four and more children) (INS, 2002). Since 2003, family provisions became increasingly selective with the introduction of two benefits: a “complementary” allowance for low income families, which will substitute for the universal supplementary allowance, and a new “support” for low income single parent families⁷. The amount to be paid is relative to the number of children, but the increase ceases after the fourth child. The regulation is trying to limit the role of this law in stimulating fertility rate in extremely poor families, with no regular income except child allowance and eventually social aid. By December 2005, 686.718 families benefited from the complementary allowance, and 162.395 single-parent families received the support allowance. Together, they represent 14.87% of the around 8 million families from Romania (INS, 2005c). It ought to be mentioned that the right to the benefit for school-aged children was conditioned by school attendance, which should be proved at every three months by submitting to the local authorities a certificate issued by the school. Unlike in the case of other means-tested benefits (the Minimum Income Guarantee or social aid for situations of emergency), not the overall income and material resources of the household are taken into account, but only parents’ income and their own assets. Therefore the coverage of these benefits is much larger than the coverage of the minimum income guarantee. Nevertheless, the amount of the benefit is too small to make a significant contribution at lifting out of poverty the needy families (the benefit is

⁷ Governmental Ordinance 105/2003, see www.mmssf.ro

around 10 Euro/month for a family with two children, and 15 Euro/month for a single-parent family with two children).

The law has (at least) two inconsistencies which generate frustrations both among beneficiaries and the social workers in charge of administering the program⁸. First: in multi-generational households (a very common situation in Romania, especially in rural areas) young families receive the same amount of allowance regardless of the overall income in their household. The only exceptions are the families living in households which qualify to receive the minimum income guarantee, which benefit from a 15% supplement to the allowance. Second: the amount of the support-allowance for single-parent families is higher than the amount of the complementary allowance for needy families. Therefore a single-parent living in cohabitation with another person may receive a higher amount of means-tested child allowance than a married couple with the same material situation. The latter creates a disincentive to legalize cohabitation, which on the long run might lead to problems in establishing the rights to heritage and to insurance-based followers' pension for orphan children.

Starting with January 2007, several changes occur in the system of cash-transfers for the children and the family (Governmental Ordinance 148/2005). All children below the age of two are entitled to a considerably bigger amount of allowance: 200 RON (i.e. 57 Euro). The amount of the child-care indemnity received during parental leave is diminished accordingly, at the flat rate of 600 RON (i.e. 171 Euro). Parents who decide to return to their jobs before their children reach the age of two receive a so-called "stimulant" of 100 RON (i.e. 28 Euro). The law is intended to recognize the increased needs of small children, as well as the values of parenting, regardless of former participation on the labor market. According to the previous law, all state support for parenting small children was insurance-based (i.e. conditioned by working at least 12 months before going on maternity or parental leave), but the amount of the benefit was not earnings-related. It is difficult to assess whether the previous law encouraged or not fertility among low-waged families, but it certainly discouraged parents with high wages to stay at home and care for their small children. One (unanticipated?) effect of the law was that it encouraged fathers to go on parental leave, when the mother of the new-born was not employed or her period of contribution was too short to qualify for the insurance-based benefit. Given that the amount of benefit was 85% of the average wage (800 RON/month) and many fathers were working for the minimum salary (330 RON in 2006) or only slightly higher wages, staying on parental leave was a rational option.

Policy makers justified the conditioning of child allowance on school attendance by the intention to reduce school abandonment. In the case of poor

⁸ Interviews with social workers of the Cluj County Office of the Ministry of Labour, Social Solidarity and the Family, July-August 2006.

households, school abandonment was twice higher, and in severely poor households three times higher than for children not living in poverty (Marginean et al., 2004, Ivan-Ungureanu et al., 2004). School-aged children received the allowance based on a cheque (i.e., voucher), confirmed by school authorities only if the child has acceptable attendance in classes. In kind-benefits were introduced for preschool and primary school children in the form of bagel and milk received by pupils at school (Governmental Order 96/2002). Looking at the effect of these school related benefits on pupil's attendance, school officials and researchers (Onus, 2005, Marginean et al., 2004, UNICEF 2005, United Nations, 2003) noticed the improvement of school participation rate for primary school aged children, which raised from 91,4% in 2000 to approx 94-95% since then. The abandonment rate in the secondary school – also part of the compulsory education – was at worrisome rates, approx. 85% (Marginean et al., 2004). There is not enough evidence to assess the impact of tying child benefits to school attendance. Nevertheless, the experience suggests that school attendance might not become regular and school performance will not significantly improve due to these measures.

Small scale evaluations showed that these regulations have a limited effect: although the free milk and bagel are a source of food appreciated by some children, they have to overcome other obstacles to school participation. As M. Pantea (2006) recently documented, these obstacles are gender and ethnicity related: Roma girls might drop out of school not to be endangered to become stolen before the family negotiates marriage. Boys might have a different trajectory, for example in the Northern Oas region this is more related to emigration, joining parents and relatives in working in Western countries (UNICEF, 2005). The incentives dedicated to increase school participation are not accompanied by strong measures to discourage abandonment. The absence of school or community/rural social workers reduces the parents' possibilities to get support in parenting from professionals, and the prevention of child abuse and neglect is also hindered. Only a few of the rural local authorities have qualified social workers among their staff, mostly employed within the framework of small scale pilot programs led by NGOs or charities.

Stages of change in the child protection system

After 1990 Romania started to redefine not only the civic and political dimensions of citizenship, but also its social dimension. This proved out to be especially difficult in the case of the children, policymakers continuously testing different responses which address the urging problems of child welfare and meet the requirements of international policy actors, such as the European Commission or the UNICEF.

I. The period of small reparatory steps: 1990-1991

Immediately after the change in the political system, some of the problems in the Romanian child welfare system began to be officially recognized and a series

of “reparative” regulations, policies, and practices were introduced (Zamfir& Zamfir, 1993, Edwards et al., 2000). Among these were the renouncing of the law forbidding abortion, increasing the numbers of staff in institutions, and equalizing the allowances for children in rural areas with those in urban areas. Together with UN states - in 1990 - Romania signed the International Convention of Children’s Rights, which was approved by the parliament, so it also became a Romanian law. In the period 1990-1996, isolated laws have been legislated and social policy provisions have been introduced in child welfare. For example, liberalizing international adoptions for Romanian children (law 11/1990) and new forms of social and educational services were created in the benefit of the handicapped child. In the context of stimulating the early mother-child relationship – in order to reduce abandonment of children in child-care institutions, but also to reduce the stress of women unemployment – the paid maternity leave was significantly prolonged (from four month to two years. In addition, for the first time in several decades, help from Western governments, NGOs, social work educators and practitioners was accepted and welcomed. Due to this help, the first period was characterized primarily by various forms of emergency relief. Since the plight of the institutionalized children was viewed by many in Western Europe and North America as a man-made disaster, the immediate response was an outpouring of emergency aid. Many new NGOs were formed outside of Romania for the express purpose of aiding Romania’s “orphans” (most of whom were not orphans at all) (Edwards et al., 2000). The international efforts aimed at improving the situation of Romania’s institutionalized children during this period were primarily philanthropic in nature. Foreign and international NGOs offered food, clothing, and various types of supplies for institutionalized children and adults. In addition, some NGOs helped with the physical repair or remodeling of institutions, doing such things as installing new heating, cooking, and sanitary equipment. New child welfare program models were introduced, for example small scale – family type – residential foster homes for children (like S.O.S. villages) though foreign governments and NGOs funded them. The Western support in cash, goods and services, transfer of knowledge and skills was important from the very beginning, as was the political pressure on the Romanian government to improve the child welfare system (Zamfir, 1997).

As a consequence of these and other changes, there was an almost immediate reduction in the numbers of children in institutions⁹. This reduction was due to a number of factors, one of which was the huge wave of international adoptions. Many of the children’s institutions became the focus of foreign or international NGO relief efforts. The impact of the huge global interest in Romania's abandoned and orphaned children, victims of Ceausescu's pro-natal

⁹ UNICEF (1997) noted that in Romanian residential institutions for children aged 0-3 years, in 1990 there were 10954 babies and small children, and in 1992 this number dropped to 7968, which means a reduction of 27%.

policies, clearly improved the quality of life of those children who were housed in the institutions and reduced their number. As a result of the intense international interest that followed media exposure of the plight of the institutionalized children, those left in the care of the state were no longer forgotten (Roth-Szamoskozi, 1998, Roth-Szamoskozi, 2000, Edwards et al. 2000).

In the same period, a number of pilot projects were begun by specific NGOs and foundations which provided training and other types of assistance aimed at professionalizing the Romanian child protection system. Such assistance was aimed both at improving the knowledge and skills of those who were employed in the institutions and other types of social welfare settings and universities (Roth-Szamoskozi, 2000).

By early 1991, Romanian children comprised an unprecedented one-third of the world's international adoptions (Edwards et al. 2000). Subsequently, the Romanian government, heeding recommendations from social work professionals and others from the United States, Great Britain, and other Western European nations, placed a moratorium on international adoptions of Romanian children. A national adoption committee was created and charged with conducting a census of institutionalized children to determine the numbers of children in institutions and to assess how many of those were eligible for adoption. This was followed by the passage of the new adoption law 48/1991, that banned independent adoptions, set up a registration and approval system for organizations that were involved in international adoptions. Further, international adoptions were permitted only after efforts to arrange adoption by Romanian families had failed. This legislation gave impetus to an increased emphasis on services for children and families that could serve as alternatives to institutionalization, with most of the new services being provided by NGOs. Of course, these new services required a workforce of trained professionals, who were not in place in those times (Edwards et al. 2000).

II. The period of isolated measures: 1992-1996

The short period of rapid changes lasted for approximately two years, after which new problems, specific to the process of transition to a market economy, were added to the old ones. Continuous inflation, increasing unemployment, families losing their housing because of being unable to pay and polarization of incomes led to an increase in the number of families that were not able to deal with their problems (Muntean, Roth-Szamoskozi, 2000).

The increasing poverty meant that many families were unable to care for their children and helped to maintain the high numbers of abandoned children. The number of children in residential state-care and the infant abandonment rate was in 1996 as high as in 1990, and the overall child abandonment rate was even higher (UNICEF, 1997, Greenwell, 2002). The abuse and neglect of children became increasingly visible. Despite the liberalized abortion law and beginning availability of contraceptives, the birth rate among the poor and minority groups continued to

be high. OMAS (1999) reported that the rate of institutionalization of children increased significantly.

More and more people were exposed to the mass media, which helped spur rapid changes in the value systems of adults and young people alike about sex, gangs, and other issues. People began to be aware of the problem of AIDS, a criminal element began to emerge, and drug dealers began to appear. These and other issues complicated the problems the developing child protection system had to face. In the absence of specific services and experienced professionals, the development of a comprehensive child protection system was an extremely difficult task. This was partially acknowledged by the government, which formed a Committee for the Children's Rights to gather information and report on initiatives in the domain of child protection. Subsequently, in 1993, the National Committee for Child Protection was created to unify all regulations addressing children's institutions that operated under the auspices of the different ministries. Another main contribution of this Committee was to evaluate and accept the proposals and offers of help coming from western partners, such as UNICEF, the Phare Programme¹⁰ and other NGOs (Roth-Szamoskozi, 2000, Edwards et al., 2000).

At the same time, a large number of NGOs continued to work in Romanian children's institutions. In addition, many new NGOs became involved in ameliorating quality of life of children reared in institutions, engaging in such activities as preventing abandonment, teaching about children's rights, and in helping with the education of the handicapped. Many of these projects were directed by the international organizations that came to Romania to provide aid. Included among these were UNICEF, Red Cross, Médecines Du Monde, Médecines Sans Frontières, Romanian Orphanage Trust, World Vision, Save the Children, Christian Children's Fund, Handicap International, Caritas, Holt International, as well as others. Many NGOs were created in Romania during this period, but most derived the majority of their funding from the Western world (M. Roth-Szamoskozi, 2000). Also, many of the NGOs found it difficult to collaborate with the governmental authorities charged with "protecting children". In the absence of coordination of services, real system change in service delivery was difficult (Edwards et al. 2000).

Further, during this period the Romanian Parliament enacted a number of new laws in the social welfare domain that impacted the child welfare system, meant to help to avoid institutionalization of children and maintain families together by providing stipends or salaries to family members to take care of handicapped persons, and providing allowances for those with minimal or no income according to the number of persons in the family.

Meanwhile, in spite of the mentioned social policy measures, the basic child protection law adopted in 1970 remained in effect until new legislation was

¹⁰ The Phare Programme was, in the pre-aderation phase, the main channel for the European Union's financial relationship with the countries of Central and Eastern Europe.

enacted in 1997. That law included some prohibitions against harming a child, but provided no mechanism for investigating or determining child abuse. Further, that law had no mechanism by which a child could complain of being abused or by which someone else could report abuse. The 1970 law did not contain regulations related to foster care or adoption, nor did it create agencies or mechanisms to deal with these issues (M. Roth-Szamoskozi, 1998).

During this period, the Romanian government introduced other forms of material assistance hoping to impact on families capacity to care for their dependent persons and parenting capacities (UNICEF, 1997). Among these were the following: financial benefits to low income large families; for those who had a handicapped child; for spouses of young men who are completing military service; and for families that are victims of natural calamities. To Also during this period, the Romanian Parliament ratified several basic international conventions concerning child welfare. These included the Hague Convention on Child Kidnapping (Law 100/1992); the European Convention on the Legal Status of Children Born Out of Marriage (Law 101/1992); the European Convention on Adoptions (Law 15/1993); and the Hague Convention on Child Protection and Cooperation in the Area of Adoption (Law 84/1994).

III. Period of legal reform, modernization and professionalization: 1997-2007

Prior to 1997 there was no law that would define responsibilities of Romanian bodies regarding the implementation of the various international conventions that had already been ratified by the Romanian Parliament. This situation was remedied by the passage of two major child welfare governmental orders (Governmental Orders 25 and 26, June 1997) which subsequently enacted into law (Law 87/1998 and Law 108/1998).

In order to make the new child protection law to function, the government indicated (in the Government Order 205/1997) the responsibilities of the local public administration in organizing and monitoring the services in the domain of child welfare. Some of these are:

- coordinate the implementation of the government strategy in the county, in everything that concerns protection of children's rights;
- evaluate and monitor the activities concerning children's rights;
- identify and protect children in difficult situations (abused or neglected children); take decisions in problem situations in the best interest of the child;
- develop adequate support services for natural families (in order to prevent child abandonment, to train foster families etc, to evaluate the needs of children)
- distribute financial support;
- cooperate with NGOs, give them accreditation for working in the area of children's rights and evaluate them periodically.

The new set of regulations legislated first by the government in June 1997, and by the parliament only one year later, had to wait till March 1999 to be followed by implementation procedures. Only after this reference date could the reform generate new structures and procedures and respond to the demands of the Convention, in the best interest of children. Here are some of its effects:

- A decentralized infrastructure was set up in the counties, including county social services, which bare the responsibility for every child welfare issue of the county;
- Child care in family has been considered, since then, priority upon institutional care; the natural family, extended family, substitute family, pre-adoptive or adoptive family is entitled support and benefit from services;
- Residential child care institutions were renamed as placement centers, and reorganized on the basis of a family model: children different ages can stay in the same home, they are not moved according to age; the period of stay in these placement center had to be limited in time as possible, planning for permanency: adoption or family reintegration.
- A primary social service network was set up in some communities, involving local mayor, in order to prevent risk of abandonment and violence against children; however, this was far from being generalized.
- A network of professional, paid foster parents, called “maternal assistants” was set up; social workers were appointed to monitor their activity
- Services were diversified in order to contribute to the well being of children and their families; such services were mostly pilot projects sponsored by USAID, PHARE and other donors. Many public development projects were funded by such projects.
- Child protection and adoption laws placed responsibility for protecting children under the direction of County Council, who had to monitor and accredit NGOs active in child protection activities. It also allowed County Directorates to negotiate contribution of NGOs to their projects, in exchange for credits that allow them mediate international adoptions.
- Public Child Protection services became responsible in the assessment and decision making in case of alleged child maltreatment; professionals of the directorate of gained more power regarding parents, being able to take a child at risk of harm out of family, in emergency situations.

On the way to develop a really modern child welfare system and respond to the international commitments of Romania, as well as to professional standards and to cover the needs of children and their families, the child welfare structures were still confronted with many difficult issues. First of all, the new requirements had to be fulfilled by the old style institutions, and the creation of new services was given little priority (IMAS, 2004).

In the slow process of implementing reform ideas and deinstitutionalization, care services for children have been underfinanced. The state budget had not included sufficient funds to maintain state care institutions, with the result that

some children's institutions have not had sufficient funds to feed the children and pay the staff (OMAS, 1999).

The transfer from central to local child welfare authorities has introduced inequalities in budgeting and quality of the system (OMAS, 1999). Without the central financing, in spite of the increasing duties, some county councils had to reduce staff for a large range of local child welfare services, from family preservation, to out of home care services and adoption. Reports mention that pay to the growing number of foster parents was delayed, and new recruitment of the maternal assistants reduced. Given that different counties vary considerably both in their levels of financial resources and commitment to support alternative services within their borders, financial support to families, numbers of alternative services available, and staff pay varied considerable (OMAS, 1999). In many social services and child care institutions there still was a shortage of trained staff – but unequal among counties – which resulted in low quality of care. Further, there is inadequate supervision available for the social workers and other staff in these settings (Edwards et al., 2000). Since they have not been receiving sufficient funding, many of projects initially begun with the help of international NGOs had to limit their activities. As a result, some previously successful international cooperative efforts have not been followed up. This is particularly the case in some of the children's institutions. "Following the initial positive reactions of some western NGO between 1991 and 1994, some institutions had operating costs directly or indirectly covered by external funding and a number of institutions were actually "adopted" by NGO. However, after the departure of many of these NGO, the problem of funding became even worse in some Institutions, since the operating costs had not been adequately provided for in the State budgets" (OMAS, 1999: 3). Also, many Western donors to NGOs have lost interest in continuing to support efforts to improve orphanages, preferring instead to see them closed. Main donors as PHARE, USAID, UNICEF, now appear more interested in funding humane family-focused services, such as counseling, employment training and retraining, micro-business development, etc. Funding allocations were accorded based on projects submitted, not according to the needs of the population served, which introduced differences in the distribution of services across the country.

In the restructuring of the Child welfare system, budgeting had to include the newly transferred institutions protecting children with special needs, the developing family foster-care system with paid care-workers called "maternal assistants", the new services to protect maltreated children, to prevent maltreatment and to prevent abandonment of children by offering help to families, the family reintegration services and besides all these, to maintain the functioning of the old residential system, even with a reduced number of looked after children each year.

The III. period in the evolution of Romanian child protection is going through more sub-stages. In the aftermath of the appearance of the new law there were a lot of criticisms regarding the child welfare system in Romania. The old

practices were not any more covered by the law and new practices were put in place because of limited funds and the lack of specific regulations. There were few new public services and the cooperation between the public and the private sector was difficult, and often they were competing for funds and recognition of competences. One of the main reasons was the absence of appropriate standards that set the stage for monitoring and inspection of services. The National Authority for Child Protection and USAID cooperated during 2001-2004 to elaborate standards for a large diversity of services: for residential foster care, for care by maternal assistants, for telephone help-line, for case management in maltreatment cases, for individual protection plan, for prevention of abandonment by parents and for the care of the looked after children, for the emergency center for maltreated children (www.copii.ro, 20. Aug. 2006).

During the period 1997-2004 research reports emerged that gathered data on a large variety of areas, as for example: the poverty of children (Zamfir et al., 1997, Molnar and Panduru, 2000), child maltreatment in families and residential homes (Browne et al., 2002, Stativa et al, 2002), sexual abuse (Alexandrescu, coord., 2001, Roth-Szamoskozi & Bumbulut, 2003), street children (Serban & Roman, 2001), child abandonment (Stativa et al, 2005), Roma children (Cace, 2004), violence and drug consumption among school children (Poledna et al. 2001). Organizations and research institutes documented child maltreatment including sexual abuse in families, in residential homes, in schools in punishment facilities. They advocated for the need for developing a better legislation that covers children's rights more comprehensively, and clarifies the financing of services, the relation public-private, as well as the responsibilities of central, county and local administrative levels, the relations with the health, education and the penal system. NGOs as Save the Children, World Vision, Christian Children's Fund (later became Every Child), FICF, SCOP, ARTEMIS, the alliance of NGOs called FDSC and many others participated in large debates and suggested legal changes, for example the prohibition by law of physical punishment, introducing community services to prevent child abuse and good parenting, the establishing of the tribunal for children, stimulating links of children and natural parents, prioritize family foster care over residential homes and prevent babies from going into residential care. The debates on the Law for Children lasted till 2004, when a new child law was legislated in the parliament. Most of these suggestions were accepted, except the tribunal for children. This was rejected by the legal system, partly motivated by the inexistence of judges, prosecutors and attorneys specialized in children's legal issues.

The new Children's rights law (242/2004) has several merits:

- Defines and promotes children's rights
- Discusses children's rights in all areas of children's lives: community, education, health, family, protection, legal system.

- Forbids child spanking, in favor of non violent education of children; states the importance of services for parents in their effort of parenting.
- Asks for permanency planning for looked after children, in the interest of children; states priority of family foster care upon residential care at all ages; does not allow children less than 2 years in the residential care system.
 - Defines responsibilities of professionals regarding child maltreatment.
 - Sets the stage for team work and the collaboration between private and public services in their concern for respecting children's rights and protecting children.
 - Bans international adoptions (excepts for grandparents), putting an end to the "trade" with adoptable children offered to international NGOs in exchange for their contribution to the development of county or local child protection services.

The law is effective since 1 January 2005, and its impact on services and children's rights has not been yet evaluated. The problems affecting children's lives during the transition period are persisting, and need a critical analysis.

In fact, strong criticism has been directed to the Romanian child welfare system in the last year. Except critical articles in newspapers that reveal the problems of child abandonment in hospitals (as that of Tudor, 2005), who discusses high child abandonment rate and the difficulties of institutionalization) researchers have also revealed an inconsistent approach of state and some of its professionals. Roth-Szamoskozi (in press) analyzed the development of the foster care system, and revealed that maternal assistants do not get enough material resources or psychological support from professionals to help the children they care for. Stanciulescu (2005) argues for little interest of state in assuring rights for children outside the specialized protection-system, and for opening new areas for research on mainstream issues related to children and society. She claims that looked after children are taking away too much of the attention and efforts of state services. In our view, on the contrary, there is still little attention and responsibility coming from the bodies related to central and local authorities directed to marginalized, abused, neglected, trafficked, abandoned, special needs or in any way challenged children, but the way their problems should be addressed must become priorities of the whole communities. But we agree with Stanciulescu that until now there has been a separation of approaches and services for special and mainstream children, and consider that the new law and the child welfare policies have still done too little to bring children together, address the risks for children within their communities, and prevent exclusion. This is the reason for further critical approaches, like that formulated by the Annual Report of UNICEF (2005) that appreciates the new law as one that responds to the UN Convention of children's rights, but also points out some of its concerns

- the number of disabled children is "undoubtedly" much higher then in official data (UNICEF, Annual report, 2005: 12) and their living and education conditions are often not adequate;

- the number of children working in the streets has increased in the period 2000-2005, though the number of those permanently living on the streets has dropped;
- Romania continues to register the highest infant mortality rate of all EU member states and candidate countries; there persists a high under-5 mortality rate, with a large share of home deaths, these raise the general concern of children's rights to health and life;
- Discrimination against Roma children, HIV positive children, and children with disabilities continued to be reported throughout 2005.
- Romania was challenged by severe flooding, and it still needs to prioritize reconstruction of the flooded region, taking into account the needs of children (housing, education, health)

A main area of criticism is undoubtedly the situation of special needs children, and especially the situation of those severely challenged. In the report of Mental Disability Rights International (MDRI), Ahern, Rosenthal and their team (2006) reveal the maintenance till June 2005 of inhumane life conditions of children and adults with disabilities in Romanian residential homes. The report states that institutionalization of children with disabilities is an ongoing reality, which leads to permanent exclusion from society and that there is no monitoring of human rights in these institutions. In response, the National Authority for Children's rights claims that the report is based on old data, and some of the institutions from the report being already closed, or reformed. In a statement published on its site (12 August 2006), the National Authority for Children's Rights considers recent criticisms as being pressures to re-allow international adoptions. It calls on the International Community to stop interfering in Romania's sovereignty in defining its laws and system of child welfare and declared its willingness to continue to the reform, for the sake of the children, "its most valuable asset". As independent researchers, we think the professional body of National Authority for Children's Rights should thoroughly evaluate every allegation concerning children rights and document the quality of life of children involved and continue to improve its policies, so as political commitments do not impede on children's quality of life. It also has to acknowledge the challenges faced by professionals to respond to the requirements of the new laws and to improve funding related to child welfare so as the best interest of the child can become a reality in Romanian communities.

Orphanages and Other Services for Children

For the notorious "orphanages" (children's homes), typical of the kind of inadequate social services discussed earlier in this chapter, a process of dismantling has begun. The children, both in the past and still today, are typically not orphans, but either abandoned children or children placed in residential care by their parents who are not able to care for them. The risk of child abandonment increases with poverty, but poverty is not the only cause for abandonment in the majority of cases

(Marginean et al., 2004). The report of IMAS (2004) found that only 5% of the children got into state-care strictly because of poverty and another 16% because of social reasons (divorce, separation, father refusing to recognize his baby, violence, alcoholism), and that most of the cases have multiple causes. Among them special/medical needs of the children play an important role (50% by IMAS, 2004). Other causes are out of wedlock birth, mostly for young mothers (Marginean et al., 2004). We think that poverty – which always affects parents' capacity to fulfill the child's basic needs – still has to be considered as a main risk factor for child abandonment, as UNICEF signals 25% poverty for 2005, with extreme poverty at 11% (UNICEF 2005). The IMAS report also concludes that “the key factors leading children into difficult situations occur against a general background of poverty in situations when dramatic events affect the balance and the unity of the family” (IMAS, 2005, p.13). In the absence of alternative services, parents tend to abandon their children with special needs. Other causes for abandonment are the medical problems, or the imprisonment of the parents. Alexiu (1999, 2001) mentions Roma ethnicity as an important factor that places children at risk of getting in the Child welfare system. In the first six years of the post-communist regime, the residential solution for children was maintained and even reinforced, despite the lack of cost-effectiveness and increasing professional criticism. The overlapping of poverty, social and medical factors that cause institutionalization puts lots of demands on the Child welfare services regarding reintegration. In this respect, success of the reforms in child welfare was and still is hampered by economic conditions of families (Greenwell, 2002) and the capacity of services to offer comprehensive services during case management.

The analysis done by Greenwell on a nationally representative sample on admission and discharge archives of child-care institutions showed that the legal reform in the period 1997–2000 resulted in an increased rhythm of deinstitutionalization process. This ranged from 24 to 56 percent more than in the pre-reform period; all the same, the institutionalization ranged only between 27 and 32 percent lower than the pre-reform period (Greenwell, 2002). Until 2000, the most common family destinations for deinstitutionalization were first international adoptions and secondly foster placements. After 2000, there was a large increase in foster placements and internal adoptions.

The reform of foster care, which offers regular income and recognizes work experience of foster careers, has significantly increased the recruitment of foster parents, whose number doubled in the period 2002–2004 (statistics of National Authority for Protection of Rights of Children and Adoption [in Romanian ANPDCA], (www.copii.ro, 2005, 10. January). As the data of the National Authority for Child Protection indicate, the foster placement of children increased in the period March 2001–November 2004, from 31,595 (36 percent of the children registered by the authority of child protection) to 49,929 (60%). These figures include professional foster-caregivers in the public sector, where the numbers increased from 4,388 in

2001 (representing five percent) to 15,308 in December 2004 (representing 19 percent) and 18116 in March 2006, representing 24% of the total number of looked after children. With the law on Adoptions of 2004, and the moratorium that preceded it international adoption stopped, being admitted only for grandparents living outside Romania (law 272/June 2004). As Greenwell (2002) noted, there still persists a negative attitude towards adopting or fostering Roma children, who represent a large (but not documented) part of the abandoned or institutionalized children. Taking into account the yearly number of national adoptions since 2004, which is between 1400 and 2000/year, the number of child abandonment, which is approx 4000 (UNICEF, 2005, Stativa, 2005) this prejudiced attitude will impact on the permanency opportunities of looked after children, unless further measures to fight prejudice around adoptions are taken. A solution favored by the law and Child welfare officials is family reintegration. The numbers indicating reintegration vary largely in the period 2001 and 2006, which show that they are influenced by campaign like decisions. Analysts and child welfare workers often criticize the process of reintegration in the families, which often takes the child back in a risk situation, due to closing down the residential institutions. The data provided by the reports might contain or not contain children reintegrated in their own families after a period spent in hospitals, evading abandonment.

Table 1.

Reintegration in biologic families, compiled based on www.copii.ro (10 August, 2005, 15 August, 2006), INS, 2006, IMAS 2004)

Year	2001	2002	2003	Oct-Dec 2004	2004	Dec 2004- June 2005	Dec 2005- March 2006
Reintegrated children	6961	4965	4115	2224	3819	450	663

Since the plight of institutionalized children captured in 1990 the attention of the world¹¹, USAID and the EU promoted government reform in the child welfare sector. Identifying and funding community and family-based solutions to the problem is expanding the available continuum of care. This was accompanied by a large development of the state sector of child welfare services for children, youth, and parents—their number reaching 588 in September 2004, while in 2000 there were only 131 (www.copii.ro, 15. January 2005).

As a result of the services oriented to children and families, the number of institutionalization dropped after 2000. Of the total number of children documented by Child welfare, in 2001 there were 56,868 in institutions (64%); in January 2002 there were still 49,925 (57% of the number of looked after children), while there

¹¹ See Coe (1999) for example, about the effects of institutionalization on the health of these children compared to those living in a home environment. Holden (1996) suggested that two percent of the children in Romania were being reared in institutional settings in 1991 at the end of the Ceausescu regime.

were 32,973 (40%) in November 2004, and 28,516 (36%) in March 2006. This decrease in institutionalization has to be considered mostly a result of the reforms and the development of professional activities by state and the NGO sector in child welfare services, as families having many children, continue to be at increased risk of living in poverty and the child abandonment rate is still as high as ever (UNICEF 2004). The number of services that offer alternatives to institutionalization, within the Child welfare system were 589 in March 2006 (INS, 2006), still much less than the 1473 placement centers (of different dimensions) existing at the same date in the country.

In the last 16 years, services were organized by the non-governmental sector for abused, neglected, victims of trafficking, and other most needy categories of children and their families (Corell, 2004; Roth-Szamoskozi, 2000, Roth-Szamoskozi & Bumbulut, 2003). Supportive family services have been organized and financially supported by national and international Non-Government Organizations such as UNICEF, Save the Children, Holt International, Christian Children's Fund (since 2002, Every Child), World Vision, Caritas, MOTT foundation, and many others. Some of the services newly created by NGOs have been integrated institutionally into the local public administration structure, but others have disappeared shortly after funding from Western sources ended.

Services created by NGOs often do not last in spite of their usefulness, because the correspondent Romanian institutions cannot find the means to integrate them (Petrescu, 2004). NGOs are having more and more difficulties to raise funds, because USAID is withdrawing from the region, and the EU is more oriented to creating structural funds for developing the state sector (Harvey, 2004). As USAID and other big donors contemplate a "close-out strategy" for Romania, national strategies to maintain funding for the NGO's, as well as to promote partnership between private and public sectors, are even more important (Corell, 2004). They must be part of a comprehensive reform of social policies, in order to reduce risks due to poverty and inequalities in accessing services.

Conclusions

Since 1990, there has been a steady and progressive change in the Romanian child welfare system, which demonstrates the ability of Romanian society to rethink and restructure its roles and capabilities to care and provide for its children. These changes did not succeed yet in radically improving the quality of life of the large number of children living in difficult situation, but they give hope for dealing with issues concerning children by respecting their human rights. As discussed in this chapter, there are many data showing that problems related to poverty of families, exclusion and discrimination, especially for Roma children, but also special needs and HIV children, as well as health issues, maltreatment and trafficking of children need to improve, but the modernization and professionalization in all these respects cannot be denied.

The transformation of the child protection system in the direction of respecting children's rights is an endeavor that has gone through several political shifts, and is slowly maturing. Altogether, the implementation of the values and rights stated in the UN Convention of children's rights remains a continuous challenge for the responsible authorities and for the society.

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- Law 416/2001 on the Minimum Income Guarantee
- Law 116/2001 on the prevention of social exclusion
- Law 242/2004 Children's rights
- Law 115/2006 which modifies the law on the Minimum Income Guaranteee
- Governmental ordinance 25 on adoptions
- Governmental ordinance 26 Protection of children in difficult situation
- Governmental ordinance 105/2003 regarding complementary family allowance and support allowance for single parents
- Governmental ordinance 148/2005 regarding childcare allowance
- Governmental ordinance 44/2006 to complete childcare allowance
- Governmental Ordinance 96/2002 concerning the "Bagel and Milk" program
- Law 61/1993 regarding child allowance

DIE EVALUIERUNG DER HAUSKRANKENPFLEGEDIENSTE DER CARITAS: ENTWICKLUNG, ZIELSETZUNGEN UND METHODEN

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ABSTRACT. *The Evaluation of Caritas' Home-Care Services: Development, Targets, and Methods* Caritas is one of the best known charity organizations active in Europe. Established in Romania immediately after the political shift in 1990, it developed services for the needy in different areas of Romania, among them a large network of medical home-care for dependent people (elderly, sick and with disabilities). At the request of Caritas International, the main founder of the Romanian Caritas home-care services, the Department of Social Work (Babes-Bolyai University) has evaluated the project from the point of view of clients, their relatives/helpers, the professionals working within Caritas, and outside collaborators, including volunteers. Data were gathered by questionnaires with closed and open ended questions and interviews. In these pages we present the data gathered on a sample of 826 (out of the total of 8000) cared for people and their family members (564 respondents). The answers of these groups were compared. The cared-for people are in majority elderly people, women (71%), roman-catholic (59%), pensioners (83%), many with the caring family members/or the helpers pensioners themselves (44%). The quality of life and housing are generally poor, especially for those living in rural areas, which represent 41% of the clients. The average income is 63 Euro, while 50% have less than 50 Euro and 25% less than 38 Euro/month. Both the clients and their helpers are very much satisfied with the home-care services offered by Caritas and consider them respectful, honest, competent, serious, friendly and optimist. They also report that the cared-for people feel much better, or better due to the care received. Relatives/helpers appreciate they have some more free time and also feel understood by professionals. Though very appreciative, clients and family members expect more help for themselves, especially medication and financial means, as well as more time spent by their side, offering some entertainment. What is important from the point of view of administration is that the majority of the dependent persons considered home care as being better for them compared to that received in the hospital. This shows the need to extend the home-care services to more clients, served with a larger area of services. In a following article we shall also present the analysis of the organizational structure and status-quo of the care-force of this service, as well as its fit within the actual socio-medical service system of Romania.

Die Caritasverbände der römisch-katholischen und griechisch-katholischen Kirchen sind sich der Not der alten und der an Haus und Bett gebundenen Personen bewusst. Aus diesem Grund war man in den letzten 10 Jahren bestrebt, ein nationales Netz der Hauskrankenpflege in Rumänien aufzubauen. Das Netz der rumänischen Nationalcaritas ist mit den Hauskrankenpflegediensten der Caritasverbände aus Westeuropa, insbesondere mit dem des Deutschen Caritasverbands, bzw. mit den Organisationen, die in der Entwicklung der Hauskrankenpflegedienste interessiert sind, stark verbunden. In den rumänischen Hauskrankenpflegediensten versucht man, europäische Standards in Bezug auf die Art der angebotenen Dienstleistungen, die Bildung und Qualifikation des Personals, die Ausstattung der Hauskrankenpflegezentren sowie die verwendeten Instrumente zu gewährleisten. Dank den guten Kontakten mit den europäischen Dienstleistern dieser Art und dank der kontinuierlichen Zusammenarbeit mit den lokalen und nationalen Behörden hat das nationale Netz der rumänischen Nationalcaritas in den letzten zehn Jahren einen starken Einfluss auf die Ausarbeitung eines neuen gesetzlichen Rahmens in Bezug auf diese Dienstleistungen gewonnen.

Entwicklung¹

Nach der politischen Wende von 1990 hat die katholische Kirche in Rumänien ihre karitativen Aktivitäten wieder verstärkt, die in bestimmten Formen - geheim und wenig ersichtlich für die nicht katholischen Gemeinden - auch in der Zeit des Kommunismus stattgefunden haben. Die Periode zwischen 1990-1993 ist mit den karitativen Aktivitäten der römisch-katholischen Kirche, später auch mit den Aktivitäten der griechisch-katholischen Kirche eng verbunden. Diese Aktivitäten bestanden vor allem in der Verteilung von Spenden, die von den katholischen Gemeinden im Ausland gesammelt worden sind. Die Hilfeleistung für Arme, Heimkinder, Menschen mit Behinderungen und für alte Menschen hat vom Anfang an zu den Zielsetzungen der Caritas gehört. Seit 1990 gibt es Bestrebungen zur Entwicklung und Organisation eines eigenen, autonomen Netzes der karitativen Strukturen mit eigener Infrastruktur, eigenem Personal und eigenen Ressourcen. Um die Not der römisch-katholischen und griechisch-katholischen Gemeinden besser bekämpfen zu können, wurden Partnerschaften mit den westeuropäischen Organisationen geschlossen und ähnliche Programme im Bereich der Altenpflege, der Behindertenhilfe, der Kinderbetreuung und der Familienhilfe gestartet. Die sechs Caritasverbände der römisch-katholischen Diözesen Alba-Iulia, Timisoara, Bucuresti, Oradea, Satu Mare, Iasi und die fünf Caritasverbände von den griechisch-katholischen Diözesen Blaj, Cluj, Oradea, Maramures, Lugoj haben 1994 die Rumänische Caritas Konföderation gegründet. 1995 ist die Rumänische Caritas

¹ Quellen: <http://www.caritas.org.ro/english/domiciliu.html>, Datenbank der Rumänischen Caritas Konföderation, die vom Programmkoordinator Octavian Cutuleapu und von den Caritas-Direktoren zur Verfügung gestellt wurde.

Konföderation Mitglied der Caritas Internationalis (mit dem Sitz im Vatikan) geworden, die die nationalen Caritasverbände aus der Welt gruppiert mit dem Ziel, die Kommunikation und Zusammenarbeit im karitativen Bereich zu verbessern. Diese Mitgliedsposition hat den rumänischen Caritasverbänden ermöglicht, neue Projekte zu starten, die von den westlichen Organisationen finanziert worden sind. Zu diesen neuen Projekten gehören auch die Programme der Hauskrankenpflege.

Die ersten Pilotzentren, die Hauskrankenpflege für die kranken, alten Personen, bzw. die Personen mit Behinderungen geleistet haben, sind 1994 in Timișoara, Satu Mare und București gegründet worden. In diesen Diözesen leben viele alte Menschen, die meisten Angehörigen der Alten sind für längere Zeit ins Ausland gezogen oder emigriert. Die meisten davon sind katholischer Religion (ungarischer, deutscher oder rumänischer Nationalität). Seit 1995 ist die Zahl der Hauskrankenpflegezentren, des Personals und der Betreuten dank der konstanten, erfolgreichen Bemühungen des Führungsteams in der Einwerbung von Drittmittel über Sponsoren sowie über nationale und internationale Finanzierer, sehr stark gestiegen.

Das Netz der Hauskrankenpflegedienste der Caritas

1997 haben die funktionierenden Zentren das Netz der Hauskrankenpflegedienste der Caritas gegründet mit dem Ziel, in die Ausstattung der Zentren und in die Anwerbung des Personals für die folgenden Dienstleistungen zu investieren (Die Daten stammen von der STATISTIK DES PROGRAMMS SID 2004):

1. Behandlungspflege (nursing) für die abhängigen, ans Bett gebundenen, operierten Personen. 2004 hat die Zahl der geleisteten medizinischen Behandlungs- und Pflegeaktivitäten 835158 betragen.
2. Grundpflege (Körperpflege und Hilfe im Haushalt) für die abhängigen Personen und deren Angehörigen. 2004 hat die Zahl dieser Dienstleistungen 228620 betragen.
3. Aktivitäten der sozialen Pflege, Fallmanagement für die abhängigen Personen und für ihre Familie. Diese Dienstleistungen kommen in der Statistik als gemeinschaftliche Aktivitäten und waren in 2004 311545 Male angeboten worden.

Ein bedeutsames Verdienst dieses Netzes der Hauskrankenpflegedienste besteht darin, dass die Dienstleistungen sowohl in den Städten als auch in den Dörfern zur Verfügung stehen. Wie im Kapitel zum sozialen Kontext der Hauskrankenpflege bereits dargestellt, ist der Mangel an medizinischen, pflegerischen und sozialen Dienstleistungen im ländlichen Bereich viel gravierender als in den Städten. Die ländlichen Hauskrankenpflegezentren der Caritas, die 41% der gesamten Dienstleistungen der Hauskrankenpflege abdecken, haben sich in den letzten Jahren als vorbildliche Modelle der professionellen Dienstleistungen im ländlichen Bereich erwiesen.

Die Daten hinsichtlich des Personals der Hauskrankenpflegedienste (am 31. Dezember 2004) zeigen 62 KoordinatorInnen der Zentren und 276 MitarbeiterInnen, von denen 94% Frauen und 6% Männer sind. Die Zahl der

registrierten Freiwilligen lag zum gleichen Zeitpunkt bei 218. Betreut wurden ungefähr 8000 Personen, wobei diese Zahl in einzelnen Regionen sehr stark schwankt: In einigen Diözesen ist der Wachstum der Zahl der Betreuten in den letzten zwei, drei Monaten beeindruckend.

Zielsetzungen und Methoden der Evaluierung

Für die Evaluierung der Leistungen der Hauskrankenpflegedienste wurden mehrere Arten der Analyse ausgewählt:

- Um den Zufriedenheitsgrad der Betreuten und die dank den Hauskrankenpflegediensten verursachten Veränderungen im Leben der Betreuten und im Leben der Angehörigen zu analysieren, wurde eine Befragung mit einer repräsentativen Auswahl der Betreuten und deren Angehörigen durchgeführt. Die Fragebögen wurden vom Evaluierungsteam vorbereitet.

- Um die Einstellung der MitarbeiterInnen und der KoordinatorInnen der Zentren besser kennenzulernen, wurden diese ebenfalls mittels Fragebogen befragt. Die Fragebögen wurden vom Evaluierungsteam anhand von Material, das von den VertreterInnen der Caritas International vorgeschlagen wurde, vorbereitet².

- Um die Probleme besser zu verstehen, mit denen das Netz der Hauskrankenpflegezentren auf dem Gebiet der lokalen und nationalen Sozialpolitik kämpft, wurde außerdem eine Serie von Interviews mit den Familienärzten, mit den VertreterInnen der lokalen und nationalen Behörden (Sozialbüros u.s.w.), mit den DirektorInnen oder Managern der Krankenkassen, mit den Beamten des Gesundheitsministeriums oder der Gesundheitsdirektionen der Kreise geführt.

- Um die dynamischen Aspekte der Funktionierung der Hauskrankenpflegezentren zu ergreifen, wurde eine Fallstudie über die Entwicklung der Dienstleistungen eines regionalen Zentrums durchgeführt.

Die zusammengestellten Fragebögen beruhten auf den vorausgehenden Diskussionen mit den KoordinatorInnen der Programme auf Diözesanebene. Aus diesen Diskussionen sind folgende Eigenschaften der Hauskrankenpflegedienste der Caritas hervorgegangen:

- Existenz eines nationalen Netzes, das in den meisten Regionen des Landes, sowohl in den Städten als auch in den Dörfern verbreitet ist und das im Laufe der Jahre weitere Ortschaften einbezieht.

- Betonte Bemühung um ein effizientes Management der Hauskrankenpflegezentren, das auf Projekten mit gut definierten Zielsetzungen basiert. Ständiges Bemühen um die notwendigen Fonds, um die Aufrechterhaltung die Erweiterung der Aktivitäten zu sichern.

² Hauskrankenpflege in Mittel- und Osteuropa. Fachkonzept Caritas International. Arbeitsmaterialien und Diskussionbeiträge, Deutscher Caritasverband, Caritas International, Freiburg 2002.

- Anwerbung eines qualifizierten Personals und kontinuierliches Interesse an Fortbildung des Personals der Hauskrankenpflegedienste. Die Mehrzahl der Fortbildungsaktivitäten wurde von den deutschen Partnern angeboten.

- Bemühung um das Einhalten der Qualitätsstandards und um die Akkreditierung der Hauskrankenpflegezentren.

- Ermöglichung der Kontakte mit den lokalen Selbstverwaltungen, mit den Foren und Vertretern der Gemeinden, um ein positives Image hinsichtlich der Fachlichkeit und der Qualität der angebotenen Dienstleistungen in der Bevölkerung zu gewinnen.

Die Art, wie sich diese Bemühungen des Netzes der Hauskrankenpflegedienste der Caritas Konföderation von den Betreuten und deren Angehörigen wahrgenommen werden, ist diesem Evaluierungsbericht ebenfalls zu entnehmen.

Angaben über die Betreuten

Allgemeine Charakteristika der Population

Die von der Caritas betreuten Population verändert sich ständig. Einige Personen benötigen die Hauskrankenpflege nicht mehr, es kommen neue Personen in die Betreuung. Bei der Festlegung des Musters für die Evaluierung wurden die statistischen Daten der von der Hauskrankenpflegedienste der Caritas betreuten Population als Basis genommen, die Ende 2004 zur Verfügung standen.

Die anderen Daten beinhalten die Zahl der Personen, die die Hauskrankenpflegedienste während des Jahres ins Anspruch genommen oder nicht mehr genutzt haben oder die im Laufe des Jahres gepflegt worden sind.

Damit die Stichprobe den Kriterien in bezug auf das Geschlecht, das Alter, die Nationalität, den Familienstand der befragten Personen entspricht, wurden komplexe Statistiken dieser Art verwendet. Anhand der erhaltenen Daten konnte man nur die Repräsentativität der Geschlechter und des Alters beachten.

Die Größe der Stichprobe wurde auf 800 Personen festgelegt (10% der ungefähr 8000 Patienten). Es wurde eine theoretische Quote für die Caritasverbände ausgerechnet, was den Anteil der von ihnen gepflegten Personen von der Gesamtzahl der im Laufe des Jahres 2004 von allen Caritasverbänden gepflegten Personen betrifft. Folgende Verteilung wurde als optimal betrachtet:

Diözese	Anteil der im Jahre 2004 gepflegten Personen (%)	Theoretische Quote (Personen)	Vorgeschlagene Quote (Personen)	Durchgeführt (Personen)
Alba Iulia	56.4	451	480	525
Blaj	8.0	64	60	58
București	7.6	61	60	61
Cluj	3.2	26	20	29
Iași	5.2	42	40	22
Maramureș	2.3	18	—	—
Oradea	4.7	38	—	—

Timișoara	5.7	46	40	40
Satu Mare	6.7	54	100	91
Insgesamt Caritas*	<i>100.0</i>	800	800	826

* Bemerkung: Ohne die Diözese Lugoj, wo 2004 ausserhalb von einer gestorbenen Person und von 21 diese Dienste nicht mehr ins Anspruch nehmenden Personen nur 2 gepflegten Personen registriert worden sind.

Das Ziel der Evaluierung aus der Perspektive der Patienten ist nicht der Vergleich der Unterschiede zwischen den Caritasverbänden gewesen, sondern die allgemeinen Charakteristika der gepflegten Personen aufzuweisen. Aufgrund begrenzter Geldmittel fehlen in der Befragung auch die Diözesen Maramureș und Oradea. Die Anzahl der in diesen Diözesen betreuten Personen ist ziemlich klein. Man kann vermuten, dass sich die Struktur und das Verhalten der betreuten Personen nicht von der Struktur und vom Verhalten der in den 2 anderen siebenbürgischen Diözesen (Timișoara und Satu Mare) betreuten Personen unterscheidet. (Die Diözese Cluj konnte dank den reduzierten Forschungskosten in die Evaluierung einbezogen werden.) Als Kompensation wurde die Quote der Diözese Satu Mare erhöht. Die Erhöhung ist auch wegen ihres Aktivitätsgebiets erfolgt, das die Kreise Satu Mare und Maramureș umfasst. Innerhalb der Diözesen wurden die Zentren mit vielen betreuten Personen ausgewählt.

Die große Zahl der Fragebögen, die in der Diözese Alba Iulia eingesetzt wurde, fällt vielleicht auf. Das ist darin begründet, dass die territoriale Entwicklung der Hauskrankenpflegedienste der Caritas im laufenden Jahr verschieden ist (in den Zentren in Odorheiu Secuiesc und in Miercurea Ciuc). Es sieht so aus, dass der Anteil der betreuten Personen der Diözese Alba Iulia dank dieser Entwicklung der Dienstleistungen Ende 2005 zwei Drittel der Gesamtzahl der in Rumänien von der Caritas betreuten Personen erreicht.

Mit den von den betreuten Personen und deren Angehörigen erhaltenen Daten wurde keine vergleichende Analyse zwischen den Diözesen durchgeführt. Die gewählte Stichprobe repräsentiert die von der Caritas betreuten Population. Die Teilstichproben sind für die Diözesen und Zentren nicht repräsentativ. Repräsentativ sind nur die Teilstichproben in bezug auf das Geschlecht, das Alter, die Nationalität (Rumänen und Ungarn), die Bildung und den Beruf der gesamten Population.

Allgemeine Charakteristika des Forschungsmusters

Es wurden 826 Fragebögen von den Betreuten ausgefüllt. Dabei wurden sowohl die Meinungen der betreuten Personen als auch die Meinungen deren Angehörigen erhoben. In 262 von 826 Fällen sind die Fragebögen von den Angehörigen nicht ausgefüllt worden. Beim Rest, in 564 Fällen, wurden die Meinungen der betreuten Personen und die der Angehörigen miteinander verglichen.

Die Mehrheit der von der Caritas betreuten und in die Stichprobe aufgenommenen Personen sind Frauen: von den 826 befragten Personen sind 587

(71,1%) Frauen und 239 (28,9%) Männer. Von den Angehörigen, die den Fragebogen ausgefüllt haben, sind 210 (25,4%) Männer und 352 (42,6%) Frauen; zum Rest liegen uns keine Angaben über die Angehörigen (32%) vor. Der Anteil der männlichen Angehörigen ist im Vergleich zum Anteil der männlichen Betreuten relativ hoch. Das erklärt sich dadurch, dass viele Personen von ihrem Ehemann als Angehörigem betreut werden.

Das Durchschnittsalter der in die Stichprobe aufgenommenen Personen beträgt 70,2 Jahre. Die Hälfte dieser Personen sind unter 73 Jahren, aber nur 25% dieser Personen ist unter 64 Jahren. Die verbleibende Gruppe (25%) ist über 79 Jahre. (In späteren Altersforschungen haben wir drei große Altersgruppen festgestellt: 1. Personen unter 65 Jahren, 2. Personen zwischen 65-74 Jahren und 3. Personen über 75 Jahre).

Das Durchschnittsalter der Angehörigen beträgt 54,5 Jahre. Die Hälfte dieser Personen sind unter 54 Jahren, aber nur 25% ist unter 42 Jahren. Die verbleibende Gruppe (25%) ist über 68 Jahre.

Der Unterschied zwischen dem Durchschnittsalter der Betreuten und dem der Angehörigen beträgt 15 Jahre. Bei der Hälfte der Fälle ist dieser Unterschied weniger als 16 Jahre. Diese Tatsache macht uns darauf aufmerksam, dass viele Betreute der Caritas jüngere Menschen als sie selber versorgen. Bei 25% ist der Altersunterschied weniger als 1 Jahr. Das beweist, dass es einen bedeutsamen Anteil an Betreuten gibt, deren Angehörigen derselben Alterskategorie angehören wie die Betreuten selbst. Einige Angehörige sind viel jünger, 25% der Angehörigen sind 29 Jahre jünger als die Betreuten.

Die Mehrheit der von der Caritas betreuten Personen sind Rentner: 83% Altersrentner und 5% Frührentner. Nur 1% von den Betreuten hat in diesem Moment eine Arbeitsstelle. Ein großer Teil der Angehörigen ist ebenfalls Rentner (44%), während 36% aktiv sind.

Die Mehrheit der betreuten Personen haben die Hauskrankenpflegedienste der Caritas ab 2004 beantragt, aber ein bedeutender Anteil der Betreuten der Hauskrankenpflegedienste der Caritas schon vor 2003 (30,5%).

Zwei Drittel der betreuten Personen sind ungarischer Nationalität, während ein Drittel rumänischer Nationalität ist. Die Situation ist ähnlich auch bei den Angehörigen: 59% der Angehörigen sind römisch-katholischer Religion, 24% sind Orthodoxe, 11% sind Protestanten und 5% sind Griechisch-katholiken.

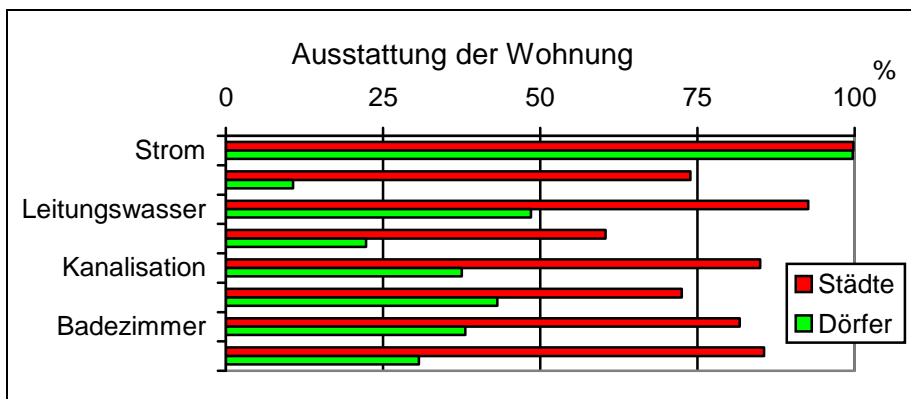
Im städtischen Bereich wohnen 59% der Betreuten, während 41% im ländlichen Bereich wohnen; 59% der befragten Personen wohnen im Kreis Harghita, wo die Bevölkerung vorwiegend ungarischer Nationalität und römisch-katholischer Religion ist.

Die Mehrheit der Betreuten der Stichprobe sind Altersrentner (83%), dazu kommen noch die Frührenter (5%). Nur 1% ist aktiv und erhalten auch einen Gehalt. 11% der Betreuten verfügen über gar kein Einkommen (Rente oder Gehalt). 33% der betreuten Personen sind ohne Beruf, vor allem ein Großteil der

Frauen sind Hausfrauen (Laut dem Gesetz bekommt man die Hälfte der Rente des Ehemannes nach seinem Tod, falls er Rentner gewesen ist. Gesetz?). 8% haben ihren Beruf als Landwirt angegeben, aber es ist zu vermuten, dass auch die 33% der Befragten, die ohne Beruf sind, in der Landwirtschaft beschäftigt sind (Fehler der Forschungspersonen). 38% der betreuten Personen haben als qualifizierte oder nicht qualifizierte Arbeiter gearbeitet. Nur 18% verfügen über eine Mittelschulbildung, bzw. nur 3% haben eine akademische Ausbildung.

Wohnumstände

203 (24,7%) der Befragten wohnen allein, 367 (44,6%) teilen ihre Wohnung mit einer anderen Person, 109 Befragte (13,2%) teilen ihre Wohnung mit noch zwei Personen. Der Rest, 147 Personen (17,5%), wohnen mit mehr als zwei Personen. Die Betreuten, die von keinen medizinischen Leistungen profitieren, wohnen in einem höheren Anteil alleine (30%), als die Personen, die solche medizinischen Leistungen bekommen. Die Mehrheit der Befragten haben 2 oder 3 Zimmer (629 Personen, bzw. 76,4%). In 770 Fällen (93,6%) ist es eine Eigentumswohnung (Familienhaus oder Appartement eines Wohnhaus). Was die Wohnumstände betrifft, haben die Mehrheit der Befragten, vor allem die Betreuten im ländlichen Bereich, keine normalen Lebensumstände. Der Mangel an Leitungswasser, Kanalisation, Telefon, Toilette, Gas übertrifft in allen Aufzählungen der im ländlichen Bereich wohnenden Betreuten mehr als 50%.



Ungefähr 15% der Befragten behaupten, dass sie Probleme mit der Wohnung letzte Zeit gehabt haben (feuchte Wände mit Schimmel, Eindringen des Wassers durch das Dach, Luftzug wegen den schlechten Fenstern oder Türen). Das Problem des Luftzuges wegen den schlechten Fenstern oder Türen kann man vor allem im ländlichen Bereich beobachten, die anderen Probleme kommen vor allem im städtischen Bereich vor.

Eigenes Einkommen

Das durchschnittliche Einkommen der von der Caritas betreuten Personen beträgt 2.292.338 Lei³ (63 Euro), 50% von ihnen haben ein Einkommen unter 1.885.000 lei (50 Euro), während 25% ein Einkommen unter 1.400.000 lei (38 Euro), ein wenig mehr als 1 Euro pro Tag) haben. Nur 25% der Betreuten verfügen über ein Einkommen über 3.100.000 Lei (ungefähr 86 Euro). Das durchschnittliche Einkommen der Betreuten, die medizinische Leistungen bekommen (ihre gesundheitliche Lage ist sehr schlecht), ist noch kleiner als das Einkommen derjenigen, die keine medizinische Leistungen in Anspruch nehmen: die erste Gruppe verfügt über 2.266.682 Lei pro Monat. Die Hälfte von ihnen haben ein Einkommen unter 1.840.000 Lei. Im Vergleich mit dem Durchschnittseinkommen derjenigen, die keine medizinische Leistungen bekommen, ist das Einkommen dieser Personen 2.393.835 Lei. Die Hälfte von ihnen haben ein Einkommen unter 2.000.000 Lei.

Das Einkommen der Betreuten im städtischen Bereich ist höher als derjenigen aus dem ländlichen Bereich: 2.463.488 Lei durchschnittliches Einkommen der Personen aus dem städtischen Bereich und 2.027.029 Lei Einkommen der Personen aus dem ländlichen Bereich. Die Hälfte der Betreuten aus dem städtischen Bereich hat ein Einkommen unter 2.100.000 Lei, während die Hälfte der betreuten Personen aus dem ländlichen Bereich ein Einkommen unter 1.700.000 Lei hat.

Vergleicht man die Daten in bezug auf den Beruf und die Daten in bezug auf das Einkommen der betreuten Personen miteinander, ist es festzustellen, dass die meisten Betreuten Personen mit niedriger Ausbildung und mit niedrigem Einkommen sind. Aus diesem niedrigen Einkommen müssen die Betreuten die Nebenkosten ihrer Wohnung, die Lebensmittel und die Medikamente bezahlen. Das alles bei einem Gesundheitssystem, in dem die Summe des Beitrags für die Krankenkasse sehr hoch und die Beitragszahlung auch für die Rentner verpflichtend ist, obwohl die Beiträge in den aktiven Jahren schon bezahlt wurden.

Die von der Caritas betreuten Personen geben monatlich durchschnittlich 815.679 Lei für ihre Gesundheit aus. 50% der Betreuten geben unter 500.000 Lei aus, 25% geben unter 300.00 Lei aus, während 25% der Betreuten für ihre Gesundheit über 1.000.000 Lei ausgeben müssen (zum Zeitpunkt der Berichterstattung entsprechen 100 Euro ca. 600.000 Lei). Die Betreuten, die komplexere medizinische Leistungen von der Caritas in Anspruch nehmen, geben mehr Geld für ihre Gesundheit aus, als jene Betreuten, die einfachere Dienstleistungen (Analysen, Körperpflege u.s.w.) brauchen. Die erste Gruppe der Betreuten gibt monatlich 851.817 Lei für ihre Gesundheit aus (37,15% des Einkommens der Personen aus dem Forschungsmuster), während die zweite Gruppe der Betreuten, die nur einfache Dienstleistungen

³ Der Wechselkurs Euro-Lei (ROL) ist am 1 Juni 2005 – Datum vom Abschluss des Ausfüllens der Fragebögen – 1 Euro = 36.172 ROL gewesen, laut der Rumänischen Nationalbank (BNR) http://www.bnro.ro/Ro/Info/Istoric/Curs_z.asp

brauchen, 727.096 lei in einem Monat ausgibt (31,71% des Durchschnittseinkommens). Aus den gesammelten Angaben ist festzustellen, dass die Personen aus dem städtischen Bereich monatlich mehr Geld für ihre Gesundheit ausgeben als die aus dem ländlichen Bereich: 942.134 Lei (38,24% des Durchschnittseinkommen) im Vergleich mit 657.779 Lei (32,45% des Durchschnittseinkommens von 2.027.029 Lei).

Hinsichtlich der Dienstleistungen, die von der Caritas angeboten wurden, sind die folgenden (nach der Zahl der Betreuten, die sie beantragen) am meisten beantragt: medizinische Leistungen – 657 Personen (79,2%), Pflegeberatung – 478 Personen (58%), Lebensmittelhilfe, Kleiderspende – 317 Personen (38,5%), kostenlose Medikamente – 227 Personen (27,6%), Seelsorge – 219 Personen (26,6%), Verleih von Pflegehilfsmitteln (z.B. Rollstühle, Gehhilfen u.s.w.) – 181 Personen (22%), Hilfe im Haushalt – 110 Personen (13,4%), Körperpflege (ganzheitliche Toilette) – 84 Personen (10,2%), Verwaltungshilfe (Ausgleich von Rechnungen) – 79 Personen (9,6%), Organisation von Gemeinschaftstätigkeiten – 61 Personen (7,4%), Versorgung mit Essen – 50 Personen (6,1%), andere Dienste – 325 Personen (39,5%). Von den anderen Diensten der Caritas sind die folgenden am häufigsten erwähnt: Analysen (Blutdruck, Glykämie) – 175 Personen (21,2%), wieder Rehabilitationstherapien (Gymnastik, Massage) – 24 Personen (2,9%). Man hat in einigen Fällen auch die folgenden erwähnt: Transport in die Kirche oder ins Krankenhaus von 5 Personen, finanzielle Hilfe und Prothesenhilfe (Hörgeräte, Bewegungsgeräte, Brillen), jeder von jeweils zwei Personen.

Zum Zweck der Analyse Stichprobe wurden die betreuten Personen in zwei Gruppen eingeteilt: Eine Gruppe bildet die Betreuten, die sowohl die sogenannte konkrete medizinische Behandlung als auch andere Dienstleistungen bekommen; Eine andere Gruppe bildet die Betreuten, die nur die anderen Dienstleistungen (Messen von Blutdruck, Glykämie, Körperpflege u.s.w.) in Anspruch nehmen und keine sogenannte medizinische Behandlung brauchen. Die erste Gruppe ist die größere: 79% der Betreuten. Die zweite Gruppe enthält 169 Personen. Die Betreuten, die sogenannte medizinische Behandlungen bekommen, bilden die Mehrheit auch in den Fällen, in denen man die Rehabilitationstherapien, den Transport, die finanzielle Unterstützung und die von der Caritas angebotenen Prothesen erwähnt haben. Eine Ausnahme bilden die Analysen (Blutdruck, Glykämie), die vor allem von den Personen in Anspruch genommen werden, die keine medizinischen Behandlungen brauchen. Daneben gibt es eine Kategorie der betreuten Personen, die Dienstleistungen der Caritas mit dem Zweck der Aufrechterhaltung der Gesundheit und der Verhütung vor einer chronischen Krankheit, wie erhöhter Blutdruck oder Diabetes in Anspruch nehmen. Diese Art von Dienstleistungen ist vor allem im ländlichen Bereich sehr wichtig, weil die Personen, die diese Dienstleistungen der Caritas in Anspruch nehmen, keine andere Möglichkeit hätten, denn sie müssten dafür das Krankenhaus, die Arztpraxis oder das Labor besuchen.

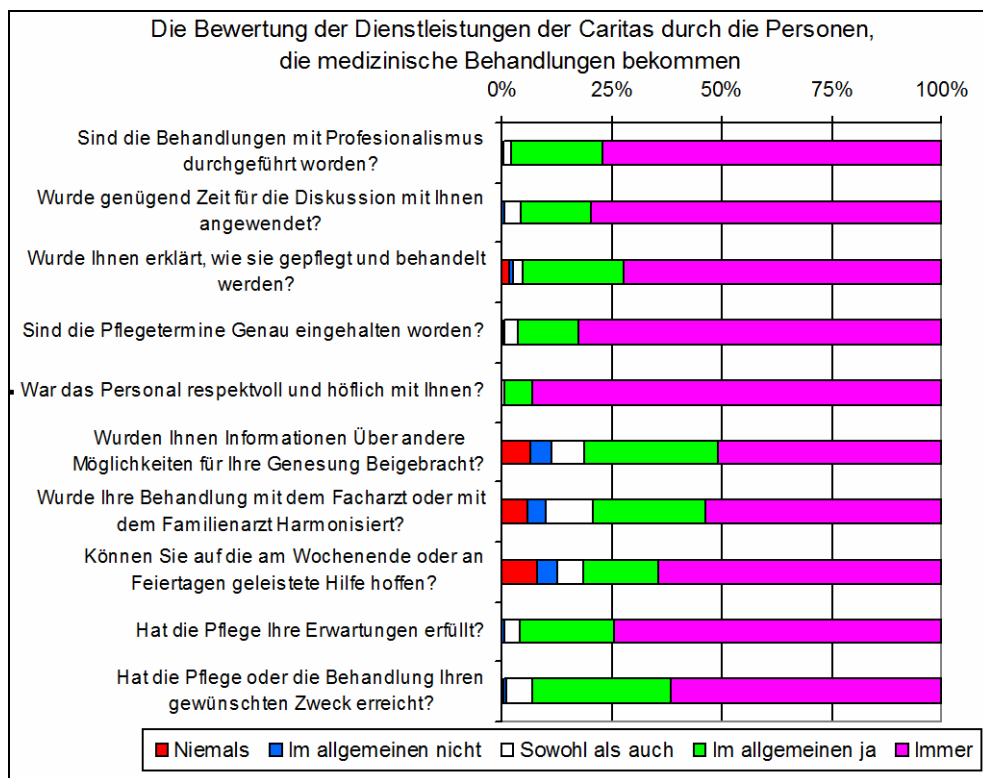
57,1% der Personen, die die medizinischen Behandlungen in Anspruch nehmen, wohnen im städtischen Bereich, der Rest, 42,9%, wohnt im ländlichen Bereich. Das 68% der Betreuten, die ohne medizinische Behandlungen nur andere Dienstleistungen bekommen, sind am meisten aus dem städtischen Bereich. Die Frauen bilden 70% sowohl von den befragten Personen als auch von der zweiten Gruppe der betreuten Personen. Ebenso die Personen mit 75 Jahren und über 75 Jahre sind die zahlreichsten (43-44%) in beiden Gruppen der Betreuten. Das bedeutet, dass die Caritas solche Dienstleistungen anbietet, die von der bedürftigsten Schicht der Population angenommen werden. Die größere Zahl der betreuten Frauen hat damit zu tun, dass die bedürftigen Männer am meisten von ihrer Frau gepflegt worden sind, während die Frauen von ihren Männern nicht so oft gepflegt wurden.

Den Unterschied zwischen den Personen, die medizinischen Behandlungen bekommen, und zwischen den Personen, die keine medizinischen Behandlungen in Anspruch nehmen, kann man den Antworten der Angehörigen entnehmen. Es ist deutlich, dass die Arten der Dienstleistungen, die von den Betreuten benannt worden sind, mit den Antworten der Angehörigen nicht immer übereinstimmen. Aus dem Vergleich der zwei Antwortarten kommt heraus, dass 15,95% (90 Patienten) keine medizinischen Behandlungen, sondern nur andere Präventionsdienstleistungen (Analyse des Blutdrucks, der Glykämie), Rehabilitationstherapie (Prothesen, Massage, Gymnastik) in Anspruch nehmen.

Der Vergleich zwischen den Antworten der Betreuten und den der Angehörigen, was die Arten der Dienstleistungen der Caritas anbelangt, zeigt Ähnlichkeiten in der Bewertung der angebotenen Dienstleistungen an. Die Kategorien der Befragten (alle Betreuten, Betreute mit Angehörigen, bzw. die Angehörigen) bewerten in allen betreffenden Fragen des Fragebogens und in den freien Antworten die Hilfe der Caritas in ähnlicher Weise.

Bewertung der Pflegedienste

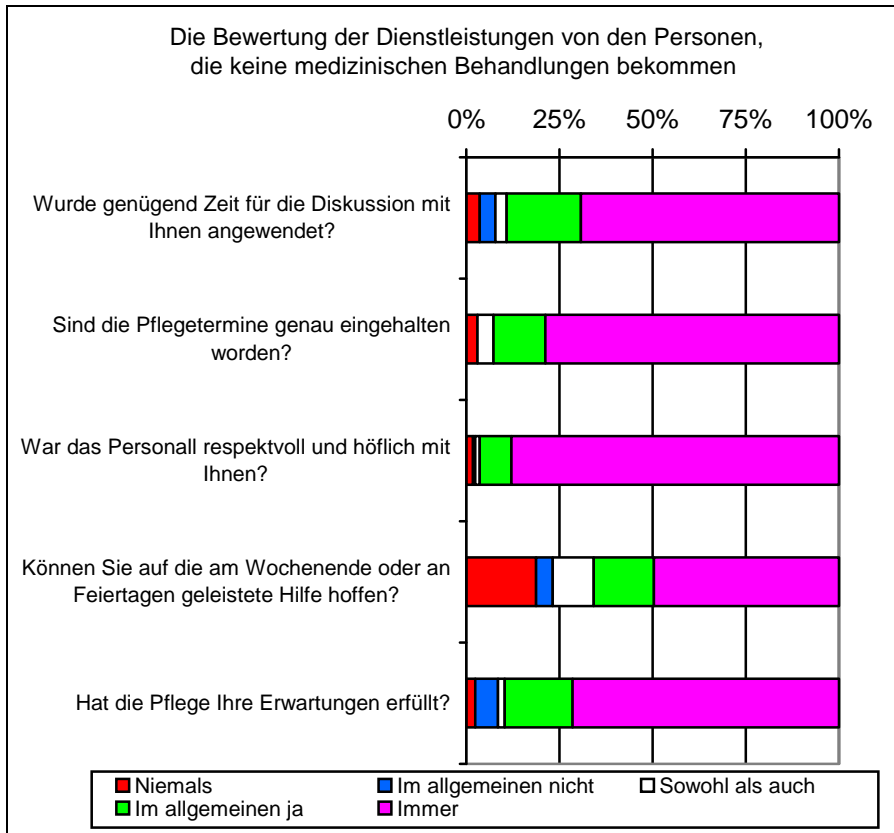
Was die Bewertung der Dienstleistungen der Caritas anbelangt, wurden die zwei Gruppen der betreuten Personen separat betrachtet: die Gruppe der Betreuten, die medizinische Behandlungen in Anspruch nehmen, und die Gruppe, die keine medizinischen Behandlungen brauchen. Bei den betreuten Personen, die medizinische Behandlungen bekommen, sind nur diejenigen Meinungen einbezogen worden, die sich nicht auf die konkrete ärztliche Behandlung beziehen.



Man kann bemerken, dass die Gruppe der Betreuten, die medizinische Behandlungen in Anspruch nehmen, alle erwähnten Aspekte, vor allem die Aspekte in bezug auf das Personal der Caritas, als positiv bewerten: das Personal ist höflich und respektvoll gewesen, die Pflegetermine wurden eingehalten, die Behandlung wurde mit Fachlichkeit durchgeführt, man hat genügend Zeit für das Anhören der Meinungen von Betreuten verwendet. Ebenso positiv wurde die Pflege und die Behandlung im allgemeinen bewertet: die Pflege hat die Erwartungen und die Zielsetzungen erfüllt. Einige negativen Antworten verweist auf die unzureichende Erklärung der Methode der Behandlung und der Pflege. Die Mehrheit der negativen Antworten (obwohl es nur ca. 10% sind) bezieht sich auf die am Wochenende und an den Feiertagen geleistete Hilfe und auf die Kooperation in bezug auf die Behandlung im Bereich: Informationen über andere Behandlungsmöglichkeiten, die für die Genesung der Betreuten nötig sind, bzw. Abstimmung der Behandlung mit dem Facharzt oder Familienarzt.

Die Betreuten, die keine medizinischen Behandlungen bekommen, sind zum Großteil mit den von der Caritas geleisteten Dienstleistungen zufrieden. Sie sind sehr zufrieden mit dem Verhalten des Personals; dieses Verhalten wurde als

respektvoll und höflich bewertet. Weniger zufrieden waren die Betreuten mit der am Wochenende und an den Feiertagen geleisteten Hilfe.



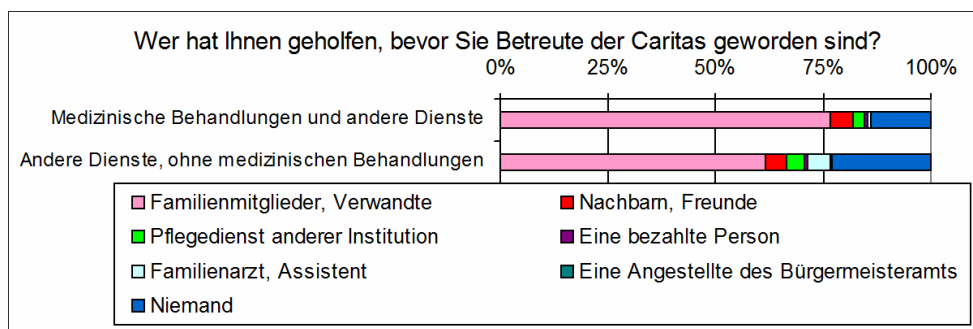
Eine ebenso positive Wertschätzung der von der Caritas angebotenen Dienstleistungen kommt von der Seite der Angehörigen.

Die Betreuten, die medizinische Behandlungen in Anspruch nehmen, schätzen am meisten die guten Beziehungen, die Höflichkeit der MitarbeiterInnen, ihren guten Willen und ihre Liebeswürdigkeit (34%) in der Tätigkeit der Caritas. Neben der Fürsorge der MitarbeiterInnen wird auch die Tatsache als positiv eingeschätzt, dass die Pflege im Zuhause der Betreuten stattfindet (30%). Bei den Betreuten, die keine medizinischen Behandlungen brauchen, kommen die ersten zwei am meisten geschätzten Aspekte in bezug auf die Dienstleistungen in umgekehrter Reihenfolge vor. Andere Aspekte, die von den betreuten Personen geschätzt sind, sind die Fachkompetenz der MitarbeiterInnen, die Sachkenntnisse, die Pünktlichkeit, die Qualität der Dienstleistungen, der Professionalismus, die finanzielle Unterstützung und geleistete Hilfe im allgemeinen. Die Angehörigen schätzen dieselben Aspekten im ähnlichen Prozentsatz wie die Betreuten, sowohl die Angehörigen der Betreuten, die medizinische Behandlungen in Anspruch

nehmen als auch bei den Angehörigen der Betreuten, die keine medizinische Dienstleistungen bekommen.

Situation der Personen, bevor und nachdem sie Betreute der Caritas geworden sind, nach unterschiedlichen Aspekten

Bevor die Personen Betreute der Caritas wurden, wurden sie vor allem von den Verwandten gepflegt: dies betrifft 604 Personen (73,7%). 24 Personen (2,9%) haben Hilfe von den Angestellten anderer Institutionen bekommen, während 129 Personen (15,7%) überhaupt keine Hilfe bekommen haben. Das ist unter den Umständen passiert, in denen 203 Personen (24,7%) von den aktuell betreuten Personen alleine wohnen. Die Betreuten, die jetzt medizinische Behandlungen und auch andere Dienstleistungen bekommen, sind von den Familienmitgliedern und von den Verwandten betreut worden (76,7%), während 13,9% von den Personen überhaupt keine Hilfe bekommen haben. Die betreuten Personen, die jetzt keine medizinischen Behandlungen brauchen, sind ebenfalls vor allem von den Familienmitgliedern und von den Verwandten geholfen worden (61,7%). Ein größerer Anteil (22,8%) hat von niemandem Hilfe bekommen.



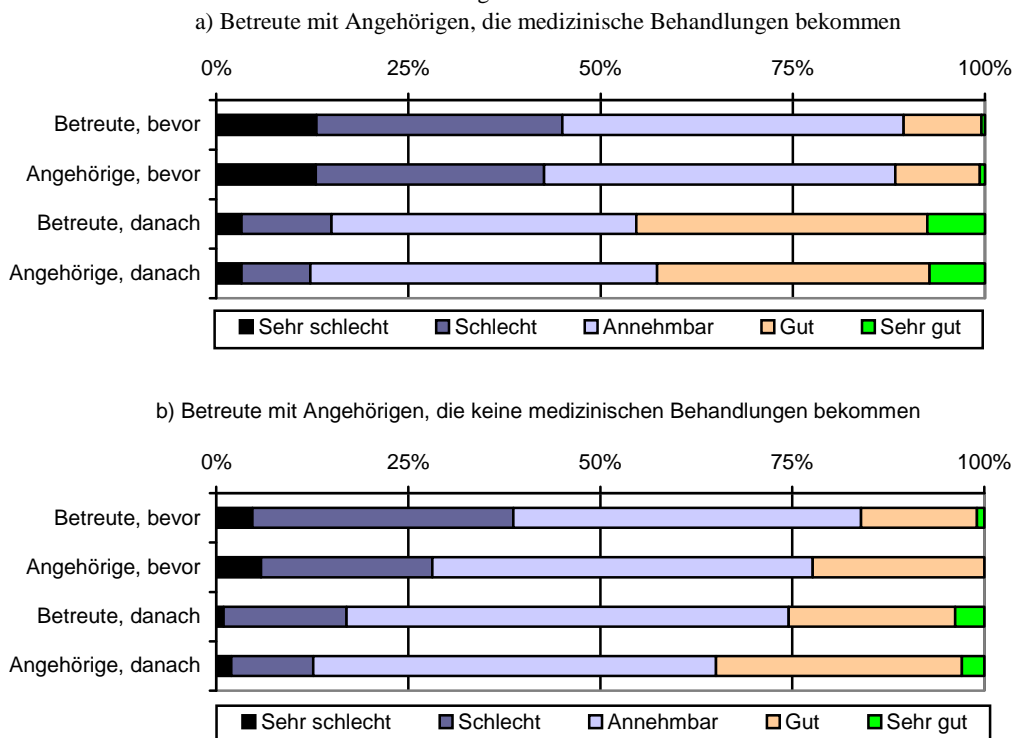
Wenn man die gesundheitliche Situation und das (selbstgeschätzte) Allgemeinbefinden der betreuten Personen mit der Situation vergleicht, bevor und nachdem sie Betreute der Caritas geworden sind, kann man eine bedeutsame Zunahme der Antworten „gute gesundheitliche Situation“, bzw. „sehr gute gesundheitliche Situation“ und parallel damit den Rückgang der Antworten „sehr schlecht“, bzw. „schlecht“ bemerken. Die Betreuten, die auch medizinische Behandlungen in Anspruch nehmen, im Vergleich mit der Gruppe, die keine medizinischen Dienstleistungen brauchen, hatten ein schlechteres Allgemeinbefinden, bevor sie Betreute der Caritas wurden. Diese Situation hat sich aber verbessert, nachdem sie die Dienstleistungen der Caritas in Anspruch genommen haben.

Es ist bemerkbar, dass die betreuten Personen aus dem städtischen Bereich ihre gesundheitliche Situation und ihr Allgemeinbefinden, bevor sie die Dienstleistungen der Caritas bekommen haben, als schlechter eingeschätzt haben als die Personen, die im ländlichen Bereich wohnen. Aber die „Verbesserung“ der Situation der Personen, nachdem sie Betreute der Caritas geworden sind, trifft

offensichtlich sowohl auf die Personen aus dem städtischen als auch für die Personen aus dem ländlichen Bereich zu. Es gibt keine Unterschiede zwischen den Einschätzungen der Personen mit unterschiedlichem Alter.

Wenn man die Meinungen der betreuten Personen mit den Meinungen der Angehörigen vergleicht, kann man einen hohen Grad der Übereinstimmung zwischen den zwei Meinungen feststellen, was die Verbesserung der gesundheitlichen Situation und das selbstgeschätzte Allgemeinbefinden anbelangt, nachdem man Betreute der Caritas geworden ist. Es ist festzustellen, dass die Betreuten (sowohl die, die medizinische Behandlungen bekommen als auch die, die es nicht bekommen) ihre gesundheitliche Situation und ihr Allgemeinbefinden als schlechter bewerten als ihre Angehörigen, sowohl bevor als auch nachdem man Betreute der Caritas geworden sind.

Gesundheitszustand und Stimmung, bevor und nachdem Sie Betreute der Caritas geworden sind



In bezug auf die Frage, was im Leben der Angehörigen sich verändert hat, seitdem die kranke Person die Dienstleistungen der Caritas bekommt, kann man vor allem die moralische Hilfe im allgemeinen (196 Antworten) und die mehrere freie Zeit (33 Antworten) aufzählen. Es ist zu betonen, dass die geleistete Pflege als

eine moralische Hilfe von der Mehrheit der Angehörigen betrachtet wird. 88 Angehörige behaupten jedoch, dass es nichts in der Situation der betreuten Personen verbessert hat, während 56 angehörige keine Antwort gegeben haben. Nur 2 Personen behaupten, dass sich die Situation der Kranken trotz der Pflege verschlechtert hat. Die Angehörigen der Betreuten, die von der Caritas keine medizinischen Dienstleistungen bekommen, unterstreichen vor allem die bekommene moralische Hilfe (28 Antworten), oder haben keine Bemerkungen (37 Antworten). Eine einzige Person behauptet, dass die Situation des Patienten sich verschlechtert hat. Diese Meinungen beweisen den präventiven Wert der Dienstleistungen der Caritas, die sich nicht nur auf die medizinischen Behandlungen beschränken.

Ein Drittel der Betreuten sagt, dass sie keine andere Dienstleistungen außer den vorhandenen noch benötigen. Das Prozent ist beinahe gleich sowohl im städtischen als auch im ländlichen Bereich, bzw. bei den drei Alterskategorien. Die Betreuten, die medizinische Dienstleistungen brauchen, bedeuten die Mehrheit (zwei Drittel), die auch andere Dienstleistungen brauchen. Im Vergleich damit, nur 54% der Patienten, die keine medizinischen Behandlungen bekommen, würden sich auch auf andere Dienstleistungen freuen. Von den benötigten komplementären Dienstleistungen kann man die kostenlosen Medikamente (32 Personen, 79%), die finanzielle Hilfe, die Kleiderspende und Lebensmittelhilfe, die Hilfe im Haushalt, den Verleih von Pflegehilfsmitteln (Rollstühle, Gehhilfen u.s.w.) herausheben. Jede dieser Dienstleistungen sind vor allem von den Betreuten beansprucht worden, die medizinische Behandlungen bekommen.

Die meisten Angehörigen glauben, dass sie sich genügend mit der Pflege der von der Caritas betreuten Personen beschäftigen und sie möchten nicht, dass sie von den Caritas-MitarbeiterInnen noch mehr in die Pflege eingebunden werden (443 Angehörige, im Vergleich mit 113 Personen, die komplementäre Implikationen möchten). Der Anteil der Personen, die sich in die Krankenpflege noch mehr einbringen wollen, ist größer im Falle der Personen, die jene Personen betreuen, die auch medizinische Behandlungen von der Caritas brauchen: 22% im Vergleich mit nur 13% von den Angehörigen der Betreuten, die keine medizinischen Dienstleistungen in Anspruch nehmen.

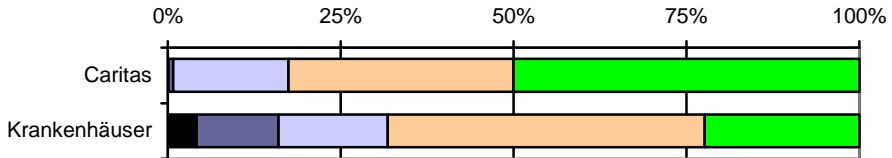
Was die Art der Dienstleistungen betrifft, die die Betreuten noch benötigen, kann man vor allem den Bedarf an materieller Hilfe, hauptsächlich in der Form von Medikamenten und von der konkreten finanziellen Hilfe, betonen. Die Angehörigen der Betreuten, die medizinische Behandlungen bekommen, benötigen mehr die Gesellschaft und die Diskussionspartner für die Betreuten.

Vergleich der Dienstleistungen der Caritas mit den Dienstleistungen der Krankenhäuser

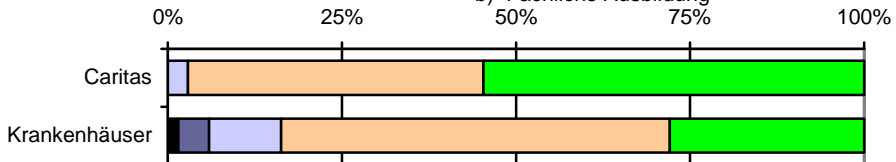
Die Betreuten, die in den letzten 5 Jahren mehr als drei Tage im Krankenhaus verbracht haben, sind gebeten worden, dass sie die Dienstleistungen der Krankenhäuser mit den Dienstleistungen der Caritas nach bestimmten Sichtspunkten miteinander vergleichen. Die Ergebnisse sind mit Hilfe der Grafiken präsentiert.

Die Auswertung der Dienstleistungen der Caritas und die der Krankenhäuser durch die Betreuten mit medizinischen Behandlungen

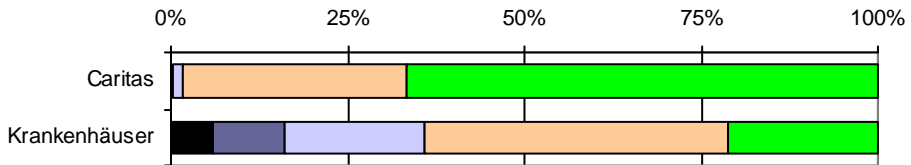
a) Verhalten gegenüber den Kranken



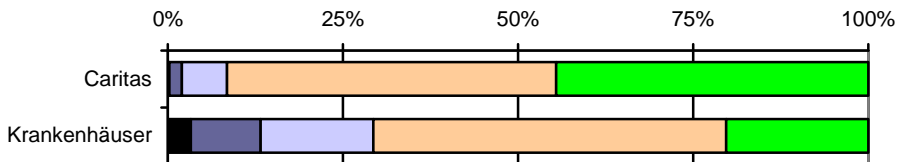
b) Fachliche Ausbildung



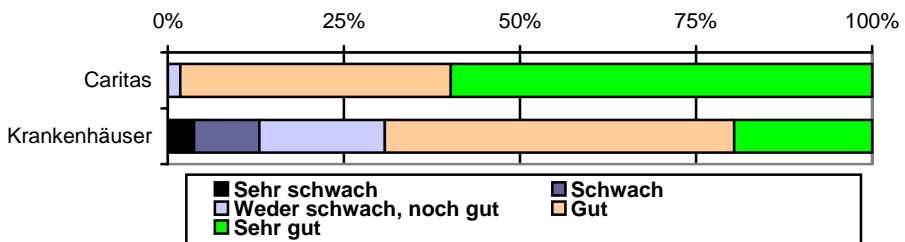
c) Gerechtigkeit, Ehrlichkeit



b) Ausstattung mit Instrumenten

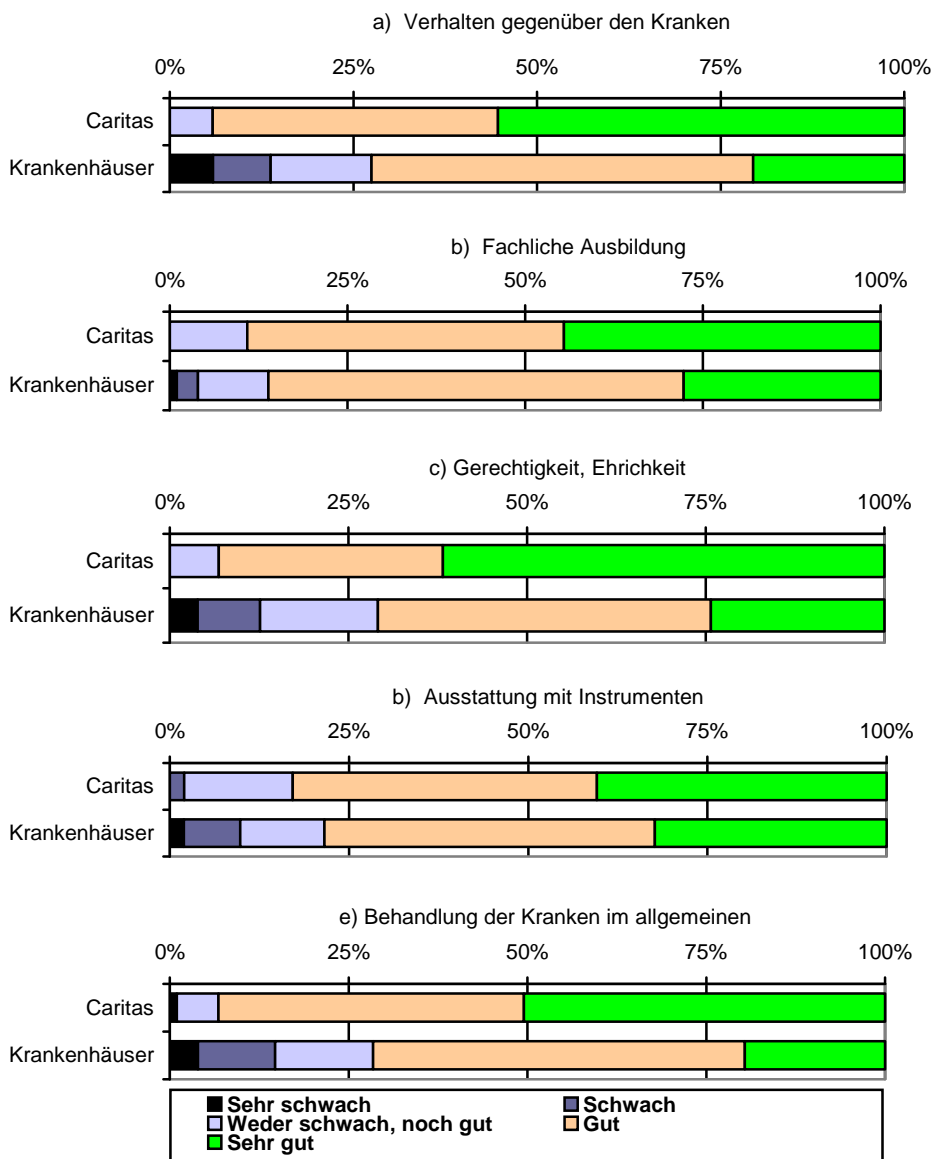


e) Behandlung der Kranken im Allgemeinen



Man kann feststellen, dass bei allen erwähnten Aspekten, das Prozent der Antworten „gut“, bzw. „sehr gut“ viel höher im Fall der Caritas als im Fall der Krankenhäuser ist.

Die Auswertung der Dienstleistungen der Caritas und die der Krankenhäuser durch die Betreuten, die keine medizinischen Behandlungen bekommen

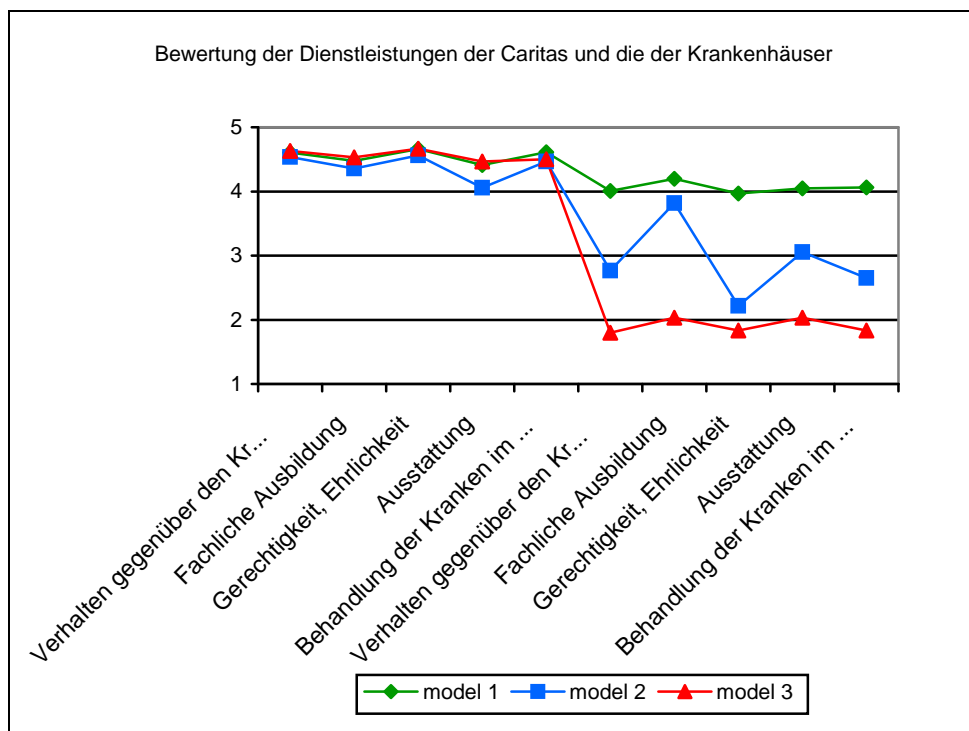


Wenn man die Meinungen der zwei Kategorien der Betreuten betrachtet, ist bemerkenswert, dass die Betreuten, die keine medizinischen Behandlungen der Caritas in Anspruch nehmen, die Dienstleistungen der Caritas viel kritischer betrachten als die Betreuten, die medizinische Behandlungen von der Caritas bekommen. Die Betreuten, die medizinische Behandlungen brauchen, sind aber viel kritischer, was die Bedingungen in den Krankenhäusern betrifft. Diese Gruppe ist in diesem Fall viel kritischer, als die Betreuten, die nur die anderen Dienstleistungen der Caritas in Anspruch nehmen. Also die Personen, die am meisten mit den Dienstleistungen der Caritas zufrieden sind, sind die Betreuten, die neben den anderen Dienstleistungen der Caritas auch die medizinischen Behandlungen in Anspruch nehmen. Die Zufriedenheit, bzw. die kritische Betrachtung gegenüber den Krankenhäusern hat als Grund den Wunsch der Betreuten nach einer häuslichen Pflege in guten Bedingungen mit einem adäquaten Verhalten der gut ausgebildeten Fachleute. Und diese Wünsche gehen durch die Hauskrankenpflegedienste der Caritas in Erfüllung.

Aus den Antworten der Betreuten, für die die medizinischen Behandlungen unentbehrlich sind, kann man feststellen, dass es für die Betreuten wegen der Hauskrankenpflege der Caritas keine Verschlechterung im Niveau der medizinischen Leistungen im Vergleich mit den Leistungen der Krankenhäuser bedeutet.

Im weiteren untersucht man die Modalität, wie die Betreuten der Caritas ihre Dienstleistungen bewerten. Diese Bewertungen werden mit den Dienstleistungen der Krankenhäuser verglichen. Das Ergebnis⁴ spiegelt sich in der unten präsentierten Grafik. Die ersten 5 Bewertungen an der linken Seite beziehen sich auf die Dienstleistungen der Caritas, während sich die nächsten 5 Bewertungen auf die Dienstleistungen der Krankenhäuser beziehen. Die Noten von 1 zu 5 entsprechen eigentlich der Skala der Bewertungen aus dem Fragebogen: von sehr schwach (1) bis sehr gut (5).

⁴ Es ist dabei die cluster-hotelling oder cluster-Dichte-Methode benutzt worden

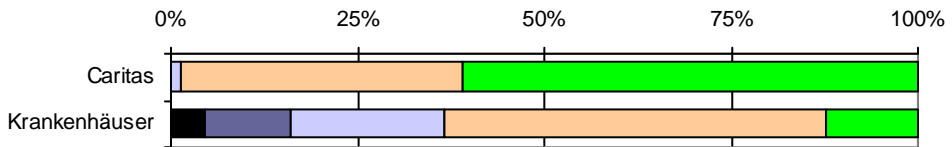


Aufgrund den Antworten kann man 3 Gruppen der Betreuten unterscheiden: die Antwortarten 1 und 3 sind charakteristisch für die Mehrheit der betreuten Personen. Diese Personen bewerten mit sehr guten Noten die Dienstleistungen der Caritas, also zwischen gut und „sehr gut“. Die Meinungen der Gruppen der Betreuten unterscheiden sich bei der Auswertung der Dienstleistungen der Krankenhäuser: die erste Gruppe bewertet auch die Krankenhäuser als relativ gut (gut), während die Gruppe 3 die Krankenhäuser mit schlechten Noten bewertet – die Mehrheit der Antworten sind zwischen sehr schwach und schwach. Die Gruppe 2 bewertet die Dienstleistungen der Caritas als sehr gut und gut, aber im Unterschied zu den anderen zwei Gruppen gibt kleinere Noten beim Kapitel „Ausstattung mit Instrumenten“. Bei der Bewertung der Dienstleistungen der Krankenhäuser ist die Gruppe 3 ebenso kritisch, aber man schätzt die gute Fachausbildung der Angestellten der Krankenhäuser.

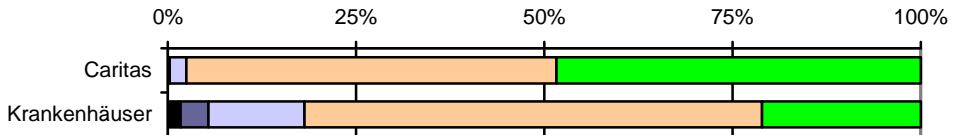
Die Angehörigen der Betreuten, die die medizinischen Behandlungen der Caritas in Anspruch nehmen, sind im Vergleich mit den Angehörigen der Betreuten, die keine medizinischen Behandlungen brauchen, viel kritischer in allen Aspekten der Dienstleistungen der Caritas. Ebenso sind sie kritischer, was die Dienstleistungen der Krankenhäuser angeht.

Die Auswertung der Diensleistungen der Caritas und die der Krankenhäuser durch die Angehörigen der Betreuten, die medizinische Behandlungen bekommen

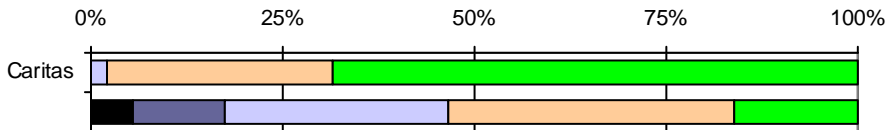
a) Verhalten gegenüber den Kranken



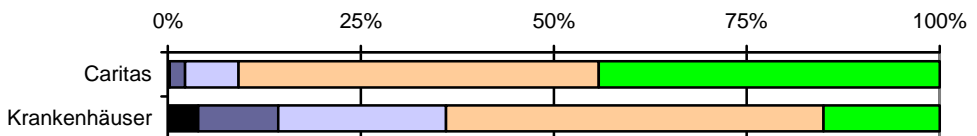
b) Fachliche Ausbildung



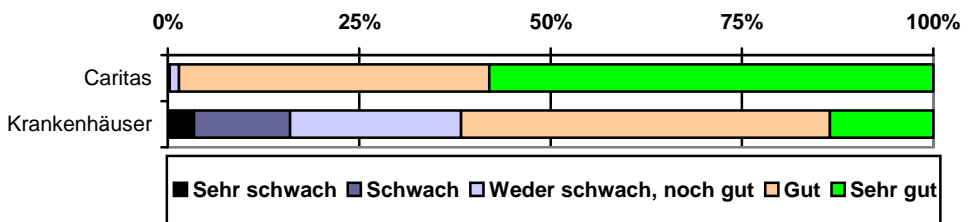
c) Gerechtigkeit, Ehrlichkeit



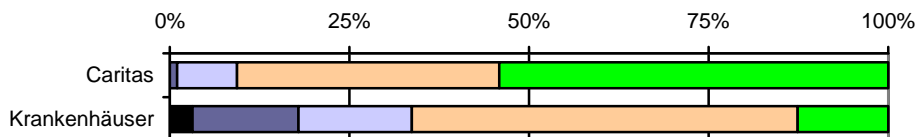
b) Ausstattung mit Instrumenten



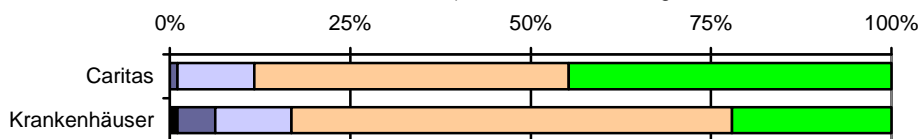
e) Behandlung der Kranken im allgemeinen



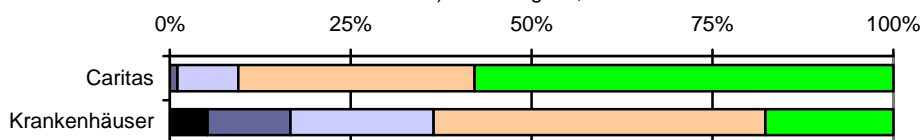
Die Auswertung der Dienstleistungen der Caritas und die der Krankenhäuser durch die Angehörigen der Betreuten, die keine medizinischen Behandlungen bekommen
 a) Verhalten gegenüber den Kranken



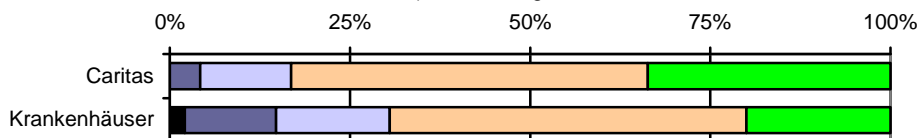
b) Fachliche Ausbildung



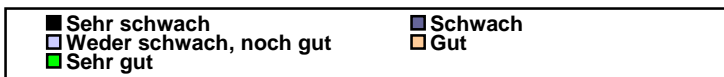
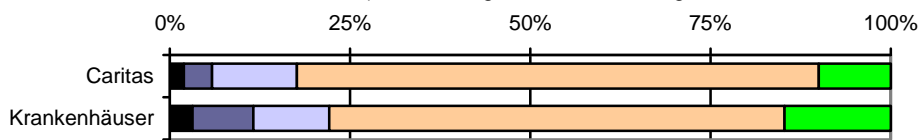
c) Gerechtigkeit, Ehrlichkeit



b) Ausstattung mit Instrumenten



e) Behandlung der Kranken im allgemeinen



Die Personen (18 Personen), die auch andere Dienstleistungen in Anspruch genommen haben, als die der Caritas, wurden gebeten, die Dienstleistungen zu vergleichen. Die Bewertung der Dienstleistungen der Caritas durch diese Betreuten wurden als überlegen eingeschätzt, vor allem was die Ausstattung mit Instrumenten, das

Verhalten der MitarbeiterInnen gegenüber den Betreuten, aber auch was die anderen erwähnten Aspekten anbelangt.

Welche Dienstleistungen sind nach den folgenden Aspekten besser:		
	Caritas	Andere Dienstleister
Ereichbarkeit	9	5
Ausstattung mit Instrumenten	13	—
Qualität der Dienstleistungen	8	6
Verhalten gegenüber den Betreuten	11	3
Niveau der Fachausbildung	9	6

Schlussfolgerungen

Die Mehrheit der Betreuten der Caritas sind alte Menschen, Rentner: 83% Altersrentner, 5% Frührentner. Nur 1% von den Betreuten hat zur Zeit eine Arbeitsstelle. Ein großer Teil der Angehörigen ist auch Rentner (44%), was das niedrige Einkommen der meisten Familien erklären, die von der Caritas unterstützt werden. Was die Wohnumstände anbelangt, lebt die Mehrheit der betreuten Personen unter einem sozial annehmbaren Lebensniveau. Dabei handelt es sich vor allem um Betreute im ländlichen Bereich. 59% der Betreuten der Caritas wohnen im städtischen Bereich, während 41% im ländlichen Bereich wohnen; die Lebensumstände der im ländlichen Bereich wohnenden Betreuten sind viel schlechter. Man kann zwei Kategorien der betreuten Personen unterscheiden: Betreute, die medizinische Behandlungen in Anspruch nehmen (79%) und Betreute, die keine medizinischen Dienstleistungen brauchen (21%). Nach diesen Kriterien wurden die erhaltenen Antworten analysiert, damit die Analyse die Arten der Dienstleistungen unterscheidet.

Es wurde festgestellt, dass das durchschnittliche Einkommen der Betreuten der Caritas sehr niedrig ist: durchschnittlich 2.292.338⁵ Lei (63 Euro). Aber 50% der Befragten haben ein Einkommen unter 1.885.000 Lei (50 Euro), während 25% ein Einkommen unter 1.400.000 Lei (38 Euro) haben. Das Einkommen der Betreuten aus dem ländlichen Bereich ist noch niedriger, genauso das Einkommen derjenigen, die medizinische Behandlungen bekommen. Obwohl das Einkommen dieser Personen so niedrig ist, geben sie eine bemerkenswert hohe Summe für ihre Gesundheit aus: durchschnittlich 815.679 Lei pro Monat (ein wenig mehr als ein Drittel ihres durchschnittlichen Einkommens).

Die meisten Betreuten, die keine medizinischen Behandlungen brauchen, leben ohne Angehörige. Sie nehmen die Dienstleistungen der Caritas (Anlysen) in Anspruch mit dem Zweck der Prävention und der Kontrolle ihres gesundheitlichen Zustands, was zum

⁵Der Wechselkurs Euro-Lei (ROL) ist am 1 Juni 2005 – Datum vom Abschluss des Ausfüllens der Fragebögen – 1 Euro = 36.172 ROL gewesen, laut der Rumänischen Nationalbank (BNR) http://www.bnro.ro/Ro/Info/Istoric/Curs_z.asp

Aufrechterhalten der Unabhängigkeit beiträgt. Die Antworten der Betreuten, die von den medizinischen Behandlungen abhängig sind, spiegeln wider, dass die Hauskrankenpflegedienste der Caritas im Vergleich mit den Leistungen der Krankenhäuser keine Verschlechterung im Niveau der medizinischen Leistungen darstellen. Im Gegenteil: sie stellen eine Erhöhung dieses Niveaus dar. Die betreuten Personen haben die Pflege und die Behandlung im allgemeinen als positiv bewertet: die Dienstleistungen haben die Erwartungen erfüllt und ihren Zweck erreicht. Die Betreuten, die keine medizinischen Behandlungen in Anspruch nehmen, sind mit den Dienstleistungen der Caritas zum Großteil zufrieden (das Personal ist respektvoll und höflich mit ihnen gewesen). Sie beanspruchen, dass sie mit den Dienstleistungen der Caritas auch während des Wochenendes und der Feiertage rechnen können.

Sowohl die Betreuten als auch die Angehörigen bewerten die MitarbeiterInnen der Caritas positiv. Über 90% der Befragten halten sie für respektvoll, vertrauenswert, freundlich, ehrlich, gute Fachleute, höflich und optimistisch. Die Entwicklung des gesundheitlichen Zustands und des (selbstgeschätzte) Allgemeinbefindens der Personen verglichen mit der Situation, bevor und nachdem sie Betreute der Caritas geworden sind, wird als positiv bewertet. In bezug auf die Frage, was im Leben der Angehörigen sich verändert hat, seitdem sie die Dienstleistungen der Caritas in Anspruch genommen haben, wird in erster Linie die moralische Hilfe, bzw. die Zunahme der freien Zeit der Angehörigen angegeben.

Was die von den Angehörigen noch benötigte Hilfe anbelangt, kann man vor allem die materielle Hilfe, in der Form von Medikamenten und von finanzieller Hilfe nennen. Es wird ein erhöhter Bedarf an Gesellschaft und Diskussionspartner für die Betreuten gesehen, die medizinische Behandlungen bekommen. Im Vergleich mit den Dienstleistungen der Krankenhäuser, ist zu bemerken, dass die Dienstleistungen der Caritas, vor allem, was die Aspekte wie z.B. das Verhalten gegenüber den Betreuten, die Fachausbildung, die Gerechtigkeit und Ehrlichkeit, die Qualität der Dienstleistungen und die Ausstattung mit Instrumenten betrifft, bei einem höheren Anteil mit den Antworten „sehr gute“ und „gute Pflege“ bewertet als im Fall der Krankenhäuser.

Nach dem Vergleich der zwei Kategorien der Betreuten kann man feststellen, dass die Betreuten, die die medizinischen Behandlungen der Caritas in Anspruch nehmen, Dienstleistungen der Krankenhäuser kritisch und die Dienstleistungen der Caritas als positiv bewertet werden. Die Personen (18), die auch andere Dienstleister in Anspruch genommen haben, bewerten die Dienstleistungen der Caritas deutlich positiver, vor allem was die Ausstattung mit Instrumenten, das Verhalten gegenüber den Betreuten, aber auch die anderen erwähnten Aspekten anbelangt.

Vorschläge bezüglich der Hauskrankenpflegedienste der Caritas:

Die MitarbeiterInnen und die betreuten Patienten erkennen, dass die Hauskrankenpflegezentren unverzichtbare und professionelle Aktivitäten für die

abhängigen Personen ausüben. Für die Entwicklung der Hauskrankenpflegedienste sind Hindernisse zu beseitigen, die durch den Mangel an technischen und medizinischen Materialien verursacht sind. Außerdem sind aktuelle Begrenzungen bezüglich der Einstufung und Entgeltung der MitarbeiterInnen zu überwinden.

Unverzichtbar ist die Erhebung von Grunddaten über die Zahl der zu Hause lebenden alten, kranken und behinderten Menschen und deren den Bedarf an gesundheits- und sozialpflegerischen Diensten auf lokaler und nationaler Ebene, um den tatsächlichen Hilfebedarf in der Hauskrankenpflege für die Zukunft darzustellen. Die Kommunikation mit den verantwortlichen Personen der lokalen Selbstverwaltung, der medizinischen und sozialen Einrichtungen ist deshalb unabdingbar im Blick auf die Absicherung der Arbeit im Bereich der sozialen Hilfen für alte und pflegebedürftige Menschen.

Das System der Hauskrankenpflegedienste, das von der Caritas in Rumänien entwickelt wurde, ist ein funktionierendes System, das sehr wichtige Dienstleistungen für eine benachteiligte Bevölkerungsgruppe anbietet, die vor allem aus älteren Personen aus dem städtischen und aus dem ländlichen Bereich besteht. In diesem Prozess muss der lokale Kontext betrachtet werden. Die Ergebnisse hängen von der Bereitwilligkeit der lokalen Selbstverwaltungen ab, zusammenzuarbeiten, und von der Fähigkeit der Caritas, ein funktionierendes Netz zu entwickeln (mit Fachleuten, mit Freiwilligen, gute Zusammenarbeit mit den medizinischen Versorgungsdiensten).

Hinsichtlich der Ausbildung der Arbeitskräfte, bietet die Caritas Ausbildung an, das ein gutes Praxismodell darstellt und das auf nationalem Niveau übernommen werden könnte.

Caritas ist eine Bewegungskraft in der Entwicklung und in der Innovation der Hauskrankenpflege in Rumänien mit vorteilhaften Ergebnissen für die Not leidenden Menschen. Durch die Einführung einiger innovativen Dienstleistungen für die abhängigen Personen beeinflusst die Hauskrankenpflege der Caritas die sozialen Veränderungen. Sie kann in der Zukunft im Prozess der europäischen Integration sowohl für die rumänische Regierung als auch für europäische Netzwerke wertvoller Partner werden.

Zwar begrenzt sich die Sozialpolitik der Europäischen Union nur auf Prinzipien und Vorschläge, die Erfahrung der Mitgliedsstaaten bedeutet eine Inspirationsquelle für die Staaten aus Zentral- und Osteuropa, inklusive für Rumänien. Mit Hilfe der Finanzierung der Caritas Internationalis und der Teilfinanzierung der EU-Programme ist auch das Modell der Hauskrankenpflege (vor allem das deutsche Modell) in Rumänien übernommen und durchgesetzt worden. Dieser Dienstleistungstyp kann seine Zielsetzungen nur dann erfüllen, wenn die staatliche Finanzierung dieser qualitativen Dienstleistungstypen, wie der Hauskrankenpflegedienste der Caritas, konsistenter und stabiler sein wird.

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