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SUMMARY

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ENSURING GOOD HEALTH AND WELL-BEING FOR ALL. A COMPARATIVE ANALYSIS OF THE TARGETS OF THE THIRD UNSDG'S OBJECTIVE IN 7 EUROPEAN COUNTRIES

Adrian NETEDU[1], **Daniela ŞOITU**[2]

Abstract
All the European Countries are concerned about Sustainable Development Goals and the Agenda 2030 formulated by ONU and imposed globally. As an example, for the Virtual Institute „Good Health and Well-being” from the European campus of City-Universities project, (www.ec2u.eu)the central topic of analysis is the third objective: „Ensuring Good Health and Well-being for All". Taking advantage of the structure and functionalities of this project of University Alliances (EC2U), we tried in this article to make a comparative analysis between the seven member countries from the perspective of the targets of the third objective of sustainable development. The comparative results show accents, similarities and differences; highlight the starting points for further, in-depth analysis for the development of policies and measures.

Keywords: health for all, good health, well-being, GLADE Virtual Institute, Sustainable Development Goals, EC2U.

Résumé
Tous les pays européens sont concernés par les objectifs de développement durable et l'Agenda 2030 formulés par l'ONU et imposés au niveau mondial. À titre d'exemple, pour l'Institut virtuel „Good Health and Well-being” du projet européen Campus Européen des Cités-Universités (www.ec2u.eu), thème central d'analyse est le troisième objectif : „Assurer la bonne santé et le bien-être pour tous”. Profitant de la structure et des fonctionnalités de ce projet d'Alliances Universitaires (EC2U): nous avons essayé dans cet article de faire une analyse comparative entre les sept pays membres du point de vue des cibles du troisième objectif de développement durable. Les résultats comparatifs montrent des accents, des similitudes et des différences ; met en évidence les points de départ d'une analyse plus approfondie en vue de l'élaboration de politiques et de mesures.

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Mots clés: santé pour tous, bonne santé, bien-être, Institut virtuel GLADE, Objectifs de développement durable, EC2U.

Rezumat
Toate țările europene sunt preocupate de Obiectivele de Dezvoltare Durabilă şi de Agenda 2030 formulate de ONU şi impuse la nivel global. De exemplu, pentru Institutul Virtual Sănătate Bună şi Stare de Bine realizat în cadrul proiectului de Alianţe Universitare „Campus European de Universităţi şi Oraşe" (EC2U) tema centrală de analiză este cel de-al treilea obiectiv: „Asigurarea unei bune sănătăți și bunăstare pentru toți". Profitând de structura şi funcţionalităţile acestui proiect de Alianţe universitare – EC2U: European campus of City-Universities (www.ec2u.eu) -, am încercat în acest articol să facem o analiză comparativă între cele şapte țări membre din perspectiva țintelor celui de-al treilea obiectiv de dezvoltare durabilă. Rezultatele comparative arata accente, asemănări şi diferenţe; evidențiază puncte de pornire pentru analize ulterioare, aprofundate, pentru dezvoltarea de politici și măsuri.

Cuvinte cheie: sănătate pentru toți, sănătate bună, stare de bine, Institut Virtual GLADE, Obiective de dezvoltare durabilă, EC2U.

1. Introduction

The 2030 Agenda for Sustainable Development (established by United Nations – *UN* - in September 2015) is a plan of action for sustainable development for all countries of our planet. This Agenda contains 17 Goals and subsequently 169 targets that cover, at the same time, the economic, social and environmental domains. The 17 goals are the following: „1. No poverty, 2. Zero hunger, 3. Good health and well-being, 4. Quality education, 5. Gender equality, 6: Clean water and sanitation, 7. Affordable and Clean Energy, 8. Decent Work and economic growth, 9. Industry, innovation and infrastructure, 10. Reduced inequalities, 11. Sustainable cities and communities, 12. Responsible consumption and production, 13. Climate action, 14. Life below water, 15. Life on land, 16. Peace Justice and strong institutions, 17. Partnerships for the goals."

In some pragmatic announcements[3] is stipulated that all that goals have some precise means of implementation: a new solidary and global partnership, the implication of each country at all levels (public, private sector, civil society), international public finance etc.

What is relevant is that in the entire world some regional mechanisms or state superstructures took over the goals to disseminate and deepen them among their members (e.g., the European Commission, The Forum of the Countries of Latin America and the Caribbean on Sustainable Development, Asia-Pacific Forum on Sustainable Development etc.) or linking with larger projects (e.g., Africa Union Agenda 2063). At the same time numerous sociological research or projects have as their starting point for education, innovation and research, one or more objectives of *the 2030 UN Agenda* (e.g., sociological research in an EU project called „Shaping Fair Cities: Integrating Agenda 2030 within Local Policies in Times of

[3] See for example https://sdgs.un.org/2030agenda

Great Migration and Refugees Flows", coord. Regione Emilia-Romagna, 2018; European Universities Initiatives[4] – as *EC2U* - European Campus of City-Universities etc.)

In our article, we intend to make a transversal observational study of the 17 targets from the Third objective of the *UN Sustainable Development Agenda*: „Ensuring Good Health and Well-Being for All" - applied to seven European countries – Finland, France, Germany, Italy, Portugal, Romania, Spain -, from where seven partner universities are in the EC2U project.

The current analysis is focused on the targets of the Third goal from the *UN 2030 Agenda*: „Ensuring Good health and well-being for all". Our comparative analysis is a starting point for future debates to be developed in future activities and to offer issues for cooperation between researchers, teachers, doctoral and master students, administrative staff and partners from all the involved European cities.

2. The context of the study

Seven universities - University of Turku (Finland), University of Poitiers (France; coordinator), „Friedrich Schiller" University Jena (Germany), University of Pavia (Italy), University of Coimbra (Portugal), „Alexandru Ioan Cuza" University of Iaşi (Romania), University of Salamanca (Spain) alongside with 30 associated partners from the seven above mentioned countries are working together to build a „European Campus of City-Universities" (EC2U) benefiting, among other 40 alliances, by an Innovative European Initiative under the Erasmus + 2021-2027 programme.

This initiative aims to contribute to strengthening „strategic partnerships across European Union higher education institutions, […] consisting in bottom-up networks of universities across the EU which will enable students to obtain a degree by combining studies in several EU countries and contribute to the international competitiveness of European universities" (European Council *Conclusions*, Dec. 2017). The initiative is closely monitored by European institutions, as a „flagship" for higher education and as a „testbed" for new common degrees.

The European Strategy for the Universities (EC SWD (2022) 6 final) it is underlined the role of universities „can better solve big societal challenges by engaging more effectively in transnational cooperation" (p. 2). This engaging role of the universities should be grounded on analyses and research, on data filing the bottom-up approach.

This paper aims to look for and compare available and reliable data related to the seventeen targets (as they are stated by the UN[5]) associated with the *Third*

[4] As it is announced at: https://education.ec.europa.eu/education-levels/higher-education/european-universities-initiative

[5] See: https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-3-good-health-and-well-being.html#targets

goal of *the 2030 Agenda for Sustainable Development*: „Ensuring Good Health and Well-being for All".

The analyse is one of the first actions in the frame of the newly developed *Virtual Institute for Good health and well-being*, as part of the EC2U project.[6]

3. Methodology of data gathering and analysis

This research is an empirical study based on secondary data analysis. To perform the analyse, each of the seventeen targets of the *Third goal* of *the 2030 Agenda for Sustainable Development* - „Ensuring Good Health and Well-being for All" – is defined according to the UN vision and other significant references.[7] The second step was to identify any reliable data source as the official source of figures related to the conceptual ground of the target analysed. The main data sources selected are from the following categories:

a. Global: WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division;
b. European: EUROSTAT,
c. National: National Institute for Statistics, Romania; National Institute of Public Health, Romania;

For each of the analysed targets, a European average was calculated and included, as a reference for the reader. Where considered appropriate, some national examples and contexts – especially from the country the coordinating university of *the Virtual Institute for Good Health and Well-being* belong to, Romania - support the arguments, challenges and analyses (Şoitu, 2020; Şoitu, 2021). The statistical data used is the one available from October-December 2020. Where the data were older than this period, the latest available statistics have been used.

We specify that in this article we detail the first 9 targets (called 'numerical and topic targets') following that in future studies we will also analyse the last four targets (called 'systemic targets').

4. Results. Comparative descriptive data and analysis

The targets of the Third SDG of the 2030 Sustainable Development Agenda[8] are defined and analysed in their subsequent order. For a better reading, the authors opt to maintain the definitions and targets in this chapter, together with the current (or the latest available) statistical data in the European Union (as

[6] The Institute is coordinated by „The Alexandru Ioan Cuza" University of Iasi, involving representatives from all 7 EC2U partner universities. Contents are available at: www.ec2u.eu and https://www.uaic.ro/international/glade-virtual-institute/

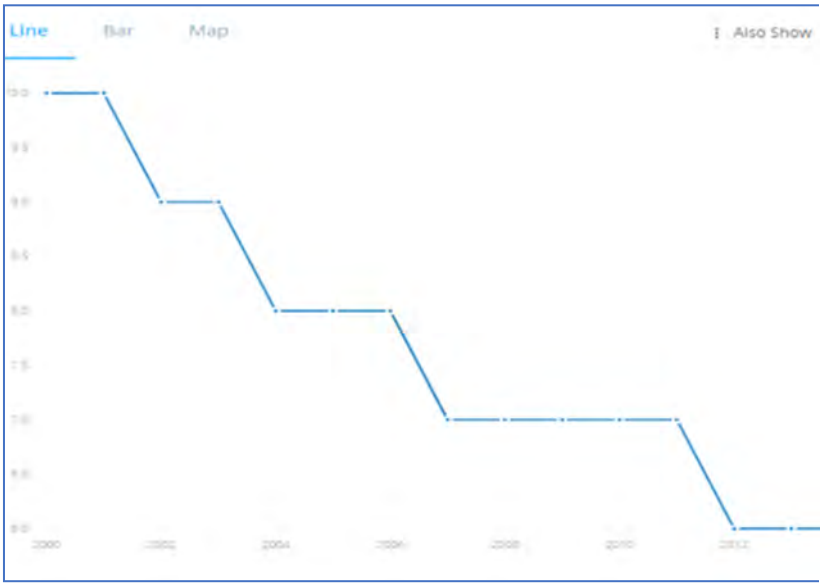
[7] A full description and the aimed targets are provided in chapter 4, individually, for each, together with the comparative data and critical topics and facts.

[8] Explained in detail at https://unstats.un.org/sdgs/metadata (in this article the term „metadata" is related to the explanations from this site)

average) and in the seven countries where the EC2U universities came from Finland, France, Germany, Italy, Romania, Spain, Portugal.

1. Maternal mortality ratio (MMR)

MMR represent „the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births". This United Nations (UN) target proposes to „reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births", by 2030. In the metadata documents is specified that the World Health Organization (WHO) via the „Department of Sexual and Reproductive Health and Research" is responsible for global monitoring of this issue but the data collection is ensured by The UN „Maternal Mortality Estimation Inter-Agency Group". At the European level the evolution of this index was:



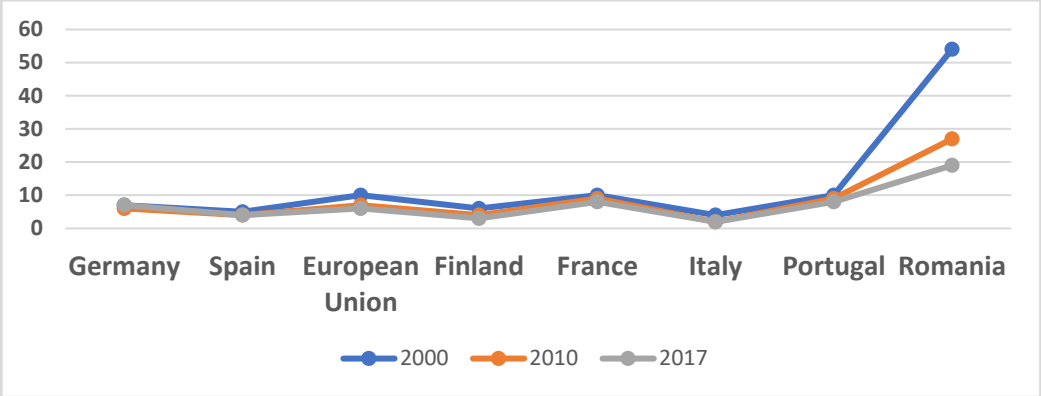
Graph 1. The evolution of the maternal mortality ratio in the EU between 2000-2016 years[9]

Source: https://data.worldbank.org

At the EU level, that ratio is stabilized at 6/100000. The global situation is different in other countries and UN documents provide a general target for all (by 2030, no country should have an MMR bigger than 140). In 2017, MMR in the world's least-developed countries was almost three times bigger than this target: 415/100 000.

[9] For other details see: „*Trends in maternal mortality 2000-2017 - Estimates* by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division" (2019).

Comparative data on MMR for the seven countries analysed shows a decrease in numbers, most obvious for Romania – in 2017, less than half of the average from 2000:



Graph 2. Evolution of maternal mortality ratio for seven countries: Germany, Spain, Finland, France, Italy, Portugal, Romania and the average in European Union

Source: https://data.worldbank.org

Critical facts

WHO[10] draws attention to some key facts:
- in 2017, on each day, approximately 810 women died from preventable causes related to pregnancy and childbirth.
- Between 2000 and 2017, the maternal mortality ratio (MMR) dropped by about 38% worldwide.
- 94% of all maternal deaths occur in low and lower-middle-income countries.
- Young adolescents (ages 10-14) face a higher risk of complications and death because of pregnancy than other women.
- Skilled care before, during and after childbirth can save the lives of women and new-borns.

From the cited site, according to Say, Chou *et al.* (2014) the major complications that account for nearly 75% of all maternal deaths are bleeding and infections (usually after childbirth), pre-eclampsia and eclampsia, complications and unsafe abortion.

In Romania, the collection of data is the responsibility of the National Institute of Public Health (INSP) which has two sources: the National Institute of Statistics (I.N.S.) and *Maternal Death Record through the complications of pregnancy, birth and childbirth* delivered by the National Centre for Statistics and Informatics in Public Health (C.N.S.I.S.P.). In the last publication of INSP –CNSISP (2000) we

[10] https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

can observe some differences in comparison with the World Bank Data estimations (in any case, the significant decrease in the values of the index is confirmed).

The same material draws attention to the situation of abortions (one of the main causes of maternal mortality) considering their liberalization in Romania after 1990. For example, in 2021 the ratio between abortions and live births was 3.1, while in 2020 it dropped to 0.1! One of the critical periods in the history of Romania was between 1967-1990 when thousands of young mothers died following the initiation of illegal abortions (Trebici, 1991).

All these findings have strongly returned to public attention with the new public debate about the abortion problem in many European countries and of course in all seven countries analysed, with a very interesting point for future debates and analysis.

2. The new-born and children under 5 mortality (under 5 mortality rate)

From the metadata documents, the under-five mortality rate is defined as: „a probability of a child born in a specific year or period dying before reaching the age of 5 years expressed as deaths per 1000 live births".

The UN pragmatic issue proposes to „reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births". In this case, are introduced „neonatal mortality" defined as the „intensity of mortality in the first 28 days of life or even in the first month". We observed that the classical index of „infant mortality" (defined as the intensity of mortality for children under one year) is effectively included in this under-five mortality rate.

In the same metadata, documents specified that the collection of such data is the responsibility of UNICEF and the United Nations *Inter-Agency Group for Child Mortality Estimation* (UN IGME). The sources of data are very diverse: household surveys, censuses, and vital registration data.

A comparative situation between the seven analysed countries and the evolution of the data in three different years (2000, 2010 and 2019) shows a decrease in numbers towards more than half - one-third (for Romania).

Some clarifications related to this subject:

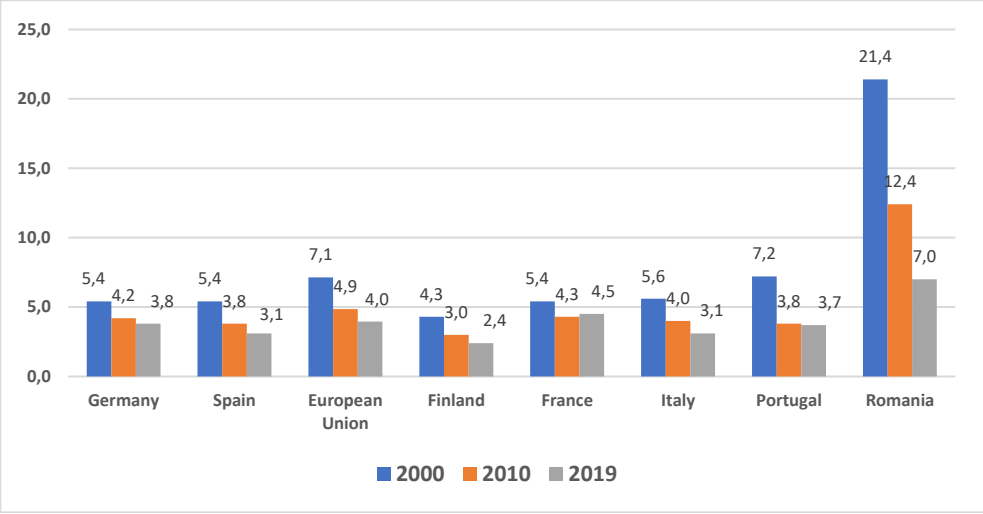
- a study of infant mortality should be done by age intervals and by causes of death.

- by age category, a distinction is made between early mortality (from the first 6 days of life), neonatal mortality (referring to the intensity of mortality in the first 28 days of life or even in the first month), post-neonatal mortality (referring to the mortality of children with age between 1 month and 11 months, without reaching the age of 1 year).

- the notions of „perinatal mortality" (which sums up the deaths in the first week of life to which are added stillbirths) are also used, but also of stillbirth (which sums up the number of stillbirths compared to 1000 live births).

- the EU average infant mortality was 3.6 deaths in 2016.

- we must continue to look at the causes of endogenous mortality and exogenous mortality.



Graph 3. The under-five mortality rate in the EC2U 7 countries and the average in European Union

Source: https://data.worldbank.org

At the global level WHO[11] add some important keys:

- „In 2020 an estimated 5 million children under the age of 5 years died, mostly from preventable and treatable causes" - from these, approximately 2.4 million represent neonatal mortality".

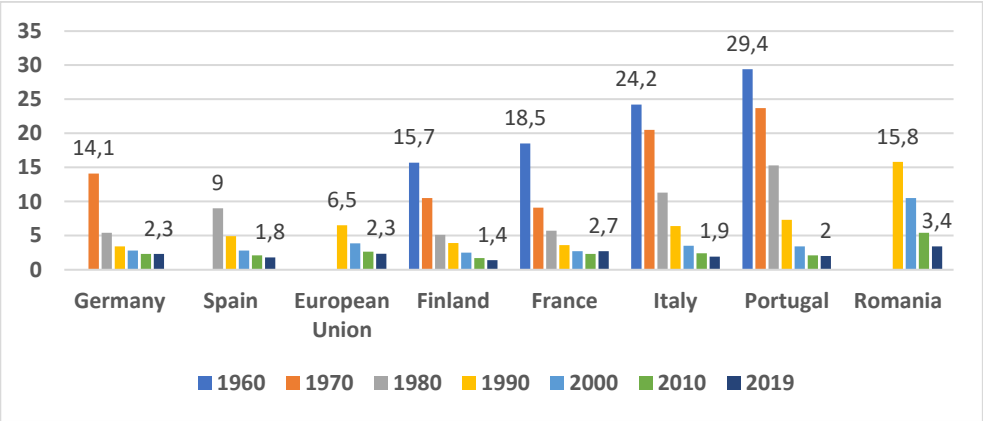
- „The sub-Saharan region continued to have the highest rates of mortality in the world (74 deaths per 1000 live births) - 14 times higher than the risk for children in Europe and North America".

- „The leading causes of death in children under 5 years are preterm birth complications, birth asphyxia/trauma, pneumonia, diarrhoea and malaria, all of which can be prevented or treated with access to affordable interventions in health and sanitation".

- „SARS-CoV-2 infections among children and adolescents typically cause less severe illness and fewer deaths as compared to adults."

If we refer only to neonatal mortality, in the last 60 years there was a reduction in numbers (Graph 4) in the 7 analysed countries and the EU average.

[11] https://www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-under-5-mortality-in-2020



Graph 4. The comparative neonatal mortality rate in the EC2U 7 countries and the average in European Union (1960-2019)

Source: https://data.worldbank.org

Note: To avoid reading difficulties, we chose for each country to stipulate only the maximum and minimum values. There is no data where a vertical bar is missing.

Regarding the early neonatal mortality rate, we considered it necessary to highlight the evolution of this index in Romania compared to its evolution at the European level (see next graph).

Graph 5. Evolution of the early neonatal mortality rate in Romania and the average in the European Union (1997-2015)

Source: WHO / Europe, European HFA Database (OY axis-data at 1000 live births)

The evolution of the data is gratifying but the target remains the descent to the European average.

3. Epidemics: ending targets and aims for prevention of communicable diseases

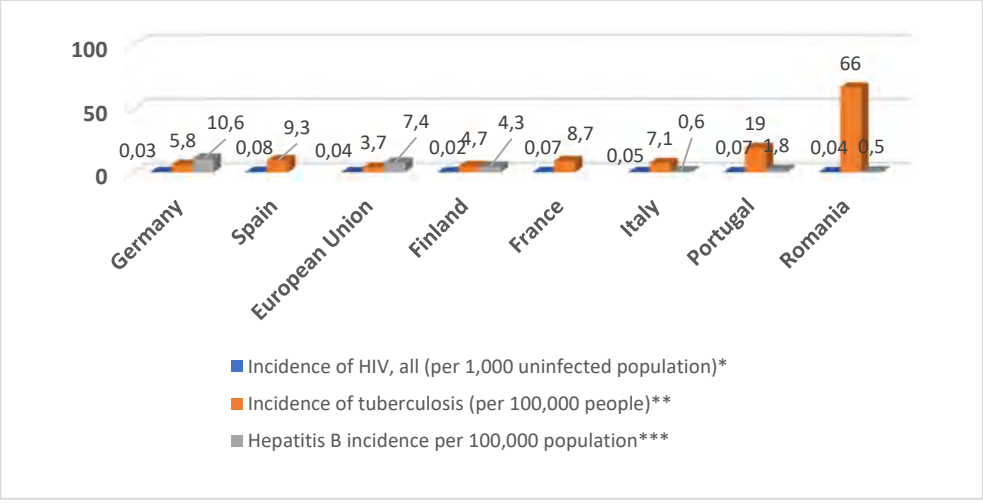
The target, in this case, is very clear and ambitious: „by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases."

From the metadata documents there are some observations about the tracked indicators:

Table 1. Indicators and responsible international organizations

Disease	Indicators (explained)	International organisations(s) responsible for global monitoring
HIV	"The number of this infection per 1 000 uninfected population, by sex, age and key populations"	The Joint United Nations Programme on HIV/AIDS (UNAIDS)
Tuberculosis	"number of cases per 100 000 population"	World Health Organization (WHO)
Hepatitis	"incidence per 100 000 populations"	World Health Organization
Malaria	"incidence per 1 000 populations"	Global Malaria Programme at World Health Organization (WHO)
Neglected tropical diseases	"number of people requiring interventions"	World Health Organization

All the following data can be traced on separate graphs but we present them as they appear in various statistics worldwide':



Graph 6. Epidemics of AIDS, tuberculosis, hepatitis (2019)

Sources:
**World Bank*
***WHO (2020).Tuberculosis surveillance and monitoring in Europe (2018)*
****ECDC (2019). Hepatitis B. Annual Epidemiological Report for 2019*

Some observation:

- there are no data about malaria and neglected tropical diseases for EU aria (they are eradicated in Europe, but risks are coming from newcomers, especially from Africa). In a recent article Boualam, Pradines *et al.* (2021) mentioned that although endemic malaria was eradicated from Europe by the mid-20th century, unfortunately in 2019 they registered „229 million new cases and 409,000 deaths mainly in Africa".

At the European Union level[12], several policy areas, programs and instruments are involved in the fight against these major diseases:

- improving public health strategies (Union action shall complement national policies)
- ensuring access to treatments
- warning of risks for transmission through blood or transplants (in case of HIV and hepatitis)
- combatting antimicrobial resistance
- vaccination
- warning of a high-risk group for infectious diseases, in particular, HIV and/or viral hepatitis (for people who inject drugs)
- support to a global fund to fight HIV/AIDS, tuberculosis and malaria
- European neighbourhood policy (cross-border cooperation) etc.

There are reasons for concern as the newly reported cases of HIV and tuberculosis and late-diagnosed HIV and tuberculosis.[13]

4. Premature mortality from non-communicable diseases

The ONU target 3.4 proposes that „by 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being". This target relates to two dimensions:

a. "mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease"
b. "suicide mortality rate".

a. In the statistical data exposed by United Nations Economic Commission for Europe (UNECE)[14] is stipulated that „mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease is the probability of dying between the ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, defined as the per cent of 30-year-old-people who would die before their 70th birthday from cardiovascular disease, cancer, diabetes,

[12] EC (2018). *Commission Staff Working Document on Combatting HIV/AIDS, Viral Hepatitis and Tuberculosis in the European Union and Neighbouring Countries – State of play, policy instruments and good practices*, European Commission, Brussels.

[13] See OECD/EU (2018), *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris. https://doi.org/10.1787/health_glance_eur-2018-en

[14] https://w3.unece.org/SDG/en/Indicator?id=93

or chronic respiratory disease, assuming that s/he would experience current mortality rates at every age and s/he would not die from any other cause of death (e.g., injuries or HIV/AIDS)". From a comparative point of view, we preferred to present data for our country cumulating all the rates in one rate value to emphasize the gaps between gender. The situation is presented in the next table:

Table 2. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

Country	Period	Rate value	Gender Gap
France	2010	11.8	7.8
	2015	10.8	7
Portugal	2010	12.1	9
	2015	11.2	8.6
	2016	11.1	8.5
Romania	2010	23.4	16.1
	2015	21.5	15.4
	2016	21.4	15.4
Finland	2010	11.8	7.8
	2015	10.5	6.6
	2016	10.2	6.1
Spain	2010	10.7	8.4
	2015	10.1	7.4
	2016	9.9	7.2
Germany	2010	13.1	7.3
	2015	12.5	6.9
	2016	12.1	6.3
Italy	2010	10.3	5.8
	2015	9.8	5.1
	2016	9.5	4.8

Source: UNECE.org[15]

In the table above we see the gap between gender in the sense that males are more exposed to these causes of death. We have here a confirmation of male super mortality.

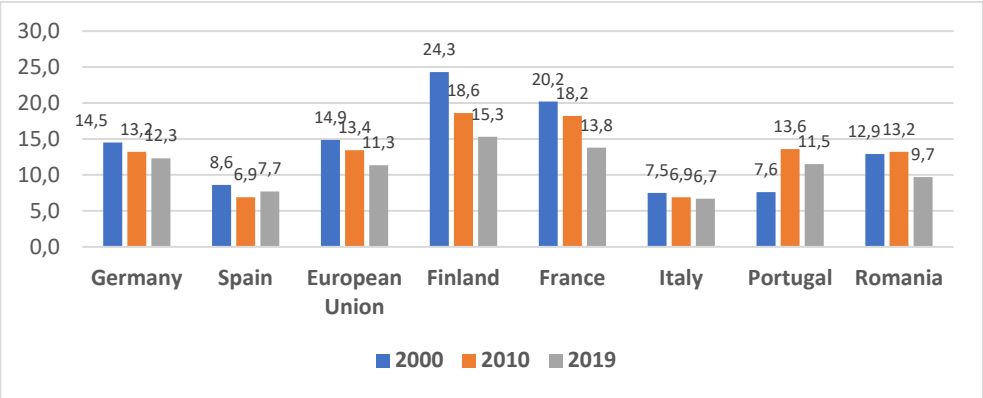
b. Suicide mortality rate

From the metadata documents, the *suicide mortality rate* is defined as „the number of suicide deaths in a year, divided by the population, and multiplied by 100 000". Globally, World Bank reports a steady decline in suicide rates: from 12.96 in 2000 to 9.17 in 2019.

In 2019 from our region the highest rates were in Lithuania (26.1), Russian Federation (25.1), Ukraine (21.6), Belarus (21.2), Latvia (20.1), Slovenia (19.8), Belgium (18.3), Hungary (16.6)[16] etc. The evolution of the data for the countries in our project was as follows:

[15] *Ibidem*

[16] Data from https://data.worldbank.org/indicator/SH.STA.SUIC.P5



Graph 7. Suicide mortality rate in the EC2U 7 countries and the average in European Union (2000-2019)

Source: World Bank

In this graph we observed higher rates in Finland and France followed relatively closely by Germany. Unfortunately, suicide in Finland takes place at a higher rate than the European Union average! We cannot develop this topic here, but we mention a possible starting point for future research: Finland's falling mental health spending and high suicide rates (cf. OECD[17]). Other comparative analyses can be deepened by the trends specific to each country and by gender differences!

5. *Prevention and treatment of substance abuse*

Target 3.5 refers to „strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol".

Consulting the metadata, we observed that at this target we refer at:

a. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders that refer to the „number of people who have received different treatment interventions in the last year divided by the actual number of the target population (people with substance use disorders measured as the total number of problem drug users)".

b. Alcohol per capita consumption (the minimum age -15 years) measured in litres of pure alcohol (but within a specific period).

Starting from OECD/EU (2018)[18] we can remind some warnings for young generations:

- the risks of smoking in childhood and adolescence, on average, in EU countries are significant. 25% of the 15/16-year-old adolescents „reported smoking in the past month" (2015).

- the risks related to drinking alcohol ("about half of the European adolescents started drinking alcohol at the age of 13 or even younger, and almost

[17] https://www.oecd.org/els/health-systems/MMHC-Country-Press-Note-Finland.pdf

[18] OECD/EU (2018), *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris. *https://doi.org/10.1787/health_glance_eur-2018-en*

10% have been drunk at least once by the age of 13"; by age 15/16 „over 80% of adolescents report having tried alcohol at least once in their life, and half say that they have consumed alcohol in the past month" (apud ESPAD, 2016).

- the risk related to cannabis consumption ("close to one in five 15–16-year-old (16%) in EU countries report having consumed cannabis at least once during their lifetime, and 7% say that they have consumed cannabis in the past month. The proportion of 15–16-year-olds reported to have consumed cannabis the past month is highest in France (17%) and Italy (15%), and the lowest in Finland and Sweden (2% only)". The lifetime use of at least one illicit drug other than cannabis at age 15-16 is 6% on average across EU countries

- Illicit drug consumption among adults.

"Over a quarter of adults in the European Union aged 15-64 - over 92 million people - have used illicit drugs at some point in their lives. In most cases, they have used cannabis, but some have also used cocaine, amphetamines, ecstasy and other drugs" (EMCDDA, 2018).

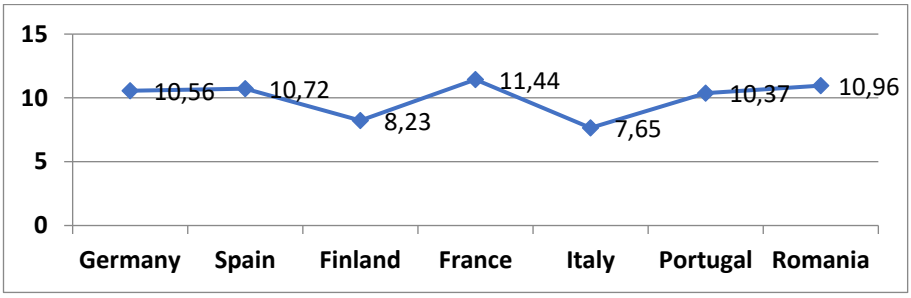
For our countries on the site https://ourworldindata.org/, we can obtain different sorts of data. We present some data:

Table 3. The share of people who received treatment intervention

Countries	Opioids %	Cocaine %	Amphetamine-type stimulants %
Germany	23.4	20.82	20.69
Spain	16.36	20.58	-
Finland	-	-	-
France	85.71	-	-
Italy	39.2	28.2	-
Portugal	59.21	3.62	-
Romania	8.9	-	-

Source: https://ourworldindata.org

Related to alcohol consumption the situation is in the next graph:



Graph 8. Annual per capita consumption of alcohol (in litres)

Source: https://ourworldindata.org

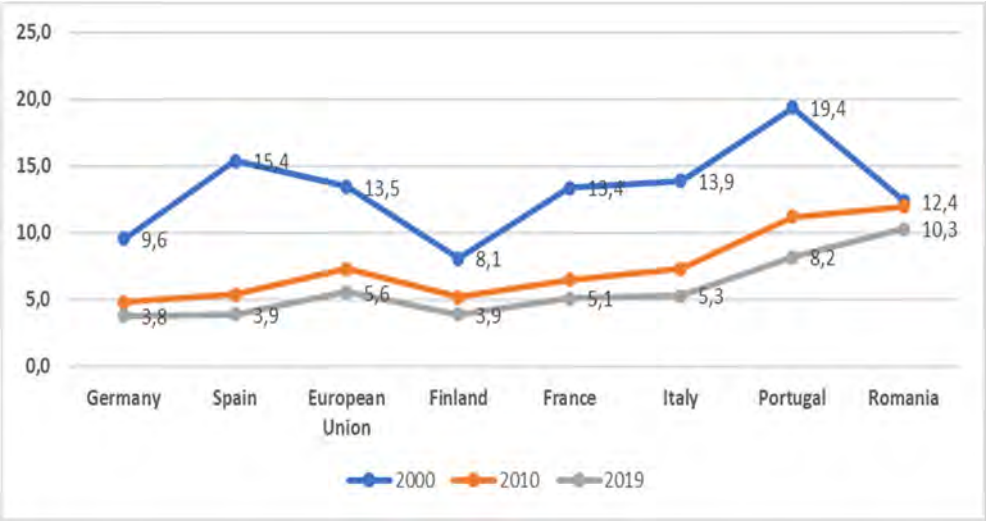
Unfortunately, all that data is difficult to analyse because of illicit or no declared consumption. Instead of conclusions, from already cited *SDG indicator*

metadata we want to specify that „according to UNODC and WHO data, around 271 million people aged 15 to 64 years worldwide used an illicit drug at least once in 2017, about 2.3 billion people are currently drinkers of alcohol, some 35 million of people suffer from drug use disorders and 289 million from alcohol use disorders".

6. Reducing road traffic accidents

Target 3.6 is that „by 2020, halve the number of global deaths and injuries from road traffic accidents".

For our metadata - the death rate due to road traffic injuries „is defined as the number of road traffic fatal injury deaths per 100,000 population". The sources of data are „The Global Status Report on Road Safety" and ministries of health from the state's members. For our country comparative data can be viewed in the next graph:



Graph 9. Mortality caused by road traffic injury (per 100 000 population) in the EC2U 7 countries and the average in European Union (2000-2019)

Source: World Bank (2019)

Unfortunately, we can observe higher data in Romania and Portugal. The problem of road traffic injuries remains very current and the WHO[19] warned that we count approx. 1.3 million victims of car accidents every year most of them being children and young adults aged 5-29 years. Many victims are other than car drivers: pedestrians, cyclists etc.

At the European level, there are supplementary strategies[20] of which we mention the following:

[19] See https://www.who.int/news-room/fact-sheets/detail/road-traffic-injuries
[20] See https://ec.europa.eu/transport/road_safety/eu-road-safety-policy_en

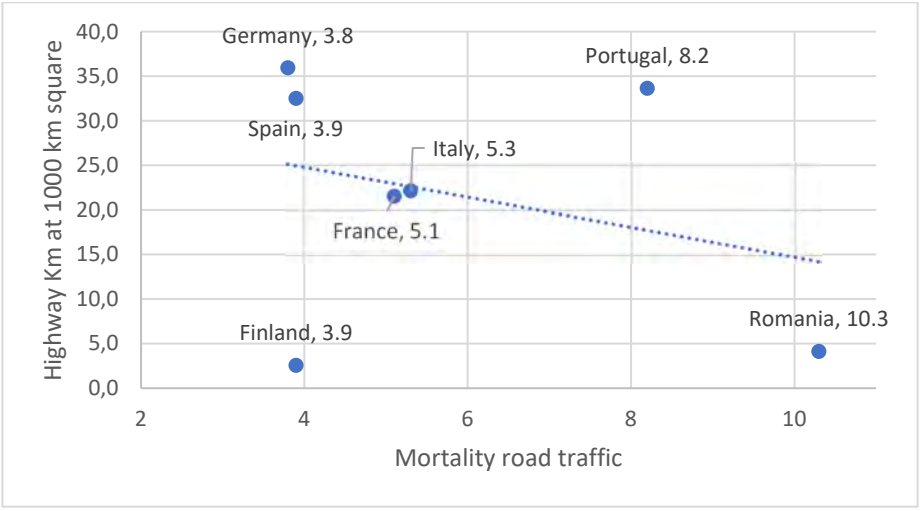
1. Vision Zero (Sweden) – to reduce road deaths to almost zero by 2050 (following the example of the most successful countries in terms of road safety).

2. EU Road Safety Policy Framework 2021-2030 - Next steps towards „Vision Zero" (safe vehicles, safe infrastructure, safe road use; less car use in cities combined with safer environments for pedestrians; systematic risk mapping and safety rating etc.

3. Declaration of Valletta by EU transport ministers.

Returning to the Romanian case, let's remember that European Representation Office (which is a compensation company) listed[21] the main causes of traffic accidents: are „speed, irregular crossings of pedestrians and the failure to give priority to pedestrians regularly employed in the crossing". Another important risk in Romania is the state of infrastructure. There are too few highways in Romania, and the traffic is carried out on the roads without direction separators, with a single traffic lane, which favours the occurrence of accidents. Of these, those produced in the event of a frontal impact are the most dangerous, with very serious consequences for drivers and passengers (just 8% of accidents in the EU take place on highways!) - as specified in the press release of the official cited above.

Starting from the findings above, we deduce that an increase in the distances on the highways is associated with a reduction in road accidents. We can see this fact (for our seven countries) in the following graph:



Graph 10. Scatterplot with mortality road traffic/Highway km

Source: World Bank (2019)

Observation: we preferred to construct the y-axis as a ratio between km of highway and the surface of a country. The regression line confirms that there is a reverse association between variables. Most of these countries are stabilized

[21] See https://birouleuropean.ro/cauzele-accidentelor-rutiere-in-romania/

around the value of 4 and 5 death people in road traffic/100 000 population. Romania's high rate is associated with the rarity of highways!

7. Universal access to reproductive healthcare services

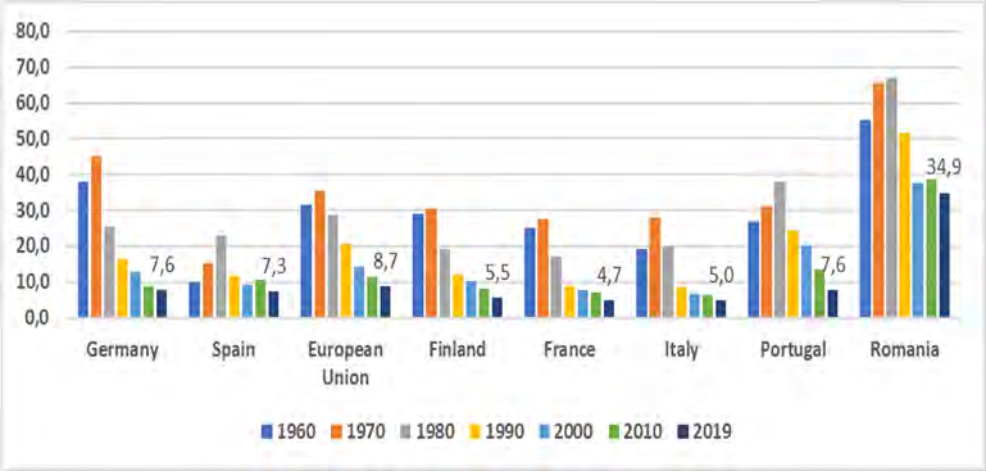
Target 3.7 aims: „by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs".

From the remarks of metadata this target has two indicators:

- „Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods".
- „Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group".

United Nations in his publication named *Estimates and Projections of Family Planning Indicators* (2021) stipulates that for all our seven countries the proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods are minimum 80% between 2025-2030 years.

An important socio-demographic problem related the access to planning services is the fertility of underage girls (10-19 years). From the database of the World Bank, we prefer to present just the adolescent fertility rate (births per 1,000 women ages 15-19). The evolution of data for our EC2U 7 countries is presented in the following graph (we detailed just the data for the year 2019):



Graph 11. Adolescent fertility rate (births per 1000 women ages 15-19) in the EC2U 7 countries and the average in European Union (1960-2019).

Source: World Bank

Observation: We notice the higher data in the case of Romania, which explains the magnitude of the national debate on sex education in schools. So far

there is no single strategy for this type of education and various segments of the population are divided. According to the National Institute of Statistics (INS) in 2018 in Romania, 727 adolescents under the age of 15 and 18.753 between the ages of 15 and 19 became mothers in Romania. From teenage mothers under the age of 15, 19 are in their second birth and one in their third. Also, of the adolescent mothers aged 15-19, 3.929 are at the second birth, 731 at the third, 72 at the fourth, 8 at the fifth and one at the sixth.[22]

8. The universal health coverage

Target 3.8 is aimed to „achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all." From the remarks of metadata this target has two indicators:

- „Coverage of essential health services"
- „Proportion of population with large household expenditures on health as a share of total household expenditure or income"

Essential health services are defined as „the average coverage of services based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population".

According to the „Universal Health Coverage Service Index" the data comprised in the *Coverage index for essential health services* is „based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, noncommunicable diseases and service capacity and access)". It is represented on a scale from 0 to 100. In the next table we present the data for our seven countries:

Table 3. Coverage index for essential health services in the EC2U 7 countries

Countries	**UHC Service Covering Index**
Germany	83
Spain	83
Finland	78
France	78
Italy	82
Portugal	82
Romania	74

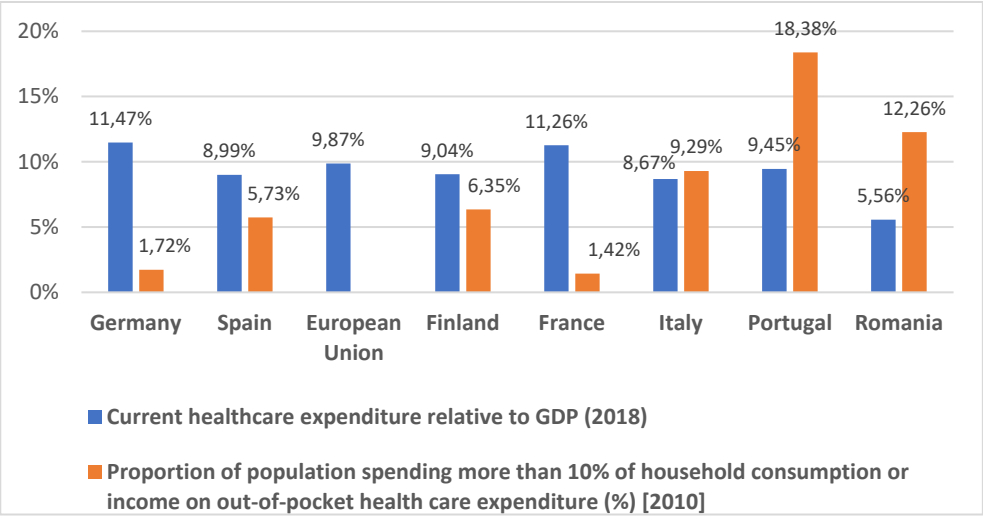
Source: WHO. *Primary Health Care on the Road to Universal Health Coverage* 2019. Monitoring Report Conference Edition

From this table, we notice the high values of the index for all seven countries in EC2U. For the deepen future research it is necessary to detail the way of calculating this statistical index to understand every dimension: reproductive

[22] See on site https://www.edupedu.ro/introducerea-educatiei-sexuale-in-scoli-ca-disciplina-obligatorie-sub-denumirea-de-educatie-sexuala-sustintuta-de-ministrul-educatiei-care-spune-ca-este-nevoie-si-de-educatie-parentala/

maternal new-born and childbirth, infectious disease control, noncommunicable diseases, service capacity and access (see source already cited).

For the second indicator which refers to a population with large household expenditures on health we preferred to present two kinds of data: „the healthcare expenditure relative to GDP" (Eurostat, 2018) and „the proportion of population spending more than 10% of household consumption on health (%)" (World Bank, 2010). The results are presented in the next graph:



Graph 12. Healthcare expenditure relative to GDP (2018)/Proportion of population spending more than 10% of household consumption on health (%) [2010]

Sources: Eurostat, World Bank

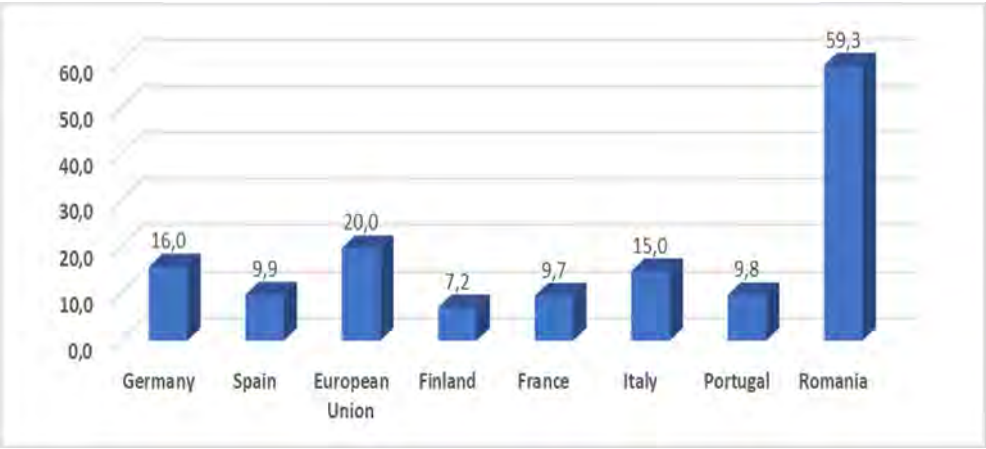
We intended to analyse an eventual correlation between the two sets of data: we obtained no significative correlation (there is no correlation between the two data sets).

9. Reduce the number of deaths and illnesses (from diverse causes)

Target 3.9 looked for: „by 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination". From the remarks of metadata this target has three indicators:

1. „Mortality rate attributed to household and ambient air pollution".
2. „Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)".
3. „Mortality rate attributed to unintentional poisoning".

a. For the first index we present the next graph:



Graph 13. Mortality rate attributed to household and ambient air pollution, age-standardized (per 100,000 population) [2016]

Source: World Bank (2016)

In this graph, we can observe the alarming values for Romania. In fact, in 2021 Romania „was sent by the European Commission to the Court of Justice of the European Union for two reasons: non-compliance with EU rules on combating industrial pollution and failure to fulfil the obligation to adopt an air pollution control program"[23]. Even an important Romanian philosopher and essayist, A. Pleșu, stated that „one of our unusual successes is to have a huge amount of pollution (in the air, in the water and on the land), without having a large industry." (Journal *Adevărul*, 2009). For Romania, the green battle is just beginning!

According to European Environment Agency (EEA), in the European Union, every eighth death is said to be related to environmental air pollution. One of the last reports of the EEA (2020) specified that more than 400,000 people die each year in the European Union as a result of air pollution. According to the report, air pollution in Europe would be, as before, the biggest threat to environmental health. However, the agency insists that „the situation has improved considerably over the last 30 years. In 1990, the number of deaths caused by air pollution was one million". But other sources of environmental pollution cost lives: noise pollution would be second, with 12,000 premature deaths. The effects of climate change would also have an increasing impact - for example through heat waves and floods. People in urban areas are said to be most affected by the effects of climate change (according to Catherine Ganzleben of the European Environment Agency).

Given that the degree of urbanization in Europe is very high (in many areas with a maximum percentage of 100%) we considered it important to make a

[23] See https://adevarul.ro/stiri-interne/evenimente/comisia-europeana-vrea-sa-dea-romania-in-judecata-2136262.html

comparative analysis of the cleanest cities in the 7 EC2U countries and their capitals. The results are in the following table:

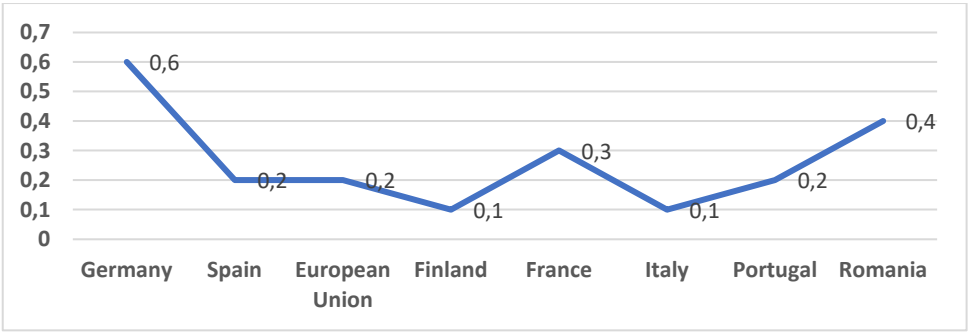
Table 4. Top 7 cities and capitals from the 7 EC2U countries having the cleaner air

City (best rank)	Country	Rank	Capital	Rank
Tampere	Finland	2	Helsinki	11
Funchal	Portugal	3	Lisbon	100
Salamanca	Spain	8	Madrid	75
Pau	France	13	Paris	154
Sassari	Italy	14	Rome	214
Gottingen	Germany	29	Berlin	219
Botosani	Romania	223	Bucharest	263

Source: European Environment Agency[24]

Observation: from the table above, we deduce that in general, the capital cities are much more polluted than the other cities in each country declared to be „clean". Statistics show that Finland ranks first.

b. For the second indicator related to exposure to unsafe Water, Sanitation and Hygiene we present the situation in the next graph:

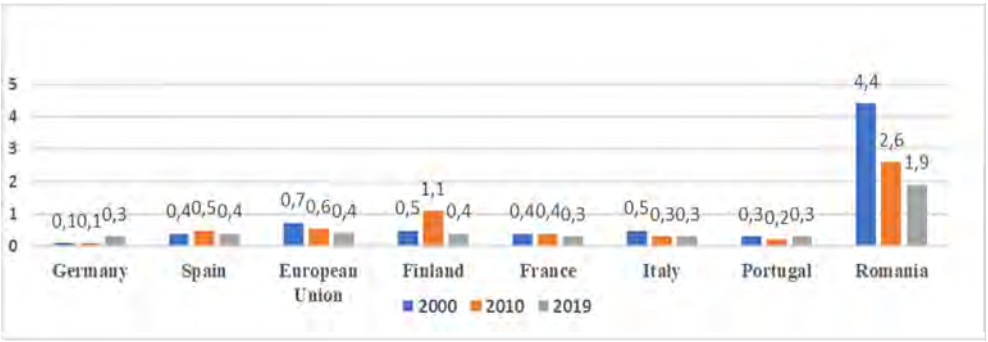


Graph 14. Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100,000 population) [2016]

Source: World Bank (2016)

c. For the third indicator related to unintentional poisoning we preferred to present the evolution of data in the 2000-2019 years period for our seven countries:

[24] https://www.eea.europa.eu/themes/air/urban-air-quality/european-city-air-quality-viewer



Graph 15. Mortality rate attributed to unintentional poisoning (per 100,000 population)

Source: World Bank

Recent documents elaborated by WHO and entitled *Implementation of the European Environment and Health Process* (2022)[25] is specified that „Mortality from unintentional poisoning decreased by 10.9% between 2015 and 2019". Unfortunately, „the increased attention to hygiene and clean environments brought about by the COVID-19 pandemic has led to an increased exposure to hazardous products at home".

Conclusions

We addressed in this article just the first nine targets following that in future studies we will also add systemic targets proposed by the UN Agenda (tobacco control, research and development of vaccines, increase of health financing and the recruitment, reduction and management of national and global health risks).

The current descriptive analysis has two directions for further development: one academic and one practical in the sphere of social policies and public health. On the academic level, the research has been performed to inform the research, teaching and administrative staff involved in the EC2U Alliance on the Third Objective concreteness, reflected by the international open database. The comparative data, represented in tables, graphs and figures raise discussions, topics for in-depth studies and reflections on causes, contexts and (needed) policies. In the VI GLADE, new inter-university and inter-disciplinary teams are starting to frame, to know better each other's expertise and to develop a common approach for the further envisaged studies.

The second direction can suggest public policy issues as can emerge from comparative analyses. For example, empirical research can continue with the study of social and public health policies that have been successful in other European countries. And this is because most often a series of favourable statistical indicators hide real public policies sometimes implemented over long periods on the national

[25] See on the address https://unece.org/sites/default/files/2022-08/72wd17e-C-PR-EnvironmentHealth-220526_0.pdf

level. The exchange of experience between European countries can be very useful in this case through examples of good practices still having in the background the general European strategies.

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ANALELE ŞTIINŢIFICE ALE UNIVERSITĂŢII „ALEXANDRU IOAN CUZA” DIN IAŞI
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TREATMENT OF COGNITIVE IMPAIRMENT IN THE ELDERLY: MILD COGNITIVE IMPAIRMENT AND DEMENTIA. A SYSTEMATIC REVIEW

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Abstract
The best socio-sanitary conditions of the 21st century lead to an aging of society. In advanced age, the appearance of cognitive deterioration is more frequent, which raises the need to design therapeutic strategies to mitigate it. In addition to drug treatment, there are other interventions such as the type of diet, cognitive training, music therapy, acupuncture, physical exercise, etc. Due to the scientific evidence and the ease of practicing physical exercise as a therapeutic intervention, we propose to carry out a systematic bibliographic review on this treatment.
Therefore, our objective is to study the efficacy of physical exercise in mild cognitive impairment and dementia.
To this end, a systematic literature search was carried out in PubMed database using the MeSH terms: „Cognitive Dysfunction”, „Dementia”, „Alzheimer Disease”, „Therapeutics”, „Exercise”, „Exercise Therapy” and „Aged”.
We define efficacy in terms of improvement in global cognitive status or by cognitive domains after the application of the intervention with physical activity and by applying different scales to assess cognition.
It is concluded that aerobic physical activity is the most effective treatment for both mild cognitive impairment and dementia, the most favored cognitive domains being memory, global cognition and executive function. This therapy involves few adverse effects. More randomized controlled studies are needed in order to provide more scientific evidence for these results.

Keywords: mild cognitive impairment, dementia, elderly, physical activity.

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Resumé
Les meilleures conditions socio-sanitaires du 21ème siècle conduisent à un vieillissement de la société. À un âge avancé, l'apparition d'une détérioration cognitive est plus fréquente, ce qui soulève la nécessité de concevoir des stratégies thérapeutiques pour l'atténuer. En plus du traitement médicamenteux, il existe d'autres interventions telles que le type de régime, l'entraînement cognitif, la musicothérapie, l'acupuncture, l'exercice physique, etc. En raison des preuves scientifiques et de la facilité de pratiquer l'exercice physique comme intervention thérapeutique, nous proposons de réaliser une revue bibliographique systématique sur ce traitement. Par conséquent, notre objectif est d'étudier l'efficacité de l'exercice physique dans les troubles cognitifs légers et la démence. A cet effet, une recherche documentaire systématique a été réalisée dans la base de données PubMed en utilisant les termes MeSH : « Cognitive Dysfunction », « Dementia", « Alzheimer Disease", « Therapeutics », « Exercise", « Exercise Therapy » et « Aged ». Nous définissons l'efficacité en termes d'amélioration de l'état cognitif global ou par domaines cognitifs après l'application de l'intervention avec une activité physique et en appliquant différentes échelles pour évaluer la cognition.
Il est conclu que l'activité physique aérobie est le traitement le plus efficace pour les troubles cognitifs légers et la démence, les domaines cognitifs les plus favorisés étant la mémoire, la cognition globale et la fonction exécutive. Cette thérapie entraîne peu d'effets indésirables. D'autres études contrôlées randomisées sont nécessaires afin de fournir davantage de preuves scientifiques de ces résultats.

Mots clés : troubles cognitifs légers, démence, personnes âgées, activité physique.

Rezumat
Cele mai bune condiții socio-sanitare ale secolului XXI duc la o îmbătrânire a societății. La vârstă înaintată, apariția deteriorării cognitive este mai frecventă, ceea ce amplifică necesitatea de a concepe strategii terapeutice pentru a o atenua. Pe lângă tratament medicamentos, există și alte intervenții precum dietă, antrenament cognitiv, terapie prin muzică, acupunctură, exercițiu fizic etc. Datorită dovezilor științifice și a ușurinței de a practica exercițiul fizic ca intervenție terapeutică, ne propunem să efectuăm o revizuire bibliografică sistematică asupra acestui tratament.
Prin urmare, obiectivul nostru este de a studia eficacitatea exercițiului fizic în tulburări cognitive ușoare și demență. În acest scop, a fost efectuată o căutare sistematică a literaturii în baza de date PubMed folosind termenii MeSH: „Cognitive Dysfunction", „Dementia", „Alzheimer Disease", „Therapeutics", „Exercise", „Exercise Therapy" și „Aged". Definim eficacitatea în termeni de îmbunătățire a statusului cognitiv global sau pe domenii cognitive după aplicarea intervenției prin activitate fizică și prin aplicarea diferitelor scale de evaluare a cogniției.
S-a ajuns la concluzia că activitatea fizică aerobică este un tratament eficient atât pentru deficiența cognitivă ușoară, cât și pentru demență, domeniile cognitive cele mai favorizate fiind memoria, cogniția globală și funcția executivă. Această terapie implică puține efecte adverse. Sunt necesare mai multe studii randomizate controlate pentru a oferi mai multe dovezi științifice pentru aceste rezultate.

Cuvinte cheie: deficit cognitiv minor, demență, vârstnici, activitate fizică.

1. Introduction

According to the World Health Organisation (WHO), the universal population is increasing its life expectancy and the number of people over 60 years of age is estimated to increase from 900 million in 2015 to two billion in 2050. Consequently, the prevalence and incidence of neurodegenerative diseases, such as Alzheimer's disease (AD) or mild cognitive impairment (MCI) has increased compared to previous years (Lin *et al.* 2020) neurodegenerative diseases cause progressive neuronal deterioration, leading to a reduction in both the independence and functionality of the person suffering from the disease and, in the more advanced stages of the disease, to the point of compromising their autonomy. Finally, the patient may require a caregiver, who will generally be acquired by a family member (Abril Carreres *et al.*2004). MCI can be defined as a decline in attention, memory, and cognitive function beyond what is expected for a person's educational level and age, without this being a handicap in performing activities of daily living (ADLs). It can be considered an intermediate stage between the normal state of the brain and dementia, which involves impairment of functional abilities. The incidence rate of MCI is estimated to range from 21.6 to 71.3 per 1000 people/year in older adults. The conversion rate from MCI to dementia is ten percent per year, increasing to 80 percent-90 percent after six years (Eshkoor *et al.* 2015). There are several additional risk factors for developing MCI, such as low educational level, apolipoprotein E genotype, sleep disordered breathing, vitamin D deficiency, previous illnesses, and cardiovascular disease, among others (Langa & Levine, 2014).

As mentioned above, dementia is the loss of cognitive functions such as the ability to think, remember and reason, as well as behavioural changes that interfere with ADLs. Functional impairments include disturbances in memory, language, visual perception, problem solving, self-care and concentration. In some cases, it sometimes includes disorders of emotion and personality. While dementia is more common with advancing age, it is not a normal part of ageing (Garre-Olmo, 2018).

There are different types of dementia, depending on their etiology, clinical symptoms, and other associated diseases. According to this they can be classified into vascular dementia, front-temporal dementia, Parkinson's disease dementia, Lewy body dementia and Alzheimer's disease, the latter being the most prevalent (60-80 percent). AD is characterised by neuronal deterioration and has a progressive course (Garre-Olmo, 2018).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association (APA), fifth edition (DSM-V), examines the symptom domains for the diagnosis of neurocognitive disorder. This includes the section designated neurocognitive disorders, which replaces the category of delirium, dementia, amnesic disorders, and other cognitive disorders, established in the previous edition (DSM-IV-TR) (Distancia, n.d.; Palau., 2015).

Thus, DSM-V encompasses the term Minor and Major Neurocognitive Disorder. The term MCI is replaced by the term Minor Neurocognitive Disorder and the term dementia by Major Neurocognitive Disorder. The difference between

the two is manifested in terms of the patient's ability to perform ADLs and the magnitude of symptoms. In addition, a third category of neurocognitive disorders, delirium, is included (Palau *et al.*, 2015).

The diagnostic criteria set out in the DSM-V for both major neurocognitive disorder and minor neurocognitive disorder are given by Diagn *et al.* (Diagn, 1923). Also, in other instances, different scales are used for the assessment of cognitive disorders such as the Mini-Mental State Examination (MMSE) (Folstein *et al.*, 1975), the Montreal Cognitive Assessment (MoCA) (Nasreddine *et al.*, 2005) or the Alzheimer disease assessment scale-cognitive (ADAS-Cog) (Rosen *et al.*, 1984), among others.

Treatment for neurocognitive disorders can be divided into two main areas, pharmacological and non-pharmacological. Regarding pharmacological treatment, it should be noted that no drug has been shown to be effective in reducing the risk of progression of MCI to dementia. Among the drugs studied are cholinesterase inhibitors and memantine, but their use is not recommended due to their limited effect and possible adverse effects. Other therapies such as testosterone supplementation or herbal supplements such as Ginkgo Bilboa have been ruled out (Langa & Levine, 2014). Similarly, the efficacy of drug treatment for dementia is controversial (Schwarz *et al.*, 2012).

On the other hand, non-pharmacological treatment includes interventions such as diet, music therapy, aromatherapy, cognitive training, computerised games, acupuncture, and physical activity, among many others (Ramos Cordero & Yubero, 2016).

The focus of this paper is the study of physical interventions and their efficacy in the treatment of neurocognitive disorders. Numerous scientific evidence has shown that physical exercise affects brain plasticity, influencing cognition and psychological well-being. According to the WHO, physical exercise is defined as planned, structured, repetitive physical activity with the ultimate or intermediate goal of improving or maintaining one or more components of physical fitness. Examples are aerobic and anaerobic activity, with a specified frequency, duration, and intensity. Neuroplasticity is the ability of the nervous system to change in response to experience. In this context, physical exercise would be the modifying environmental factor. Structural changes observed in humans following physical therapy include increased grey matter volume in the frontal and hippocampal regions, elevated levels of neurotrophic factors (peripheral BDNF) and increased blood flow. All these changes correlate with increased cognitive performance, corresponding to increased functional neuronal efficiency. The biological and psychological effects of physical therapy could be explained in part through epigenetic mechanisms. The term „epigenetics" is based on a model that explains how genes can interact with their environment to produce the phenotype. This involves various biochemical modifications of DNA (methylation), histones (methylation or acetylation) and the expression of non-coding RNA (miRNA). All of these contribute to the expression and/or repression of genes involved in memory or neurogenesis (BDNF) (Mandolesi *et al.*, 2018).

Due to the scientific evidence and the ease of physical exercise as a therapeutic intervention, we propose to carry out a systematic literature review on this treatment.

2. Materials and Methods

This systematic review (SR) was developed considering the principles of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement (Mandolesi *et al.* 2018).

2.1. Search strategy

A systematic search of the NCBI (National Center for Biotechnology Information) PubMed database was performed. Full articles were accessed through the University of Salamanca.

The following ¨MeSH¨ (Medical Subject Headings) were used for the search: „Cognitive Dysfunction", „Dementia", „Alzheimer Disease", „Therapeutics", „Exercise", „Exercise Therapy" and „Aged". In addition, „treatment" and „physical training" were used as „text words", „therapy" as a „subtitle" and „Cognition Disorders" as a „major topic". These terms were combined with the Boolean operators OR and AND. We used as search filters the date of publication (from 2015 until July 2021), language (English or Spanish) and study type (randomised controlled trial). The search strategy was: (((("Cognitive Dysfunction"[MeSH]) OR ("Cognition Disorders"[MeSH])) OR (("Dementia"[MeSH]) OR „Alzheimer Disease"[MeSH])) AND ((((("Therapeutics"[MeSH]) OR „therapy"[Subheading]) OR (treatment)) AND ((("Exercise"[MeSH]) OR „Exercise Therapy"[MeSH]) OR (physical training)))) AND ("Aged"[MeSH]).

2.2. Inclusion and exclusion criteria

After the initial search, articles that met the established inclusion criteria were selected, discarding those articles that met one or more exclusion criteria, and then proceeded to their study (Table 1).

Table 1. Inclusion and exclusion criteria

INCLUSION CRITERIA	EXCLUSION CRITERIA
Clinical trials: controlled randomised.	Longitudinal studies.
Articles in English or Spanish.	Grey literature, case reports, letters to the editor, protocols, narrative reviews.
Patients diagnosed with MCI or dementia (including AD).	Patients with other types of cognitive disorders (secondary to toxics, stroke, or post-surgical intervention).
Patients with advanced age (>50 years).	Young patients with cognitive disorders. cognitive disorders.
Diagnosis and efficacy determined with neuropsychological or cognitive tests (MMSE, Adas Cog, MoCA scale etc.).	Articles that do not include efficacy variables.

INCLUSION CRITERIA	EXCLUSION CRITERIA
	Preclinical experimental studies.
Intervention: (a) Aerobic physical exercise (two-fifteen months). b) Aerobic physical exercise + other activities (four-twelve months). c) Resistance physical exercise (Three-seven months).	Interventions with other types of therapy.
Publication date from 2015 until July 2021.	

2.3. Data extraction and analysis

Data from the articles were extracted systematically in a table following the PICO format (Patients, Intervention, Comparison, Outcomes), i.e., patients, intervention, comparison, and outcomes (Table 2) (Mandolesi *et al.* 2018). All data obtained from the articles are presented in annex A.

Efficacy is defined in terms of improvement of the overall cognitive state or by cognitive domains after the application of the intervention with physical activity and through the application of the different scales to assess cognition (MMSE, MoCA, Adas-Cog etc.).

Table 2. PICO Format

Patient: Number of patients and type of cognitive impairment.
Intervention: a) Aerobic physical activity. b) Aerobic physical activity combined with other activities. c) Resistance physical activity.
Comparison: control group and treatment group.
Results: - Global cognitive status. - Cognitive status by domains.

2.4. Assessment of study quality

To assess the methodological quality of the clinical trials included in this SR, the Jadad Scale was applied (Cascaes da Silva *et al.* 2013). The score on this scale ranges from 0 to five points, the higher the score, the better the methodological quality of the clinical trial assessed. Thus, a score of five points is considered „rigorous" and a score of less than three points is considered „poor". The criteria analysed by this scale are:

- Whether the study was randomised.
- Whether the method of randomisation was explained.
- Whether the study was double-blind.
- Whether the conditions of blinding were explained and whether they were adequate.
- Whether population losses were described.

The scoring of each of the studies assessed according to this scale is set out in the tables for each article (Annex A).

3. Results

3.1. Selection of studies

306 articles were found after searching the PubMed database. After eliminating duplicate citations, 220 studies were finally obtained. After reviewing the abstracts and/or titles, 34 were considered for full text review. Finally, 18 randomised controlled trials were included in this systematic review (Figure 1).

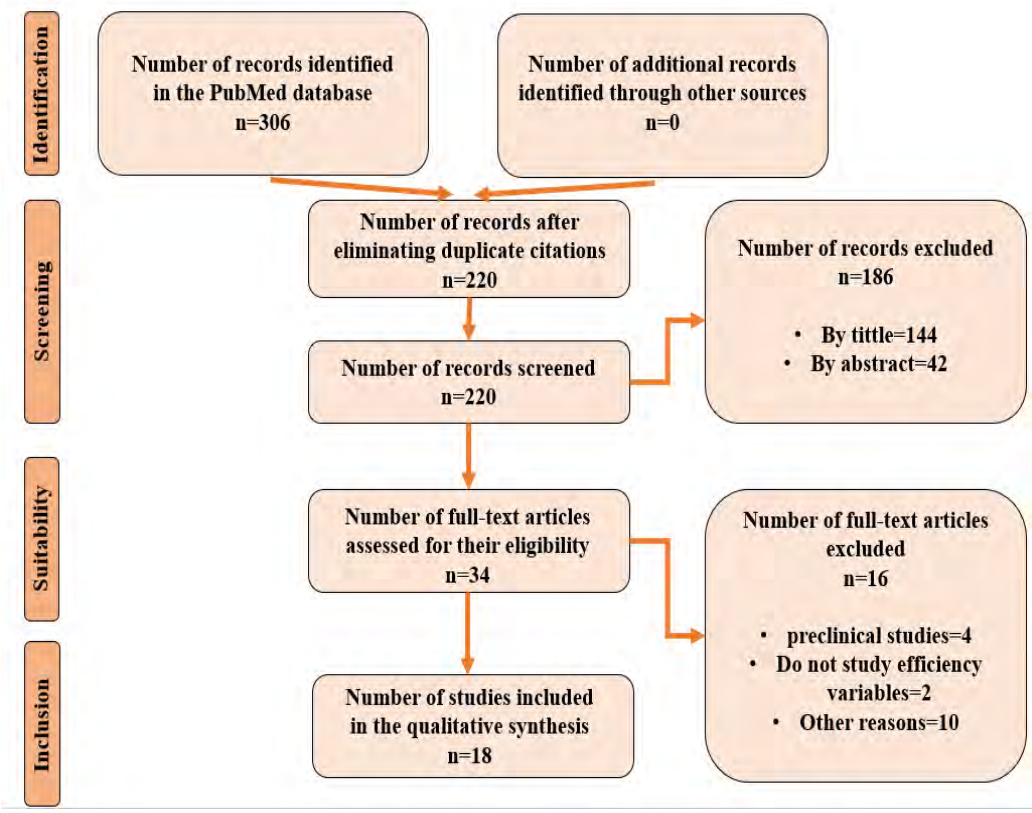

Figure 1. PRISMA flow chart.

3.2. Characteristics of the studies

The included studies were published between 4 June 2015 and 14 February 2020. The total number of patients included in this SR is 2043, of which 1212 belong to the treatment groups and 831 to the control groups. The sample size of the treatment groups, in the included clinical trials, varies between 17 and 329. All participants are elderly (>50 years). Patients had a cognitive disorder, either MCI or dementia. Of the total patients included in the statistically significant results, 45.75 percent (n=259) had dementia, 9.71 percent (n=55) had MCI/dementia (mixed) and 44.52 percent (n=252) had MCI. The clinical studies were randomised controlled clinical trials.

3.3. Results of the studies

The data obtained from each article are presented in Annex A. For didactic purposes we only include the results in graphical form for those articles that present statistically significant results between the study group and the control group. It is worth mentioning that the control groups received the usual care, consisting of performing ADLs (basic activities of daily living), IADLs (instrumental activities of daily living), recreational activities, physiotherapy sessions and occasionally low-intensity exercise sessions.

Regarding the description „other activities" in the therapy section, the following are included: warm-up, stretching, strength exercises, balance exercises, functional and cognitive task exercises. In the following, we show the results of the articles classified according to the assessment of cognitive impairment globally or by domains.

3.4. Assessment of global cognitive impairment

Percentage of articles analysing global cognitive impairment

Of the eighteen articles studied, fifteen presented results with statistically significant differences (83.33 percent). Of these fifteen, three papers analysed global cognitive impairment (Figure 2).

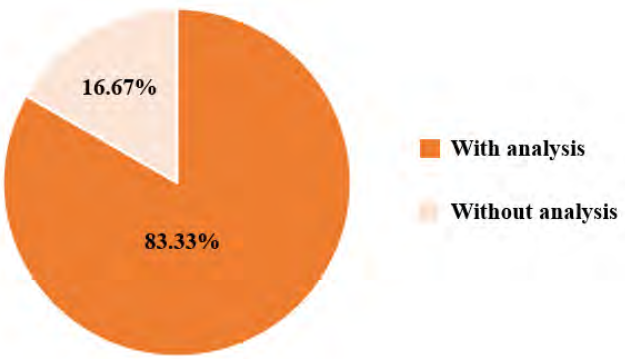

Figure 2. Percentage of articles with analysis of global cognitive impairment.

Percentage of patients with analysis of global cognitive impairment

Thus, the patients whose results show statistically significant global cognitive differences are 54.12 percent (n=656) of the total number of patients (n=1212) (Figure 3).

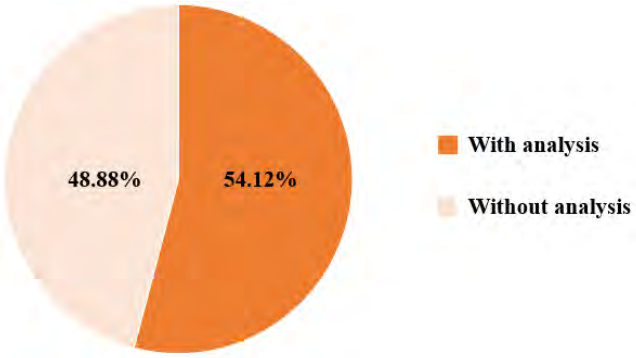

Figure 3. Percentage of patients with analysis of global cognitive impairment.

3.5. Assessment of cognitive impairment by domains

We present the results of the articles classified according to the type of disorder (MCI and dementia, including Alzheimer's disease) and the type of therapy (aerobic physical activity, aerobic physical activity plus other activities and endurance physical activity).

MCI articles with analysis of cognitive impairment by domains

We collected twelve articles whose results showed statistically significant differences in the study of cognitive impairment by domains. Of these twelve articles, seven pertain to patients with MCI. Figure 4 shows on the x-axis the article reference number of each paper and on the y-axis the sum of the positive cognitive domains. The „positive" („yes") rating of each cognitive domain is represented by an area with a specific colour (Figure 4).

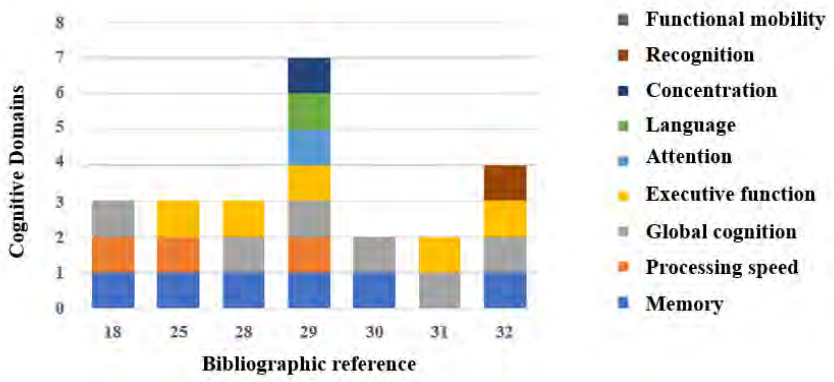

Figure 4. Articles on MCI with domain analysis of cognitive impairment.

3.6. Percentage of MCI patients with analysis of cognitive impairment by domains

The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total number of patients with MCI (n=252) were 67 percent in memory, 32 percent in processing speed, 91.26 percent in global cognition, 77.77 percent in executive function, 12 percent in attention, 12 percent in language, 12 percent in concentration and seven percent in recognition (Figure 5).

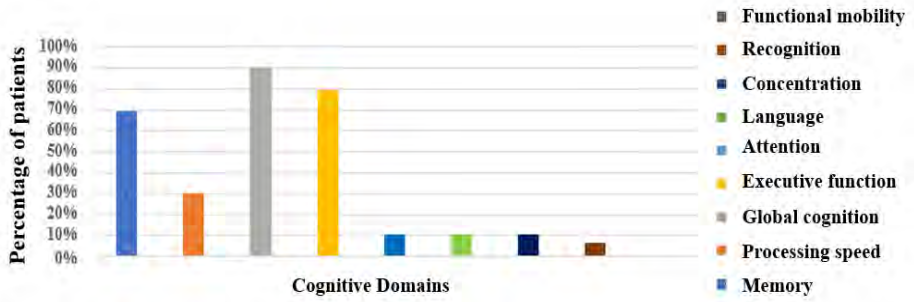

Figure 5. Percentage of MCI patients with cognitive impairment analysis by domains.

3.7. Percentage of MCI patients with analysis of cognitive impairment by domains according to type of therapy

Aerobic Exercise

The time of therapy application was between six and 12 weeks. The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total of patients with MCI in the aerobic exercise intervention were 100 percent in memory, 48.70 percent in processing speed, 100 percent in global cognition, 76.03 percent in executive function, 24.79 percent in attention, 24.79 percent in language, 24.79 percent in concentration and 14.04 percent in recognition (Figure 6).

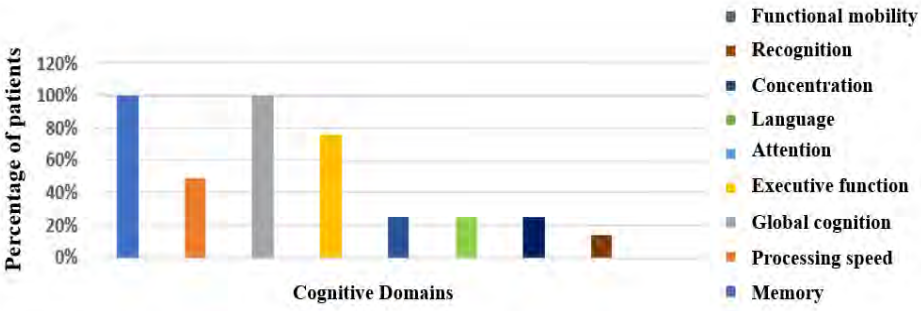

Figure 6. Percentage of MCI patients in the analysis of the different cognitive domains in the aerobic exercise intervention.

Aerobic exercise and other activities

No articles studied these variables.

Resistance Exercise

The time of application of the therapy was between three and fifteen months. The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total number of patients with MCI in the resistance exercise intervention were 34.40 percent in memory, 16.79 percent in processing speed, 83.20 percent in global cognition and 79.38 percent in executive function (Figure 7).

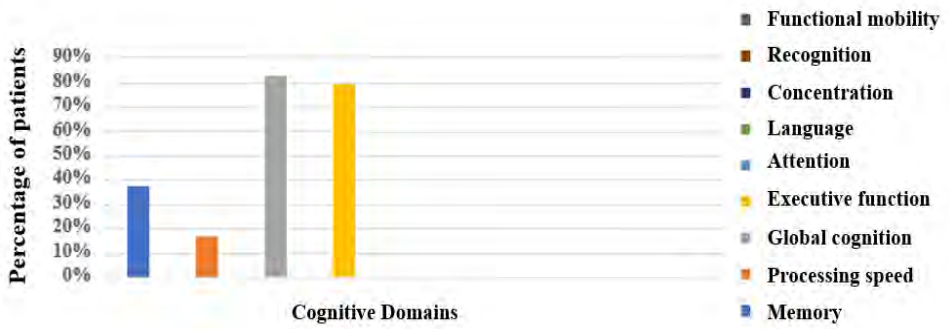

Figure 7. Percentage of patients with MCI in the analysis of the different cognitive domains in the resistance exercise intervention.

3.8. MCI/dementia (mixed) articles with analysis of cognitive impairment by domains

Of the twelve articles whose results showed statistically significant differences in the study of cognitive impairment by domains, two pertain to patients with MCI/dementia (Figure 8).

Figure 8. Articles on MCI/dementia (mixed) with analysis of cognitive impairment by domains.

Percentage of patients with MCI/dementia (mixed) with analysis of cognitive impairment by domains

The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total number of patients with MCI/dementia (n=55). with respect to the total number of patients with MCI/dementia (n=55) was 49.09 percent in global cognition and 50.09 percent in executive function (Figure 9).

3.9. Percentage of MCI/dementia (mixed) patients with cognitive impairment analysis by domains according to type of therapy

Aerobic Exercise

No articles studied these variables.

Aerobic exercise and other activities

The time of application of the therapy was between three and six months. The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total of patients with MCI/dementia in the aerobic exercise intervention and other activities was 40.09 percent in global cognition and 50.90 percent in executive function (Figure 9).

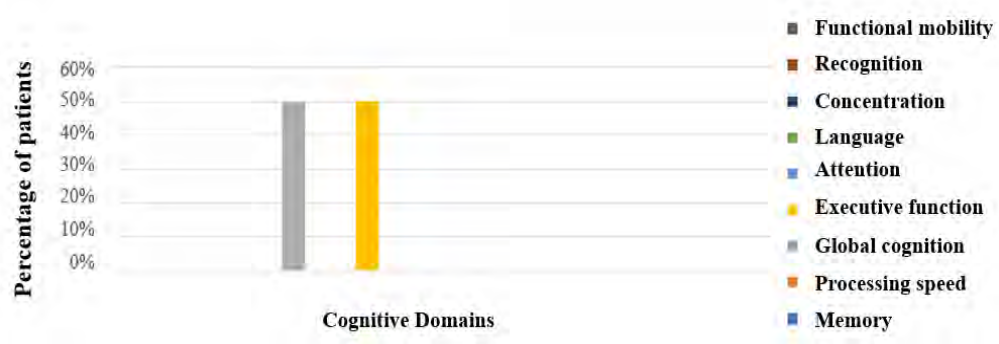

Figure 9. Percentage of patients with MCI/dementia (mixed) with analysis of cognitive impairment by domains.

Endurance exercise

No articles studied these variables.

3.10. Articles on dementia with analysis of cognitive impairment cognitive domains

Of the twelve articles whose results showed statistically significant differences in the study of cognitive impairment by domains, three pertain to patients with dementia (Figure 10).

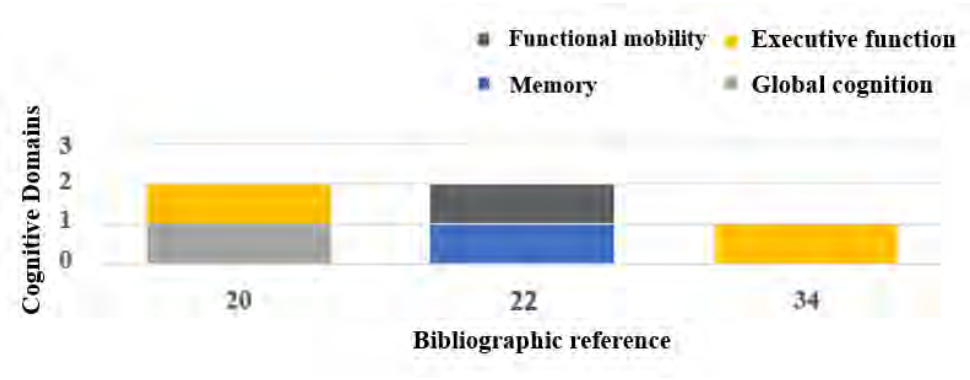

Figure 10. Articles on dementia with analysis of cognitive impairment by domains.

Percentage of patients with dementia with analysis of cognitive impairment by domains

The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total number of patients with dementia (n=259) were 19.69 percent in memory, 54.05 percent in global cognition, 80.30 percent in executive function and 19.69 percent in functional mobility (Figure 11).

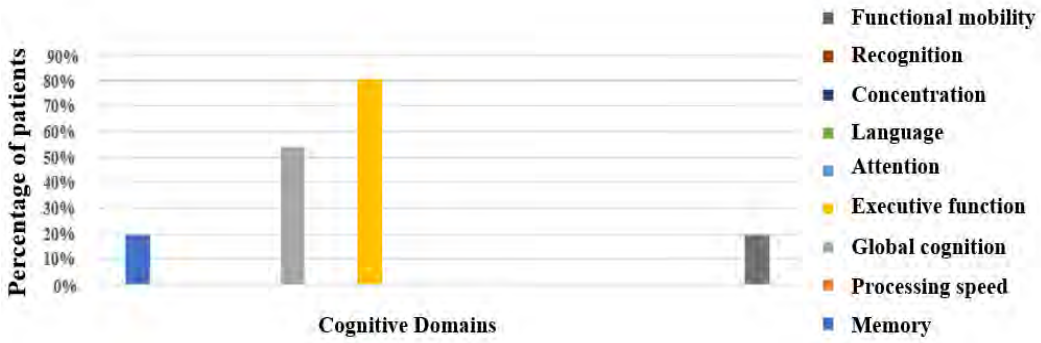

Figure 11. Percentage of dementia patients with cognitive impairment analysis by domains.

3.11. Percentage of dementia patients with analysis of cognitive impairment by domains according to type of therapy

Aerobic Exercise

The time of application of the therapy was between three and fifteen months. The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total number of patients with dementia in the aerobic exercise intervention was 42.85 percent in cognitive domains and 42.85 percent in cognitive domains with respect to the total number of patients with dementia where: 42.85

percent in memory, 57.14 percent in executive function and 42.85 percent in functional mobility (Figure 12).

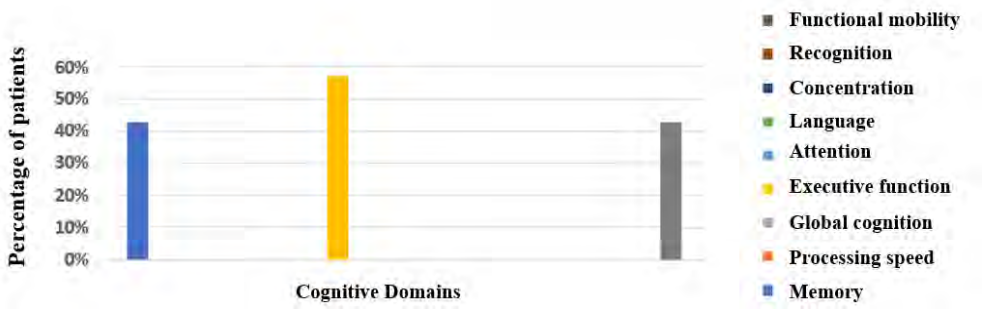

Figure 12. Percentage of dementia patients in the analysis of the different cognitive domains in the aerobic exercise intervention.

Aerobic exercise and other activities

The time of application of the therapy was one year. The percentage of patients who obtained results with statistically significant differences in the analysis of the different cognitive domains with respect to the total number of patients with dementia in the aerobic exercise and other activities intervention was 100 percent in global cognition and 100 percent in executive function (Figure 13).

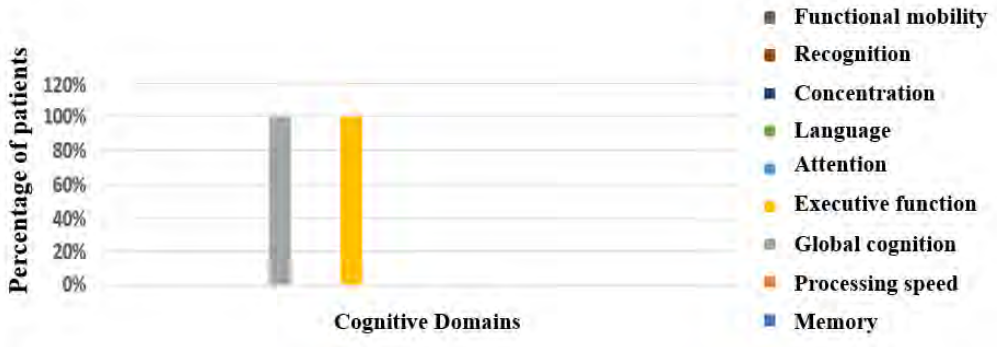

Figure 13. Percentage of dementia patients in the analysis of different cognitive domains in the aerobic exercise intervention and other activities.

Endurance exercise

No articles studied these variables.

4. Discussions

The improved socio-health conditions of the 21st century population lead to an increase in life expectancy and consequent ageing. However, this leads to an increase in neurodegenerative diseases, including cognitive disorders (Brodziak *et al.* 2015). Different therapeutic strategies have been designed to complement the efficacy of pharmacological treatment, including physical exercise, cognitive

training, music therapy, diet, acupuncture, etc (Ramos Cordero & Yubero, 2016). The aim of this SR is to analyse the efficacy of physical exercise on different cognitive domains in older people with MCI or dementia.

Numerous neurocognitive tests were used both to diagnose patients and to measure the efficacy of physical exercise on cognition, with scales measuring global cognition, such as the MMSE, being more commonly used (Folstein *et al.* 1975). Heterogeneity was observed among the different tests. Heterogeneity was observed between the different physical exercise interventions in the studies. The most common exercises were cycling (Cancela *et al.* 2016; Fonte *et al.* 2019), balance (de Oliveira Silva *et al.* 2019; Öhman *et al.*, 2016), walking (Bademli *et al.*, 2019), dancing (Rainbow T H Ho *et al.*, 2020; Rainbow Tin Hung Ho *et al.*, 2015; Zhu *et al.*, 2018), elastic band (Hong *et al.*, 2018; Yoon *et al.*, 2017), kayaking (Choi & Lee, 2019) and strength training combined with aerobics (Öhman *et al.*, 2016). In this study, physical exercise is found to significantly benefit memory, global cognitive ability and executive function in both MCI and dementia patients. Likewise, the population suffering from MCI showed improvement compared to the control group in a greater number of cognitive domains, in contrast to dementia, in which positive effects were observed only in four of the nine cognitive domains studied (Figure 11). The most effective type of intervention is aerobic physical exercise in MCI, as shown in Figure 6. This may be since half of the trials studied this type of cognitive impairment. The time of application of the therapy in the different intervention groups ranged from two to fifteen months, which may influence the interpretation of the results and their short- and long-term effects. It should be mentioned that physical activity does not only improve cognition, it has effects on quality of life, decreased risk of falls, cardiovascular function, etc (Warburton *et al.*, 2006). In all cases, training should be individualised and adapted to the situation of each patient.

Physical exercise is a type of non-invasive intervention, which may explain why most of the articles included in the SR do not specify adverse effects following the application of these therapies, and, in those that do mention them, do not describe the type of adverse events or in which group they occur. This contrasts with other types of treatment, such as pharmacological treatments (anticholinesterase inhibitors and glutamatergic transmission modulators), which are not free of adverse events such as vomiting, loss of appetite, insomnia, abdominal pain, bradycardia, etc (López Locanto, 2015). It should be noted that, being an elderly population, they have comorbidities, which may be associated with dropouts, deaths, and lack of adherence to the intervention. When giving advice, medical professionals should bear in mind that older people are better able to cope with the challenges of everyday life than is reflected in neuropsychological tests (Brodziak *et al.*, 2015).

As mentioned in the introduction, there are several mechanisms that may explain the beneficial effect of exercise on cognitive function. These include improved cerebral oxygenation, lower blood pressure, lower lipid levels, increased synthesis of growth factors that act on hippocampal neurons, etc. However, more

research is needed to deepen this knowledge (Mandolesi *et al.*, 2018). Although this SR reflects the success of physical exercise on cognitive function in elderly individuals, more studies are needed with larger sample sizes and stratifying patients according to the stage of cognitive impairment.

Conclusions

Among the different physical therapies, aerobic activity is the most effective treatment for both mild cognitive impairment and dementia. The cognitive domains that are most enhanced after aerobic exercise in both mild cognitive impairment and dementia are: memory, global cognition, and executive function. Physical activity as a therapy for cognitive impairment has few adverse effects. More randomised controlled studies are needed to provide further scientific evidence for these results.

Abbreviations
ABVD: Basic Activities of Daily Living.
ADAS: Alzheimer's Disease Assessment Scale (Alzheimer's Disease Assessment Scale).
ADAS-Cog: Alzheimer's Disease Assessment Scale Cognitive (Alzheimer's Disease Cognitive Assessment Scale).
IADL: Instrumental Activities of Daily Living.
APA: American Psychological Association.
ADL: Activities of Daily Living. BDNF: Brain-Derived Neurotrophic Factor.
MCI: Mild Cognitive Impairment.
DSM: Diagnostic and Statistical Manual of Mental Disorders.
AD: Alzheimer's disease.
EEG: Electroencephalogram.
EJ: Jadad Scale.
PD: Parkinson's disease.
MeSH: Medical Subject Headings.
MMSE: Mini Mental State Examination.
MoCA: Montreal Cognitive Assessment.
NCBI: National Centre for Biotechnology Information.
WHO: World Health Organization.
PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses.
SR: Systematic Review.

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Annex A. Summary table of the articles analysed

REFERENCE	EJ	YEAR	DIAGNOSTIC	METHOD	TOTAL POPULATION (n)	INTERVENTION	DURATION	RESULTS
(Amjad *et al.*, 2019)	5	2018	MCI	Randomised controlled trial	40	Treadmill and stationary bike exercise in sessions of 20 to 40 minutes	3 times a week for 6 weeks	Significant improvement in Trial Marketing Test A and B and MoCa results (p=0.005 and p=0.036, respectively)
(Zhu *et al.*, 2018)	>3	2018	Amnesic MCI	Randomised controlled trial	60	35 minutes of dance session	3 times a week for 3 months	Improved memory and processing speed (p<0.001 and p<0.05, respectively)
(Lamb *et al.*, 2018)	>3	2018	Dementia	Randomised controlled trial	494	60-90 minutes of supervised physical exercise	2 times a week for 4 months	Non-significant improvement
(Öhman *et al.*, 2016)	>3	2016	AD	Randomised controlled trial	210	60 minutes of physical exercise	2 times a week for 12 months	Improved executive function (p=0.03)
(Yoon *et al.*, 2017)	5	2017	MCI	Randomised controlled trial	70	60 minutes of physical exercise	2 times a week for 12 weeks	Major improvements in MMSE and MoCA (p<0.001)
(Cancela *et al.*, 2016)	>3	2015	Dementia	Randomised controlled trial	114	15 minutes of aerobic exercise	15 minutes daily for 15 months	Significant improvement in memory and functional mobility (p=0.028 and p=0.043, respectively)
(Toots *et al.*, 2017)	5	2017	Dementia with MCI to moderate	Randomised controlled trial	186	39 high-intensity functional exercises	45 minutes daily for 4 weeks	Non-significant differences(p=0.644)

REFERENCE	EJ	YEAR	DIAGNOSTIC	METHOD	TOTAL POPULATION (n)	INTERVENTION	DURATION	RESULTS
(Fonte *et al.*, 2019)	5	2019	MCI/AD	Randomised controlled trial	87	90 minutes of cognitive rehabilitation techniques or physical resistance exercises	3 times a week for 6 months	Statistically significant benefit of these interventions in AD and MCI patients (p<0.001)
(Yoon *et al.*, 2017)	3	2018	MCI	Randomised controlled trial	45	60 minutes of physical exercise	3 times a week for 16 weeks	Significant improvement in executive function and processing speed (p<0.05)
(Bademli *et al.*, 2019)	3	2019	MCI	Randomised controlled trial	60	70 minutes of physical exercise	Daily for 20 weeks	Significant improvement (p<0.05)
(Rainbow Tin Hung Ho *et al.*, 2015)	>3	2015	Mild dementia	Randomised controlled trial	201	60 minutes of physical exercise of dance session	2 times a week for 12 weeks	Non-significant improvement
(Law *et al.*, 2019)	4	2019	MCI	Randomised controlled trial	59	30-40 minutes of physical exercise or cognitive training programme	12 sessions over 8 weeks	Significant improvement in memory (p=0.009)
(Choi & Lee, 2019)	5	2019	MCI	Randomised controlled trial	60	60 minutes of kayak	2 times a week for 6 weeks	Significant improvement in the MoCA test and significant correlation between muscle performance and cognitive function (p<0.05)
(Hong *et al.*, 2018)	>3	2017	MCI	Randomised controlled trial	56	60 minutes of resistance exercise	2 times a week for 12 weeks	Significant improvement in memory (p<0.05)

REFERENCE	EJ	YEAR	DIAGNOSTIC	METHOD	TOTAL POPULATION (n)	INTERVENTION	DURATION	RESULTS
(Broadhouse *et al.*, 2020)	>3	2020	MCI	Randomised controlled trial	82	90 minutes of resistance exercise and/or cognitive training programme	2-3 times a week for 26 weeks	Significant improvement in cognitive function (p<0.05)
(Bisbe *et al.*, 2020)	5	2020	MCI	Randomised controlled trial	31	60 minutes of choreographed exercise	2 times a week for 12 weeks	Significant improvement in global cognition, memory, and executive function (p<0.05)
(de Oliveira Silva *et al.*, 2019)	>3	2019	MCI/AD	Randomised controlled trial	56	60 minutes of aerobic exercise	2 times a week for 12 weeks	Significant improvement in executive function and functional mobility (p=0.03 and p=0.05, respectively)
(Rainbow T H Ho *et al.*, 2020)	4	2020	Dementia	Randomised controlled trial	204	60 minutes of dance movement and/or physical exercise	12 weeks	Significant improvement in executive function (p<0.01)

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CONSEQUENCES ON SCHOOL PARTICIPATION AND CHILD DEVELOPMENT IN ROMANIAN TRANSNATIONAL FAMILIES

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Abstract
In families that have at least one parent working outside the country's borders, known as transnational families, emotional support provided to children is affected after the migration. The phenomenon of school dropout among children whose parents are working abroad is increasing in families affected by poverty, even after the parents' departure. The literature also emphasizes that the school drop-out is connected more to the lack of surveillance and parents' authority. The aim of this paper is to explore the consequences on school participation and child development in Romanian transnational families. A quantitative research methodology was employed in this regard. The survey-based research had as a target group parents/grandparents from families who have children up to 17 years from Romanian transnational families. The total sample size was 804 parents/grandparents. The survey was carried out in two developing regions of Romania most affected by poverty and temporary/permanent migration. Our results indicate that the lack of financial support creates the risk of school absenteeism. The dysfunctionality of the family's educational function also has consequences on the child's development and school participation. Findings provide new insights regarding consequences on school participation and child development in Romanian transnational families.

Keywords: transnational families, school dropout, child development.

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Résumé
Dans les familles dont au moins un parent travaille hors des frontières du pays, dites familles transnationales, le soutien affectif apporté aux enfants est affecté après la migration. Le phénomène de décrochage scolaire chez les enfants dont les parents sont contraints de travailler à l'étranger est en augmentation dans les familles touchées par la pauvreté, même après le départ des parents. La littérature souligne également que le décrochage scolaire est davantage lié au manque de surveillance et d'autorité des parents. L'objectif de cet article est d'explorer les conséquences sur la participation scolaire et le développement de l'enfant dans les familles transnationales roumaines. Une méthodologie de recherche quantitative a été employée à cet égard. La recherche basée sur une enquête avait comme groupe cible les parents/grands-parents de familles qui ont des enfants jusqu'à 17 ans issus de familles transnationales roumaines. La taille totale de l'échantillon était de 804 parents/grands-parents. L'enquête a été menée dans deux régions en développement de Roumanie les plus touchées par la pauvreté et la migration temporaire/permanente. Nos résultats indiquent que le manque de soutien financier crée le risque d'absentéisme scolaire. Le dysfonctionnement de la fonction éducative de la famille a également des conséquences sur le développement et la participation scolaire de l'enfant. Les résultats fournissent de nouvelles informations sur les conséquences de la participation scolaire et sur le développement de l'enfant dans les familles transnationales roumaines.

Mots clés : familles transnationales, décrochage scolaire, développement de l'enfant.

Rezumat
În familiile care au cel puțin un părinte care lucrează în afara granițelor țării, cunoscute sub numele de familii transnaționale, sprijinul emoțional oferit copiilor este afectat după migrație. Fenomenul abandonului școlar în rândul copiilor ai căror părinți sunt nevoiti să lucreze în străinătate este în creștere în familiile afectate de sărăcie, chiar și după plecarea părinților. Literatura de specialitate subliniază, de asemenea, că abandonul școlar este legat mai mult de lipsa de supraveghere și de autoritate a părinților. Scopul acestei lucrări este de a explora consecințele asupra participării școlare și dezvoltării copilului în familiile transnaționale din România. În acest sens a fost folosită o metodologie de cercetare cantitativă. Cercetarea bazată pe anchetă a avut ca grup țintă părinți/bunici din familii care au copii până la 17 ani din familii transnaționale românești. Dimensiunea totală a eșantionului a fost de 804 părinți/bunici. Ancheta pe baza de chestionar a fost realizată în două regiuni de dezvoltare socio-economică ale României, cele mai afectate de sărăcie și migrație temporară/permanentă. Rezultatele noastre indică faptul că lipsa sprijinului financiar creează riscul absenteismului școlar. Disfuncţionalitatea funcţiei educaţionale a familiei are şi consecinţe asupra dezvoltării copilului şi aasupra participării şcolare. Rezultatele oferă noi perspective cu privire la consecințele asupra participării școlare și dezvoltării copilului în familiile transnaționale din România.

Cuvinte cheie: familii transnaționale, abandon școlar, dezvoltarea copilului.

1. Introduction

After joining the European Union, more parents from Eastern European countries migrated abroad for employment, while their children remained at home. In Romania, in December 2020, according to the administrative data of The National Authority for the Rights of Persons with Disabilities, Children and

Adoptions, 75,136 children were registered as having at least one parent working abroad. Of these, approximately 70 percent (52,474 children) had only one parent absent, and 30 percent (22,662 children) were completely without parental care, having both parents left abroad (13,253 children) or coming from families where the parent sole breadwinner was away (9409 children). However, the official numbers underestimate the phenomenon as long as only few parents seem to inform the authorities that they intend to migrate to work abroad, leaving their children at home. Parents' migration for work outside the country's borders has both positive and negative consequences for the family members remaining in the country of origin. The aim of this paper is to explore the consequences on school participation and child development in Romanian transnational families based on the survey-based research carried out in two developing regions of Romania most affected by poverty and temporary/permanent migration.

2. Theoretical framework

Scientific literature provides mixed evidence regarding the effect of migration on child development. Among them, a considerable number concerns the impact of remittances on living standards in transnational families. There are studies that have shown a positive effect of remittances on human capital investment. Evaluating the impact of remittances, Edwards and Ureta (2003) found that these reduced the risk of school dropouts in El Salvador. The same was demonstrated for Mexico (Lopez-Cordova, 2005) and also for Ecuador, where Calero *et al.* (2009) show that remittances increased school enrolment and reduced child labour. At the same time, the positive effect of remittances on the school attendance and retention was demonstrated by Alcaraz *et al.* (2012) who found that the fall in remittances due to the 2008-09 global economic crisis in Mexico decreased school attendance of children in remittance-recipient households. However, the absence of parents may have a psychological cost for children in transnational families and may change decision-making process within the household (Gianelli & Mangiavacchi, 2010). Left behind children may have increased responsibilities and duties, their involvement in work tasks may grow and thus they will spend less time on school-related activities. Consequently, they may register unsatisfactory results at school or even they may drop out of school. Similar conclusions are obtained by Mastrorillo and Fagiolo (2015) who show that migration has a negative effect on school enrolment of children left behind in Albania. Toth *et al.* (2008) presented data from a representative study accomplished in Romania in which more than 60% of the respondents considered that the children with parents abroad perform worse than their peers at school and miss many classes.

The act of migration is not always a guarantee that a migrant will send remittances (Gassmann *et al.*, 2018). To have a better understanding regarding the children's schooling benefits from the migration of their parents or remittances, it is necessary to see the effect of remittance and migration separately (Jabbar, 2022). Although remittances from abroad have a large positive impact on school

attainment, when the migration is included in the model, this effect disappears (Acosta, 2011). Bucheli *et al.* (2018) highlight the fact that the positive income effects of remittances on children's education are more visible in poor households, where budget constraints are relaxed by receiving remittances, than in wealthier families.

But migration for work outside the country's borders to improve the family's standard of living may have negative consequences on the family left behind, especially on children. The researchers (Artico, 2003) uses attachment theory as framework to understand the experiences of the children left behind arguing that the children left behind will face feelings of abandonment, loss of identity, and loneliness, aspects that will mark their personal development. Parental migration can have long-term implications for the development of the children left in the country of origin and for their entire future adult life. The increased responsibilities in the household when parents migrate (especially for older children), the lack of parental supervision and the low social interaction will make the children to neglect their school (McKenzie & Rapoport, 2011).

Ginther and Pollak (2004) showed that parental migration changes the leadership in the family, giving more power to older males who are often less educated and understand less the importance of investment in human capital as regards to their grandchildren.

Studies in the field (Manyeruke *et al.*, 2021) indicate that when both parents migrate, children have experienced emotional symptoms, literacy problems, poor prosocial behaviours and poor psychological well-being, because the children receive little social support. The age of the child at the time of the parent's departure, family cohesion and economic security are central to ensuring the well-being of children in transnational family arrangements.

Gianelli and Mangiavacchi (2010) found that children are more likely to dropout school when they are older, less likely to dropout the higher the level of education of their parents, suggesting the intergenerational transmission of poverty vulnerability and the persistence of education inequality. Male children are more vulnerable than female children to the risk of dropping out and over-age attendance during primary school. The economic status of the family, as well as the employment status of parents, influences the frequency of dropouts.

School participation of children is an important aspect with consequences not only on the individual level, but also at social and economic level. Migration of parents could negatively influence the school participation of children and it is recognised as one of the social causes that could lead to school dropout (Gorghiu *et al.*, 2020; Stancu & Popp, 2020; Trancă, 2019). The scientific literature is scarce with regard to the efficiency of different types of measures targeted to lower the school dropout among the children in transnational families. Several authors (Mazzucato & Schans, 2011; Yeoh & Lam, 2006) consider that further studies should be conducted in order to understand the phenomenon, before designing measures to tackle the negative effects of migration on the children left behind (including measures to reduce school dropout). Many of the existing studies are qualitative

studies and focus on the causes and effects (positive/negative) of the migration of parents on children left behind, although Mazzucato & Schans (2011) consider that studies that integrate large-scale quantitative methods with qualitative methods could provide the most comprehensive understanding.

Some authors (Yeoh & Lam, 2006) consider that effective measures regarding the negative effects of parent migration should be developed at different levels: individual, household, community, region and country, while in case of children, measures to respond to the needs of different age groups should also be taken into account. Another aspect that should be considered by policy makers is the gender of the migrant parent, as well the involvement of schools in implementing different support programmes.

In a comparative study between Romania and Bulgaria, Popova (2018) acknowledges that children from transnational families are in a greater risk of dropping out from school. Other exploratory national studies (Pescaru, 2015) point to the same conclusion. In her analysis, Popova (2018) recommends a series of measures that could improve the overall situation of children left behind. Among these, those recommendations that regard a stronger participation of all responsible institutions for children's rights protection at the local level in the process of identifying the children with migrant-parents, could increase the educational participation of children from transnational families.

National qualitative studies (Gorghiu *et al.*, 2020) conducted among teachers revealed a multitude of issues related to the dropout of children left behind, as well as the role and responsibilities of a teacher, the difficulties encountered in communication between teachers and families or the low involvement of public authorities. Considering the complexity of the phenomenon, the authors of the study identified solutions to prevent and diminish the school dropout in relation to the educational policies at national and European level (e.g, raising awareness regarding the importance of school participation, combating the discrimination and segregation within schools) and in relation to the educational and social practices (e.g. improving the relation with parents and pupils through a greater involvement of parents in education, lifelong learning for teachers with regard to the prevention and the reduction of school dropout, increased public funding allocation to improve access to transportation for families with low income) (Gorghiu *et al.*, 2020).

Some authors argued that research and measures to tackle the negative effects of parent migration on the children left behind should consider the different types of transnational families or the duration of separation (Mazzucato & Schans, 2011). In a quantitative study conducted among Polish pupils with migrant parents, Clifton-Sprigg (2018) identifies different effects with regard to education performance, in relation with the fathers' level of education and the duration of migration. Pupils whose migrant parents left abroad for less than 12 months, those whose fathers graduated at least high school, those pupils that prior to parental leaving had good educational results, or in case of those with no additional household responsibilities, the impact was positive.

Cheianu-Andrei *et al.* (2011), analysing the effects of the migration on families left behind in the Republic of Moldova, used a qualitative approach to identify the needs of children with migrant parents. The authors emphasized that the lack of support and parental control, the caring responsibilities for siblings and the lessening in relations between children and parents lead to school absenteeism. The authors propose measures to increase the school attendance based on the experts interviewed that include measures for children left behind (e.g. continuous supervision of children left, continuous communication with children, socializing activities within the school, continuous information of parents regarding how to manage the separation from children as a result of migration), teachers (motivation, training), local authorities (e.g. partnerships development with all the entities involved, social services), central authorities (legal framework improvements, a national system to register children staying behind).

3. Data source and methodology

The data source that was used in this article was a survey developed by the authors within the project „Effects of migration experiences on families, children, and communities left behind: methods of assessment and strategies for mitigating the risk of social exclusion" (PN 19130203 financed by the Romanian Ministry of Research, Innovation and Digitalization under the Nucleu Program Inov Soc implemented by The National Scientific Research Institute for Labour and Social Protection – INCSMPS).

The questionnaire developed by the authors covered 5 research areas: (1) characteristics of transnational families; (2) economic consequences; (3) consequences on school participation and child development; (4) family cohesion and solidarity; (5) possible solutions to improve the quality of life of transnational families, with a focus on the people left in the country. For the purpose of this article, we used only the results from the research area 3, *consequences on school participation and child development.*

The interviews were conducted with 804 parents/grandparents from families who have children up to 17 years old and who have a parent (or both parents) who has gone to work outside the country's borders (Table 1). The selection of development regions was made based on the analysis of Romanian National Institute of Statistics indicators related to poverty and temporary and permanent migration, and we selected the two regions of Romania most affected by poverty.

Considering the lack of identification data for the investigated population that would have facilitated the use of a probabilistic sampling technique (Frankfort-Nachmias & Nachmias, 2000; Rotariu, 1999) the authors chose to use a non-probabilistic random sample (quota sampling). Quota sampling method is a non-probability sampling and it can be defined as a sampling method of gathering representative data from a group (Saunders *et al.*, 2012). Application of quota sampling ensures that sample group represents certain characteristics of the population chosen by the researcher. It involves a two-step process where two

variables can be used to filter information from the population. It can easily be administered and helps in quick comparison.

Table 1. The structure of the sample

Economic development regions	**No . of cases**
North East	403
South East	401
The role of the person interviewed within the family	
Parent	402
Grandparent	402
Residential area by development region	
North East Urban	101
North East Rural	302
South East Urban	101
South East Rural	300
Total sample	804

The survey based on a standardized face-to-face questionnaire was applied using TAPI Tablet Assisted Personal Interview technique between June – July 2022. An informed consent was obtained from all participants in the survey. The data were analysed using IMB SPSS 20 statistical software.

4. Results and discussion

The scientific literature on the process of emigration of Romanians (Gorghiu *et al.*, 2020; Stancu & Popp, 2020; Trancă, 2019) addresses a variety of topics, from the economic and social effects of emigration, remittances, demographic profiling of migrants, to brain drain and circular and return migration etc. Previous research carried out within the same research project, „Effects of migration experiences on families, children, and communities left behind: methods of assessment and strategies for mitigating the risk of social exclusion", focus groups with parents/grandparents and local authorities involved in solving the problems of transnational families showed that the main reason why Romanians go to work abroad is an economic one. Lack of employment opportunities in the country of origin, low wages, low purchasing power, lack of prospects of owning a home are the determinants of Romanians' migration for work.

Considered a positive effect of migration, remittances, defined as financial transfers that compensate for the loss of human capital and brain drain due to emigration, have contributed in some families' cases to the improvement of the school situation of the children, reducing the poverty and confirming the reason why the migration took place, that of improving the family's standard of living. Our study shows that approximately one fourth of the people interviewed, 25.9 percent in the case of parents and 27.6 percent in the case of grandparents indicated an *improvement of the school situation of the children after the departure of the*

parent/parents to work abroad, the use of remittances in this case producing positive effects on children's school behaviour (Figure 1). The percentage of those who indicated a *worsening of the child's school situation* is extremely small. The results indicate that more than half of the interviewed persons, grandparents and parents who remained in the country, consider that the departure of the parent outside the borders of the country did not produce any change in the school situation of the child after the departure of the parent/parents to work abroad, 60.7 percent in the case of parents and 58.0 percent in the case of grandparents. This can be interpreted as a non-influence of remittances on school behaviour, raising in this regard the issue of the reasons why the parent went abroad and of the positive and negative effects on the child resulting from the parent's departure for work outside the country's borders.

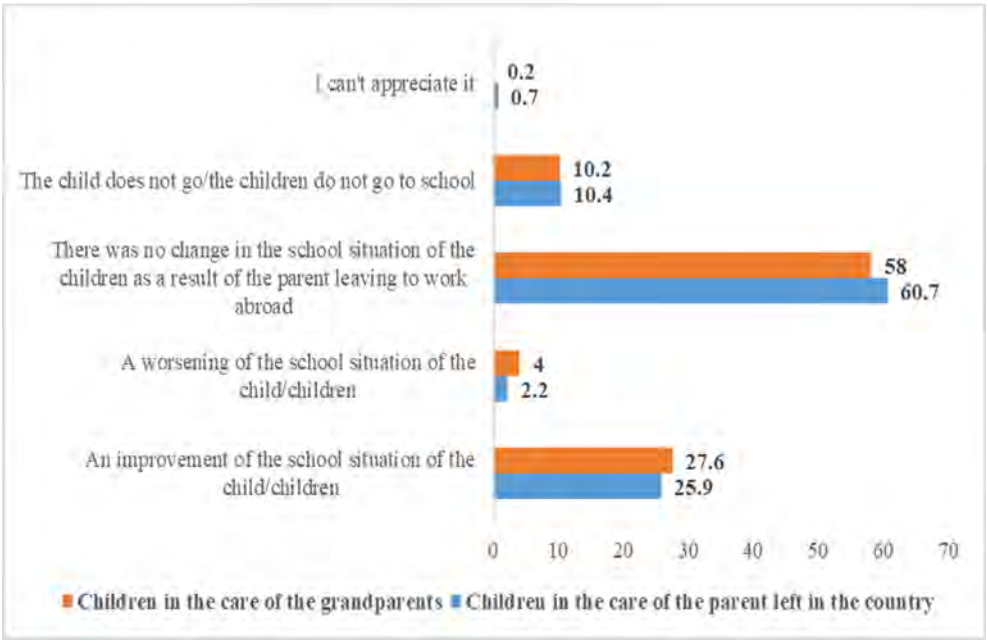

Figure 1. Main changes produced in the school situation of the child after the departure of the parent/parents to work abroad (%)

Source: INCSMPS database, authors' own conception

Respondents mentioned as the main negative effect on the child caused by the parent leaving the country for work the *setting of the state of sadness* after his departure, this setting being reported by 61.1 percent of parents and 53.9 percent of grandparents who provided an answer in terms of the presence or absence of the indicated behaviour (Figure 2). This indicates a dysfunction at the level of the family's affective function caused by the changes in the parental role that a child from a transnational family experience, otherwise confirmed in the international specialized literature. The state of sadness produces other unwanted behavioural changes, *children being more withdrawn, they no longer play as they used to,*

behaviour reported by 26.8 percent of parents and 34.6 percent of grandparents. The results obtained through our research indicate that the improvement of the economic function of the family following the departure of the parent to work outside the country's borders has negative effects on a function with an extremely important role on the child's development, namely the emotional and educational function of the family.

Although school absenteeism is only reported in a few cases, especially by the grandparents (4.1 percent), the answers could also be influenced by the family members' fear that reporting this behaviour would produce undesirable repercussions for the family. The pressure of the intervention of the child protection services was also one of the reasons why some of the respondents refused to participate in the survey. There are reported cases, also in very small numbers, but with a higher prevalence in the case of children left in the care of grandparents (4.2 percent) of intensification of problems with classmates.

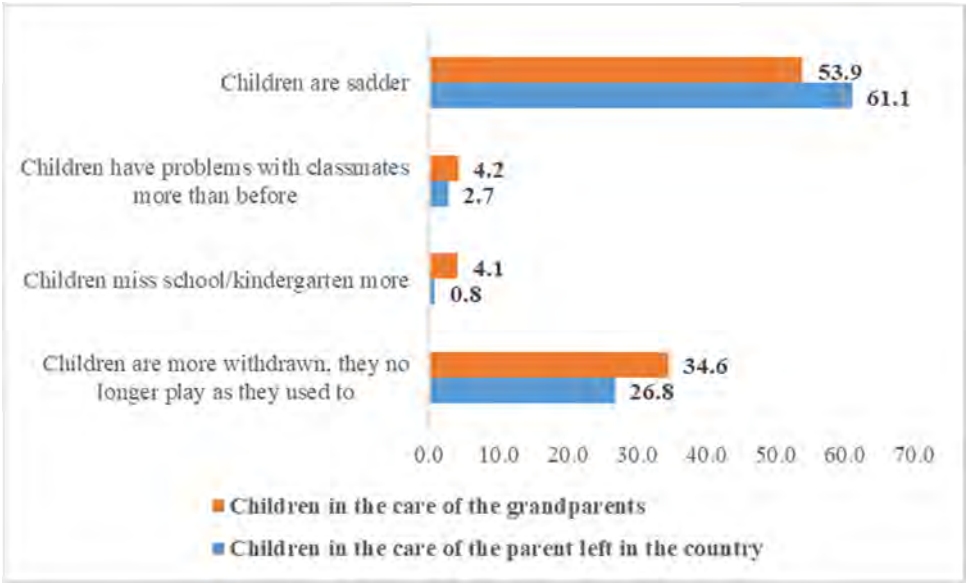

Figure 2. Other changes produced in the in the child's behaviour after the departure of the parent/parents abroad to work (%)

Source: INCSMPS database, authors' own conception

Recent studies confirm that children left behind should benefit from social support in schools, especially in rural areas in countries where they might be pressured to enter labour market (Wassink & Viera, 2021), as well as from the development of social programmes that responds to local needs in order to improve their educational outcomes (Valentine *et al.*, 2017). Our results also indicate changes in terms of an intensified relationship between family and school after the departure of a parent/parents to work outside the country's borders, this being reported as a more pronounced situation in the case of families where the children

remained in the care of grandparents (31.3 percent, compared to 14.7 percent in the case where the child stayed with one of the parents). Also, the grandparents from the rural area mentioned in a higher percentage than those from the urban area an intensification of the relationship with the school after the departure of the children's parent(s) to work outside the country's borders (33 percent in the case of the grandparents from rural area, compared with 26.5 percent in the case of the grandparents from urban area). However, 56.7 percent of the grandparents whose children were left in their care after the parents left to work abroad declared that there was no change in the family's relationship with the school after the child's parent(s) leave to work abroad (Figure 3).

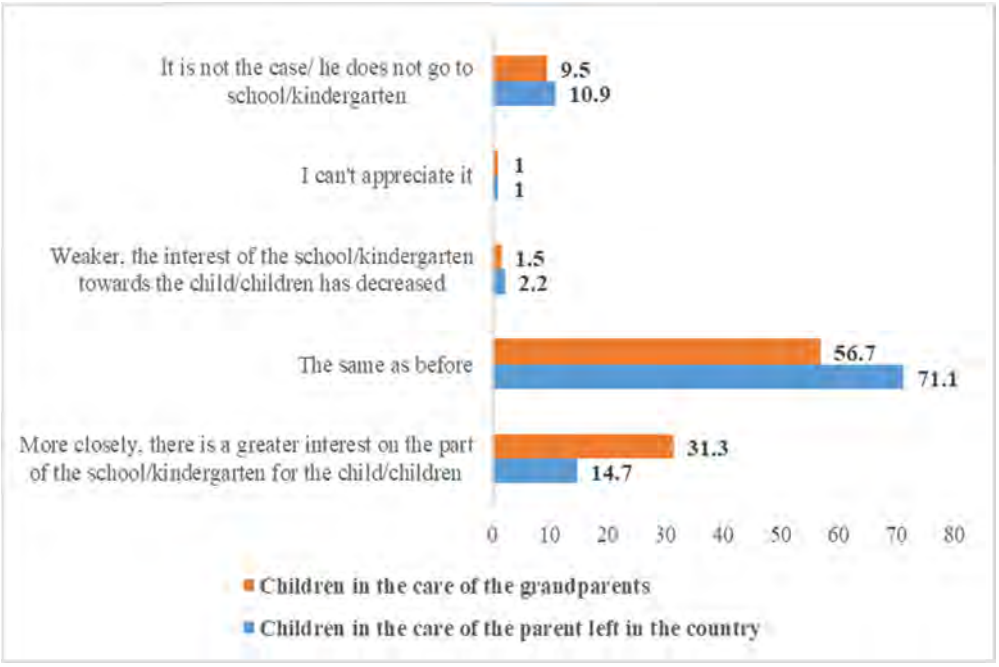

Figure 3. Evaluation of the family's relationship with the school after the child's parent(s) leave to work abroad (%)

Source: INCSMPS database, authors' own conception

In Romania, the specialized literature (Ducu, 2018; Matei & Bobârnat, 2021) indicated an increase in the phenomenon of Romanian citizens migrating outside the country in recent years, which has affected the structure and functionality of the family in general. When children are left behind in their country of origin, emigration becomes a destabilizing factor for the family, even if there are several economic benefits. Thus, for families, and especially for those with children, migration brings changes in terms of family functions, including the status and roles of family members (Matei & Bobârnat, 2021). Children who remain in their country of origin may become a social problem when a person is not designated by

the family to take care of them. The social impact can be high, especially in poor communities, where state intervention is needed.

The results of the study must be seen in the context of the existence of some methodological limitations. The main limitation is given by the use of a non-probabilistic sample in the absence of a sampling frame based on administrative data regarding Romanian transnational families. However, quota sampling used offers a strong saturation of the data considering that they represent the problems of homogenous groups of people, parents and grandparents from transnational families, giving to the obtained results the power to outline the problems of Romanian transnational families.

5. Conclusions

Our results indicate that the dysfunctionality of the family's educational function has consequences on the child's development and school participation and can lead to an increase in the phenomenon of school absenteeism. Migration of parents abroad for work had implications for the emotional experience of family members, especially children. In the development of the child, the emotional support provided by the parents is very important. The physical distance from at least one of the parents in transnational families produces changes in the parental role that in many cases influence the emotional state of the child, possibly leading to isolation behaviours and absence from school.

Studies on reducing the negative effects of migration (Antman, 2011; Vanore *et al.*, 2015) have revealed the need to develop types of policies/measures/actions at all levels of intervention in order to include the social groups that are affected. Although the help of remittances contributes to the improvement of the material situation in transnational families, a series of social costs, dropping out of school, deviant behaviour, or even delinquency, require intervention measures at the micro level, local community, as well as at the meso level, to develop inclusive social policies for children from these families, especially those affected by an increased risk of poverty. Findings provide new insights regarding consequences on school participation and child development in Romanian transnational families.

Further research could identify measures to cope with social problems experienced by Romanian transnational families. Policies in this area should help to reduce barriers that discourage parents from informing authorities of their departure and provide adequate support for left-behind children and their carers, including social, psychological and legal services. A special attention must be given to the children who remain in the care of their grandparents, who in turn, due to their age, face difficulties even in managing their own lives, the care of a minor child representing a responsibility that can raise a series of problems that can be difficult to manage by an old person.

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PHYSICAL AND MENTAL HEALTH IN A SAMPLE OF ROMANIAN STUDENTS

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Abstract
The present study aims to investigate the psychometric properties of a scale designed to measure different dimensions of healthy campus among Romanian students. The scale was translated from German language, using the backward translation design. In its original version, the development of the questionnaires for students was carried out with regard to the following dimensions considered relevant for a healthy campus: work/ study conditions (organization, tasks, work/ study environment, social relations, health and safety culture), health (physical and psychological health status, health attitudes, health knowledge, health behavior, nutrition, movement), offers of the university (familiarity, availability, usage, satisfaction, requests), other personal factors (mobility, satisfaction, coping strategies, commitment, self-efficacy, work-life-balance), changes during the COVID-19 pandemic. After a judgmental review of the adapted test and the revision of the adaptation, we selected a sample of 470 students, that filled in the scale including items that cover the above mentioned dimensions and demographic information. It took about 30 minutes to complete the questionnaire. The participants signed an informed consent and the anonymity and confidentiality of the answers were assured. An exploratory factorial analysis and analysis of reliability were conducted based on the collected data. Further, gender differences and correlations between factors were explored. The results sustain the structure of the scale with six factors. Practical implications of the results are discussed.

Keywords: mental health, physical health, campus, students, psychometric properties.

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Resumé
La présente étude vise à étudier les propriétés psychométriques d'une échelle conçue pour mesurer différentes dimensions d'un campus sain chez les étudiants roumains. L'échelle a été traduite de la langue allemande, en utilisant la conception de traduction inversée. Dans sa version originale, l'élaboration des questionnaires destinés aux étudiants s'est faite au regard des dimensions suivantes jugées pertinentes pour un campus sain : les conditions de travail/études (organisation, tâches, environnement de travail/études, relations sociales, culture santé-sécurité) , la santé (état de santé physique et psychologique, attitudes en matière de santé, connaissances en matière de santé, comportement en matière de santé, nutrition, mouvement), les offres de l'université (familiarité, disponibilité, utilisation, satisfaction, demandes), d'autres facteurs personnels (mobilité, satisfaction, stratégies d'adaptation, engagement, auto-efficacité, équilibre travail-vie personnelle), changements pendant la pandémie de COVID-19. Après un examen critique du test adapté et la révision de l'adaptation, nous avons sélectionné un échantillon de 470 étudiants, qui ont rempli l'échelle comprenant des éléments couvrant les dimensions mentionnées ci-dessus et des informations démographiques. Il a fallu environ 30 minutes pour remplir le questionnaire. Les participants ont signé un consentement éclairé et l'anonymat et la confidentialité des réponses ont été assurés. Une analyse factorielle exploratoire et une analyse de fiabilité ont été réalisées sur la base des données collectées. De plus, les différences entre les sexes et les corrélations entre les facteurs ont été explorées. Les résultats soutiennent la structure de l'échelle à six facteurs. Les implications pratiques des résultats sont discutées.

Mots clés: santé mentale, santé physique, campus, étudiants, propriétés psychométriques.

Rezumat
Prezentul studiu își propune să investigheze proprietățile psihometrice ale unei scale menite să măsoare diferite dimensiuni ale campusului sănătos în rândul studenților români. Scara a fost tradusă din limba germană, folosind designul din traducere. În versiunea sa originală, elaborarea chestionarelor pentru studenți s-a realizat cu privire la următoarele dimensiuni considerate relevante pentru un campus sănătos: condiții de muncă/studiu (organizație, sarcini, mediu de lucru/studiu, relații sociale, cultură de sănătate și securitate), sănătate (starea de sănătate fizică și psihologică, atitudini de sănătate, cunoștințe de sănătate, comportament de sănătate, nutriție, mișcare), oferte ale universității (familiaritate, disponibilitate, utilizare, satisfacție, solicitări), alți factori personali (mobilitate, satisfacție, strategii de coping, angajament, autoeficacitate, echilibru muncă-viață-viață), schimbări în timpul pandemiei de COVID-19. După o revizuire a testului adaptat și revederea adaptării, am selectat un eșantion de 470 de studenți care au completat scala incluzând itemi care acoperă dimensiunile și informațiile demografice menționate mai sus. A durat aproximativ 30 de minute pentru a completa chestionarul. Participanții au semnat un consimțământ informat și au fost asigurate anonimatul și confidențialitatea răspunsurilor. O analiză factorială exploratorie și o analiză a fiabilității au fost efectuate pe baza datelor colectate. În plus, au fost explorate diferențele de gen și corelațiile dintre factori. Rezultatele susțin structura scalei cu șase factori. Sunt discutate implicațiile practice ale rezultatelor.

Cuvinte cheie: sănătate mintală, sănătate fizică, campus, studenți, proprietăți psihometrice.

1. Introduction

Young adults, including students, represent a vulnerable category for developing mental and physical health problems (Denovan *et al.*, 2017). Some factors related to this increased risk are academic pressure, concerns about future carreer, financial worries (Yikealo *et al.*, 2018). The restrictions imposed by the COVID-19 pandemic during the last years also contributed to the development of mental health symptomatology (e.g., anxiety) in students' samples, all over the world (e.g., Plakhotnik *et al.*, 2021; Silișteanu *et al.*, 2022; Wang *et al.*, 2020). While academic stress is associated with physical and mental symptomatology (Kurebayashi *et al.*, 2012; Kohls *et al.*, 2020), students well-being is related to higher engagement in learning activities, positive relations, sense of belonging with the university (Cox & Brewster, 2020). Increasing students' resilience during stressful experiences could contribute to their life satisfaction and successful adaptation to all academic activities and challenges (Cazan & Truță, 2015).

University has an important influence on students' well-being through the policies they adopt, values promoted, the opportunity to establish social relations with peers, teaching quality, the sense of belonging, the facilities offered to their students, support in difficult times (e.g., Capone *et al.*, 2020; Flinchbaugh *et al.*, 2012). Other authors sustain that both academic (e.g., positive teacher culture, teachers' support, collaborative learning) and non-academic (e.g., social relationships, flexibility) factors are related to student well-being (Giusta *et al.*, 2017). Physical activity and sport were also found to have an important role in students' life (Kovacs, 2018). Concerning this factor, the results of a study conducted with Romanian students showed that students perceived physical education time and the required equipment as insufficient (Sandu *et al.*, 2018). Other studies conducted with Romanian students before the pandemic showed a positive relation between homework workload and anxiety symptomatology (Aniței & Chraif, 2013). Overall, male students displayed high levels of well-being compared to female (Pânișoară *et al.*, 2018).

The Healthy Organisation, Person, Environment System Model (HOPES) (Trimpop, 2014) is a theoretical framework that can contribute to our understanding about health and well-being among students. It is based on the idea that our psychological and physical health are dependent on the work environment, which is based on interpersonal relationships and shared responsibilities among members. The person, who is endowed with values, behavioral patterns, or coping strategies, supports both the organization and the work environment. Ultimately, all of these variables can act as a stressor or as a resource, with feedback looping back to the organisation. As a result, there is an ongoing cycle in which these factors interact, making the person feel more stable or unstable in terms of her health. The Healthy Campus Jena Model (Trimpop, 2021) aims to integrate into a single structure all component parts of the University, that have an impact on the well-being of students, teachers, and the entire university staff.

The Health Belief Model (HBM) (Hochbaum, 1958) is one of the most widely used theoretical foundations in health behavior studies, serving as a conceptual basis for health behavior intervention strategies as well as explaining the transition and maintenance of health-related behaviors. Designed to identify the reasons why individuals don't engage in certain health-related behaviors, HBM is based on the idea that whether we will engage in a proposed behavior is determined by our confidence in the treatment of a disease, combined with our perception of its efficiency. The theoretical constructs developed over time are: perceived susceptibility to and severity of a disease, benefits, barriers, modifying variables, cues for action and, ultimately, self-efficacy. The Transtheoretical Model of Change (TTM), also known as Stages of Change Model (Prochaska & DiClements, 1983), represent another psychological guideline that help us to understand the adoption and maintenance of deliberate health behaviors (Prochaska & DiClements, 1983). The transtheoretical model divides a person's transformation process into five stages (i.e., precontemplation, contemplation, preparation, action, and maintenance), which are less likely to be linear and more likely to be cyclical due to the fact that a changing process does not necessarily end when an individual reaches the ultimate stage of maintenance, as he can relapse into a previous stage at any time.

Using these theoretical models presented above (e.g. Trimpop, 2014, 2021), Schmitz *et al.* (2022) found that specific areas of risk for mental health among German students are represented by fatigue/exhaustion and difficulty of concentrating. Multiple workloads due to competing tasks also represent a danger. In terms of study organization, there is a need for optimization in terms of work interruptions, workload and working hours, time pressure, a high demand for attention, and a high time requirement for self-study. The examination load should be emphasized as a danger area, which is characterized by a high density and heterogeneity of content. Further, the majority of students feels impaired by long working hours at the computer screen and the working posture. The consequences of stress are particularly evident in the form of psychological complaints, especially with regard to severe fatigue/exhaustion and difficulty of concentration. Physical complaints are comparatively less pronounced. Regarding the pandemic and related online teaching, students report an increase in stress/overload, difficulty of concentration, depressed mood, and inner turmoil. Among the physical complaints, an increase can also be observed in headaches, pain in the limbs, shoulders, back or neck and an impaired general condition. On the basis of their initial results, a need for optimization can be identified for a large part of the stress factors.

Identifying strategies for promoting physical activity for health and well-being purposes among youth seems to have become highly relevant for public mental health (Fletcher *et al.*, 2018; Thøgersen-Ntoumani *et al.*, 2022). An understanding of community organization can allow us to identify and mobilize key individuals and groups to build or sustain a wellness program. In order to achieve these goals, this study aims to identify the factorial structure of a scale designed to measure different dimensions of healthy campus, as well as the

prevalence of physical and mental health difficulties in a sample of Romanian students.

2. Method

2.1. Participants and procedure

A sample of 470 undergraduate students from a university from the North Eastern part of Romania was involved in this study. In exchange for their participation, the students received course credits. From the total sample, 88.9% are female. The majority of the participants are enrolled in a bachelor program (n = 423, 90%), while the others are enrolled in a master program. Most of the participants are in the second year of study (68.5%). The large part of the sample reported being involved in a romantic relation (47.4%).

Potential participants received brief information about the study and the students who agreed to participate in the study received a link to the questionnaires. The participants completed the online survey in June 2022 and the students' participation was voluntary and anonymous. No exclusion criteria based on demographic variables was used.

2.2. Instrument

Healthy campus scale. The development of the questionnaires was carried out with regard to the following goals: holistic recording of stress factors and resource structures including the stress consequences, all relevant influencing factors, and the changes under the COVID-19 pandemic, evaluation of the existing use of measures provided by the university and development of need-based measures, long-term establishment of the risk assessment. All of this happened based on the principles of information, participation, motivation, and integration. The item selection from theoretical and practical sources took place prioritizing recommendations from previous project reports and established scales, and was supplemented with specially constructed items when needed. Thus, the questionnaire was continuously optimized by an interdisciplinary team based on item selection and construction.

The conceptual dimensions covered by the items are: work/study conditions: organization, tasks, work/study environment, social relations, health & safety culture; health: physical and psychological health status, health attitudes, health knowledge, health behavior, nutrition & movement; offers of the university: familiarity, availability, usage, satisfaction, requests; person: mobility, satisfaction, coping strategies, commitment, self-efficacy, work-life-balance; changes during the COVID-19-Pandemic.

Based on the German questionnaires, a Romanian version was prepared to be applied in the university as a first step of a need assessment and overall health topics of students within a Healthy Campus project. Based on guidelines for scales adaptation (Hambleton & Lee, 2013; Hambleton & Zenisky, 2011; Hogan, 2019), we followed these steps:

Step 1. We analysed, evaluated and ensured that the *content of the scale is equivalent* in the two languages (i.e., German and Romanian languages) and cultural groups. We concluded that the construct definition of healthy campus and its dimensions used in the original version of the scale are also applicable in Romanian cultural group.

Step 2. Given the fact that the construct is similar in the two cultures, we decided in this step to adapt the original version, not to develop a new test. Beside this equivalence, the decision to adapt the scale was also based on the already documented psychometric properties (i.e., reliability, validity) of the source language version of the test.

Step 3. We selected a *well-qualified translator* (Romanian native), that knows the two languages and also the two cultures. The translator provided the Romanian version of the scale.

Step 4. Revising the test directions, redesigning the answer sheets. Item format and appearance were considered in this step, by analysing the following issues: the length of the item stem in the two versions, the utilisations of different forms of word or phrase emphasis (e.g., bold, italics, underlines). For each issues, we ensured that the two versions of the scales are comparable.

Step 5. We conducted a judgmental review of the adapted test and we revised the adaptation. In this step we used the backward translation design. Specifically, we compared the original sources language test and the translated version and the problems identified in this step were fixed in the target language version of the test. Based on a careful evaluation in our team, together with the team from Jena University, we established a Romanian version of the scale comparable with the original scale. Grammar and phrasing were also analyzed in this step, by considering the following issues: modification of the item's structure (e.g., word order changes that might make an item more or less complex in the target language version); grammatical clues that might make an item easier or harder in the target language version; gender or other references that might make an item be cued in the target language version; words in the item that change from having one meaning to having more than one common meaning.

Step 6. We conducted a *small try-out* of the target language version of the test. This step was used to identify possible other problems in the target language version of the test, prior to investing time and expense in carrying out more reliability and validity studies. We aimed to identify the clarity of directions, the clarity of each item, and the suitability of the test format.

Step 7. Design and carry out a substantial study to investigate the psychometric properties of the scale (i.e., reliability and validity).

In the Romanian language, we kept the same theoretical structure of the scale as in the original version. Therefore, the items cover the following issues: environmental conditions, exams, daily academic activities, workload, concerns and worries about evaluation and accomplishing the tasks, relations with colleagues and teachers before and during the pandemic, technical equipment, internet connection and data bases, health services (e.g., psychological counseling,

medical services, sport), physical and psychological health, well-being, mobility (e.g., to university, between university buildings, within university buildings), demographic information (sex, marital status, financial status, migration background, living conditions, etc.

3. Results. Exploratory factor analysis

We submitted a set of 52 items to an exploratory factor analysis, using primary axis (PA) extraction and Oblium Rotation. Factor loadings higher than .40 were used as item selection criterion. Factors with an Eigen-value of more than 1 were extracted. Six factors resulted from the analysis, which explained 56.81% of the total variance. The Kaiser–Meyer– Olkin (KMO) = 0.852 and $p < .001$ for Bartlet's test of sphericity indicate a good fit of the factors. We analyzed the structure matrix, in order to select the items for their factorial assignment. The loadings of the 39 remaining items on these factors are presented in Table 1.

The first factor explains 16.42% of the total variance and consists of 10 items measuring *motivation for physical activity.* The second factor includes 11 items and explains 15.68% of the variance. We labeled this factor as *general health,* since the items covers issues related to both physical and mental health. The third factor explains 7.87% of the variance and includes six items, representing the degree of *content with health offer* promoted by the university. The fourth factor includes four items that explain 6.68% of variance. We called this factor *substance use.* The fifth factor includes 5 items that explain 5.86%. These items are related to *stress generated by using resources* offered by the university (e.g., technology, scientific databases). The last factor explains 4.28% of the variance and consists of three items measuring *social support* from university. For each factor, higher scores represent higher levels of what the factor measure.

Table 1. Exploratory factor analysis of the Healthy Campus Scale

	Factor loading							
	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Physical activity								
1. improve fitness	.768						2.39	1.46
2. decrease stress	.750						2.14	1.47
3. prevent diseases	.743						2.39	1.48
4. make friends	.730						1.57	1.39
5. meet new people	.725						1.53	1.39
6. body training	.723						2.38	1.48
7. looking good	.712						2.58	1.47
8. reduce acute symptoms	.710						2.00	1.51
9. sport for fun	.685						1.88	1.40
10. enjoy exercises	.663						1.72	1.37
General health								
1. general discomfort		.722					1.79	1.48
2. anxiety symptoms		.714					1.97	1.49
3. concentration difficulty		.681					1.62	1.38
4. psychomotor agitation		.680					1.85	1.44
5. lack of motivation		.676					1.75	1.42

	Factor loading							
	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
6. fatigue		.648					1.31	1.29
7. stress (overload)		.644					1.31	1.26
8. intestinal symptoms		.614					2.30	1.41
9. sleeping problems		.603					2.03	1.50
10. body pain		.570					1.93	1.53
11. irregular heartbeat		.539					2.53	1.45
Content with health offer								
1. general social counselling			.741				4.60	0.89
2. International office			.656				4.67	0.84
3. health counselling service			.643				1.07	1.93
4. counseling centers			.640				0.95	1.67
5. psychological counseling			.621				0.94	1.65
6. university learning centers	.		.492				1.69	2.27
Substance use								
1. substance 1				.857			1.12	0.58
2. substance 2				.817			1.01	0.344
3. substance 3				.809			1.01	0.35
4. substance 4				.670			1.04	0.38
Stress								
1. access to databases					.716		2.50	1.43
2. computer access					.632		1.97	1.33
3. access to scientific literature					.603		2.72	1.47
4. software equipment					.512		1.99	1.24
5. internet access					.510		2.29	1.43
Social support								
1. teacher support in difficult period						.697	3.91	1.09
2. general teacher support						.662	3.85	1.07
3. general involvement						.626	3.83	1.12

Concerning motivation for physical activity, the most important issue is the desire to look good, followed by the intention to improve fitness and to prevent disease. On the other extreme, the less important factors are the possibility to make friends and to meet new people. In the area of general health, the symptoms with a high prevalence of occurrence are irregular heartbeat, intestinal symptoms, and sleeping problems, followed by anxiety symptoms. Further, the higher degree of content for university offer was related to the services provided by the international office.

Overall, the substance use is very low for each substance. The items that measure students' stress at a higher degree include concerns about access to scientific literature and about access to scientific databases. The dimension about social support includes items with highest means from the entire set of analyzed items, on the first position being the item about perceived social support from academic staff during difficult times.

Reliability analyses and inter-correlations between factors

Reliability estimates are presented in Table 2. The α-values obtained in the present sample ranged from 0.77 to 0.94, indicating good to excellent internal consistency. Skewness [-.86, 1.45] and kurtosis [-.90, 1.19] estimates for the five

factors, excepting substance use, allowed the use of parametrical correlational analyses.

Table 2. Descriptive statistics for the study variables

	Factor	Skewness	Kurtosis	Mean	SD	Min	Max	Alpha
1.	Physical activity	-.34	-.90	2.00	1.16	0	4	.94
2.	General health	.17	-.76	1.86	1.06	0	5	.92
3.	Content with health offer	1.45	1.19	2.33	0.96	1.33	5.33	.78
4.	Substance use	3.25	24.73	1.05	0.36	0	4	.84
5.	Stress	0.21	-0.56	2.30	1.10	0	5	.85
6.	Social support	-.86	1.14	3.86	.91	0	5	.77

Note. $N = 470$

Great motivation for physical activity is positively related to content with the health offer of university and with social support received from university. Further, general health is negatively related with stress. Social support is positively related with content with the health offer and also negatively related with stress. These results are presented in Table 3.

Table 3. Correlation matrix among study variables

Variable	1	2	3	4
1. Physical activity				
2. General health	-.03			
3. Content with health offer	.18***	-.02		
4. Stress	.07	-.27***	.05	
5. Social support	.16**	.09*	.09*	-.09*

Note. $N = 470$;
* $p < .05$, ** $p < .01$, *** $p < .001$.

Gender differences

Gender differences revealed that men reported significantly higher scores for general health ($M = 2.47$, $SD = 1.12$), $t(468) = 4.48$, $p < .001$, and lower scores for stress ($M = 1.97$, $SD = 1.16$), $t(468) = -2.31$, $p = .021$, compared to women ($M = 1.78$, $SD = 1.03$; $M = 2.30$, $SD = 1.08$, respectively). The differences between men and women concerning motivation for physical activity, content with the university' offer, and social support from university are non-significant.

4. Discussions

The aim of the present study is to evaluate the psychometric properties of a scale designed to measure students' perceptions about different dimensions of a healthy campus. The scale was translated from German language and we applied the adapted version in a sample of Romanian students at the end of the second semester of the academic year. The frequencies of physical and mental health difficulties, as well as the correlations between factors and gender differences were also explored.

The results sustain the structure with six factors, that measure the following dimensions of healthy campus: motivation for physical activity, general health, content with health offer, stress, substance use, and social support received from academic staff. All the factors present good reliability coefficients. Similar to some previous results conducted in a sample of Romania students (e.g., Pânișoară *et al.*, 2018), in our sample men presented high general health and low stress compared to women. Concerning the associations between variables, social support dimensions presented significant relations with all the other dimensions: positive relations with motivation for physical activity, general health, and content with university offer, and negative relations with stress. These results suggest that a supportive environment in campus could be related with different dimensions of students' health and well-being.

When comparing our results with those obtained on the German sample (Schmitz *et al.*, 2022), we can identify a different pattern of results concerning the prevalence of physical and psychological health difficulties. While Schmitz *et al.* (2022) found that psychological complaints are more frequent and physical complaints are comparatively less pronounced, in our sample physical symptoms are more pronounced.

Further analyses are required in order to inform different stakeholders for preparing the implementation of target group-specific interventions for the students. In addition, the survey results need to be processed and prepared in a way that students have access to an overview of the empirically shown data of health and safety of the university students, reflecting their own studying conditions and health matters. On the long term, based on the collected data and the results from each EC2U alliance university, interventions for a Healthy Campus within all EC2U alliance universities will be suggested, implemented, and evaluated. The official agents of all participating universities will exchange their methods and experiences in order to increase the effectiveness and to learn about the universal and particular good practices.

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FAST SOCIETY: THREE CASES OF PANIC ATTACK

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Abstract
All aspects of our life are ruled by the concept of „fast society” - from fast food to „fast (on-line) relationships” and, in turn, to „fast therapy”. Clients and counsellors alike are in a rush to find a quick way to solve the problem. This approach to „panic attack” problems could sometimes lead to a dead end. What is more, this dynamic of the therapeutic process could increase the client's confusion and let the sensation of fear unexplained. The following paper puts forward three case studies, where the „not-knowing” position of the therapists unlocks the situation, helping the clients become aware of the elements from context that are connected to their fear. The meanings behind the attacks are revealed in the conversational field when the therapist stops their search for explanations and becomes patient enough to be curios and invite the client to explore detailed stories of their daily life.

Keywords: counselling, panic-attack, „not-knowing” position, dialogic approach, stories of daily life.

Resumé
Tous les aspects de nos vies sont régis par le concept de « société en vitesse » - de fast-food, aux « relations rapides (en ligne) » et, se référant au thème proposé, à la « thérapie rapide ». Les clients et les conseillers sont pressés de trouver un moyen rapide de résoudre eux-mêmes les problèmes. Cette approche dans le cas de symptômes de « crise de panique » pourrait parfois conduire à un blocage. De plus, cette dynamique du processus thérapeutique pourrait augmenter la confusion du client et laisser le sentiment de peur inexpliqué. L'article ci-dessous présente trois études de cas, dans lesquelles la position « ignorante » (not-knowing) assumée par les thérapeutes déverrouille l'interaction thérapeutique, aidant les clients à prendre conscience des éléments du contexte liés à leur peur. Les significations derrière les attaques de panique sont révélées dans le domaine conversationnel lorsque le thérapeute arrête sa recherche d'explications et devient assez patient pour être curieux et inviter le client à explorer des histoires détaillées de sa vie quotidienne.

Mots clés : concilier, attaque de panique, „not-knowing” position, approche dialogique, histoires de la vie quotidienne.

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Rezumat
Toate aspectele vieții noastre sunt guvernate de conceptul de „societate în viteză", de la fast-food la „relații rapide (on-line)" și, referindu-ne la tema propusă, la „terapie în viteză". Clienții și consilierii deopotrivă se grăbesc să găsească o modalitate rapidă de a rezolva problemele. Această abordare, în cazul simptomelor de „atac de panică" ar putea duce uneori la blocaj. Mai mult, această dinamică a procesului terapeutic ar putea creşte confuzia clientului și ar putea amplifica senzația de frică inexplicabilă. Lucrarea de mai jos prezintă trei studii de caz, în care, poziția „celui care nu știe" (not-knowing position) asumată de terapeuți, deblochează interacțiunea terapeutică, ajutând clienții să devină conștienți de elementele din context care sunt legate de frica lor. Semnificațiile din spatele atacurilor de panică sunt dezvăluite în spațiul conversațional atunci când terapeutul își opreşte tendința de căutarea explicațiilor și devine suficient de răbdător pentru a fi curios și pentru a invita clientul să exploreze povești detaliate din viața lor de zi cu zi.

Cuvinte cheie: consiliere, atac de panică, „not-knowing" position, abordarea dialogică, istorisiri din viața de zi cu zi.

Introduction

It is quite common for a psychotherapist to encounter clients profoundly unnerved by inexplicable panic states. Amongst the often described experiences can be found: the racing or pounding of the heart, sweating, shaking, or trembling, shortness of breath or the feeling of being smothered, the feeling of choking, chest pains or discomfort, chills or hot flashes, nausea, an upset stomach etc. These states are very strong and inexplicable. The client rarely finds any mean to justify this, leaving them with the question: *„what is happening with me?"*

During the evaluation interview, the therapist looks for any elements from the context that would justify the reactions. It is not an unusual occurrence for both therapist and client to get stuck at this stage of the interview.

With each proposition the therapist makes, regarding the cause of the panic states, the client fails to find anything relevant and invalidates the therapist's hypothesis.

Due to this hindrance, the therapist may be prone to abandon exploring the overall context of the occurrence, eventually simply finding the concrete factors in the environment that trigger the client's states. As such, the context-driven approach to the intervention is lost, the therapist only following a path led by general aspects.

In order to surpass this barrier, I will further develop a mixed theory, connected with both the modern view and the postmodern approach. An adventure that has been tried before (Bertrando and Lini, 2021). Thus, I am to combine the experiential approach - *high emotions are defenses that bock the experience of primary emotions triggered by perceived context* (Satir, 2010; Johnson, 2004) - with the dialogical approach - *people's problems are directly connected with dead-end dialogue* (Seikkula and Trimble, 2005; Seikkula, 2008).

Thus, I have created a simple strategy to aid both therapist and client connect emotional states with concrete elements of the immediate context. The strategy is simple but requires a lot of work with the therapist's attitudes. The

proposed basis is for the therapist to assume the attitude of „not knowing" (Anderson and Goolishian 1992, Anderson and Gehart, 2007, Rober 2005), in order to help the client eliminate their defences, and further get in touch with the primary emotions sparked by the context.

The article will present the theoretical context, the description of the technique and three base cases, through which the therapeutic value of such an intervention is presented.

The theoretical construct currently proposed is a challenge between seemingly diametrically opposed perspectives: the cognitive versus the emotional perspective; modern objectives achieved through postmodern strategies.

The content

I will try to briefly present the theoretical foundation of the intervention strategy presented in this article. First, I will describe the intrapsychic process of a panic attack. This description will be based on the cognitive and experiential perspective.

Second, I will present the process of the dialogue between therapist and client, insisting on the barriers that may arise. This description will be based on the dialogical approach.

How a panic attack occurs:

In order to describe the intrapsychic mechanism through which panic attacks manifest themselves, we are to start with the process of coping with everyday events. In this model we have combined the cognitive theories of coping strategies proposed by both Lazarius and Folkman (1985) and Lazarius (1991) with the experiential humanistic perspective (Johnson, 2004; Johnson, *et al.,* 2005)

Thus, Lazarius (1991) states that in any situation people first evaluate the context that they find themselves in ("primary appraisal"), followed by their possibilities to deal with the said situation ("secondary appraisal"). According to this assessment, the human body together with the mind will become active (stress). Further, an action appears as a response to stress, the coping mechanism. Lazarius and Folkman (1985) distinguish between two different types of coping: problem-focused and emotion-focused. Weiten and Lloyd, (2006) distinctly separate a third category of coping, focused on re-evaluating the situation - appraisal-focused.

Problem-focused strategies are directed at analyzing, solving, or, if that is not possible, altering the problem that is causing the disruption. These would mainly include the strategies for accepting the confrontation with the stressor, arising when the individual evaluates the contextual circumstances. Circumstances that are now viewed as being prone to change.

Emotion-focused strategies are centred around the person, aiming to balance their emotional response, which is developed in relationship with the problem. This category of coping is more likely to occur when the individual assesses the situation as being impossible to be changed. It may seem as if nothing can be done

to change threatening, challenging or harmful environmental conditions. These processes can lead to self-deception and distortion of reality, which are categorized by Lazarus as unconscious defense mechanisms.

Appraisal-focused strategies bring forward changes in the way the individual thinks. For example, they tend to either enter a state of denial or even start distancing themselves from the problem. People are able to change their view of a certain problem by modifying their goals and values. For instance, seeing humorous aspects in a certain situation that is not, in fact, amusing.

The theory presented above has been combined with a series of aspects from the experiential humanistic perspective. The concept of stress will be replaced by emotional activation. These emotions are inherently connected to the person's needs. Thus, upon evaluating their personal and exterior possibilities, the individual perceives certain needs as being fulfilled or not. When the needs are perceived as fulfilled, positive emotions are generated, while when they are not negative emotions emerge.

In the experiential humanistic perspective, the focus is on the perception of emotions as a vector of human action, the main energy that sets human beings in motion. In Latin „emovere" means movement (Johnson, 2004). Unfortunately, during our lifetime we gradually learn that negative emotions are damaging. We tend to avoid them, to block them. Beyond the individual, the denial of impulses and suppressing feelings are the causes for problems arising in the family (Nichols and Schwartz 2005).

Drawing a parallel to the experiential approach, it can be said that the emotion-focused coping strategy are the equivalent of defence mechanisms, that shelter the individual from negative emotions. Part of thesis defences can appear as the exacerbation of certain emotions, also known as secondary or instrumental emotions Johnson (2005). The consequence is self-alienation.

The goals of the experiential approach are to help the person become aware, experience and identify their emotions, while using their energy to act on satisfying the needs behind said emotions. This self-exploration will bring forward, to the conscious level, the personal view about oneself and others, which is, in turn, connected to these emotions, as well as their associated needs.

If one was to give an instance of a theoretical construct that combines cognitive and experiential humanistic aspects, a telling example might unfold as such: *Fear and other emotional responses are always provoked by a situation.* The emotion is a response to a perceived context. We appraise the situation as not sufficiently fulfilling for our needs. The arising frustration instinctively generates negative emotions with the scope of guiding the individual towards meeting their needs. Consequently, upon fulfilling our needs, positive emotions are generated. Thus, we are driven towards repeating this strategy in future scenarios when we find ourselves with our needs unsatisfied.

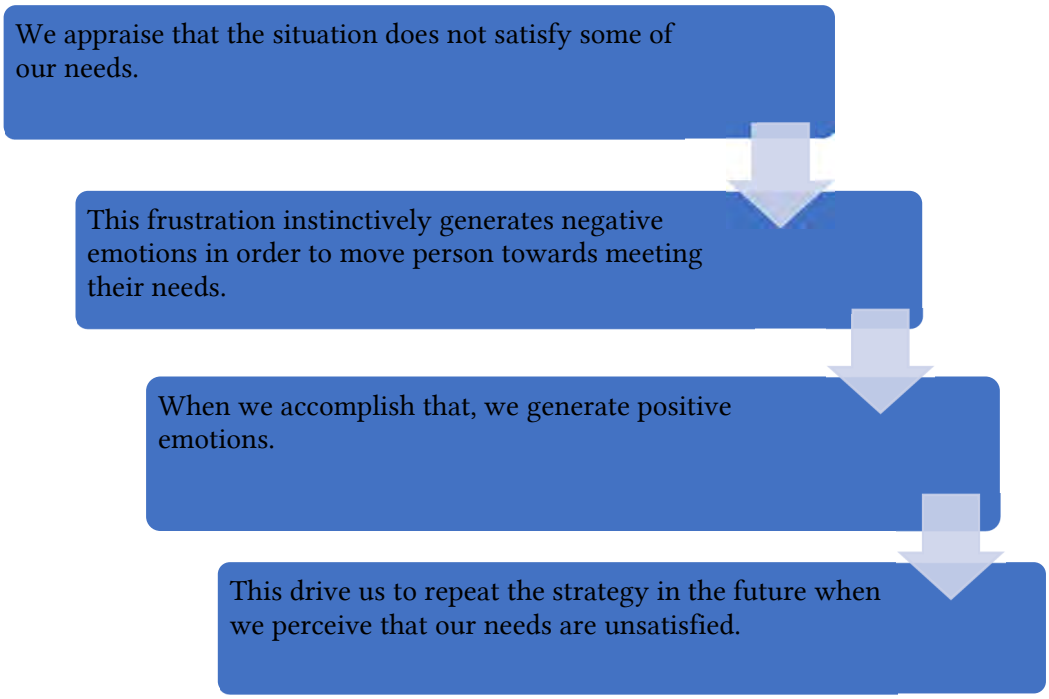

Figure 1. The stages of needs and positive emotions

In some situation our emotion cannot relate to something from the living context as anxiety, depression, panic attack. Looking from the perspective of the theories presented above, it can be said that people use defence strategies to block their perception, emotion and needs. These defence strategies are simply temporary solutions, seeing as they soothe us for the time being, while also distancing us from what is happening inside. Thus, unconscious, the perception of unsatisfied needs persists, endlessly generating negative emotions that aim to aid in fulfilling our needs. It becomes a continuous process of energization that is not consciously regulated, does not reach its finality. This leaves the individual to experience inexplicable states such as anxiety, depression, panic attacks, impulsivity, etc.

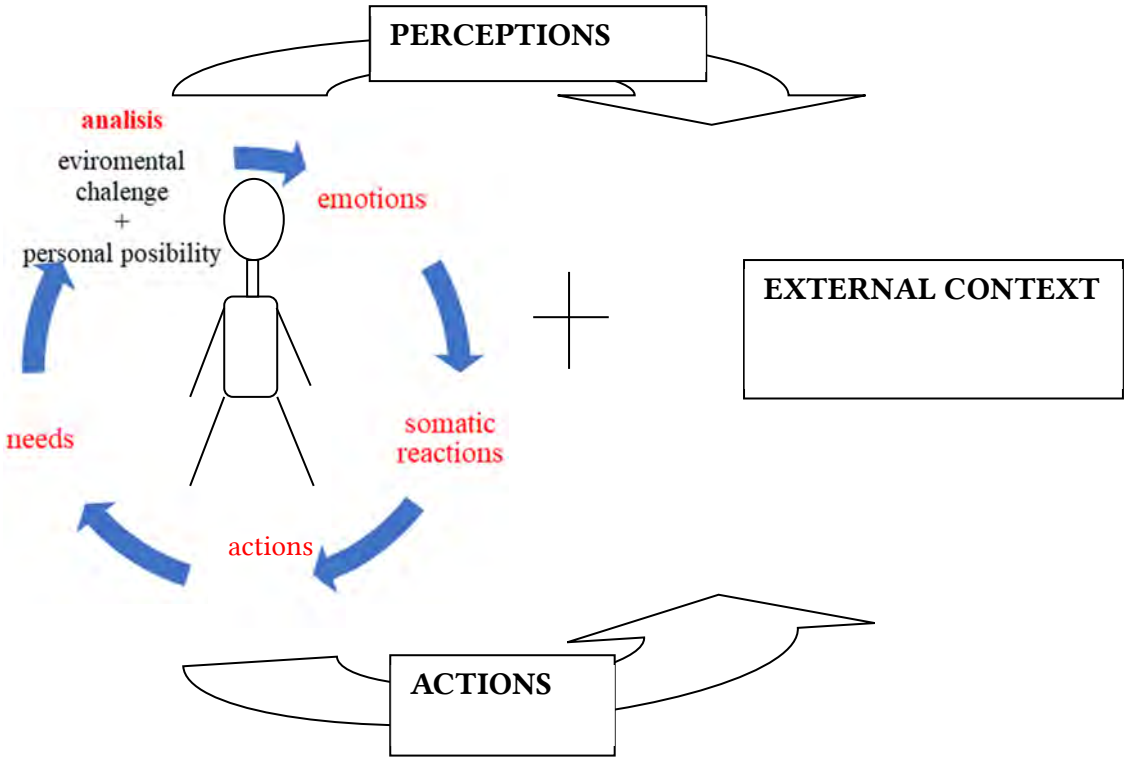

Figure 2. The circle of perception-actions

How the dysfunctions occur

One theory on panic attacks associates them with the blocking of emotions aroused by the perception of a certain concrete situation. The individual's emotional response will appear, maybe more intense, in another context, with no apparent connection. That sets off the vicious circle of anxiety, during which people are scared by the intensity of their emotional state, which appears „without any explanation". Amongst the main thoughts that occur can be found: What is happening with me? Am I losing my control? Something is wrong with me.

Intervention goal

The intervention goal is to help the client connect the emotions with the situations that they are linked to. This aids the client on more than one level. First, the client regains the predictability of their life. Second, the client starts applying the functional pattern of responding to the context.

Virginia Satir states that „fear is always fear of something in the future. I have noticed that if the person who is afraid of something confronts that something in the present, then the fear disappears" (Satir, 2010, p. 40).

Humanistic therapy (client-centred therapy, gestalt therapy, and existential therapy) is focused on people's capacities to make rational choices, to reach their potential, and to take responsibility for their own actions. It helps people understand what is happening with them and focus on the present by making new, more functional choices Bonevski and Naumovska (2020).

Problems that may appear in this intervention

Considering the process described above, it can be hypothesized that people who experience panic attacks have difficulty in identifying the elements of the context they perceive as threatening, to which they respond with intense fear. Not allowing themselves to tackle these perceived threats causes the intensity of the fear. Consequently, they will encounter difficulties in identifying the stressors during therapy conversation. They are rather likely to conclude that there is no justification for this panic.

Turning to the therapist, barriers may arise due to the tendency to be efficient, to quickly solve the tensions exposed by the client, and, especially, to identify the causes and propose the solutions. The therapist is preoccupied with formulating and validating hypotheses. This can lead to a certain difficulty in listening to the client, in giving them space to explore their inner states. This prevents the client from identifying their beliefs about both themselves and others, through which they could highlight the needs they perceive as unmet, and the associated emotions. This may lead the client to be tight, being more reluctant to give authentic responses that are suitable for environmental challenges.

When looking at the social context, we are rushed by daily culture to resolve the problems very fast. We have no time to explore. We need to go forward to the next thing in our life. All aspects that surround us are ruled by the concept of „fast society" - from fast food to „fast (on-line) relationships" and, in turn, to „fast therapy". Clients and therapists alike are in a rush to find a quick way to solve the problem. This hasty approach to panic attacks may sometimes lead to a dead-end. What is more, this dynamic of the therapeutic process could increase the client's confusion, letting the fear sensations unexplained.

For example, a dialogue of this kind may appear between therapist and client:

The **therapist's** statements could be: *Your reactions have a concrete explanation. What was happening to you during that time? An important event has awakened this fear.*

Many times, **the client** responds: *Nothing. Everything was working well back then. I can't explain it and that's what scares me.*

Therapist: *Maybe your fear is connected to this…….*
Client: No. Because ….

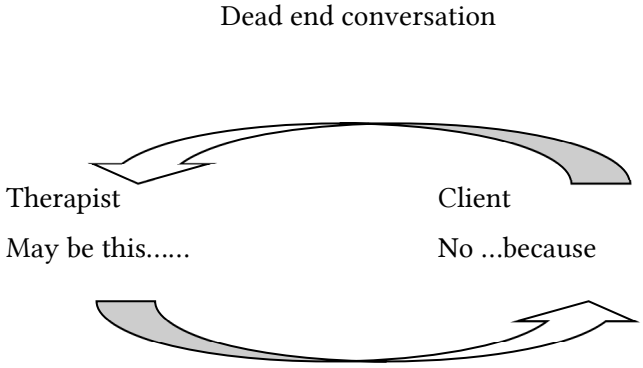

Figure 3. Dead end conversation

Using the not-knowing position and „Stories of the daily life" technique

As a response to this barrier in conversation, as described above, we propose a strategy from the dialogic approach Seikkula and Trimble, (2005). This presumes that the problems are related to barriers in dead end dialogues or monologues, that manifest either at intrapsychic level or in conversations with others. If we go about the issue from this perspective, it can be said that the panic attack is the consequence of the closed dialogue or monologue in which the client is trapped. On the other hand, the possible vicious circle described above in the dialogue between client and therapist may be based on the barrier that comes with dead-end dialogue.

Change occurs when the therapist facilitates a conversational space specific to open dialogue. In order to do this, it is of great importance for the specialist to work with his own attitudes, such as tolerance to uncertainty and `the not-knowing` position (Anderson and Gehart, 2007, Rober 2005).

Next, we present some milestones to aid the specialist in accompanying the client on their self-exploration journey, while contacting the problematic aspects of their life:

1. Signals that tell us that we are stuck in a dead-end dialogue and how to get unstuck (Nedelcu 2015):

What I perceive about the client:

- *The client tries to persuade me, does not agree with me*
- *Is interested in and is talking of topics I believe are not related to the therapy*
- *Does not proceed with the topics I propose, is not partaking in the therapy*
- *Repeatedly comes up with ideas they previously stated*
- *Withdraws, is tense*
- *Is unhappy/does not see the purpose of the discussion*
- *The clients are blocked in closed dialogue*

Deblocking actions initiated by the therapist for themselves

- *I put aside my ideas, my perspective, and I shift towards understanding and hearing the client*
- *I put aside the goals I set for the therapy and try being just curious*
- *I try trusting the „open dialogue" and share the responsibility of the therapy with it (putting up with the unknown)*
- *I suggest another framework for our talk*

Signals that tell we are in an open dialogue

- *I am curious about what the other is saying and try to understand*
- *There are suddenly new perspectives for me regarding the topic and I am willing to explore them*
- *I feel that the client and I are connected*
- *I don't need to control the ending of the discussion anymore; I trust the dialogue and share the weight of the therapy with it*
- *The client is listening to what I say and is responding*
- *The client finds new perspectives and is willing to explore them*

2. Using the not-knowing position

We enter in the dialogic state. We do not try to validate some hypothesis, we don't hurry to understand, but we are curious. We stimulate the client to recover the memory, to explore what was happening with or to them around the panic attack event. We can look at their schedule during the day of the event, or the day before, or even the day after etc. I trust the conversation and start" living moments" in dialogical exchanges Shotter and Katz (1999).

3. „Stories of the daily life" technique

Technique requires the therapist to invite the client to describe in great detail a day in which the problem behavior appeared. It is essential for the therapist to adopt the „not-knowing position„ and to support the client in describing the respective day without looking for anything significant.

Data and methods

This article puts forward aspects of three cases with people who were experiencing panic attacks. These cases occurred during session taking place between 2019-2021 as part of my private practice.

The qualitative research design of phenomenology was used Hancock (2002). The research method that has been used is that of a case study based on observational analysis (Muntele - Hendres and Diac, 2022). The goal is to present observational evidence related to the experience of using the „not-knowing" position, as well as the „Stories of the daily life" technique, to help clients eliminate defences and face environmental challenges in cases of panic attacks.

The Research question arises:" *What are the concrete methods of helping the client transition from the state of failing to link fear to any concrete event, to the moment of environmental challenges, that explain dysfunctional states, coming to the surface?"*

The paper aims to analyze the phenomenon from a qualitative perspective.

Three cases of Panic Atacks

Case 1

Maria, 44 years old, married for 20 years, with two children (14 and, respectively, 16 years old). Together with her husband she runs a construction business.

Through therapy she aimed to create a personal development program. Her main goal was to clear up the relationship she had with her mother, who died a long time ago. During the first five sessions the discussion was rather open, balanced, even cheerful and well placed. At the sixth one she came to the session and said:

"On Monday I had a panic attack. It was awful".....I have no explanation for what has happened. ..."What is happening to me?"

Exploring the panic event

Monday evening, around 8 o'clock P.M. she was at home with her husband and with her two adolescent sons. They were watching a cartoon movie named Vayana (Moana). During movie she starts checking her agenda for the next day. In that moment panic attack symptoms appeared. With her husband's help, after a while, she manages to relax.

She said: *„Everything was well during the weekend/ day. I am not expecting anything bad for the following days..... My relationships with my husband and children are very well. What is happening with me?""*

I began to explore with her the possible stressors that appeared inside the family relationships, at work or in other aspects of her life. The more I was searching for answers in this direction, the more Maria said that she was going through a good period of her life and nothing new and/or problematic happened. I realized that I had entered in a dead-end dialogue (see fig 3).

Key point from the day (not-knowing position)

When I noticed that I am stuck in a dead-end dialogue with the client I take a step back. I invited the client to describe that day in detail without looking for anything specific. We started with the moment when she woke up, what she had for breakfast, how she interacted with her children and husband, when she left the house etc. Fifteen minutes into the discussion, a significant event is described during her lunch. She had attended a **funeral of a former friend of her mother's**. It was a 60-year-old lady who died of breast cancer. My client declared that during the funeral she had been balanced, unaffected.

I asked the client how she felt then when she was talking about this event. What were the thoughts that came to her mind? What would she have wanted to happen then? The client began to decrease the rhythm of speech and to say that she was feeling sorrow and that memories of her mother's death came to mind. We began to explore more in that direction.

Connection with her life

In that moment it occurred to me that she had entered the therapy process with the desire to resolve some issues regarding the episode of her mother's death, which had happened when she has 16 years old. **Her mother had breast cancer**. My client had helped her mother in her last few months. After the funeral she had recovered very quick and had started to take care of her father and older sister (who was 18 at the time).

Around the time of this episode, it appeared that her father was suspected of prostate cancer. (This information was revealed during session number 7).

Triggers of panic attack

During the conversation she revealed that when she stopped looking at the movie, the scene that was playing was that of the death of the main character's grandmother. That was when the grandmother had transformed into a stingray and guided the main character's boat out to sea.

Context connected with panic

□ Active mourning process connected with her mother's death.

□ Fear of losing her father who was suspected of cancer.

Consciously connecting with these feelings helped her balance herself emotionally and make her panic attacks disappear. This process involved: accessing the emotions and perceptions related to these situations, becoming aware of the needs behind these perceptions and emotions, and manifesting the behaviors to satisfy these needs.

Case 2.

Giulia, 38 years old. Higher education. She divorced 3 years ago. She had a stable relationship for the past 9 months.

Her goals in therapy were to decide to give up her second job; to be able to relax; to take more care of herself.

After the fourth session she quit the second job. During the last 4 sessions she made some steps towards integrating a more unstressful perspective on life.

At the eighth session she came to therapy and said: *„On Monday night I had a panic attack. It was awful" ….."What is happening with me?.. It came out of the blue."*

Exploring the panic event

Monday to Tuesday, at about one o'clock in the morning, she was sleeping in bed with her partner, when she suddenly woke up with a feeling of suffocation, her heart was beating fast, she was feeling very scared, she was shaking, she did not know what was going on. Her partner woke up and came by her side trying to calm her down. The unpleasant state she found herself in lasted for about three quarters of an hour. She hardly calmed down. She didn't know what was going on. During the day everything had been fine, and she had had a wonderful weekend. She was getting along well with her boyfriend with whom she had been living with for three months. In the weeks before the incident she has been enjoying her free time, after she had quit her second job. Professionally, she had good results and was appreciated. She had no reason to be stressed. She didn't understand. What had happened to her?

When I started exploring possible connections with the workplace, or with the financial aspects, the client told me that everything was ok. She said her condition had no apparent explanation. We had entered a dead-end dialogue (see fig 3).

Key point from the days around the crisis (not-knowing position)

I invited the client to describe the day of the incident in detail without looking for anything specific. After she had described Monday, I invited her to explore her weekend. At one point she told me that on Saturday she had been with her boyfriend to the mall. They went to the movie: „A bad moms Christmas". She then brings forward her relationship with her mother who had passed away. She said it had been strange to make the connection with the relationship with her mother during the film. I asked her what her mother would think of her at that point. She said that her mother would not agree with the relationship she was in now. She showed a feeling of discomfort and said that she did not want to be influenced by her mother in her decision about choosing her partner.

Before the movie, when they had walked by a jewellery store, he told her they should change their leather bracelets, that they each offered at the beginning of the relationship, with some rings. The reason given was that the leather bracelets had worn out. He did not specify any other meaning of the rings. When he asked to go to the jewellery, she felt a little embarrassed, but it was not clear to her why. She quickly went over that bit.

At this point in the story, the client recalled that on Monday, when they returned from work at about five o'clock, the boyfriend told her that on Friday he would have the money to buy rings. After a short break, the client asked me ' Was all this why I was feeling so bad on Monday night? Up until now I wasn't paying attention to these issues. Now that I am talking about it, I realize that I am unsure about the future of the relationship.

Connection with her life

Her mother was a strict woman. They had had a tense relationship, however Giulia used to admire` her a lot (she is a doctor just like her mother). Her mother usually suggested that no man should be allowed to rule her life.

The mother died 5 years before the incident. In the context of her mother's death, she had married a person who she had divorced after 2 years. Since then, she had been trying to find the right relationship.

She had been together with the current partner for 9 months and felt very good. They had moved in together 3 months before the incident.

Triggers of panic attack

Monday, at 5 a clock, her boyfriend told her that they would have money to buy the rings next Friday.

Context connected with panic

□ Active unconscious conflict with her mother.

□ Fear to engage in a long-term couple relationship.

Consciously connecting with these feelings helped her balance herself emotionally and make her panic attacks disappear. This process involved: accessing the emotions and perceptions related to these situations, becoming aware of the needs behind these perceptions and emotions, and manifesting the behaviors to satisfy these needs.

Case 3

Ramona is 26 years old. She lives with her father. Her mother died 6 years prior. For the previous 2 years she had been experiencing numerous psychosomatic symptoms: irritable colon, gastric imbalance, stomach pain, constipation, allergies.

She had come to therapy sent by doctors to work on her emotional state. At the fourth session she described an episode, on Sunday evening, with stomach aches and panic. She said: *„What is happening with me? This state appeared without any explanation. Maybe I have a somatic problem, although I've been to the doctors before, and they said it's caused by stress. Now I'm not stressed about anything."*

Exploring the panic event

Everything had been well over the weekend/during the day. She had woken up relaxed at nine o'clock, at twelve she had met with some friends, in the evening she had cleaned the house, had taken a bath and right after that the states of tremors, restlessness, stomach pain, and panic appeared. They had lasted for about an hour. She made herself a cup of tea and tried to calm down. She didn't understand what had happened. Nothing bad was expected to happen in the following days.

I tried to ask her about stressful moments at work or with her family. Something that had happened before the weekend or after. For every question her answers were the same: everything was fine, she saw no issues (see fig 3).

Key point from the day (not-knowing position)

We started to explore what she had done during the day. We discovered that she had woken up late. She had had her usual morning ritual. At lunch time she had met some of her friends to celebrate her birthday, which had been during that week. In the evening she had cleaned the house and she „spoiled" herself with one long bath. Around 10 PM her somatic problem appeared. She stayed in that state long into the night. Nothing unusual appeared to have occurred during that day.

On Saturday she said that she went shopping and met some friends.

Friday evening, she went out in the city. She stayed until 4 o'clock in the morning. She remembered that she had been involved in a intimate conversation with a friend about negative things that had happened to her and how she then told the story of her mother's death. At this point in the story the client slowed down and said that she was feeling a little sad. She didn't understand what was going on because she had gotten over her mother's death. I asked her if she had talked about these states with her family members. She said that over the weekend she had not met up with anyone from the family, neither with her sister nor her father. She said that her sister was with her husband and her child. The father, with whom she lived, went away from Friday night till Sunday evening at a 40th-day wake of a good family friend. Ramona remembered with nostalgia the moments from her childhood when she had stayed with that family friend. She expressed sadness and said that sometimes she was afraid of something happening to her father.

Connection with her life

Her mother died 6 years before the event because of breast cancer. She had been deeply affected. The family did not speak quite often about that.

I found out that her father had gone on Friday night to another city for the 40th-day ceremony of his friend's death. The respective friend of her father's use to be an important person for the client during her childhood. At the same time, she was also afraid of losing her father. After her mother's death she had stayed with him to lend a hand, as well as help him get through his wife's death. At the time of the session the client was neither involved in any romantic relationship, nor did she pursue any, since she felt that her dad needed her.

Triggers of panic attack

The thought of her father's trip to the 40th day requiem of his friend, combined with the worries that her father might die.

Context connected with panic and stomach ache

□ Active mourning process connected to her mother's death.

□ Fear of losing her father.

□ Focus on her body to prevent her death.

Consciously connecting with these feelings helped her balance herself emotionally and make her panic attacks disappear. This process involved: accessing the emotions and perceptions related to these situations, becoming aware of the needs behind these perceptions and emotions, and manifesting the behaviours to satisfy these needs.

After 4 additional sessions, the client said that when she felt uncomfortable state in her body or restlessness, she would stop a little and review what had happened before and during those symptoms. Every time she would identify aspects of which she was previously unaware of. That is when her feelings of discomfort start to diminish. She said it was a useful tool she was going to continue to use.

Conclusions

The meanings behind the reactions are revealed in the conversational field when therapists stop to find explanations and become patient enough to be curios and invite the client to explore detailed stories of their daily life. This can be achieved by assuming the not-knowing position, by facilitating open dialogue, by inviting the client to present in detail the story of the day when the problematic states arise.

In this therapeutic context, the client manages to eliminate defenses alone and achieve a high degree of self-awareness. They succeed in contacting the challenges of the outside world and with the perception of oneself. They manage to allow themselves to live the emotions and to provide an authentic response.

The primary axioma states: ***fear and other emotional responses are always provoked by a situation.*** Emotion is a response to a perceived context. There is no inner state that does not have a correspondent in the outside world. Unexplained states are a consequence of dysfunctional adaptation strategies.

When the therapeutic framework helps the client to consciously make the connection with the challenge in the environment, stress relief occurs. The client regains control of their life, going back to their usual self. This is possible when the client and the therapist enter the trance of open dialogue. They are in the present. They listen and answer the statements that appear without looking for solutions and hidden meanings. They let themselves be caught up in the conversation, and the conversation brings out significant aspects for them.

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BULLYING AND SUICIDAL TENDENCIES AMONG YOUNG PEOPLE

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Abstract
The study aims to explore the influence of bullying on suicidal tendencies among students who were victims of this phenomenon., 130 responses were collected, of which: 103 are from women, and 27 from men. Since the main purpose of the research is to identify whether the students who were victims of bullying had suicidal tendencies, it was found that the presence of bullying explains a considerable proportion (30%) of the emergence of suicidal tendencies among victims. At the same time, another purpose was to explore the relationship between the social network and the development of a suicidal behavior, and with the use of partial correlation to test the association between poor communication with parents and the emergence of suicidal tendencies while controlling the bullying variable, we identified a significant score confirming the relationship between these two elements.

Keywords: bullying, suicide, school violence, students, Romania.

Résumé
L'étude vise à explorer l'influence de l'intimidation sur les tendances suicidaires chez les élèves qui ont été victimes de ce phénomène. 130 réponses ont été recueillies dont : 103 de femmes et 27 d'hommes. Puisque l'objectif principal de la recherche est d'identifier si les élèves victimes d'agression avaient des tendances suicidaires, on a constaté que la présence d'intimidation explique une proportion considérable (30 %) de la survenue de tendances suicidaires chez les victimes. Parallèlement, un autre objectif était d'explorer la relation entre le réseau social et le développement de comportements suicidaires et avec l'utilisation de la corrélation partielle de tester l'association entre une mauvaise communication avec les parents et l'émergence de tendances suicidaires tout en contrôlant la variable d'intimidation identifiée, un score significatif confirmant la relation entre ces deux éléments.

Mots clés : harcèlement, suicide, violence à l'école, étudiants, Roumanie.

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Rezumat
Studiul își propune să exploreze influența bullying-ului asupra tendințelor suicidare în rândul studenților care au fost victime ale acestui fenomen. Au fost colectate 130 de răspunsuri, dintre care: 103 sunt de la femei și 27 de la bărbați. Întrucât scopul principal al cercetării este de a identifica dacă studenții care au fost victime ale agresiunii au avut tendințe suicidare, s-a constatat că prezența bullying-ului explică o proporție considerabilă (30%) din apariția tendințelor suicidare în rândul victimelor. Totodată, un alt scop a fost acela de a explora relația dintre rețeaua socială și dezvoltarea unui comportament suicidar, și cu utilizarea corelației parțiale pentru a testa asocierea dintre comunicarea slabă cu părinții și apariția tendințelor suicidare în timp ce se controlează variabila bullying-ului identificat un scor semnificativ care confirmă relația dintre aceste două elemente.

Cuvinte cheie: bullying, suicide, violența în școală, studenți, România.

1. Introduction

When it comes to dealing with social phenomena it is very important to understand their entire meaning, from the first definition to the updated forms. The term „bully" has been assigned various connotations over time. If today the word provokes negative reactions, during the Renaissance cultural movement (XIV-XVI century) it was used with a positive meaning, being a form of addressing the loved one. Even the great writer William Shakespeare used the word to express feelings of affection: „I kiss his dirty shoe, and from my heart-string I love the lovely bully" (Crawford, 1999). However, the meaning of the word began to change around the end of the 17th century. In Romanian, the term is translated as „harassment", „intimidation".

Regarding intervention in bullying situations, the focus is primarily on preventive programs. One of the most well-known prevention programs on the phenomenon of bullying is the one developed by the psychologist Dan Olweus. „The Olweus Bullying Prevention Program", also known as „OBPP" is based on 4 main ideas developed from research on adolescent aggression (Olweus *et al.*, 2019). Adults involved in the educational process must place particular importance on creating a positive atmosphere, where there are limits when it comes to displaying inappropriate behavior and techniques to reinforce positive behavior are used, without promoting hostile repercussions. In the intervention on suicidal tendencies, the emphasis must be on: increasing the level of awareness of one's own values and the meaning of life, developing skills for managing emotions, increasing self-confidence, developing skills for managing stress and eliminating stressors, developing skills regarding formulating goals and maintaining the motivation to achieve them (Abil *et al.*, 2016 apud Liders, 2009; Alieva, Grishanovich & Lobanova, 2006; Avidon, 2008).

Since suicide, suicidal behavior and suicidal ideation are a direct consequence of bullying, the relationship between these social phenomena has often been addressed by researchers in the field. In this sense, participation in acts of harassment, both as an aggressor, but also in that of direct victimization, was associated with an increased risk of suicide among adolescents (Arango *et al.*, 2016

apud Hinduja & Patchin, 2010; Kim & Leventhal, 2008). At the same time, suicidal behavior and suicidal ideation are closely related to the types of bullying. Thus, young people who took part or were victims of physical aggression are more likely to intentionally harm themselves or think about death (43% and 36%), than young people who were affected by verbal bullying (32 % and 23%) (Arango *et al.*, 2016).

Moreover, following a study on the effects of bullying and cyberbullying on mental health, strong links were highlighted between both types of bullying and self-harm, correlated with high levels of anxiety, depression, and low self-esteem (Eyuboglu *et al.*, 2021). The association between bullying and suicidal ideation by gender plays a significant role in understanding the relationship between the two aspects. Bullying at school and sharing problems only with friends and not with a person who can provide professional support are factors associated with the emergence of suicidal tendencies among boys (Laukkanen *et al.*, 2006).

2. Research methodology

The purpose of the research is to identify whether students who were victims of bullying had suicidal tendencies. The objectives of the research refer to the percentage measurement of the likelihood of appearance of suicidal tendencies among victims of bullying, comparing the occurrence of suicidal tendencies according to gender, and finally, establishing the relationship between the social network and the development of suicidal behavior.

Hypothesis

1. The presence of bullying significantly and positively predicts the emergence of suicidal tendencies among young people.

2. Males are more likely to develop suicidal tendencies.

3. During adolescence, when young people were victims of bullying, they felt more comfortable sharing their problems with friends than with family.

4. Poor communication between young people and their parents, during the period of adolescence when they were bullied, contributed to the emergence of suicidal tendencies.

Research method

The research method is quantitative. The characteristics of quantitative methods, namely, determining the frequency, probability, and discovery of certain relationships between two or more variables, generating numerical data, are in accordance with the research objectives and the finality of the study.

Participants

The questionnaire was applied among Romanian students, regardless of the university and their specialization. Thus, 130 responses were collected, of which: 103 are from women and 27 from men. At the same time, 115 undergraduate students, 15 master's students and 2 doctoral students participated in the research.

Research tool

To carry out the research, the questionnaire was distributed through the Google forms platform. The first part of the questionnaire presents identification questions (gender and education level), and then the questions refer to the bullying experienced by the participants during high school and the emergence of suicidal tendencies.

The items are evaluated using the Likert scale, as follows: for bullying, a scale from 0-5 was used, where 0 means „never" and 5 „very often". The scale has a strong internal consistency, having a cronbach's alpha coefficient $\alpha = .86$. For suicidal tendencies, items are rated from 0-4, where 0 is equivalent to „never" and 4 to „every day". The internal consistency of this scale is also strong, the Cronbach alpha coefficient being $\alpha = .92$. For questions about family and aspirations, a scale of 0-4 was used, 0 being „total disagreement" and 4 being „total agreement". In this case, the scale has a strong internal consistency, having an alpha cronbach coefficient $\alpha = .70$.

Data collecting and processing

Student participation in the research was voluntary. The data was collected with the help of the questionnaire, which was also sent online through social networks, on student groups. The social networks were Facebook, Instagram, WhatsApp and Gmail.

The collected data was transferred into the Microsoft Excel program to create a database, to process the information in SPSS Statistics, with the help of T-tests, regression with a single predictor and partial correlation.

Ethical aspects

Prior to data collection, participants were informed about the nature of the study, namely: study description, eligibility criteria, procedure, and data confidentiality. Since the research contains items that can generate certain situations of discomfort, the collected data was anonymous. At the same time, the participants had to give their consent regarding the participation, in order to access the questionnaire.

Limitations of the study

Among the possible limits that could appear in the research, we can mention: imbalances between the gender of the respondents, the samples not being equal, so it is impossible to generalize the results, given the sample size, the subjectivity of data interpretation, the sensitive nature of the study and the chosen method of data collection.

3. Results

Hypothesis 1: The presence of bullying significantly and positively predicts the emergence of suicidal tendencies among young people.

Table no. 1. Simple linear regression of bullying on suicidal tendencies

Variable	B	B SE	β	r^2
Constant	.152	.12		.30
Bullying	.47	.06	.547***	

Note. ***p<.001; N=130

To measure the percent of occurrence of suicidal tendencies among victims of bullying, linear regression with a single predictor was used to check whether the presence of bullying will significantly and positively predict the occurrence of suicidal tendencies among young people.

Thus, the presence of bullying explains a considerable proportion (30%) of the occurrence of suicidal tendencies among victims.

Table no. 2. Verbal bullying

	Never	Very rarely	Rarely	Sometimes	Frequently	Very often
1. You have been called various offensive nicknames or insults by your classmates	10.8% (14)	24.6% (32)	18.5% (24)	24.6% (32)	10.8% (14)	10.8% (14)
2. People have spread rumors about you in class/school that could have led to damaging your personal image	25.4% (33)	14.6% (19)	19.2% (25)	18.5% (24)	12.3% (16)	10% (13)

When asked about the behaviors that make up verbal bullying, such as the assignment of offensive nicknames or insults by classmates, two predominant categories of responses can be identified, namely „very rarely" and „sometimes". Of the total number of respondents, 24.6% claim that they were very rarely called various offensive nicknames or insults by their classmates during high school, and at the same time, 24.6% answered the same question with sometimes. Moreover, 18.5% say that this behavior happened to them rarely, and the items never, often and very often are equal, all 3 variants being in the proportion of 10.8%.

Regarding the spread of unfounded information (rumors) in the classroom/school, 33 of the respondents (25.4%) claim that this has never happened to them, and only 10% claim that it has happened to them very often. At the same time, 19.2% claimed that unfounded information was rarely spread in the classroom/school, while 18.5% answered sometimes. 14.6% of the respondents state that they very rarely experienced unfounded information about them being spread in the class/school, and 12.3% mention that this happened often.

In conclusion, significant differences can be observed between the responses. If in the first question in this category the extremes have equal values (10.8%), in the second question the difference between the positive and negative values is 15.4%.

Table no. 3. Relational bullying

	Never	Very rarely	Rarely	Sometimes	Frequently	Very often
3. You were ridiculed and humiliated in front of your peers	16.2% (21)	24.6% (32)	15.4% (20)	23.8% (31)	11.5% (15)	8.5% (11)
4. You have been excluded from various social activities due to aspects that you cannot control (e.g. physical appearance, financial situation, background, etc.)	31.5% (41)	19.2% (25)	13.8% (18)	16.9% (22)	10.8% (14)	7.7% (10)

To the first item that refers to relational bullying, for the question „ You were ridiculed and humiliated in front of your peers?", the predominant answer is very rarely (24.6%), being followed by sometimes, with a difference of 0.8%. Only 8.5% of the respondents stated that they were very often ridiculed and humiliated in front of their colleagues, while 16.2% answered never. At the same time, 15.4% said that it happened to them rarely, and 11.5% often.

Regarding being excluded from various social activities due to aspects beyond their control, most respondents stated that this had never happened to them, the predominant category of responses is 31.5%. At the other extreme, 7.7% say it happens to them very often. Out of the total number of respondents, 25 claim that it happened to them very rarely (19.2%) to be excluded from various activities, and 18 claim that it happened to them rarely (13.8%). However, 16.9% of respondents chose the option sometimes, and 10.8% often.

In conclusion, almost half of the respondents responded negatively to the relational bullying category, with a total of 62 respondents, with a difference of 41 responses compared to the affirmative responses.

Table no. 4. Physical bullying

	Never	Very rarely	Rarely	Sometimes	Frequently	Very often
5. You have formally been involved in violent acts (such as pushing, scratching, slapping) that had as a result your intentional injury.	49.2% (64)	20% (26)	11.5% (15)	8.5% (11)	6.9% (9)	3.8% (5)

In the case of physical bullying, 49.2% of respondents answered that they were never involved in the actions that had a purpose to injure them, and 3.8% said that they were involved very often. 20% chose the very rarely option, representing 26 people, 11.5% mentioned that they were rarely victims of any aggressions, 8.5% say it happened sometimes. Of the total number of respondents, 6.9%, respectively 9 people answered that it often happened to them to be involved in violent actions against them.

Table no. 5. Cyberbullying

	Never	Very rarely	Rarely	Sometimes	Frequently	Very often
6. You've been mocked on a social network	40.8% (53)	19.2% (25)	11.5% (15)	16.2% (21)	6.2% (8)	6.2% (8)
7. Pictures/ videos have been posted on a social network without your consent	65.4% (85)	18.5% (24)	6.9% (9)	3.8% (5)	3.1% (4)	2.3% (3)

In the case of cyberbullying, when asked if they were insulted on social networks, almost half of the respondents (40.8%) answered that they were not placed in such a situation, 19.2% said that it happened to them very rarely, 11.5% chose the option of rarely, and 16.2% mentioned the fact that it happened to them sometimes. At the same time, 12.4% of the total respondents admitted that they had been mocked often (6.2%) and very often (6.2%).

For the question „Have pictures/videos been posted on a social network without your consent", more than half of the respondents answered never (65.4%),

and only 2.3% said it happened to them very often. The next most popular option was very rarely with 18.5%, followed by rarely 6.9%, sometimes 3.8% and often 3.1%.

In conclusion, significant differences can be observed among the respondents in this category, with the predominant answers being the negative ones.

Table no. 6. Suicide

	Never	A few times a year	Once a month	Once a week	Every day
8. I think about what life would be like for those around me if I hadn't been born	37.7% (49)	29.2% (38)	14.6% (19)	10% (12)	8.5% (11)
9. I think that if something bad happened to me, those around me would be relieved and happier	52.3% (68)	23.8% (31)	12.3% (16)	5.4% (7)	6.2% (8)

From all the answers given to the statement „I think about how the lives of those around me would be if I had not been born", the predominant option was „never", with a percentage of 37.7%, followed by the answer „of a few times a year" with 29.2%. 14.6% of respondents say that they thought about this aspect „once a month", while 10% thought about it „once a week". At the same time, 8.5% of the people who participated in the study said that they thought about it every day.

Regarding the statement „I think that if something bad happened to me, those around me would be relieved and happier", like the first item, most of the answers were for the never option (52.3%). 23.8% of respondents say that they thought about this aspect several times a year, 12.3% say that it happened to them once a month, 5.4% once a week, and 6.2% say that they had such thoughts every day.

Table no. 7. Suicide thoughts

	Never	A few times a year	Once a month	Once a week	Everyday
10. I picture scenarios that have as results the end of my life	40.8% (53)	25.4% (33)	10.8% (14)	14.6% (19)	8.5% (11)
11. I think about what I would write in a possible farewell letter	55.4% (72)	23.8% (31)	9.2% (12)	7.7% (10)	3.8% (5)

	Never	A few times a year	Once a month	Once a week	Everyday
12. I think if life deserves living	42.3% (55)	23.1% (30)	14.6% (19)	12.3% (16)	7.7% (10)
13. I wish I could go to sleep and never wake up so I would not have to face reality	47.7% (62)	22.3% (29)	11.5% (15)	8.5% (11)	10% (13)

As can be seen in table no. 7, all four questions have as the dominant answer the option never with 40.8%, 55.4%, 42.3%, respectively 47.7%. However, from the total of research participants, gathering the „every day" category within this section, 30% of respondents have experienced suicidal thoughts. Afterwards, the second most popular answer being a few times a year with 25.4% for the statement „I imagine scenarios that end in my own death", 23.8% for „I think about what I would write in a possible farewell letter", 23.1% to „I think about whether life is worth living or not" and 22.3% to „I wish to go to bed and not wake up so I don't have to face reality".

Table no. 8. Suicide

	Never	A few times a year	Once a month	Once a week	Everyday
14. I resort to methods of self-harm to endanger my life (e.g. self-mutilation with sharp objects and abuse of drugs, alcohol or other substances, burns, etc.)	74.8% (97)	15.4% (20)	4.6% (6)	3.8% (5)	1.5% (2)
15. I would rather suffer from a somatic point of view than suffer emotionally	68.6% (89)	16.2% (21)	9.2% (12)	4.6% (6)	1.5% (2)

In the case of destructive behaviors such as self-harm methods and the perspective on internal vs. external suffering, more than half of the respondents say they have never resorted to such a gesture or had such thoughts, at a rate of 74.8%, respectively 68.6%. At the same time, 15.4% of respondents state that they resorted to self-harm methods several times a year, 4.6% say that they resorted to this gesture once a month, 3.8% once a week, 1.5 % admit they used to do this every day.

Moreover, 16.2% of all respondents claim that several times a year they thought that it was better to suffer from a somatic point of view than emotionally, while 9.2% did it once a month. 4.6% had such thoughts once a week, and 1.5% every day.

In conclusion, although the values regarding bullying and those regarding suicidal ideation do not present a very high score, they have a direct influence on each other. The greater the intensity of the bullying, the more suicidal tendencies will be present.

Hypothesis 2: Males are more likely to develop suicidal tendencies

Table no. 9. t-test variable gender and the development of suicidal tendencies

	Male	**Female**	
	MS **SD**	**MS** **SD**	**t(130)** **p**
Suicidal tendencies	**49** **492**	**1.05** **1.019**	**-4.068** **.006**

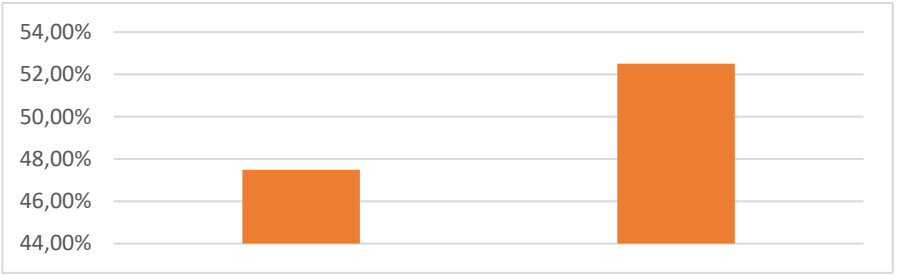
We used the independent samples t=test to check whether males are more likely to develop suicidal tendencies.

Results: Males (N = 27, M = .49, SD = .492) are not more likely to develop suicidal tendencies than females (N = 103, M = 1.05, SD = 1.019). The test results thus indicate t(130) = -4.068, p = .006).

To determine what stage the research participants are in, we used a scale from 0 to 4, where 0 is the equivalent of „never" and 4 represents the option of „every day". We divided the scale into 3 equal segments: between 0-1.33 the level of suicidal tendencies is interpreted as low, 1.34-2.67 illustrates the average level, and 2.68-4 we find a high level.

Of the total male respondents, 5 out of 27 have a suicide-related question average above 1, while 21 of them have an average between 0 and 0.5, and only one respondent has a score of 0.9. Of the 27 respondents, all fall into the low segment. Thus, this hypothesis was not confirmed, a possible cause being the inequality of the groups. Although suicidal ideation is not present in a very high proportion, it still exists among the respondents.

Hypothesis 3: During adolescence, when young people were victims of bullying, they felt more comfortable sharing their problems with friends than with family.



Graph 1. Families vs friends in bullying situations

To test if young people feel more comfortable sharing their problems with friends than with their family comparisons between the bullying variables and friends vs. bullying and family were conducted. The graph above illustrates the fact that in situations of bullying, 52.51% of the respondents talk to their friends about the problems. This shows that they have more trust in the created social environment than in the family nucleus. After analyzing the results, this hypothesis is confirmed.

Hypothesis 4: Young people's poor communication with their parents, during a period of adolescence when they were bullied, contributed to the emergence of suicidal tendencies.

Table no. 11. Correlation partial between family and bullying

Controlled variable	Variable	M	AS	r	p	r^2
Bullying	Family	1.66	1,121	.47	.00	.93
	SUICIDE	.93	.96			

N = 130

Using partial correlation to pair poor communication with parents and the appearance of suicidal tendencies and controlling the bullying variable, we identified a significant score in these correlations, confirming the mentioned assumption. To have a clearer result, we divided the respondents according to gender. To determine the situation of poor communication between young people and parents, we used a scale from 0 to 4, where 0 is total disagreement and 4 is total agreement.

This scale was divided into 3 segments to find out the average of respondents when it comes to poor communication with parents. From 0 to 1.33 communication is healthy, from 1.34 to 2.67 it is difficult and from 2.68 to 4 it is almost non-existent. The average for this category is 1.66, which means that the respondents have difficulties in communicating with their parents, having a difficult relationship with them. 81.71% of the female respondents claim that they have poor communication with their parents, while only 18.29% of the male participants support the hypothesis. Moreover, it appears that 83.22% of the number of female students who completed the questionnaire imagined scenarios that have as their finality the end of life, the male respondents being at the opposite pole with only 18.29%. In conclusion, this hypothesis was confirmed, the 3 aspects being interconnected.

4. Conclusions

The understanding of the bullying phenomenon can be achieved by analyzing aspects such as the conceptual delimitation between the types of

bullying and how they manifest, the effects on the individuals involved (both the victim/victims and the aggressor/aggressors), but also the intervention methods that allow professionals in the field to act at the expense of aggravating risk situations. Since the consequences of bullying can affect the individual on several levels, especially on the cognitive-behavioral side, this phenomenon is closely related to the development of suicidal tendencies.

The perspective of this study is to measure the percentage of occurrence of suicidal tendencies among victims of bullying, to compare the occurrence of suicidal tendencies according to gender and to establish a correlation between the social network and the development of suicidal behavior.

Following data collection and analysis, 3 out of 4 hypotheses were confirmed. The unconfirmed hypothesis may be due to the inequality of the groups within the sample, as 27 respondents are male and 103 are female.

The research shows that bullying and suicidal tendencies are closely related, as bullying has a 30% influence on the emergence of suicidal tendencies among victims. Thus, as long as the intensity of bullying increases, suicidal tendencies will also be on the rise. In this case, immediately after detecting a case of bullying, the fastest possible intervention is necessary so that the situation does not degenerate.

The scale related to the measurement of suicidal tendencies was segmented into 3 equal portions: between 0-1.33 the level of suicidal tendencies is interpreted as low, 1.34-2.67 illustrates the average level, and 2.68-4 we find a high level. The average for all respondents is 0.93, falling on the low level. However, for female respondents the highest value was 3.63, being very close to the maximum level, and the lowest value was 0. The highest score for male participants was 1 .5, while 4 respondents had an average of 0. Although the level of suicidal tendencies is not very high, they were present in the respondents' lives.

Both the family network and the social network that people create throughout life play a significant role in the well-being and effective functioning of individuals. In the case of bullying situations, victims were more confident to share their problems with friends than with family. An explanation in this sense can be the usual saying „friends are the family you choose", this aspect being highlighted by the percentage results also illustrated in Graph no. 1, namely: 52.51% of respondents preferred to turn to friends when they were bullied, compared to 47.49% who prefer to keep their problems within the family. The difference between the two values is not very significant. In addition to the existence of bullying, a factor that can lead to the emergence and development of suicidal tendencies is lack of communication. Thus, the data from table no. 11 highlights the fact that the value within this category is 1.66, which means that the respondents have difficulties in communicating with their parents, having a difficult relationship with them. The family environment should be seen as a space characterized by safety and trust, where people should not feel judged because of situations they cannot control.

Contacting a specialist in the field is an essential step in reducing the phenomena. They are able to provide support on all levels, including strengthening relationships with the family environment. Since bullying affects the self-esteem of the victims, specialized help can improve the vision of the person, the goal being to restore balance and increase the adaptability of the individual.

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A LOOK FROM THE INSIDE: THE IMAGE OF LGBTQI+ COMMUNITIES FROM THE PERSPECTIVE OF ITS MEMBERS IN ROMANIA

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Abstract
The present study proposes an affirmative, constructivist and inclusive approach to how people who identify themselves as sexual and gender minorities (SGM) in Romania perceive their community and how they occupy and feel its space. I also try to focus on how SGM perceive their physical/online/imagined spaces, in a subjective geography, how they constructed it, and the manner they relate to the concept of community. The research is quantitative, exploratory, transversal, and uses the questionnaire as a research tool. Regarding the participants in this study, I tried to represent all the letters under the LGBTQI+ umbrella, with diverse gender identities and sexual orientations, ages from 18 to 56 years old, and from all over Romania. After the Corona Virus Pandemic and with the ascension of far right-wing parties, those who took part in this study had a harsh perspective on the LGBTQI+ communities, but also a greater need for connection and understanding from their peers. I find it important to speak nearby, instead of speaking for, so the communities are presenting their realities, qualities, and flaws.

Keywords: Community; LGBTQI+; identity; belonging.

Résumé
La présente étude propose une approche affirmative, constructiviste et inclusive de la façon dont les personnes qui s'identifient comme minorités sexuelles et de genre (MSG) en Roumanie perçoivent leur communauté et comment elles occupent et ressentent l'espace. J'essaie également de me concentrer sur la façon dont SGM perçoit leurs espaces physiques/en ligne/imaginaires, dans une géographie subjective, comment ils l'ont construit et la manière dont ils se rapportent au concept de communauté. La recherche est quantitative, exploratoire, transversale et utilise le questionnaire comme outil de recherche. En ce qui concerne les participants à cette étude, j'ai essayé de représenter toutes les lettres sous l'égide LGBTQI+, avec diverses identités de genre et orientations sexuelles, âgées de 18 à 56 ans, et de toute la Roumanie. Après la pandémie de Coronavirus et avec l'ascension des partis d'extrême droite, ceux qui ont participé à cette étude avaient un point de vue sévère de leurs communautés, mais aussi un plus grand besoin de connexion et de compréhension de la part de leurs pairs. Je trouve ça important de parler à proximité, au

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lieu de parler pour, afin que les communautés présentent leurs réalités, leurs qualités et leurs défauts.

Mots clés: Communauté ; LGBTQI+ ; identité ; l' appartenance.

Rezumat
Prezentul studiu își propune o abordare afirmativă, constructivistă și incluzivă a modului în care persoanele care se identifică ca minorități sexuale și de gen (MSG) din România își percep comunitatea și modul în care ocupă și simt spațiul acesteia. De asemenea, încerc să mă concentrez asupra modului în care MSG își percep spațiile fizice/online/imaginate, într-o geografie subiectivă, cum îl construiesc și cum se raportează la conceptul de comunitate. Cercetarea este cantitativă, exploratorie, transversală și folosește chestionarul ca instrument de cercetare. În ceea ce privește participanții la acest studiu, am încercat să reprezint toate literele sub umbrela LGBTQI+, cu identități de gen și orientări sexuale diverse, cu vârste cuprinse între 18 și 56 de ani, și din toată România. După pandemia de coronavirus și odată cu ascensiunea partidelor de extremă dreaptă, persoanele LGBTQI+ care au participat la studiu, au lansat un discurs în mare parte negativ la adresa comunităților, dar în același timp se resimte în răspunsuri și o nevoie mai mare de conectare și înțelegere din partea celorlalți membri. Nu în cele din urmă, consider important să vorbim în apropiere, în loc de a vorbi pentru, astfel încât comunitățile să aibă spațiul de a își prezenta singure și din interior realitățile, calitățile și defectele cu care se confruntă.

Cuvinte cheie: Comunitate; LGBTQI+; identitate; apartenență.

1. Introduction

Throughout history, society viewed sexual and gender minorities (SGM) in different ways, depending on the customs of the time and space. And as history repeats itself, we are currently dealing with an increase in the popularity of national and far right-wing parties that campaign against reproductive rights and LGBTQI+ people (*Revival* in Bulgaria, *Fidesz* in Hungary, *United Right Alliance* in Poland, *Alliance for the Union of Romanians* in Romania).

In today's Romania, the Pandemic, its aftermath, and the increase in the voices of far right-wing parties among neighboring countries put pressure on MSG and their rights (Ghiorghe, 2022).

At the same time, in the latest *Eurobarometer on discrimination in Europe* (2019), sexual minorities are among the most discriminated categories in Romania; thus, 40 percent of Romanians would feel totally „uncomfortable" if they worked with a gay, lesbian or bisexual person; 58 percent of Romanians would feel totally „uncomfortable" if they had sons or daughters in a relationship with a person of the same sex. Percentages are decreasing compared to previous years but are above the European average *(Special Eurobarometer* 493, 2019).

Furthermore, the *ILGA - Rainbow Europe report* places Romania in 38th place, out of the 49 states that were analyzed, with a score of only 19.17 percent regarding the legal situation and policies for LGBTQ+ people (ILGA-Europe, 2021).

These attitudes towards sexual minorities determine that people who identify as such do not publicly assume their sexual orientation or gender identity.

In this context, where LGBTQI+ communities are analyzed from the outside, is important to have an inside perspective on the attitudes and the image sexual and gender minorities have towards queer communities. And as Trinh T. Minh-ha have said, to speak nearby, and not to just speak for a community which is already marginalized (Chen, 1992).

The concept of the LGBTQ+ community emerged from the need for sexual and gender minorities to appear as a united block in front of the majority so they will be heard when they call for their rights. Today, the term is ambiguous, but the human need for belonging keeps the concept relevant.

Although it is linguistically and politically more comfortable to lump them into a singularity, the LGBTQ+ community represents communities with different experiences and realities. At the same time, I argue that the way SGM relates to the communities they belong to is predominantly symbolic, using Anthony Cohen's concepts. The community is felt through belonging and identification with its common values; it is felt at the mental level, without an obligation of the existence of a common space and through a differentiation from the majority or other groups/communities (Cohen, 1985, pp. 15-17).

Even though there is no need for a physical space to delimit the LGBTQ+ communities, there is a need for it among their members, to create safe spaces for interaction, action, and socialization. I also try to focus on how MSG members perceive these physical/online/imagined spaces, in an intimate geography and in a Goffmanian perspective of how they present themselves and interact in their communities.

A community represents „a group of people" (Pascaru, 2003 apud Mihăilescu, 2000, p. 7), and the *Dictionary of Sociology* coordinated by Cătălin Zamfir and Lazăr Vlăsceanu describes the community as a „social-human entity, whose members are bound together by inhabiting the same territory and by constant and traditional social relations"; the community is authentic, well integrated, and based on shared experiences (Geană, 1998, p. 127).

In the *Oxford University Dictionary of Sociology* coordinated by G. Marshall community implies „a set of particularly made up social relations in which the participants have something in common, usually a shared sense of identity" (2003, p. 160).

According to Lash (1994), individuals are not only placed in a particular community by social forces but also situate themselves within it. Similarly, Cohen (1987) perceives the boundaries between members and non-members as important in creating a sense of belonging – us vs them, those within the community and those outside it (apud Formby, 2017, p. 4).

2. Methods, participants, instruments

The term LGBTQIAPK+ covers under its umbrella 5 unique identities of human sexuality: sexual orientation (Lesbian, Gay, Bisexual, Asexual; Pansexual); gender (Transgender); biological (Intersex); political (Queer; Allies) and sexual preferences (Kink). Also, to recognize that sexuality and gender are fluid, there is

the plus sign (+) to make the term inclusive of all people who do not identify as heterosexual.

As a result of the dissemination of the questionnaire *Feeling of belonging to LGBTQI+ communities and the perception of the queer scene* in Romania* (*spaces, activities, actions, and LGBTQ+ / friendly events) among people who identify as sexual and gender minorities (SGM) and allies, I gathered 233 responses. The data analyzed in this study refer to the image that LGBTQI+ people have about their communities, but also the way they feel they belong through their specific symbols and rituals.

The questionnaire contains three parts, comprising firstly of open-ended questions about how the respondents define the term community in general, queer ones in particular, and about their attitude towards issues in LGBTQI+ communities.

A second part of the questionnaire includes closed questions through which I tried to identify to what extent the subjects meet themselves in the symbols and customs of the communities and if they feel they belong to them. Last but not least, the questionnaire had a socio-demographic part.

Even if my sample is not representative, I tried to include all the important groups: cisgender people, transgender, genderfluid, or non-binary people.

Therefore, regarding the socio-demographic part, 45.1 percent of the people who answered the questionnaire identified themselves as cisgender women, 32.2 percent chose option 3 – cisgender man, and 14.2 percent of the respondents are non-binary people. Also, 4.3 percent of study participants identify as transgender men, 2.1 percent are genderfluid, while 1.7 percent of subjects are transgender women.

Since gender is not binary, but can be represented as a spectrum of identities, there was also the option „Other", where respondents who did not find themselves in the pre-defined list could choose their own label. Thus, 1.3 percent of respondents identify as agender, 0.8 percent filled in the term demiboy / demiboy transgender, and 0.4 percent demigirl, as well as bigender (0.4 percent).

Regarding the age distribution, most respondents fall into the 18-25 years category, 71.7 percent choosing this range. 19.3 percent of those who participated in completing the questionnaire are between 26 and 30 years old, 4.7 percent ticked the fact that they are between 31 and 35 years old, and 2.6 percent fall into the category of age 36–45 years. There were also 4 people who are over 46 years old (1.3 percent - 46 – 55 years; 0.4 percent in the 56+ age category).

Of course, this implies that older people of the LGBTQI+ communities are not highly represented in this study.

Like gender identity, sexual orientation is fluid and doesn't just fit into a rigid, dichotomous pattern—it's more of a spectrum. For this reason, the question about sexual identity is a multiple-choice, because SGMs are usually comfortable with multiple labels for their sexual orientation, and some terms proposed as default answers are umbrella terms (e.g.: bisexuality). Thus, the answers expressed a great diversity.

Most respondents identified as gay (67 responses), followed by 50 people who identify as bisexual and 39 of them as queer. 36 people resonated with the term lesbian, to which is added another woman who labeled herself as Sapphic, and 30 of the respondents ticked the heterosexual/allied option. 27 of the respondents claimed to be pansexual, 16 were demisexual, and 9 have an asexual orientation. At the same time, there is a single person for each of these identities: polysexual, demisexual - biromantic, undecided, and unlabeled (they didn't label themselves in any way).

Not only the built and imagined space is important but also the physical one. Therefore, respondents filled in their residency according to the region in which they live.

Thus, 40.8 percent of respondents live in the Bucharest - Ilfov Development Region, 14.2 percent are in the North - East Development Region (Bacău, Botoșani, Iași, Neamț, Suceava, Vaslui), and 11.2 percent have residence in the South-East Development Region (Brăila, Buzău, Constanța, Galați, Tulcea, Vrancea). 9.4 percent of the respondents live in the South Development Region - Muntenia (Argeș, Călărași, Dâmbovița, Giurgiu, Ialomița, Prahova, Teleorman), a percentage of 7.7 percent of the subjects chose option 6 as their answer - North Development Region – West (Bihor, Bistrița-Năsăud, Cluj, Maramureș, Satu Mare, Sălaj), and 6.4 percent live in the Center Development Region (Alba, Brașov, Covasna, Harghita, Mureș, Sibiu). Finally, 4.7 percent of those who finished the questionnaire selected they live in the West Development Region (Arad, Caraș-Severin, Hunedoara, Timiș), 4.3 percent of the subjects live in the South Development Region - West Oltenia (Dolj, Gorj, Mehedinți, Olt, Vâlcea), and 1.3 percent chose not to provide this personal information.

Regarding the area of origin, 80.70 percent of those who participated in the study live in the urban area, and 19.30 percent in the rural area.

When we talk about the level of education of the respondents, most of them ticked that the last form of education is that of high school studies, namely 43.30 percent. Also, 31.80 percent of the respondents have completed the undergraduate university cycle, 19.70 percent have completed university master's studies, 2.6 percent of the respondents have as their last completed form of education that of secondary school studies, 1.7 percent have selected the fact that they graduated from post-secondary studies, and 0.9 percent from university doctoral studies.

3. Results

Definitions of what the term community means to the respondents are diverse and aim to both objective and subjective perspectives. Firstly, most responses address objective definitions, such as „Group of individuals who share a set of values, desires, visions" (Respondent 112), followed by those with a subjective description - „Belonging, family, closeness, whole" (Respondent 123), but there were also answers that combine the two attitudes. Thus, Respondent 136 described the community as „ideally a group of „closely connected" people who support each

other. Or a group of people who share common ideas and principles". Only one person chose not to answer this question.

At the same time, the respondents described the community especially based on the human component (members, people that form them), emotional (belonging, safety, support), and finally on the spatial one (place where they live, safe environment).

Community implies both similarity and difference; it is opposing the others, focuses on the people within the community and the boundaries between them (Cohen, 2001, p. 12). Those aspects were identified also in my research, as some of the respondents made it clear in their discourse that there is a distinction between us versus them.

Weeks (1996, p. 72) believes that groups which experience threats are more likely to form a community identity. Thus, behind the experiences of stigma, prejudice, inequality, and oppression, there is a potential that can fuel the need for a stronger community, aspects that I also find in my research.

None of the respondents placed the communities in virtual space when they had to define them.

Most repeatedly, they suggested that a community needs its members to have at least one aspect in common: attitudes, values, principles, histories, characteristics, etc.: „The community represents a group of individuals with similar interests and values, who militate for common ideals" (Respondent 18).

Besides the similarity, the respondents also identified the support element. For them, it is important that members can offer mutual help when needed, both emotionally and materially: „[community is] a larger group, with common experiences, in which members support each other" (Respondent 175).

The feeling of belonging is another component that is the ground of a community. Thus, some respondents pointed out that „active membership in a social group with similar interests and mentalities in which I feel accepted and can relate to similar people" is what defines a community. Also, the term belonging was followed by several respondents to that of closeness.

The space that the subjects talked about is both physical (territorial) and mental - a safe environment where a person can feel comfortable in his or her own skin. Respondents who appealed to emotions when describing the community added words such as family, solidarity, friends, safety, harmony, and acceptance: „Belonging, family, closeness, the whole" (Respondent 122). Accordingly, the community represents not only positive moments but also the possibility of fighting together against negative experiences: „The community is a social group that supports each other, they are part of the same niche and can suffer a similar persecution" (Respondent 3).

The second question from the second part of the survey talked about the way the respondents imagined and perceived their own community. Therefore, the results can be separated by a positive, negative, or neutral attitude. Most people expressed their opinion positively, followed by the negative one and last but not least, by the neutral one.

Therefore, LGBTQI+ communities are translated as safety, respect, freedom, and acceptance: „It represents freedom, non-conformity and ideally it would represent a safe space" (Respondent 191); „Unity, Understanding, Acceptance" (Respondent 104).

Definitions that have a negative perception talk, on one hand, of the existence of toxic people and a very fine line between toxicity and friendship: „In general, a safe space, but there is a fine line between acceptance and toxicity" (Respondent 8), and on the other hand part, the fact that there is no protection of sexual and gender minorities in Romania: „Marginalized and oppressed minorities" (Respondent 130). Other respondents also explained that there is no community term for LGBTQ+ people in our country, but only certain attempts: „I don't think that the one in Romania can really be considered a community, like those in other countries" (Respondent 155).

The people who voiced themselves on a neutral note referred strictly to the composition of communities or to the defining aspects of those.

Analyzing only the answers of people who identify themselves as allies, I could observe the fact that they had only positive attitudes, with 2 exceptions, out of the 30 answers. Thus, if I were to summarize the vision of these respondents regarding the LGBTQI+ community in Romania, I would do it with words like resilience and freedom: „a group of people „who stand for themselves"" (Respondent 13); „for me, LGBTQ+ communities mean, in short, freedom of expression, the normality of the future (I hope)" (Respondent 210).

Last but not least, when the subjects were asked to identify the biggest problem of LGBTQI+ communities, most of the respondents pointed out that the problem lies outside of them, with members of society, who have hostile and homophobic attitudes and do not want to be educated in this regard. Another problem identified outside the queer communities is the lack of protection from the state and the lack of a legislative framework that would offer LGBTQI+ people equal rights with other citizens: „Constant social stigma, the lack of laws to protect LGBTQI+ people, and the absence of family integration of couples of the same sex" (Respondent 54).

When we look inside, the participants in the questionnaire primarily highlighted the internalized homophobia: „Internalized homophobia because of the toxic collective mentality" (Respondent 70), the lack of involvement of the members of the queer communities: „Lack of community motivation. Far too few people are really actively involved to change something" (Respondent 49), the toxicity and judgment of SGMs on other members: „Discrimination from within the community" (Respondent 34), but also the misunderstandings between the letters that including the LGBTQI+ organizations in the country: „I personally think that there is still a lack of communication and understanding „between letters", I would like to see greater support for all people in general. And I would like to see more involvement" (Respondent 41).

There were also attitudes that considered the main problem the lack of effective communication between LGBTQI+ people and the rest of society: „Lack

of communication, expression, and organization" (Respondent 140), an unpolished speech of the former: „The main problem seems to me to be the speech that has chances to alienate potential allies of the community" (Respondent 124) and the lack of representation: „Bad marketing. Lack of representatives from all backgrounds, lack of diversity" (Respondent 183).

Regarding the third part of the questionnaire, the respondents had to answer seven questions that evaluate their sense of belonging to the LGBTQI+ communities. Answers are on a Likert scale from 1 - „not at all" - to 9 - „to a very large extent".

The need and sense of belonging are natural expressions of the human condition. From childhood, we form a certain image about the group/community we want to be in and we create models for ourselves. Belonging to a group/community gives us the feeling of acceptance and recognition and helps us to increase our self-esteem. It offers us a safe space in which we can be authentic.

Thus, when we talk about the feeling of belonging to these communities, 42.5 percent of the respondents placed themselves at the upper end of the scale, 13.7 percent chose point 8, 13.3 percent checked option 7, and 8.2 percent - option 6. 6.9 percent declare themselves neutral regarding this aspect, choosing point 5. Referring to the lower part of the scale, 4.7 percent selected option 4, 3 percent - point 3, 3.4 percent do not consider themselves mostly to be part of LGBTQI+ communities, and 4.3 percent of respondents do not feel they are part of these communities at all, choosing option 1 (Fig. 1).

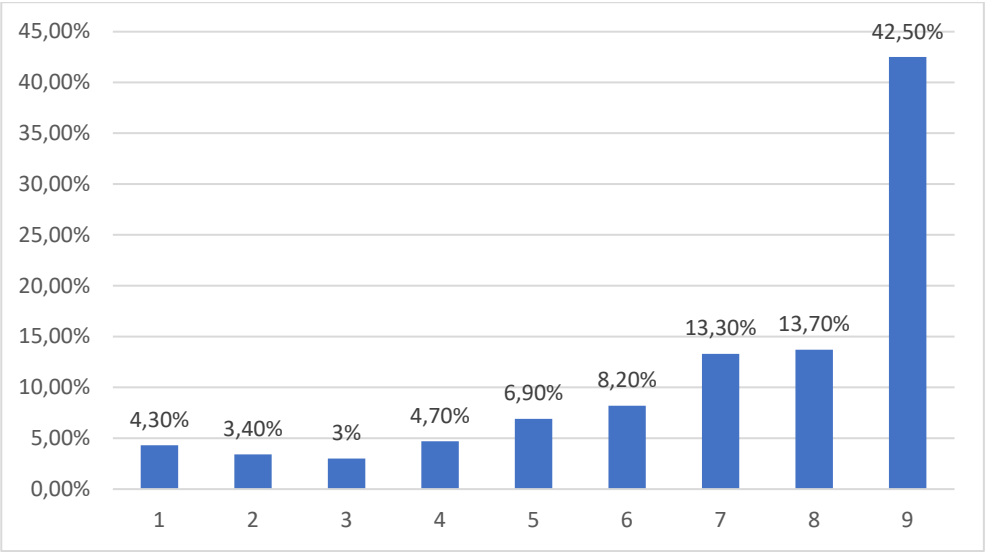

Figure 1. I feel a part of the LGBTQI+ communities

The feeling of acceptance and inclusion in Romania among SGMs was also analyzed in the questionnaire. Thus, 30 percent of the respondents consider themselves very much accepted and included in the country's queer communities.

Equally, 17.2 percent of respondents each chose points 8 and 7 on the scale, and 11.6 percent selected option 6. If we refer to the middle point, a percentage of 9.4 respondents chose it. Regarding the points from 1 to 4, they were selected by 14.6 percent of the respondents, as follows: 4 - 6 percent, 3 - 3 percent, 2 - 1.7 percent, and 3.9 percent do not feel at all included and accepted in the LGBTQI+ communities in Romania.

Among the nine respondents who selected option 1, the majority identify as heterosexual/allies, with the possibility of not feeling accepted by queer people, even if they support SGMs (Fig. 2).

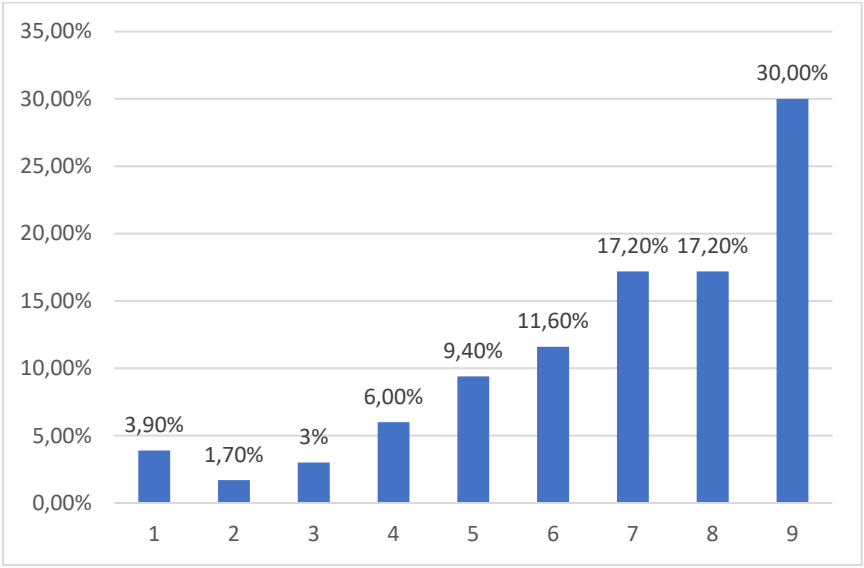

Figure 2. I feel accepted and included in LGBTQI+ communities in the country

For 49.8 percent of those who responded to the questionnaire, the problems of the LGBTQI+ communities are „to a great extent" their problems as well. At the same time, 17.2 percent considered that point 8 on the Likert scale was closest to their opinion, and 10.3 percent resonated with point 7. Option 6 was chosen by 6.9 percent and only 5.6 percent have a neutral attitude towards this aspect. Looking at the lower part of the scale, we can see that, in general, the sexual and gender minorities who answered the survey identify with the problems that emerge in the society and concern queer people and allies. Therefore, 3 percent each chose options 1 and 2, 1.7 percent of respondents chose point 3, and 2.6 percent, option 4 (Fig. 3).

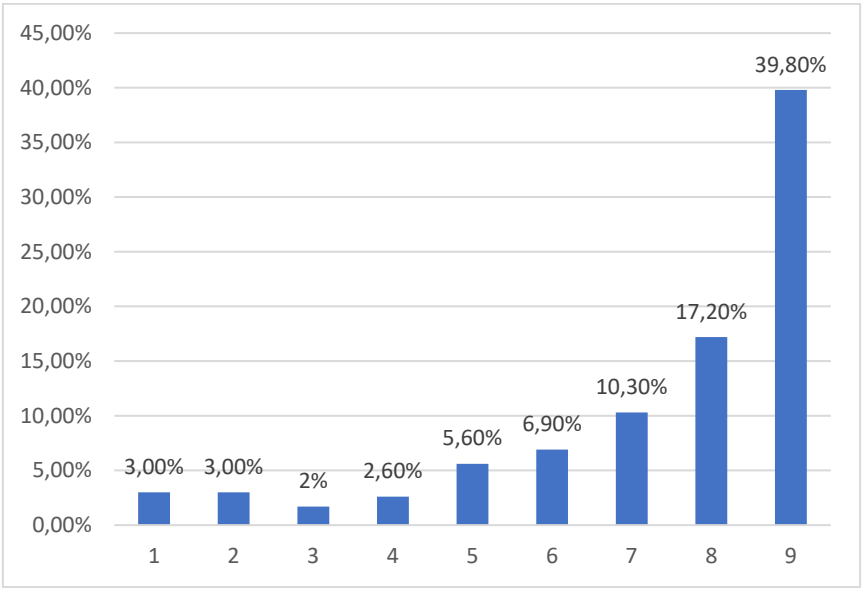

Figure 3: I consider the problems of the LGBTQI+ communities to be my problems too.

The next two questions analyzed the subjects' perception of the difference-similarity dichotomy among the diverse LGBTQI+ communities. Thus, I wanted to identify if the participants in the study consider that the members of the LGBTQI+ communities have similar needs, values, and priorities and if they think that the members of the queer communities do not understand each other.

Therefore, for the first question, the slope is decreasing, with most of the respondents (58.8 percent) supporting the fact that members of the LGBTQI+ communities have „to a very large extent" similar needs, values, and priorities. 12.9 percent of the participants largely agree with the statement, choosing point 8, 12.4 percent of them chose option 7, and 6 percent of the respondents somewhat agree with this, ticking point 6.4.3 percent of the respondents had a neutral attitude towards this situation, while only 0.9 percent chose option 4. Option 3 was chosen by 2.1 percent, and 1.3 percent of subjects each selected option 1 and 2 (Fig. 4).

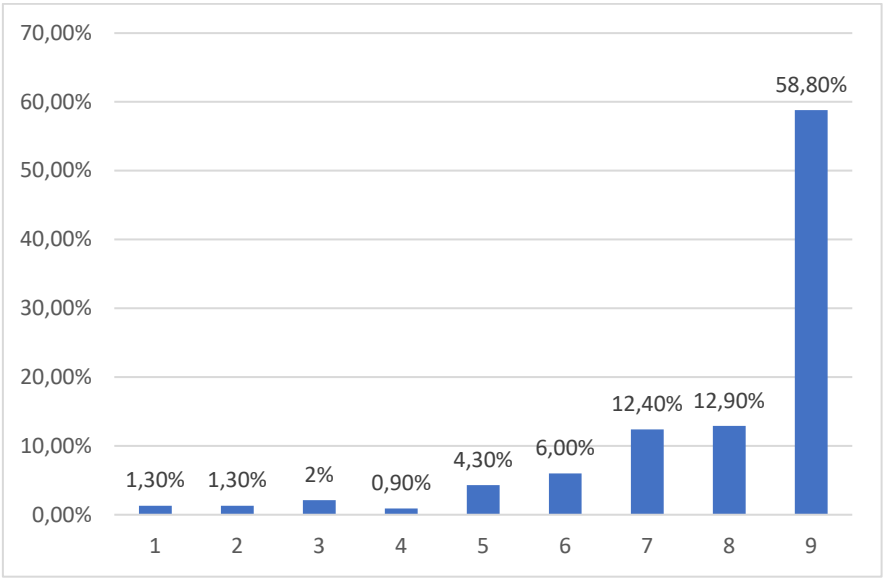

Figure 4. I believe that members of LGBTQI+ communities have similar needs, values and priorities

The answers to the second question are similar in percentage. Most participants ticked point 3 on the Likert scale (16.7 percent) - therefore, the subjects disagree to some extent with the statement made, and 14.2 percent were neutral. At the same time, 12.9 percent each of the respondents chose options 7, 6 and 2. 8.6 percent do not agree „at all" with the comment made, 6 percent agree with it to a very large extent, and 3.4 percent chose point 8 (Fig. 5).

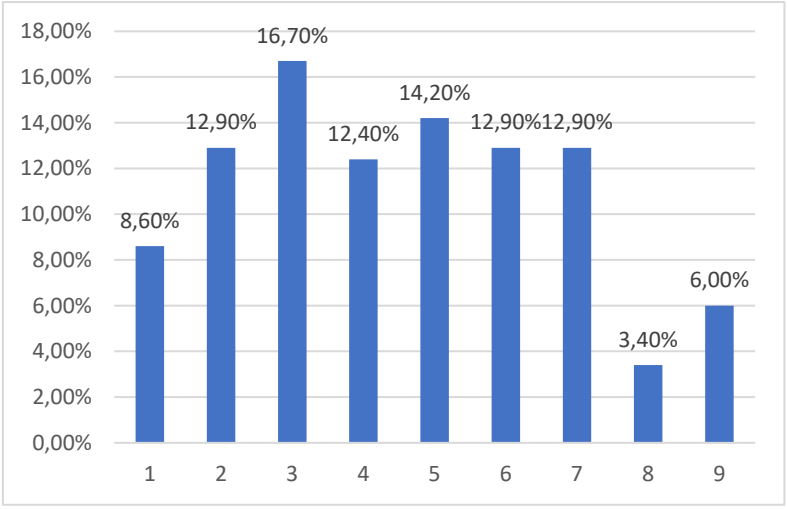

Figure 5. I believe that members of the LGBTQI+ communities do not get along with each other.

Regarding the feeling of belonging to the LGBTQI+ communities, 38.6 percent of the respondents considered it to be very much part of their identity, while 11.2 percent set the scale at point 8, and 14.2 percent at point 7. For 7.7 percent of the participants, belonging to queer communities is only to some extent part of their identity, and 5.2 percent have a neutral attitude. 6 percent each of respondents chose option 4, respectively 3, 3 percent chose option 2, and for 8.2 percent belonging to the LGBTQI+ communities do not „at all" represent a part of their identity (Fig. 6).

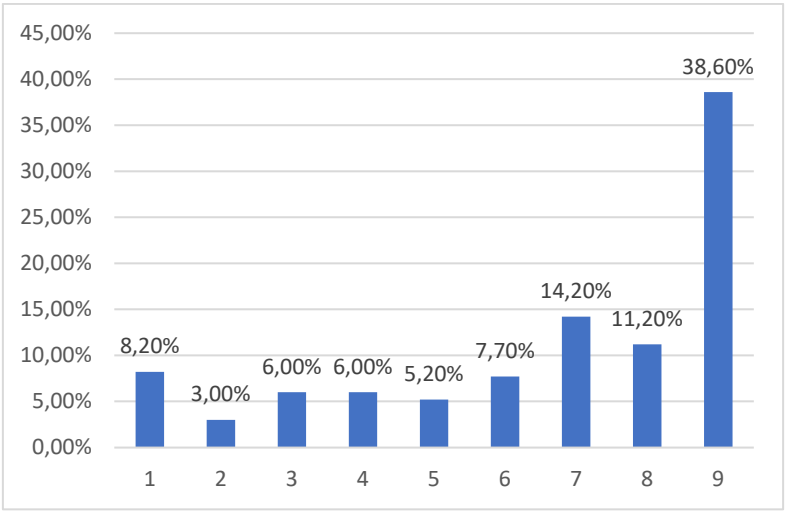

Figure 6. Belonging to this community is part of my identity

Considering specific actions and events at the local level, 12.4 percent of respondents strongly agree with the statement that they cover the needs of most queer people, while 6.4 percent of the subjects selected option 8. (Fig. 7).

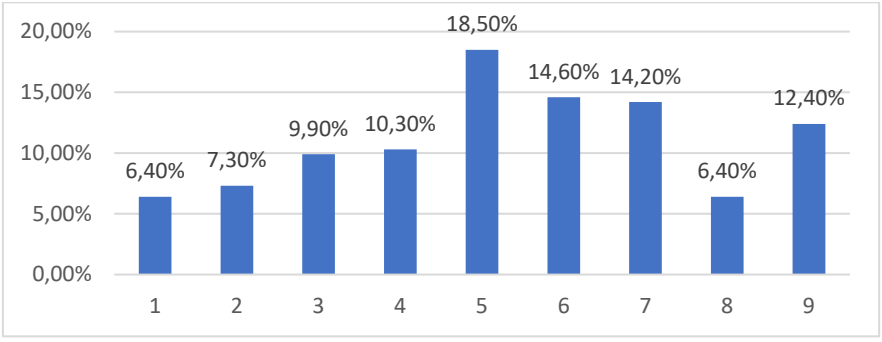

Figure 7. I believe that the specific events, actions and activities that exist at the local level cover the needs of the majority of LGBTQI+ members.

14.2 percent checked option 7, and 14.6 percent selected option 6. 18.5 percent of respondents position themselves at point 5 on the Likert scale, and 10.3 percent disagree to some extent with the statement made - option 6. 9.9 percent of respondents believe to a large extent that the events, actions, and activities proposed for sexual and gender minorities do not cover the needs of LGBTQI+ communities, ticking option 3, 7.3 percent chose option 2, and 6.7 percent considered that the needs of local communities are not at all covered by the specific events and actions for queer people.

Conclusions

In conclusion, the members of the queer communities questioned in the current study are ambivalent in their relationship with the community and with the other members. Despite the less positive opinions, there is hope and understanding.

Just like any organism, LGBTQI+ communities have their disputes. They feel united by a sense of belonging to a common goal and in a safe space to feel comfortable with their own person.

Furthermore, the community is especially described as being symbolic and based on the emotions that a person feels when he or she is with those like them.

Considering the problems of the SGMs communities, they can be external, internal, or a combination of the two when there is a lack of communication.

And if we refer to the feeling of belonging, most of the respondents identified with the communities through the feeling of acceptance, assuming the identity and the problems of the queer communities.

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THE BURNOUT PHENOMENON AMONG STUDENTS FROM THE WEST UNIVERSITY OF TIMISOARA

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Abstract
Since the phenomenon of burnout affects more and more people, this research aims to explore the existing relationship between the health crisis facing humanity and the emergence of student burnout in the context of the digitalization of the teaching-learning process, by overloading them with academic tasks. 209 students from the West University of Timişoara, undergraduate cycle, of which 172 are female and 37 are male, participated in the research. Following the analysis of the data collected through the questionnaire, it was found that third-year students are more prone to burnout than first- year and second-year students, with an average of 3.25. At the same time, women are more prone to the occurrence of the phenomenon than men with an average of 3.26.

Keywords: burnout, students, COVID-19, symptoms, prevention.

Résumé
Comme le phénomène du burnout touche de plus en plus de personnes, cette recherche vise à explorer la relation entre la crise sanitaire que traverse l'humanité et la survenue du burnout étudiant dans le contexte de la digitalisation du processus d'enseignement-apprentissage, en les surchargeant de tâches académiques. 209 étudiants de premier cycle de l'Université de Vest de Timişoara ont participé à la recherche, dont 172 femmes et 37 hommes. Après analyse des données recueillies par le biais du questionnaire, il a été constaté que les étudiants de troisième année sont plus sujets au burnout que les étudiants de première et deuxième année, avec une moyenne de 3,25. Dans le même temps, les femmes sont plus sujettes au phénomène que les hommes, avec une moyenne de 3,26.

Mots clés: épuisement professionnel, étudiants, COVID-19, symptômes, prévention.

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Rezumat
Întrucât fenomenul burnout-ului afectează din ce în ce mai mulți oameni, această cercetare își propune să exploreze relația existentă între criza de sănătate cu care se confruntă umanitatea și apariția burnout-ului studenților în contextul digitalizării procesului de predare-învățare, prin supraîncărcarea acestora cu sarcini academice. La cercetare au participat 209 studenți de la Universitatea de Vest din Timișoara, ciclul de licență, dintre care 172 de femei și 37 de bărbați. În urma analizei datelor culese prin chestionar, s-a constatat că studenții din anul III sunt mai predispuși la burnout decât studenții din anul I și din anul II, cu o medie de 3,25. În același timp, femeile sunt mai predispuse la apariția fenomenului decât bărbații, cu o medie de 3,26.

Cuvinte cheie: burnout, studenți, COVID-19, simptome, prevenție.

1. Introduction

Knowledge is the main source of economic growth and social development. In this sense, higher education is one of the most vital areas of our society (Alarcon, 2011). Despite the importance of education, „university students today face the risk of not obtaining their bachelor's degree" (Alarcon, 2011, p. 211). There are growing concerns worldwide about the mental health of students as well as the high levels of stress and burnout linked to dropping out of school (Lin & Huang, 2014; Stallman & Hurst, 2016).

Over the past decade, there has been an increase in global interest in studying and encouraging student mental health. Due to high academic demands, attending classes, meeting deadlines, balancing study, work, and personal life, as well as financial difficulties, attending university could be a stressful experience for some students (Chambel & Curral, 2005; Stallman, 2010; Shin *et al.*, 2011).

Burnout is a process that begins with excessive and prolonged levels of stress. Generally, this process lasts about a year and is accompanied by a variety of mental and physical symptoms. It produces feelings of tension, irritability and fatigue, and the long-term perspective is also involved (Schaufeli *et al.*, 2017).

Burnout is an ineffective response to chronic stress, due to the discrepancy between demands and resources. Today, research has established that burnout can be seen regardless of profession (Maslach *et al.*, 2001).

When we talk about the causes of burnout syndrome, we consider multiple factors related to the occupational environment (job satisfaction, stress level, work experience), lifestyle and psychological characteristics of a person: temperament type and personal traits.

Burnout has the following symptoms: physical (migraines, muscle pain and nausea); psychosomatic disorders, such as ulcers, abdominal and cardiac disorders; physiological reactions to stress, such as increased breathing, increased pulse, high blood pressure, high cholesterol); emotional (feelings of depression, anger, frustration and cognitive disorders) and behavioral (postponement and delay in the execution of tasks, unmotivated absence from work, frequent delays, departures from work)" (Balode, 2019).

Studying for a university degree can be very demanding, generating considerable stress. Many of the students have come to face the burnout phenomenon during college because of the academic demands, which are high, and the students must deal with a variety of academic, social and personal problems. Many hours of work must be devoted to searching for information, solving homework, and preparing for exams.

In addition to academic obligations, the new student also faces other issues, change of address, living away from home, the search for interpersonal relationships, change of environment, stress of finding a post-graduation job in line with what they are studying, etc. These demands, if they persist over time in the absence of sufficient resources to solve them, can generate the burnout syndrome (Aguayo *et al.*, 2019).

2. Previous research

The abrupt shift from physical to online teaching has had numerous effects that have implications for burnout. While some experienced high levels of stress and other subjective manifestations associated with it, for others it was a challenge in terms of stimulating learning, as well as developing a coping mechanism, a method of adapting to stress, what we call eustress (Ortiz, 2020).

Another important aspect that differentiates the level of perceived stress from the burnout phenomenon is given by the cognitive re-evaluation which involves the reinterpretation of situations in the academic sphere in beneficial or negative terms, through the prism of primary and secondary evaluations from which the coping mechanisms due to stress result (Daumiller & Dresel, 2020; Folkman *et al.*, 1986). As a continuum of felt stress, burnout is manifested by avoiding putting effort into the learning process, which can later be associated with excessive concern expressed through the state of cognitive overload, copying and limited learning resources (Maslach & Leiter, 2008).

Pisarik's (2009) study examined students' motivational orientation on self-determination theory (when the needs for competence, connectedness, and autonomy are met). The results indicated intrinsic motivation connected to lower levels of burnout while extrinsic motivation aligned with higher levels of burnout. The author proposed that when students can better connect to career goals and aspirations, actions will be more achievable and effective; thus, faculty and advising can play a role in helping students make these connections. Other studies, (Greene *et al.*, 2014; Zimmerman, 2000) supported individual study as a premise of online learning success. A disruption of individual student study, patterns or lack of persistence can lead to burnout, as formulated in Tinto's (1987) theory of student departure caused by a lack of mutual involvement or reduced academic commitment to the higher education institution and programs.

David (2010) examined academic motivation and burnout but added the personal variable. Findings showed direct effects from academic motivation to burnout, but indirect effects resulting from the relationship between academic motivation and personal factors.

Cazan (2015) examined the connection between engagement, burnout, and academic performance. The results showed a significant correlation between burnout and commitment, arguing that the phenomenon of burnout and lack of commitment are the main factors that lead students to a state of monotony towards academic activities. The relationship between effort and rewards and potential negative student outcomes, such as withdrawal from school, has also been studied. Results showed that more than one-third of students (37.5 percent) reported negative effort-reward relationships, positively correlating with burnout and withdrawal intentions (Williams *et al.*. 2018).

3. The purpose of the research

The purpose of the research is to find out if the multitude of projects, course assignments, seminars and daily stress are the reasons why students from the West University of Timisoara end up under the effect of the burnout phenomenon through the digitization of didactic activities.

Research objectives

1. Comparison of the occurrence of the burnout phenomenon depending on the year of study.
2. Comparison of the occurrence of the burnout phenomenon according to gender.
3. Identifying the difficulties that influence the occurrence of the burnout phenomenon.
4. Identifying the effects that the burnout phenomenon has on private life.

Research hypotheses

1. Third year students are more prone to burnout than first- and second-year students.
2. Women are more prone to burnout than men.
3. With the appearance of the burnout phenomenon, the quality of the performance of academic tasks decreases.
4.. The higher the burnout, the more the student's personal life is affected.
5. The occurrence of burnout affects the level of motivation.

Participants

The research was carried out at the West University of Timişoara, the respondents being the first, second- and third-year students from six faculties (Faculty of Law, Faculty of Arts and Design, Faculty of Economics and Business Administration, Faculty of Mathematics and Computers, Faculty of Sociology and Psychology, Faculty of Letters, History and Theology). 209 students participated in the research, of which 172 were female and 37 were male, of which 88 were students from the First year, 61 from the second year and 60 from the third year.

Procedure

The proposed research method is quantitative research. Its purpose is to generate numerical data, it represents a scientific approach to study information in a precise and objective manner.

The instrument for the research is the questionnaire, designed using the Google Forms platform. The questionnaire consists of 24 items, of which 21 have a Likert scale rated from 1 to 5, to measure burnout, the emotional state and daily life. The first three questions are socio-demographic questions (the year of study, gender, and faculty).

The data was collected in May 2022, with the help of the questionnaire, which was sent exclusively online, on different social networks, such as: Facebook, WhatsApp, and eMail. After collecting the data, we created a database using Microsoft Excel to start processing the information.

To carry out the research, the students gave their consent in terms of completing the questionnaire, they were not constrained to obtain the desired information, and at the same time they were informed from the beginning about all the aspects related to the research, the objectives of the research, the purpose, the anonymity of the questionnaire, etc.

Among the possible limits that could exist within the research, we can list: the discrepancy between the number of female and male respondents, the fact that we cannot generelize the results to the whole student population.

4. Results

Hypothesis 1: Third year students are more prone to burnout than first- and second-year students.

Table 1. Distribution of burnout per year of study

First year	Second year	Third year	Total
3.14	3.24	3.25	3.21

The data presented in the previous table confirm a slight (but statistically insignificant) increase in the predisposition towards the burnout phenomenon in relation to the year of study. We can explain this feeling by the natural approach of the study plan, with the approach, preparation, respectively taking the exams and finalization of studies, students feeling the highest point (associated with an average level) in terms of the phenomenon. (M = 3.25, SD = 0.80). Moreover, exceptions were identified regarding both the maximum level and the minimum level in the case of two students enrolled in the first year of two different specializations. A very high level of burnout was identified for a male respondent (M = 5, SD = 0) and the lowest level for a female respondent (M = 1.3 SD = 0.46).

Hypothesis 2: Women are more prone to burnout than men.

Table 2. Distribution of burnout according to gender

Men	Women
3.23	3.26

To determine this, we used a scale from 1 to 5, dividing it into equal levels: from 1 to 2.3 we have low level burnout, from 2.31 to 3.6 we have medium level and at 3.61 to 5 we have a high level. Women have an average of 3.26, while men have an average of 3.23The data presented in the previous table confirm a slight (but statistically insignificant) difference in the predisposition towards the phenomenon of burnout in relation to the gender of the respondents. This feeling can be explained by the fact that women get involved more than men in carrying out academic tasks. The questionnaire was applied to a sample of 209 students from the West University of Timişoara, regardless of the faculty they belong to, 172 female respondents (M= 3.26 SD=0.80) and 37 male respondents (M=3.23 SD=0.80).

Table 3. Exhausting academic tasks from the students' point of view

Year of study	presentation	project	reports	study	Grand total
First year	17%	21.6%	12.5%	48.9%	100%
Second year	24.6%	29.5%	13.1%	32.8%	100%
Third year	33.3%	26.7%	15%	25%	100%
Grand total	23.9%	25.4%	13.4%	37.3%	100%

This table was created to show which academic activities overwhelm students the most. It is noticeable that overall, the study activity ranks first. 37.3 percent of the total number of respondents claim that the study overloads them more than the rest of the academic activities. Several third-year students are exhausted by the number of presentations they must make. 33.3 percent of third year students claim presentations as the most tiring academic activity. Papers represent the least tiring academic activity for all three years of study, the average of the answers being 13.4 percent.

Table 4. The time dedicated to studying by the students

Row labels	about an hour and a half	between 2h and 4h	between 6h and 8h	Grand total
First year	6.8%	51.1%	42.1%	100%
Second year	14.8%	29.5%	55.7%	100%
Third year	11.7%	33.3%	55%	100%
Grand total	10.5%	39.7%	49.8%	100%

Regarding the time allocated for studying, a diversity of answers can be observed depending on the years of study. A total of 49.8 percent of the total number of respondents claim that they study between 6 and 8 hours. 51.1 percent of the first-year students' study between 2 and 4 hours, this being the predominant

period of study for the First year. The second and third years have as the predominant period of study between 6 and 8 hours, the difference is made by the 0.7 percent from which it follows that second-year students spend more time studying than third year students. Every year there are several people who study up to an hour and a half, compared between the three years, the first years are the year with the lowest percentage of people who study for an hour and a half, the next is the third year with almost double the percentage of the first year, and the second-year students exceeding the first and third years. From the previous table it appears that almost 50 percent of all respondents spend almost half the day studying.

Hypothesis 3: With the appearance of the burnout phenomenon, the qua Faculty of Letters, History and Theology of the performance of academic tasks decreases.

Table 5. Quality vs quantity of academic tasks

Year of study	1	2	3	4	5	Grand total
First year	9.5%	41.2%	27.1%	12.1%	10.1%	100%
Second year	7.3%	31.8%	31.8%	15.9%	13.2%	100%
Third year	6.3%	23.9%	34%	20.1%	15.7%	100%
Grand total	7.8%	33%	30.7%	15.7%	12.8%	100%

To determine whether students focus on the quality of academic tasks, a scale from 1 to 5 was used (1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very often).

The most selected answer in this question is rarely, which disproves the hypothesis that students focus on just completing of academic tasks more than they're focused on quality. At the same time, 30.7 percent of respondents claim that they sometimes resort to the method of focusing on completing tasks more than on quality. According to the previous table, in the column very often (index 5) there are results from each year, third year being the year with the highest percentage (15.7 percent) compared to First year, which has 10.1 percent and second year which has 13.2 percent. First year students focus more on the quality of assignments compared to the rest of the years.

Hypothesis 4: The higher the burnout, the more affected the student's personal life.

Table 6. The influence of burnout on private life among students

	Female	Male	Grand total
I have a state of sadness and apathy	82.8%	17.2%	100%
I feel at the limit of my strength	82.3%	17.7%	100%
I feel emotionally drained	82.5%	17.5%	100%
Fatigue is prevalent in my life	84.1%	15.9%	100%
Total	82.9%	17.1%	100%

To synthetize the results regarding how much burnout affects the individual, a table was created in which the participants' answers are according to gender, to strengthen the hypothesis, such as that women are more prone to burnout than men, and to prove the hypothesis, burnout affects the private life of the individual. According to the results of the research, the data are at opposite poles, women having a total percentage of 82.9 percent, while men have 17.1 percent. What is worrying is that the female respondents have a percentage of over 80 percent, to each question in the table, being in the high extreme of emotional exhaustion, while the male respondents are at the other extreme, under 20 percent. To the question Fatigue is predominant in my life, the highest percentage is from women. 82.3 percent of female respondents feel at the limit of their powers, which makes evident the presence of burnout in their lives. 82.8 percent of the female students who answered the questionnaire experience a state of sadness and apathy. The hypothesis that burnout affects the individual's private life is confirmed.

Table 7. The level of student involvement in relation to the former activities

Faculty and year of study	I engage in fewer activities than before				Total respondents
	Male		Female		
	Yes	Not	Yes	Not	
Faculty of Law					
First year	57.5%	15.2%	15.2%	12.1%	100%
Second year	50%	30%	10%	10%	100%
Third year	37.5%	37.5%	25%	-	100%
Faculty of Arts and Design					
First year	11.1%	11.1%	33.3%	44.5%	100%
Second year	33.3%	-	55.6%	11.1%	100%
Third year	14.3%	-	57.1%	28.6%	100%
Faculty of Economics and Business Administration					
First year	-	50%	-	50%	100%
Second year	100%	-	-	-	100%
Third year	-	-	33.3%	66.7%	100%
Faculty of Mathematics and Computers					
First year	-	-	50%	50%	100%
Second year	25%	25%	12.5%	37.5%	100%
Third year	50%	-	50%	-	100%
Faculty of Sociology and Psychology					
First year	8.8%	8.8%	26.5%	55.9%	100%
Second year	3%	-	51.5%	45.5%	100%
Third year	8.8%	-	64.7%	26.5%	100%
Faculty of Letters, History and Theology					
First year	50%	-	-	50%	100%
Third year	-	-	100%	-	100%

To determine the level of activity of the respondents before reaching burnout, a table was created, according to gender, specialization, and year of study. The table above illustrates the fact that most respondents are from the Faculty of Sociology and Psychology. 64.7 percent of female students from the third year, followed by first year male students (from the Faculty of Law, 57.9 percent) claim that they get involved in fewer activities than before the onset of the burnout phenomenon. At the same time, a percentage of 15.2 percent of male respondents, from the first-year claims to be involved in the same number of activities as before. On the other hand, the fewest responses came from the Faculty of Letters, namely 4 responses, 3 of them are engaging in fewer activities, and only one person, from the first year, claiming that the number of activities is unchanged. There is data from every year, from the faculties, except for the Faculty of Letters, with no respondents from the second year.

At the Faculty of Arts and Design the results are divided. The first-year male respondents who claim to be involved in fewer activities have the same percentage as those who are involved in the same number of activities. Conversely, 44.5 percent of female respondents from the same field and year claim that they do not engage in the same number of activities. In the second and third year, there were no male respondents who contested this statement, instead 55.6 percent from second year, respectively 57.1 percent female respondents from third year who are no longer involved in the same number of activities as before.

At the Faculty of Sociology and Psychology, some percentages are very low, as for example among male second-year respondents, only 3 percent confirm the statement alongside 51.5 percent of female respondents from the same year, while 45.5 percent of respondents of the same gender and age say they engage in an equal number of activities as before.

At the Faculty of Economics and Business Administration, the results are poor due to the small number of respondents. Several people at this college claim to be involved in the same number of activities as before. In total, 58.9 percent of respondents, from all years, from all faculties claim that they are involved in fewer activities than before, while 41.1 percent claim that their involvement in activities is the same. A conclusion to the above is the fact that the occurrence of the burnout phenomenon affects the individual's involvement in the activities that once brought him happiness.

Hypothesis 5: The occurrence of burnout affects the level of motivation

Table 8. Loss of motivation in burnout situations

Faculty and year of study	The factors that motivated me before are no longer as strong				Total respondents
	Female		Male		
	Yes	Not	Yes	Not	
Faculty of Law					
First year	51.5%	12.1%	18.2%	18.2%	100%
Second year	50%	30%	20%	-	100%

Faculty and year of study	The factors that motivated me before are no longer as strong				Total respondents
	Female		Male		
	Yes	Not	Yes	Not	
Third year	25%	50%	25%	-	100%
Faculty of Arts and Design					
First year	33.3%	44.5%	11.1%	11.1%	100%
Second year	44.5%	22.2%	22.2%	11.1%	100%
Third year	57.1%	28.6%	14.3%	-	100%
Faculty of Economics and Business Administration					
First year	-	50%	-	50%	100%
Second year	-	-	100%	-	100%
Third year	66.7%	33.3%	-	-	100%
Faculty of Mathematics and Computers					
First year	62.5%	37.5%	-	-	100%
Second year	25%	25%	50%	-	100%
Third year	50%	-	-	50%	100%
Faculty of sociology and Psychology					
First year	44.1%	38.2%	14.7%	3%	100%
Second year	54.6%	42.4%	3%	-	100%
Third year	67.7%	23.5%	8.8%	-	100%
Faculty of Letters, History and Theology					
First year		50%	50%	-	100%
Third year	66.7%	33.3%	-	-	100%

This table was created to study whether the occurrence of the burnout phenomenon affects the motivation level of the individual. For the most thorough results, the respondents were divided according to gender, year of study and the faculty they belong to. A number of 209 respondents of which 172 are female and 37 male, the students being enrolled at six different faculties within the West University of Timișoara. Most female respondents in the six faculties claim that the factors that motivated them before are no longer as strong today. Even if the percentages are lower, there are female respondents who claim that the factors remained as motivating. Male respondents from the second and third years of the Faculty of Law agree with the statement, with no respondent refuting this hypothesis.

Respondents from the Faculty of Mathematics and Computer Science and those from the Faculty of Economics and Business Administration are in small numbers, with the highest percentages claiming that the factors are no longer as motivating as before. In the research there are two male persons who do not agree with the previous statement, a first-year respondent from the Faculty of Economics and Business Administration and another third-year student from the Faculty of Mathematics and Informatics. In both faculties mentioned above, there are first-

year female respondents who do not support this statement, which means that for them the factors are as motivating as in the past.

The responses from respondents within the Faculty of Sociology and Psychology are divided. Respondents of both sexes who agree and disagree with this hypothesis. 3 percent of first-year male students at the college claim that motivational factors are just as strong. Instead, all male respondents from older years support the stated hypothesis. The highest percentage at this faculty is among female respondents from the third year, a percentage of 67.7 percent, which shows that what was once a motivational factor for them, is no longer the case.

The Faculty of Letters, History and Theology has a percentage of 66.7 percent of female respondents and 50 percent of male respondents who claim that the factors are no longer as motivating as before.

More than half of the number of respondents are no longer motivated by the same factors that motivated them in the past, the hypothesis is confirmed, the appearance of the burnout phenomenon affects the level of motivation.

5. Conclusions

Burnout has become an increasingly present phenomenon in people's lives. To improve the symptoms that affect effective functioning, it is necessary to understand what burnout means, both by being aware of its severity, but also by identifying its causes and effects. As the last 3 years have been marked by various changes, people being forced out of their comfort zone, more and more stressors have appeared that put pressure on the emotional side of the individual.

The digitization of activities on all levels to comply with social distancing measures hastened the establishment of the burnout phenomenon. The transition from face-to-face education to online teaching caused students to go through a period that affected their engagement both academically and personally. Thus, this work aimed to explore whether the multitude of projects, assignments, courses, seminars, and daily stress are the reasons why students end up under the effect of the burnout phenomenon through the digitization of didactic activities.

The hypotheses listed in the methodological part were confirmed to the extent of 80 percent, i.e., 4 out of 5.

The distribution of burnout per year of study demonstrates that third year students are more prone to burnout than first- and second-year students. An explanation in this sense would be the stress created by working for the completion of undergraduate university studies.

At the same time, the current third year did not have time to fully adjust to student life due to the pandemic that started when they were in their first year. Moreover, they were already going through a transition period from pre-university to higher education.

Regarding the occurrence of burnout according to gender, women are more prone to burnout than men. However, although the hypothesis was confirmed, the results are not entirely conclusive, as the dominant responses are from women and the difference is very small between groups.

The hypothesis that highlights the relationship between the burnout phenomenon and the quality of performance of academic tasks was disproved. The predominant answer variant was „rarely", highlighting the fact that students focus on the quality of academic tasks, especially those in the first year. At the same time, we have results from every year, the quality of academic tasks being damaged by the occurrence of burnout.

The results highlight the fact that the higher the degree of burnout, the more affected the student's personal life. This hypothesis supports hypothesis 2, emphasizing that women are more prone to burnout than men. The results between men and women are at opposite extremes, women having a total percentage of 82.9 percent, while men have 17.1 percent. What is worrying is that the female respondents to each question in the table have a percentage of over 80 percent, being in the high extreme of emotional exhaustion, while the male respondents are at the other extreme, under 20 percent.

The fifth and last hypothesis was confirmed, referring to the fact that the occurrence of the burnout phenomenon affects the level of motivation. To see the results as concretely as possible, we resorted to dividing the respondents according to gender, year of study and specialization. This hypothesis had mixed results, but in the end, it was proven that burnout affects the level of motivation. The highest percentage was registered among third-year female students of the Faculty of Sociology and Psychology and the lowest among second-year male respondents from the same faculty. Another aspect that we noticed after collecting the data, is the fact that women are more receptive than men, given the large difference in responses.

At the end of the study, some recommendations would be for the person to focus more on himself, to create a barrier between academic life and personal life, to create a realistic time management. A very important recommendation is for the individual to take breaks after a certain period and spend free time with loved ones. What must be remembered is the fact that there are specialists in the field that people turn to, the goal being to reduce the burnout phenomenon.

Discovering a new hobby is recommended, an activity that brings satisfaction and joy is welcome, the purpose of this activity being to reduce stress and combat the burnout phenomenon. Universities should promote counselling and organize workshops regarding time management and educational approach (self-learning, teamwork etc.). Students should be encouraged to ask for support if they are experiencing symptoms of burnout.

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EUROPEAN JOINT STUDIES FOR MASTER STUDENTS - LIMITS AND SOLUTIONS

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Abstract
The new University Alliances, as European flagship projects, promotes joint educational programs, structures, practices, and campuses. In this context, an very unique and innovative joint master program has been proposed by seven universities, under the title of „Lifelong Well-being and Healthy Ageing". Despite the long-lasting cooperation of the seven universities involved in the alliance, new and multiple challenges have to be overcome when comes to frame a joint academic offer at master level. Data have been collected by documentation, over 500 hours of group work and stakeholders' consultation. The paper underlines the main challenges, but also identified solutions for most of these limits and barriers. The results may be used as a starting point for other studies, for other initiative, for national and European policies.

Keywords: Joint master program; higher education; LIFELINE; EC2U; European approach; lego-like curricula.

Resumé
Les nouvelles alliances universitaires, en tant que projets phares européens, promeuvent des programmes éducatifs communs, des structures, des pratiques et des campus partagés. Dans ce contexte, un programme de master commun très unique et innovant a été proposé par sept universités, sous le titre « Bien-être tout au long de la vie et vieillissement en bonne santé ». Malgré la coopération de longue date des sept universités impliquées dans l'alliance, de nouveaux et multiples défis doivent être surmontés lorsqu'il s'agit d'élaborer une offre académique commune au niveau master. Les données ont été collectées par documentation, plus de 500 heures de travail en groupe et de consultation des parties prenantes. Le document souligne les principaux défis, mais identifie également des solutions pour la plupart de ces limites et obstacles. Les résultats peuvent être utilisés comme point de départ pour d'autres études, pour d'autres initiatives, pour des politiques nationales et européennes.

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Mots clés: Master conjoint; l'enseignement supérieur; LIFELINE; EC2U ; Approche européenne; programmes de type lego.

Rezumat
Noile Alianțe Universitare, ca proiecte emblematice europene, promovează programe educaționale comune, structuri, practici și campusuri comune. În acest context, un program comun de master foarte unic și inovator a fost propus de șapte universități, sub titlul „Starea de bine pe tot parcursul vieții și îmbătrânirea sănătoasă". În ciuda cooperării de lungă durată a celor șapte universități implicate în alianță, noi și multiple provocări trebuie depășite atunci când vine vorba de încadrarea unei oferte academice comune la nivel de master. Datele au fost colectate prin documentare, peste 500 de ore de lucru în grup și consultarea părților interesate. Lucrarea subliniază principalele provocări, dar a identificat și soluții pentru majoritatea acestor limite și bariere. Rezultatele pot fi folosite ca punct de plecare pentru alte studii, pentru alte inițiative, pentru politici naționale și europene.

Cuvinte cheie: Program de master integrat; învățământ superior; LIFELINE; EC2U; abordare europeană; curricula lego.

1. Introduction

A European initiative launched in 2018 under Erasmus type programs raises the most ambitious plans for higher education and universities.[3] It invites to create European campuses, shared structures and governance, shared educational programs and a better cooperation of academic and administrative staff. It invites students to be more mobile, more ambitious, more open to new possible educational offers, to new joint or multilateral programs at bachelor, master and doctoral level.

18 university alliances have been considered valuable for funding in 2019 and other 24 in 2020 for a pilot phase of three years. 17 from the first consortia created under this European University alliances have been approved in 2022 for funding for other four years. The second group of consortia will follow the same steps in 2023, to consolidate the piloted plans and actions in the next four years, until 2027.

The current paper present and analyse the efforts of one of the alliances from the second group to frame and implement one of the ambitious joint program at master level. The master program is entitled: „Lifelong well-being and Healthy Ageing" – with the acronym LIFELINE.[4]

The topic of the master programe reflects the targets and concerns of the third objective of the United Nations Sustainable Development Goals (known as Agenda 2030): „Ensuring good health and well-being for all of all ages". The title and content of the master is rear. The program is also innovative by the lego-like curricula, offering to students more opportunities in choosing their study paths.

[3] See more at: https://education.ec.europa.eu/education-levels/higher-education/european-universities-initiative

[4] See more at: https://ec2u.eu/for-students/ec2u-master-programmes/masters-degree-lifeline-lifelong-well-being-and-healthy-ageing/

The activities related to the new Joint master program (JMD) are parts of the Virtual Institute for Good Health and Well-being (GLADE) developed in the same University Alliance.[5]

The involved universities are seven, coming from France, Finland, Italy, Germany, Portugal, Romania and Spain.

2. Concepts

In this paper, we define the concept of joint program in accordance with the *European Approach for Quality Assurance of Joint Programs* as „an integrated curriculum coordinated and offered jointly by different higher education institutions from EHEA countries and leading to double/multiple degrees or a joint degree" (2013).

The European Approach for Quality Assurance of Joint Programmes (EA) was adopted in 2015 by the ministers of the European Higher Education Area (EHEA) with the aim of facilitating the involvement of EHEA institutions in joint programs by reaching agreed quality standards and without applying additional national criteria. The application of these standards would allow bypassing the limits that national regulations could bring to the process of planning and managing a joint bachelor's or master's program.

Unfortunately, EA is not currently accessible to all European higher education institutions. Only 17 EHEA countries can use EA for all higher education institutions, another 17 cannot use EA within the country, while 13 states allow its use only in certain institutions or impose certain specific conditions. These challenges are encountered by each university involved in the new flagship Erasmus Projects for European University Alliances intending to frame and promote a joint study program. The chosen approach to overcome such difficulties are faced in different ways by each state, university and university alliance.

The national regulations and laws are the most referred ones when it comes to discuss, agree on and build new solutions for a consortia.

3. Methodology

This paper is based on both theoretical documentation (Şoitu, 2020; Şoitu, 2021) and personal experience in planning a joint master's program, as well as data collected with the support of consortium members regarding joint program accreditation barriers. The theoretical documentation included the analysis of the national and European normative frameworks, the reports and studies presented by persons with experience in the design of joint programs and the analysis of the internal documents of the consortium (such as the Consortium agreement). Personal experiences are limited to a single master's program among the three included in the EC2U project (European Campus of City-Universities)[6] for which

[5] See more at: https://ec2u.eu/virtual-institutes-staff/glade-for-researchers-staff/

[6] See more at: www.ec2u.eu

steps are currently being taken to be accredited as a joint master's program. The data provided by the partner universities during more than 500 hours of group work, synthesized in a joint report[7], allowed the centralization of the main challenges brought by the imperative harmonization of the various national legislative requirements in the 7 states with the quality standards provided by The European Approach for Quality Assurance of Joint Programmes.

4. Main limits and solutions identified

A. European Approach for Quality Assurance of Joint Programmes is not available to all higher education institutions in the consortium.

The European approach is available under certain conditions in 6 of the seven countries, and not available in Italy. Even though the possibility does exist, it is not in practice in Finland and national accreditation is still necessary or compulsory as in Portugal, France, Germany and Spain. From 31 of March, 2021, Romania has set a legal framework for Quality Assurance of Joint Programmes and a guideline for the use of the European Approach by the Romanian Quality Assurance Agency is under developement.

In the 7 countries involved, the process is still ongoing, despite the fact that the representatives of the Ministers responsible for higher education in the 47 countries of the European Higher Education Area (EHEA) who have met in Bucharest, on 26 and 27 April 2012, have agreed in the signed Declaration that:

« *We will allow EQAR-registered agencies to perform their activities across the EHEA, while complying with national requirements. In particular, we will aim to recognise quality assurance decisions of EQAR-registered agencies on joint and double degree programmes.* »

B. National legislative reforms for joint programmes

The national legislative reforms on the matter last from 2004 (in Italy, DM 270/2004), 2006 with updates (Portugal: DL 74/2006, 24th March, in its current wording, and Romania).

More recent regulations are guiding the accreditation process of joint programmes in France (Order of 22 January 2014), Spain/ Regional level (RD822/2021) and Romania (Governmental Emergency Ordinance no. 22/31 March, 2021).

In Germany the responsibility is at the level of the states, in our case the „State of Thuringia". In the Thüringer Hochschulgesetz (ThürHG), Thüringer Studienakkreditierungsverordnung (ThürStAkkrVO) by the Regional Thüringian Act (10 ThürStAkkrVO), European Approach is available only for joint degree in the strict sense - German regulations, for instance, do not use „joint programmes" anymore (formerly used for both joint degree and double degree).

Institutional rules are applied in Finland based on the The Universities Act (558/2009).

[7] *ibidem*

C. National requirements for programme-level quality assurance or accreditation

National requirements for quality assurance and accreditation are in place in three of the seven states (Portugal, Romania, Italy), while regional requirements are in place in Spain (Castilla y Leon) and Germany (Thuringia). No additional national requirements are in place for the university from Finland.

D. Institutional requirements for programme-level quality assurance or accreditation

All seven universities have institutional regulations for joint programmes. For most of them, these are organisational regulations, but also ruling the course offers and their characteristics in terms of content, course structure, methods of testing knowledge and skills and teaching tools which are submitted to the councils of the faculties concerned and approved by the institution's body responsible for the academic offer. Research thesis and internship are mandatory for the university from Italy.

An institutional document for the joint programmes is mandatory when requesting the European Approach as evaluation of the joint programmes. The partner university from Romania, for instance, have developed and approved (December, 2021) a new Regulation focused on joint / integrated programmes.

For the University from Finland, where the institutional accreditation is in place, there are internal documents such as: *The University Regulation on Studies, the document for establishing a new degree programme at the University* and in *The International cooperation in degree education document.*

E. Accessing a foreign agency for the accreditation of the master's program

This possibility is stated for three universities (from Romania, Germany and Finland) in relation to any EQAR recognised agency. For the university from Finland, this is possible, but unnecessary, internal institutional accreditation being in place.

No possibility to ask for accreditation from a foreign agency – other than regional or national Quality Assurance Agency - for Universities from Portugal, Italy, France and Spain - Castilla y Leon region.

F. Recognition of accreditation of programs evaluated by a foreign agency

Recognition may be on specific terms in Germany, on the basis of state rules (ThürStAkkrVO): full study programme, not accreditation of single modules. No national recognition is in place in place in Italy and Spain for the programmes evaluated by a foreign agency.

The National Quality Assurance Agencies from Portugal can integrate the results of assessment and accreditation procedures carried out in the accreditation process. Romanian National Quality Assurance Agency recognises the external

evaluation performed by a recognised EQAR Agency using the European Approach. The University from Finland recognises the external evaluation and accreditation.

***As a result**: all seven universities had to follow the national rules in relation to the accreditation of the Joint Master Degree LIFELINE:*

- *University of Iasi has applied and received a national recognition for the LIFELINE master programme in English in (December 2020-August 2021). A new process of accreditation for a JOINT / INTEGRATED MASTER PROGRAME is ongoing, to be made possible by the new legal frames (Emergency Ordinance no. 22 of March 31, 2021) and the Methodology under development by the same Agency.*
- *University from Italy and University from France have positively past the internal university approvals and have received the national accreditation for the Joint Master program in Health (France) and for the Multilateral Master Programe in Health and Welfare (Italy).*
- *University from Portugal has adopted all necessary data collected from the partners in restricted forms/files, with a strict internal and national calendar for the approvals. The application – in English and in Portuguese - is currently under national accreditation process.*
- *University from Spain – Castilla y Leon have passed the internal approvals – with specific documents in Spanish and in English - and received the Regional Recognition of the already accredited Joint Master programs from the other countries (Italy, France, Romania).*

G. National regulations on degree structure and ECTS allocation

JMD Lifeline is a 120 ECTS master programme, being delivered in four semesters. Additionally, in some universities there are *mandatory ECTS* to be obtained for transversal competencies:

- for Languages, as a proof of knowledge of the learning/ teaching language of the programme (universities from Finland, Romania, Italy),
- for the Ethics and academic research (university from Romania),
- for digital skills (university from Italy).

***Solutions**:*

- *The Ethics and academic research is a compulsory course for all JMD LIFELINE students in the first semester, at the university from Romania*;
- *All students who apply to JMD LIFELINE have to prove a minimal B2 level of English – the language of learning / teaching in the programme.*
- *Digital skills are parts of various courses offered in the second and third semester by the involved universities from Finland, Romania, France and Italy.*

There are countries (Italy) specifying the maximum number of *online courses* for a master degree: it is up to 10 percent from the total for conventional (face to face) programmes and up to 60 percentages for blended programme.

Full online programmes and courses are subject to special regulations in all 7 countries.

The JMD LIFELINE is designed as a face-to-face master programme. However, in crisis situations, such as the Pandemic, specific decisions are made, according to the national rules and the Agreement signed by the legal representatives of the seven universities involved in the EC2U.

H. Study credits recognition and additional requirements

All ECTS from the *JMD LIFELINE* will be recognised by the partner universities (Supplement no. 4 to Consortium Agreement of EC2U). There are however special requirements for ECTS allocated to the master's thesis and for the elective course: three of the universities (from Portugal, France, Spain) have to allocate 30 ECTS for the master thesis – a full semester; three have a range between 15 and 42 (Italy, Germany, Finland) and for one (Romania) there are 10 ECTS above 30 from the last (fourth) semester.

Solutions:

For JMD Lifeline, the solution has been identified in giving the opportunity to all students to have their own selection of activities / courses according to the offer of partner universities.

s.h1. *For JMD LIFELINE, the minimum 120 ECTS are needed in order to obtain the master degree. All additional ECTS will be mentioned on the Diploma Supplement, as for any other Erasmus + case when ECTS resulted from study/placement mobility exceeds 120 ECTS.*

s.h.2. *For the universities with 30 ECTS dedicated to the master thesis, usually there are no courses mandatory for the fourth semester; for others (Romania) the students have to obtain 30 credits from the regular courses and practical activities – the past ones being focused on the preparation of the master thesis.*

I. Elective courses

Differences may be found in relation to the proportion of the elective courses. The situation ranges from no mandatory requirements on this matter (universities from: Portugal and Spain) to minimum 5 ECTS (Germany), until 50 percentages for the first year and up to 75 percentages for the second year of study (France). The most specific case is for Italy, the partner university requesting a minimum of 9 ECTS and maximum of 12 ECTS from the elective courses for all four semesters of study.

Solutions:

For JMD Lifeline, the solution has been identified by introducing the optional courses in the first semester, next to the compulsory courses offered by University from Romania for all students enrolled in JMD Lifeline.

J. National regulations for professional practice and internships

From the 120 ECTS of JMD Lifeline master programme, at least 1 ECTS has to be achieved for professional practice at the university from Italy. The range of professional practice depends, for the other 6 universities by the field of study and the learning outcomes.

As regards internship, it is not mandatory for the partner universities from Portugal, Romania, Spain and Finland. It depends on the study field in Germany and Italy, but a professional experience is compulsory at a master level in France, form a minimum of 2 months to a maximum of 6 months. If the internship exceeds 8 weeks, the intern must be paid.

K. Prior learning in inter-, trans- and multidisciplinary context

In order to apply to JMD LIFELINE Master programme, the applicants must have obtained 180 ECTS from a bachelor's degree.

Often, the students from different fields of study encounter biases in the application process to an interdisciplinary programme. This is because of the prerequisites, such as certain amount of ECTS from specific courses or fields of study (like Biotechnology, in Italy or Health in Finland). The same or related academic field is requested by the partner universities from Germany and Spain. In other situations, a specific field of the bachelor's degree is not mandatory at the moment, for a master program - universities from Portugal and Romania.

Other biases came from administrative rules which make the cross-faculty programmes almost impossible to implement because students are attributed only to one faculty, thus there is no incentive for cross-faculty programmes (national statistical requirements in Germany, for instance).

The inter-, trans- or multidisciplinary academic offer is emergent in our universities. The mandatory link with one field of study, for the accreditation, limits the inter-, trans- and multidisciplinary initiatives for new master programmes.

Solution:

The solution identified for JMD LIFELINE is to offer two tracks: on Health and on Welfare, under the umbrella of 0988 ISCED Code: Multidisciplinary programs in Health and Welfare. The first semester in mandatory in the coordinating university – the partner university from Romania – and for the following three semesters, the accepted students must choose one of the tracks: Health or Welfare. From each of them, a personalised curricula is possible.

L. National regulations for awarding and delivering of joint degrees

All seven EC2U universities are able, according to the national / regional legislation, to award a joint, double or multiple degree for the master programme.

Participant universities have experiences mainly in offering double degrees. It is possible by „signing of specific protocols that imply the recognition of the training carried out by students in the different institutions" (Portugal) or by

a „partnership agreement concluded between the partner higher education institutions" (Romania, art. 147 para. 5 of the National Education Law no. 1/2011).

In Germany, state of Turingia, the implementation of a new study programme or change of an existing programme requires the following steps: integration into the target and performance agreement with the state (valid for 3 years, ThürHG 48 paragraph 2. 2); operation only after receiving the permission from the Ministry and successful accreditation (§49) - therefore a long-time horizon is needed, beyond a three year project, for new or change of study programmes. In Finland, at least one semester, in addition, is needed (in total, at least two semesters) in case of co-supervision of thesis.

M. Concepts of joint/double/multiple degrees

The joint, double or multiple degree is defined in the national / regional legislation with some exceptions: multiple degree is not clearly defined in the regulations from Spain, Germany, Portugal, Germany.

N. Mandatory requirements regarding the diploma

There are different requirements in the seven countries related to characteristics of the diploma.

Solutions:

The diploma will be granted according to the national / institutional regulation in place at the time of graduation of students, from the universities with JMD LIFELINE accredited and where students have studied at least one semester. The Diploma Supplement in English will accompany the previous mentioned act.

A supplementary EC2U Certificate, having the logo of all 7 universities will be awarded to the graduated students.

O. Recognition of study abroad

The EC2U Universities and their regions / countries, have specific rules for recognising prior diplomas (bachelor degree). Instant or automatic recognition is possible in some cases in Finland and Romania. It is performed at the institutional level (by the universities from Finland, Italy and France) or at the national level, by a National Degree Recognition Centre (Romania).

For the JMD LIFELINE, during the four study semesters, the recognition is agreed by all EC2U partners.

Solutions:

In a special document (the Supplement no. 4 to the EC2U Consortium Agreement, 2021) the partners have agreed on the content and the mobility routes for JMD LIFELINE students using the Lego-like curriculum proposed approach on the two tracks: Health and Welfare and Erasmus Europe rules for founding and recognition.

The students will start the first semester at the university from Romania.

From the second semester, the students choosing the Welfare track may continue the study at the same university or at the partner university from Finland. For the third semester, s/he may choose between three partner universities from:

Germany, Portugal or France. In the last semester (fourth) the student will finish the thesis in any of the seven involved universities.

For the students choosing the Health track, the line will be as such: the university from Spain in the second semester, the university from Italy for the third, but any of the seven in the fourth semester.

P. Employment and working conditions for teaching staff

In each of the seven countries there are specific employment and working conditions for teaching staff. The most common condition is to have professors and associate professors, having professional recognition and the doctoral thesis in the teaching field, being employed by the partner university. The professionals adds for the last three to five years are also important in some cases.

5. Discussion and conclusions

The process of designing a joint master programme is very challenging, encountering various biases and barriers. Some of challenges appear to be common to other joint program initiatives, as *legislative frameworks* and *accreditation* (Frederiks & de la Carrere, 2013, p. 9; EHEA, 2014, pp. 5-6; Valiulis & Bučinskas, 2016, p. 80; Frontex, 2018; ImpEA, 2018, p. 25). The awarding of a joint diploma is considered as the main challenge of joint programs generated by national legislative differences (Becker, 2020, p. 47). The solution identified for JMD LIFLINE was to grant „Multilateral Master's Degree Diploma issued by all Consortium Institutions at which the student accomplished the minimum national academic requirements, provided that full accreditation has already taken place. The Diplomas will be issued and registered according to national/local regulations" (Supplement no. 4 Consortium Agreement Section 11, 2021).

There were some particular challenges regarding the LIFELINE master's program that come from:

- The compulsory integration in a field of study, for the accreditation, even for the interdisciplinary master programs.
- The differences of academic offer for the last/fourth semester;
- The needed link with already existing occupations, in a dynamic labour market limiting the expected results from an interdisciplinary academic offer.

However, the most serious issue was the absence of an accepted European approach that force all the partners to use national accreditation with different rules and time. We generated a joint programme, but we were forced to adapt several issues to the national regulations.

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CHALLENGES OF SOCIAL BENEFITS SYSTEM FROM ROMANIA IN THE PERIOD 2010-2021

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Abstract
This paper aims to analyze the evolution of the social assistance benefits system starting from 2010 and 2011, as in this period were approved normative acts of particular importance for social protection in Romania, respectively special laws and their application rules.
Through the secondary data analysis, I analyse of the changes, in the period 2010-2020, of the main social assistance benefits supported from the state budget, respectively of the granting conditions, of the way of determining the amount and payment of the benefits, as well as the rights and obligations of different categories of beneficiaries. The dynamics of social benefits payments for ten years show increases, changes in legislation and different effects on the number of beneficiaries in payment. The effectiveness of these social benefits is worth analyzing in future studies, starting from these comparative data.

Keywords: social benefits, dependency, social aid, Romania, social work.

Resumé
Le étude vise à analyser l'évolution du système de prestations d'assistance sociale à partir de 2010 et 2011, puisque dans cette période ont été approuvés des actes normatifs d'une importance particulière pour la protection sociale en Roumanie, respectivement des lois spéciales et leurs règles d'application. A travers l'analyse secondaire des données, je fais une radiographie des changements, dans la période 2010-2020, des principales prestations d'assistance sociale supportées par le budget de l'Etat, respectivement des conditions d'octroi, de la manière de déterminer le montant et paiement des prestations, mais aussi les droits et obligations des différentes catégories de bénéficiaires. La dynamique des versements de prestations sociales depuis dix ans montre des augmentations, des changements de législation et des effets différents sur le nombre de bénéficiaires en paiement. L'efficacité de ces prestations sociales mérite d'être analysée dans de futures études, à partir de ces données comparatives.

Mots clés : prestations sociales, dépendance, aide sociale, Roumanie, assistance sociale.

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Rezumat
Articolul își propune să analizeze evoluția sistemului beneficiilor de asistență socială începând cu anii 2010 și 2011 întrucât în această perioadă au fost aprobate acte normative de o importanță deosebită pentru protecția socială din România, respectiv legi speciale și normele de aplicare ale acestora. Prin analiza secundară de date realizăm o radiografie a modificărilor, în perioada 2010-2020, a principalelor beneficii de asistență socială suportate din bugetul de stat, respectiv a condițiilor de acordare, a modului de stabilire a cuantumului și de plată a prestațiilor, dar și a drepturilor și obligațiilor ce revin diferitelor categorii de beneficiari. Dinamica plătilor beneficiilor sociale timp de zece ani arata creşteri, modificări de legislaţie şi efecte diferite asupra numărului de beneficiary aflaţi in plată. Eficienta acestor beneficia sociale merită analizată în studii următoare, pornind de la aceste date comparative.

Cuvinte cheie: beneficia sociale, dependenta, ajutor social, Romania, asistenţă socială.

1. Introduction

Romania has an extremely complex system of social assistance, which addresses to some wide range of population and to a large number of beneficiaries. The Romanian system of social assistance is expensive, requiring great institutional, as well as budgetary efforts. It consists of the system of social services and the system of social assistance benefits, the two systems being complementary.

This paper aims to analyze the evolution of the social assistance benefits system starting from 2010 and 2011, as in this period were approved normative acts of particular importance for social protection in Romania, respectively special laws and their application rules.

The benefits of social assistance are regulated through special laws, and through social benefits, the state intervenes for supplementing or substitute the primary incomes of a person, of a family. The state provides these social benefits through central or local public authorities, in accordance with the provisions of the legislation in force.

The social assistance expenses register an increase in the allocated amounts every year, an increase that is due to the introduction of new social benefits, to the increase in the eligibility thresholds in granting of benefits as a result of the application of policies to increase the birth rate and reduce poverty, as well as to the generosity shown around the local or general elections by the governing parties in order to obtain popular support. All these changes brought to the social benefits system aim to reduce extreme poverty, but also to increase the quality of life of certain categories of persons (Şoitu 2020; Şoitu, Şoitu, 2020).

1.1. Concepts and methodology

The law of social assistance classifies the social assistance benefits, depending on their purpose, like this:

a) *benefits of social assistance for preventing and fighting poverty and the risk of social exclusion:* the minimum guaranteed income, the allowance for supporting the family, the help for heating the home*;*

b) *benefits of social assistance for supporting the child and the family:* the state allowance for children, the allowance for raising the child, the insertion incentive, the placement
c) *benefits of social assistance for supporting the persons with special needs:* disability allowance, complementary personal budget, HIV/AIDS food allowance, TB food allowance, companion allowance for the visually impaired;
d) *benefits of social assistance for special situations:* emergency help, funeral aid.

The criteria on the basis of which social benefits are granted are: the assessment of the income of the single person or of the family, the type of family and the number of members, the living conditions, the owned assets, the state of health and the degree of dependency.

The social assistance benefits are granted for determined periods of time, and the right can be granted, suspended, resumed or terminated by administrative act. The name of social assistance benefits differs depending on the special law that regulates their granting, namely allowances, aids, indemnities, support, incentive, personal budget, supplement.

Through the following secondary data analysis, I make an X-ray of the changes, in the period 2010-2020, of the main social assistance benefits supported from the state budget, respectively of the granting conditions, of the way of determining the amount and payment of the benefits, as well as the rights and obligations of different categories of beneficiaries.

2. Analysis and interpretation

The analysis regarding the evolution of the quantum of social assistance benefits, of the average number of beneficiaries and the sums paid from the state budget has been done based on the data extracted from the annual statistical bulletins published in the period 2012-2020 on the website of the relevant ministry.

2.1. Benefits of social assistance for fighting poverty

The guaranteed minimum income - as a form of support granted to single persons/families with no income or with income below a certain stability limit depending on the number of persons in a family, has not undergone essential changes in terms of the amount granted. In the analysed period, there were only two changes in the amount, respectively with July 2013 and January 2014, the increases being insignificant taking into account that even the annual inflation recorded in all these years was not covered. Although being designed as a tool to eradicate extreme poverty, the guaranteed minimum income does not provide beneficiaries with the financial resources necessary to cover basic needs. For a long period of time, 2014-2020, the amount of the guaranteed minimum income remained unchanged, the amount due to each person in the family being insufficient to ensure the necessities of daily living.

The average number of beneficiaries has recorded a slight increase in 2012, compared to year 2011, the biggest increase being recorded in the years 2014 and 2015, following the increase of the income limit that was taken into account when establishing the right, but also as a result of the entry into force in March 2014 of Law no. 18/2014. Following the adoption of this normative act, when establishing the right to the guaranteed minimum income, the amounts obtained by family members as a result of seasonal activities for which the tax is withheld at source were no longer taken into account. Moreover, these amounts obtained on an occasional basis were one of the main reasons why the right to social assistance was suspended as a result of the non-declaration of income by the beneficiaries. Starting from 2016, the average number of beneficiaries decreased continuously, even below the level of 2011.

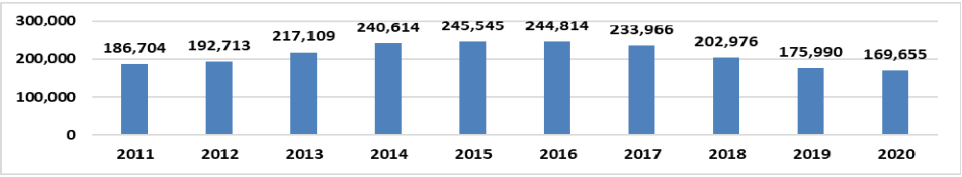

Chart no. 1. The average number of beneficiaries of the minimum guaranteed income in the period 2011-2020

The amounts paid as social aid in the period 2011-2015 followed an increasing trend corresponding to the increase in the average number of beneficiaries. In 2016, the amounts paid reached a maximum as a result of the entry into force of Law no. 342/2015, which established that starting from January 2016, the state allowance for children is no longer taken into account when determining the guaranteed minimum income. This fact led to an increase in the amounts paid to families receiving the minimum guaranteed income. After this period, the allocated funds were smaller and smaller, considering that the number of pending files was in a continuous decrease.

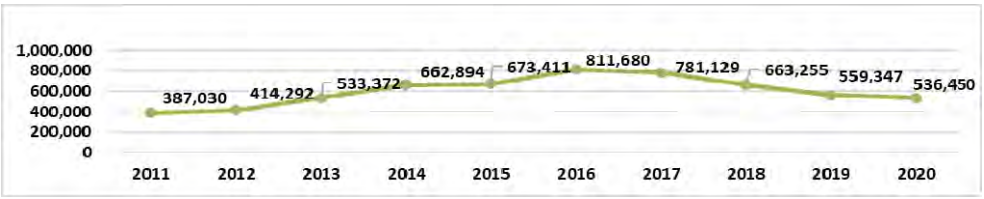

Chart no. 2. Amounts paid as social aid in the period 2011-2020 (thousand lei)

The allowance for supporting the family is one of the social benefits with special destination granted for fighting the poverty of the families with reduced incomes and who have to support children with ages up to 18 years old. This benefit has been thought as a way to ensure incomes for the growth, the care and the education of the minors, with the condition for them to attend a form of education. In fact, it is a way to limit the school dropout of children from families

with modest incomes and at the same time, it stimulates the attendance of school courses by children up to 18 years old. During the analysed period no major modification were done in what concerns the quantum, the only modifications being adopted starting with the rights from the months of July 2013 and November 2014. The increases of the amounts from July 2013 have been insignificant, their increase with over 100% for all the types of families being approved through the Government Emergency Ordinance n. 65/2014 starting with the month of November. The average number of families beneficiaries of allowance for supporting the family has been in a continuous decrease in the period 2011-2014. Only in 2015 has been recorded an increase with almost 30.000 files that were pending for payment in compare to 2014. Later, as a result of the decrease in the birth rate, the trend was of continuous decrease, reaching in 2020 a drop of more than 50% in the average number of beneficiaries compared to 2011.

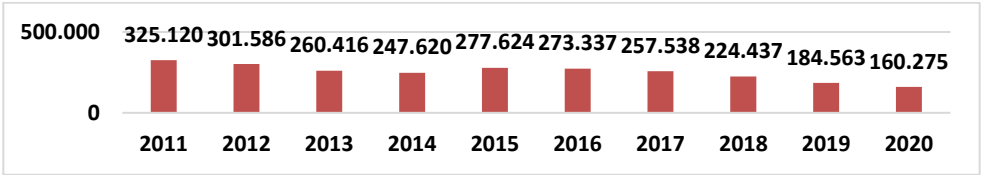

Chart no. 3. Average number of beneficiaries of allowance for supporting the family in the period 2011-2020

Until 2015, the amounts paid as allowance for supporting the family did not register significant increases as the increase in the amount carried out in 2013 was extremely small. As a result of the increase in the amount starting from November 2014, in 2015 the sums insured from the state budget were increased by more than 100%, registering a maximum in the entire period 2011-2020.

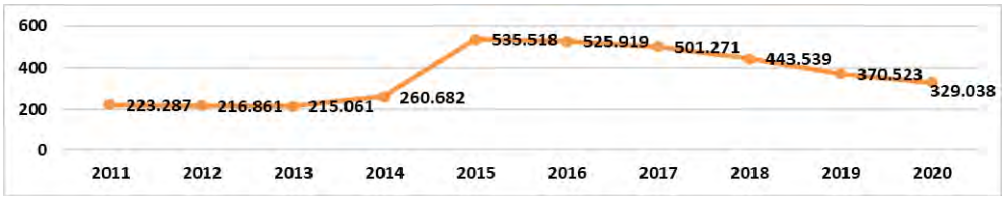

Chart no. 4. Amounts paid as an allowance for family support in the period 2011-2020 (thousands of lei)

Home heating aid as a support measure for low-income families is the benefit that has seen the least and insignificant changes in terms of granting conditions and amounts. The only changes made were those concerning the introduction in 2013 of the aid for heating the home with electricity and the increase starting from 2018 of the maximum limit of average net income from 615 lei to 740 lei. As a result of the increase in salaries in the period 2011-2020, especially the minimum gross salary per country, from 670 lei/month in 2011, to 2,230 lei/month in 2020, the average number of beneficiaries of home heating aid

decreased constantly, reaching only 200,000 beneficiaries in the 2019-2020 cold season, decreasing by approx. 1,000,000 beneficiary families compared to 2011.

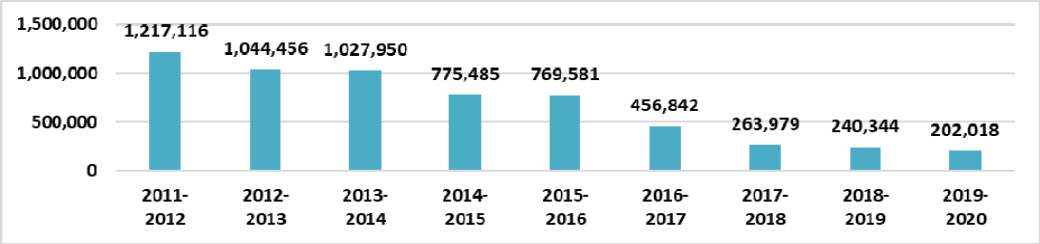

Chart no. 5. Average number of home heating aid beneficiaries in the period 2011 - 2020

Considering the significant and constant decrease in the average number of beneficiaries, the amounts paid as home heating aid decreased 7 times in 2020 compared to 2011.

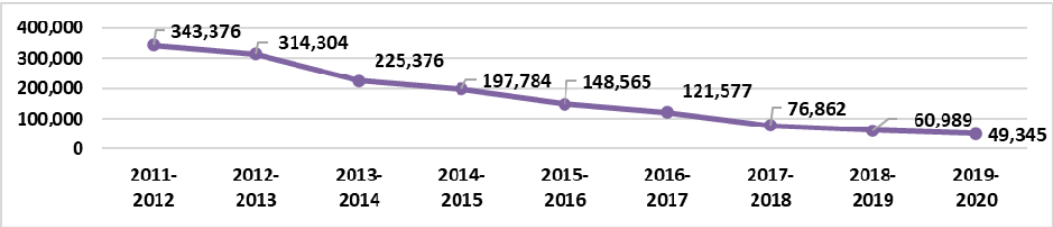

Chart no. 6. Amounts paid as heating aid in the period 2011-2020 (thousands lei)

2.2. Social assistance benefits for supporting the family

The state allowance for children is regulated by the oldest applicable law in the social benefits system, namely Law no. 61/1993. Unlike other European countries, where the state allowance is granted depending on the type of family nucleus, the number of members and the family income or depending on the type of employment contract of the parents, in Romania the allowance is granted to all children, without discrimination. As such, all children up to the age of 18 benefit from the allowance, but also young people over 18 who have not repeated the school year and attend high school or professional education courses without interruption. It is the social benefit with the most quantitative changes made in the period 2009-2021, but also with the highest growth, with these changes annually benefiting over 3,500,000 children.

Compared to 2009, in 2021, the amount of the state allowance has registered an increase of approx. 500%. The successive increases in the amount of the state allowance for children did not lead to an increase in the birth rate, with a continuous decrease in the number of children from 3,869,184 in 2011 to 3,590,874 in 2020.

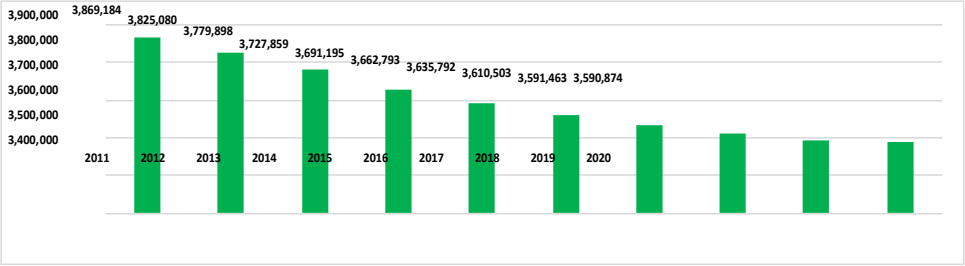

Chart no.7. The average number of beneficiaries of the state allowance in the period 2011-2020

Although the number of beneficiaries has decreased constantly, the amounts paid as state allowance have increased significantly due to the increases made especially in 2019, 2020, 2021, the amounts paid in 2020 being approximately 290% higher than in 2011.

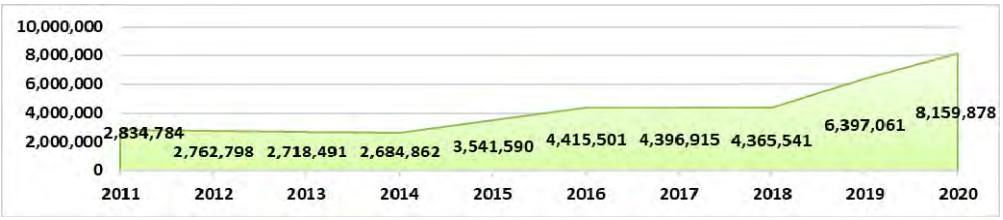

Chart no. 8. Amounts paid as state allowance for children in the period 2011-2020 (thousands lei)

The allowance for child rearing is a social benefit that supplements salary income during the period when one of the parents is on parental leave. The amount of the allowance is calculated as a percentage of the average of the last 12 net monthly incomes achieved before the birth of the child, but the legislator also established a minimum amount paid, respectively a maximum amount. Between 2016 and August 2017, the maximum limit was removed, but later it was reintroduced. The minimum amount increased from 600 lei in 2011 to 1250 lei in 2018, and the maximum from 1200 to 8500 lei.

As a result of the decrease in the birth rate, but also due to the limiting eligibility conditions, in the period 2011-2015 the average number of beneficiaries of parental leave decreased continuously. Starting with 2016, the eligibility conditions have changed, and the average number of beneficiaries has increased constantly as a result of the approval of Law no. 66/2016. Through this normative act, became eligible the persons who in the last 12 months of the last 2 years prior to the date of the child's birth had taxable income. It was an extremely important change brought to the legislation, because until that moment only people who earned income in the last 12 months prior to the date of the child's birth or who were in similar periods, could benefit from child-rearing leave.

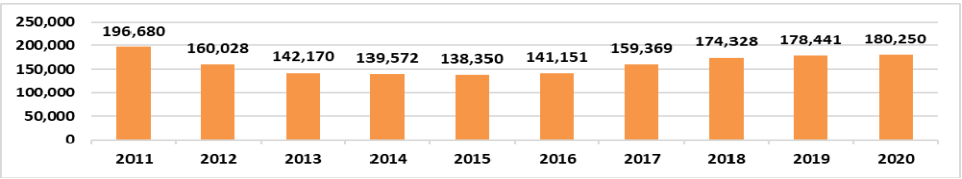

Chart no. 9. The average number of beneficiaries of parental leave in the period 2011-2020

The amounts paid as allowance for raising the child have increased every year as salaries have been increased periodically, and the amount of the allowance results from the application of a percentage of 85% of the average net income achieved in the last 12 months before the birth of the child. Although the number of beneficiaries in 2020 did not exceed that of 2011, the amounts paid in 2020 were more than 3.5 times higher, reaching approximately 5.000.000.000 lei.

Chart no. 10. Amounts paid as allowance for raising the child in the period 2011-2020 (thousands lei)

The insertion incentive is granted to parents on parental leave who wish to resume their activity before the child reaches the age of 2 years, respectively 3 years for the disabled child. In the period 2011-2021, the amount of the incentive increased from 500 lei to 650 lei, and for parents who resume their activity before the child reaches the age of 6 months, a new amount of 1500 lei was introduced in 2021.

The average number of beneficiaries increased constantly until 2019, the largest increase being recorded in 2017 as a result of the increase in the amount. In 2020, a slight decrease was recorded, but the number of beneficiaries is still high, representing approx. 50% of the number of persons who benefit from parental leave. This fact proves that the introduction of such a benefit and the increase of its amount has led many people to resume their activity before the completion of parental leave.

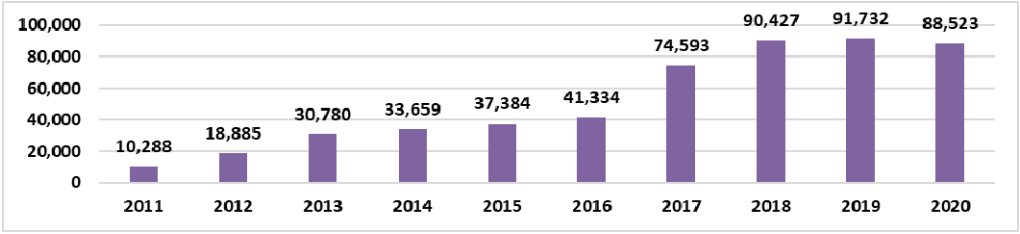

Chart no. 11. The average number of beneficiaries of the insertion incentive in the period 2011-2020

The amounts paid as an insertion incentive have increased in line with the evolution of the number of beneficiaries and as a result of the increase in the amount of this benefit.

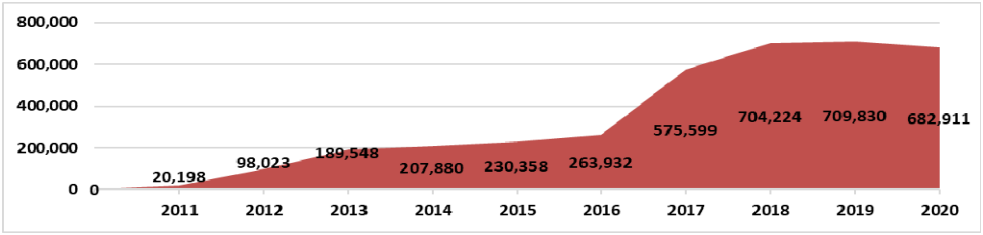

Chart no. 12. Amounts paid as insertion incentive in the period 2011-2020 (thousand lei)

The placement allowance was established by Law no. 272/2004 on the protection and promotion of children's rights. According to it, every child for whom the placement measure was taken, as well as those for whom guardianship was instituted, benefits from a placement allowance. The monthly allowance is paid to the guardian or family representative or the person who took the child in foster care until the child turns 18 and is borne from the state budget. The allowance is also granted after the child reaches the age of 18 if the young person who continues his studies at day school, but without exceeding the age of 26. In the period 2012-2020, the amount of the placement allowance increased only once starting with the month of December 2014. The increase was significant, from 97 lei/month to 600 lei/month, respectively from 146 lei/month to 900 lei/month for the disabled child. The increase had in mind the increase in the quality of life of the children for whom the guardianship or placement measure was instituted.

The average number of placement allowance beneficiaries decreased between 2011 and 2014, but with the increase in the amount carried out in December 2014, the average number increased steadily until 2017. After this year, the number of beneficiaries decreased, reaching year 2020 to 38,042 beneficiaries. Moreover, at the national level, the number of protected children receiving residential services or in families registered a downward evolution.

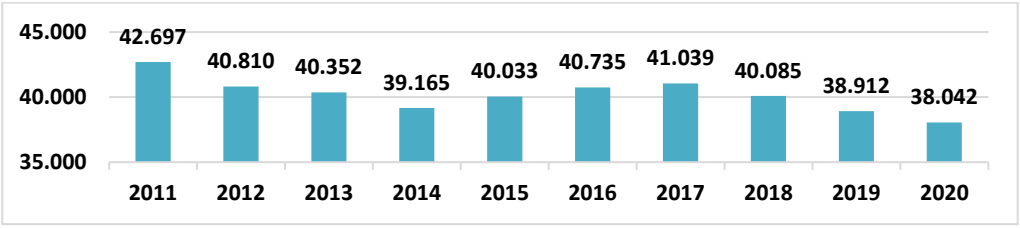

Chart no. 13. Placement allowance - Average number of beneficiaries

The amounts paid as placement allowance increased exponentially in 2015 as a result of the increase in the amounts, subsequently the evolution was decreasing, corresponding to the number of beneficiaries.

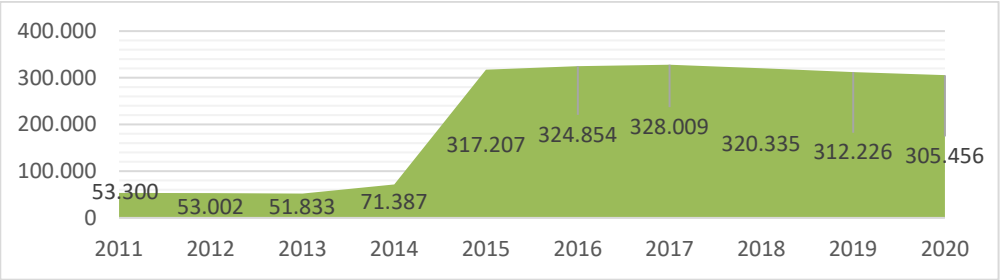

Chart no. 14. Placement allowance – Amounts paid (thousands lei)

2.3. Social assistance benefits to support people with special needs

The disability allowance and the complementary personal budget are two benefits granted based on Law no. 448/2006 regarding the protection and promotion of the rights of persons with disabilities in order to increase the quality of life of the persons with special needs. In the period 2011-2021, the rights of the persons with disabilities registered increases for all types of disabilities, the first increase coming into force in 2015, and the next two in 2018. Unlike the average number of children receiving state benefits which decreased in every year, the number of disabled people who receive benefits according to Law no. 448/2006 has increased constantly, from 1.204.577 in 2011, to 1.539.710 in 2020.

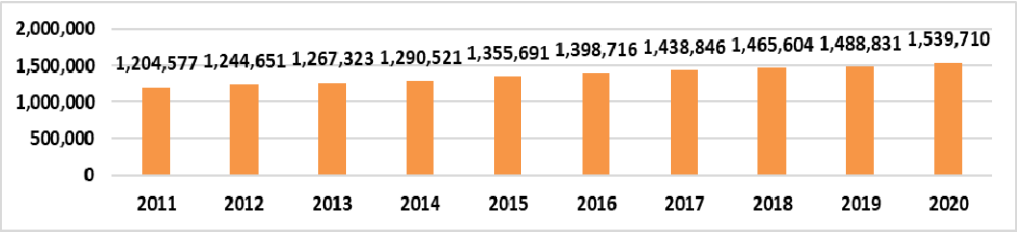

Chart no. 15. Rights of disabled people - Average number of beneficiaries

The amounts paid as disability allowance and complementary personal budget have increased every year as a result of the increase in the number of people classified as disabled. In 2018, there was a significant increase in the amounts allocated as a result of the two successive increases in January and July 2018. Compared to 2011, the amounts allocated in 2020 increased by approximately 115%, reaching 4,373,421,000 lei.

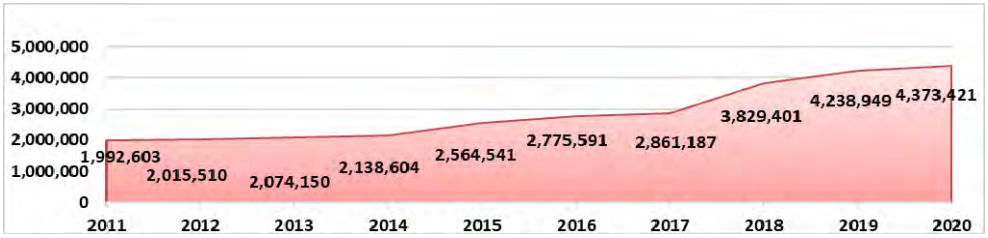

Chart no. 16. Rights of disabled people - Amounts paid (thousands lei)

Food allowance for people infected with HIV or sick with AIDS - In 2002, Law no. 584/October 29, 2002 was approved on measures to prevent the spread of the AIDS disease in Romania and to protect people infected with HIV or sick with AIDS, law that regulate the directions of action for the prevention, surveillance and control of HIV infection and AIDS. According to this law, for the first time a monthly food allowance was established for people infected with HIV or suffering from AIDS

In 11 years, the amount of the food allowance for people infected with HIV or sick with AIDS has been changed only twice, the increases being insignificant considering the repeated price increases of basic foods and the annual inflation. During this period, the daily food allowance increased for adults from 13 lei to 17.6 lei and for children from 11 lei to 16.5 lei.

In the period 2011 – 2020 the average number of beneficiaries increased in 2011 in compare to 2010 with approx. 50%, reaching to 11.382 adults and children.

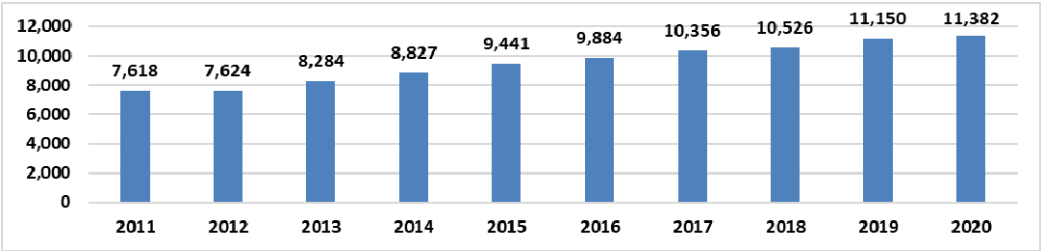

Chart no. 17. Food allowance – Average number of beneficiaries

The amounts paid as food allowance for the persons infected with HIV or sick with AIDS has increased annually, as a result of increases in the amount, but also of the increase in the average number of beneficiaries reaching 67.320.000 lei in 2020.

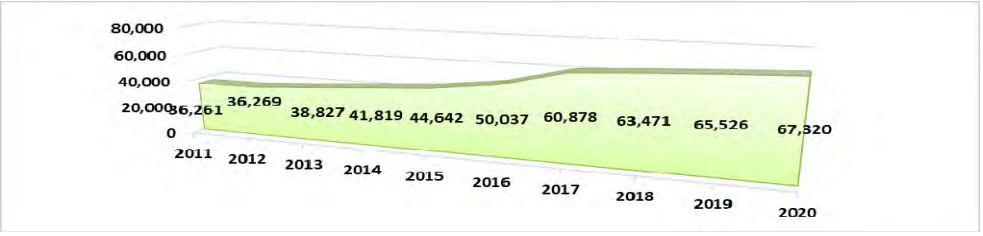

Chart no. 18. Food allowance – Amounts paid (thousands lei)

In the period 2011-2020, the social assistance benefits for supporting the family had the largest share of the total amounts allocated in the social assistance budget, representing over 63% of the total expenses. This category is followed in order of the importance of the amounts allocated by the one regarding social assistance benefits to support people with special needs, having a percentage of over 25%. Surprisingly, social assistance benefits for combating poverty, although they are granted for the purpose of combating extreme poverty and social exclusion, had a percentage of only 11% of the total amounts allocated during the reference period.

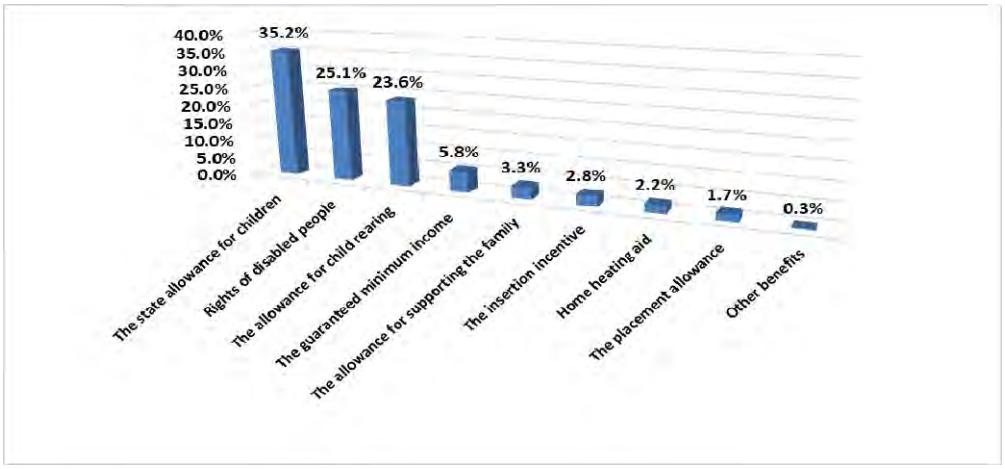

Chart no. 19. The percentage distribution of the amounts paid for social programs financed from the social assistance budget in the period 2011-2020

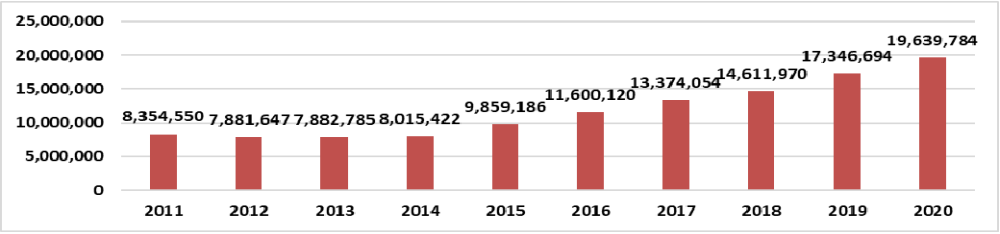

Chart no. 20. Amounts paid as social benefits in the period 2011-2020 (thousands lei)

Analyzing the amounts paid as social benefits, we can see that they have registered a significant increase starting with year 2015, reaching in 2020 the figure of 19.639.784.000 lei, which is double of the financial allocations from 2011.

3. Conclusions and proposals

Our conclusions regard the necessity of granting some social benefits, respectively the efficiency of the allocation of funds for this purpose. In terms of social assistance benefits for preventing and combating poverty and the risk of social exclusion, they underwent a series of legislative changes aimed at improving the access of beneficiaries by gradually eliminating their obligations and some categories of income that once obtained led to termination of the right. Contrary to the intention to increase the access of disadvantaged categories to these benefits and to reduce extreme poverty among the population, the number of beneficiary families has constantly decreased, and the failure to update the amounts at least with the inflation rate has led to a continuous decrease in the standard of living. It is worth noting that for a period of more than 8 years, the amount of the guaranteed minimum income, the family support allowance and the home heating aid, being reported to the Social Reference Indicator (ISR), have remained unchanged. The social reference indicator was introduced with the aim of representing a benchmark for establishing social benefits and can be updated by government decision. However, the political decision-makers did not index this indicator either with the inflation rate, nor in relation to the evolution of the minimum wage, nor in relation to the evolution of prices. For this reason, for families with children who do not have an income of a salary nature, the main financial source today is the income from carrying out occasional activities, the state allowance and the disability allowance. One of the reasons for this phenomenon is the repeated extension of the deadlines for the application of Law no. 196/2016 on the minimum income for inclusion, which, once entered into force, would have determined a significant reduction in the number of poor persons and families in Romania.

The social assistance benefits for supporting the child and the family, unlike those regarding the fight against poverty, were modified in the sense of increasing the amount and relaxing the granting conditions in order to increase the number of beneficiaries. At the same time, to boost domestic adoptions and support adoptive families, new social benefits were granted. The increases in these amounts have brought important benefits to families with minor children, they have led parents to opt for child-rearing leave or to resume their salaried activity and obtain the insertion incentive, they have led to an increase in the quality of life of minors taken in foster care, as well as to financial support of adoptive families. Despite the legislative changes aimed at supporting the family, the total number of beneficiaries has gradually decreased, the reason being the annual decrease in the national birth rate and the phenomenon of migration of young families to the developed countries of the European Union.

The legislation regulating social assistance benefits for supporting people with special needs was completed with new normative acts aimed at increasing the

quality of life of beneficiaries by increasing the number of benefits, but also granting financial support to other categories of people. The number of persons with special needs has increased constantly as a result of the aging of the population, and the amounts allocated in the social assistance budget have kept the upward trend, representing over 25% of the total amounts paid as social benefits.

At the end of 2020, the total number of beneficiaries decreased as compared to the previous years, but the financial allocations for the payment of social benefits exceeded 19 billion lei, which means that the amounts allocated have doubled in compare to the social assistance budget of 2011.

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Abreviations:

- *MMFPS - Ministry of Labor, Family and Social Protection*
- *MMFPSPV – Ministry of Labor, Family, Social Protection and Elderly*
- *MMJS – Ministry of Labor and Social Justice*
- *MMPS – Ministry of Labor and Social Protection*
- *MMSSF - Ministry of Labor, Social Solidarity and Family*

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BOOK REVIEW

Atena GASPAR DE ALMEIDA SANTOS[1]

Daniela Şoitu and Aniela Matei (coordinators), *Îngrijirea de lungă durată: practici, măsuri, politici* [*Long-term care: practice, procedures, policies*], Publishing House: *„Alexandru Ioan Cuza" University from Iaşi*, 2020

Printed by the Publishing House „Alexandru Ioan Cuza" University from Iaşi in 2020, the volume *Long-term care: practice, procedures, policies* is coordinated by two specialists and eloquent observers of the social and medical services predominantly offered to older people as well as the social policies focused on the scientific research dedicated to third and four ages. Daniela Şoitu, PhD university professor together with Aniela Matei, researcher, have completed a comprehensive depiction of different approaches to aging and the associated concept of long-term care from the European area as well as from Romania.

The volume emerged after a series of intensive research within the project *Continuous monitoring methodology of the quality of care in the institutions providing long-term care services* included in the Plan for research and development of the Ministry of Labour and Social Justice for the period 2018-2020.

With a number of 200 pages, in an A4 format, the paper has eight chapters signed by different authors, professors and experts in sociology, social work, economy and business administration, researchers from the area of social and medical services. In the introduction of this volume professor Daniela Şoitu is bringing forward a series of questions regarding not only the aging process but especially the adjacent field of interest which requires imperative concentration, namely the long-term care.

In fact the author states the need for integrated approaches of social and medical services „by looking for solutions based on needs, by emphasizing the preventive actions" (p. 10).

In the introduction we also identify a brief description of all eight chapters. The first chapter contains a delimitation of the conceptual frameworks of long-

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term care, namely that of socio-medical care related to old age, with the inherent costs, as well as a second integrative-participatory-prospective conceptual framework, highlighted by the coordinators of the volume through a series of considerations such as health status in connection with social determinants, individual responsibility as well as the permanence of long-term care.

The second chapter, signed by a plethora of professors from „Alexandru Ioan Cuza" University from Iaşi, brings to the fore the indicators of long-term care systems in Romania as well as in Europe. Analyses of the aging process and the state of health, the challenges of such care reflected in the structure of public spending, the risk of poverty and the degree of accessibility of long-term care services are widely presented. The chapter is completed by charts, records and calculations from statistical sources of national and European databases such as the National Institute of Statistics and Eurostat.

The third chapter signed by researcher Aniela Matei is a presentation of the research methodology focused on social policies. The analysis followed two main components of the long-term care system, namely the human, financial and material resources necessary for the development of this type of care, as well as the adequate preparation of the health system for the provision of such services.

The next two chapters are devoted to the comparative analysis of the measures adopted by the public policies in the field of long-term care in Austria, Bulgaria, Finland, Germany, Great Britain and Portugal, respectively of the good practices adopted for the development of this type of care. The fifth chapter introduces also Italy and Slovenia into the analysis, exemplifying through various measures, actions or programs different solutions to the challenges of aging.

The sixth chapter brings to the forefront various projects developed in Europe with the aim of preparing the health systems for the provision of long-term social and medical services to the elderly. A group of professors from „Alexandru Ioan Cuza" University from Iaşi conducted a *desk research* and identified a number of 19 programs developed in the period 2010-2019 that were designed for different approaches to care offered to elder people. Relevant experiences and skills in caring for the elderly have been confirmed by six programs in Germany, four in the UK and three in Austria, in addition to those from Finland, Romania, Italy, Slovenia and Portugal.

Chapter seven emphasizes the importance of human, financial, and material resources essential for the long-term care and its development. The need to cover this „new social risk, different from the types of social risk defined by international regulations on social protection" (p. 150) is highlighted.

The last chapter is dedicated to the preparation of health systems for the provision of long-term care services to elderly as well as to the development of this type of care. An important aspect is the planning of such services for all societies experiencing an accelerated aging process and the identification of key components: prevention and the development of a national long-term care system. The first component includes measures such as the establishment of a regular health assessment program, the creation of specific long-term care insurance and

the development of services to support active, healthy, optimal aging as well as maintaining functional abilities well into old age. The second component contains the recognition of the various working mechanisms of this type of care, the elaboration of new normative acts in the matter, the provision of financing and the monitoring of the elderly people who benefit from long-term care services.

The volume contains a lot of valuable and current information with statistical data obtained from official sources. It is a useful tool not only for specialists but also for PhD students, master and bachelor students, by revealing research methods, types of methodologies and concrete study methods. The presentation of the volume in A4 format makes the handling less easy but the theme fonts allow a fluid reading.

The practicality of this work in the field of long-term care on a publishing market that has significant information gaps regarding the analysis of the aging process should also be mentioned. Students and practitioners alike have now a practical tool for the exploration of senescence as well as for the investigation of the complex forms of social, psychological and medical services.

If, since the introduction, we have identified a number of questions that have led to relevant analyses, the book encourages new examinations of our own existence and aging: How much do we think about our own aging? Are we ready for this threshold? What will long-term care services look like at the time of our retirement?

Generations live longer and this phenomenon should no longer disturb us but should lead us to act as a society, by rapidly adopting appropriate public policies on sustainable social and medical services for long-term care (Şoitu, 2021a; Şoitu, 2021b).

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