

AGING AND QUALITY OF LIFE IN ELDERLY PEOPLE

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Abstract: *In this study we present the characteristics of the third age, as the ontogenetic stage, the psychological state and we differentiate a series of concepts such as: aging, old age, old age. At the same time we approach the quality of life and its indicators for the population in general and in particular we analyze the quality of life of the elderly people, highlighting the specific needs of this category of persons, which can often be characterized as a vulnerable group. The quality of life of the elderly is a multidimensional concept, that encompasses both general aspects specific to the whole population (health, employment, housing, family, income, expenses, leisure, political and civic participation, etc.), but also some particularities concerning the various transformations that occurred in their life, related to health, income, social relations, social participation, social protection etc. Studies on the quality of life of the elderly had in view the objective aspects, but especially on the subjective ones, considering that the definition of the quality of life depends on the perception of each one. Older people and social problems of the third age period are increasingly topics of quality of life research. The areas of quality of life that are most important from the perspective of the elderly are: living standards, health, social protection, social participation, housing, social relationships, family life.*

Key words: *aging (demographic, individual); old person; old age; quality of life in elderly people (size, indicators).*

Introduction

The aging of the population is a reality of contemporary society. More and more countries are facing the aging population, with extremely strong economic and social consequences. One of the major challenges of today's society, both internationally and at European level, is the aging of the population (CEDEFOP, 2006).

The issue of older people, nowadays, is gradually beginning to occupy a priority place on the public policy agenda. For example, in France, at the end of 2015, the law on the adaptation of society to an increasingly aging population (JORF, 2015)

has already been passed, and in Canada steps are being taken to develop a national strategy in this regard (IRPP, 2015).

Many of the most current problems of the society affect either directly or indirectly the segment of the elderly population. In this sense, we enumerate: the decrease of the birth correlated with the accentuation of the geographic aging, the increase of the number of retirees, after granting certain facilities to retirement, the deepening of the inflation, which leads to the decrease of the incomes and the hardening of the life of the elderly persons, "the increase of the unemployment, which amplifies the difficulties. by persons past a certain age at employment, the migration of young people from the rural to the urban environment and from the country abroad, having the effect of reducing the support granted to the elderly, especially in the rural communities, increasing the number of abuses on the elderly (for example: housing sale, forced internment, abandonment, etc." (Nita, 2009: 68).

The economic impact implies a decrease of the public incomes, concomitant with the increase of the expenses with the social protection and the health, a reduction of the volume of the labor force, but also changes in the behavior of consumption of the population. On a social level, the effects are felt in changes of social relations, of social behaviors, but also in the increase of the state of dependency for those with corneal affections. "This significant economic-social effect has made it increasingly possible to discuss the quality of life of the elderly, as well as the active aging" (Petrescu, 2019: 325).

Life expectancy has increased worldwide, including in Romania. Only that "in the Romanian landscape, the aging of the population is associated with poverty, and sometimes with loneliness and isolation" (Rusitoru and Gal, 2016: 82). The demographic data of the last years, as well as the forecasts of the sociologists, demographers and economists (Otovescu, Otovescu, 2019), indicate an upward trend of the weight of the elderly in Romania, as a result of the increase of life expectancy, fact confirmed by statistical data from the last census of the population made in Romania in the year 2011, which shows that "the share of elderly people over 65 is 16.14% compared to 2006, when their share was 14.85%." (Bodi, CD, 2017: 21).

The aging of the population will have a great magnitude in the next three to four decades both in the western countries and in Romania. In 2016, the proportion of the population over 65 was in Romania of 17.4%, while in the EU it reached 19.2% of the total population. Over the course of a decade, Romania registered a significant population growth of over 65 years, with 2.7 percentage points in 2016 compared to 2006 (Eurostat 2016).

The dynamics of the demographic realities, as well as the economic situation, have led to the raising of concerns about the impossibility of financially supporting the elderly, but it has also determined the intensification of the political efforts, in the sense of identifying and correcting the problems related to the quality of life of this category. of age.

1. Quality of life in Romania

One of the most dynamic fields of Romanian social research, with a scientific heritage that developed continuously between the end of the 70s of the 20th century and today, has focused on the quality of life of the people of our country. The development of this field as a sphere of research has been accentuated, in the last almost 30 years, after the changes of December 1989.

Quality of life is a complex concept, of an evaluative nature, by which, "it defines the set of elements that refer to the conditions in which people live (physical, economic, social, cultural, political, health, etc.), the content and nature of the activities on which they live. they develop them, the characteristics of the social relations and processes in which they participate, the goods and services to which they have access, adopted consumption patterns, way and lifestyle, the evaluation of the circumstances and the results of their activities, the expectations they have, as well as the subjective states of satisfaction/ dissatisfaction, happiness, frustration, etc." (Marginean, 2002b / 2015: 43).

To this comprehensive definition, we also add that the actual measurements of quality of life contain both objective indicators of status, perception, evaluation and personal experience, and in turn, the evaluations are carried out by researchers, as well as by the population studied, as a self-assessment.

The concept *quality of life* refers to the more or less good or satisfactory character of people's lives, more concretely how good or bad is the life of the population. Although used in many fields, such as literature, philosophy, geography, environmental sciences, medicine, economics, advertising, psychology, sociology, as well as in everyday life, it does not meet a unanimous definition of specialists. The expression can be determined individually, but also for different human communities (family, neighborhood, locality, country, group of countries), were for different categories of population constituted using different criteria (age, gender, education level, occupations, ethnicity, status and social classes, etc.). The concept of *quality of life* refers both to the overall assessment of life (how good, satisfactory is the life that different people, social groups, communities lead) and to the evaluation of different conditions or spheres of life: the quality of the environment, quality of work life, quality of interpersonal relationships, quality of family life etc. (Zamfir, 1999).

Too much generality of the concept diminishes its analytical power, believes Veenhoven (2000). *Quality of life* is an evaluative concept, being the result of reporting the living conditions and activities that make up human life, to human needs, values, aspirations. If happiness refers to the subjective state resulting from living one's own life, the *quality of life* refers both to the objective conditions in which human life is constituted, and to the subjective way in which each evaluates his or her own life - a state of satisfaction, happiness, fulfillment. While happiness is associated with a predominantly ethical perspective, what strategies the individual must adopt in order to maximize his happiness, the quality of life is more associated

with a sociological-political perspective. The interest lies primarily in determining the objective factors that are responsible for the variation of the quality of life and the social-political strategies of action in order to increase it.

The quality of life, through its practical orientation, becomes a landmark of the social action of changing/improving the living conditions. It appears in a triple hypostasis:

- *as a theoretical concept*, open to clarifications and terminological delimitations;
- *as an objective achieved* through development programs, country strategies;
- *as a criterion for evaluating and measuring* social development performances at the personal, collective-community, societal and global levels;

Although quality of life is spoken at the macroeconomic level since the 1950s, the concept gained theoretical value in the 1970s, initially in the Scandinavian countries and the United States. In modern society, quality of life is not a simple research topic, being considered a central objective of the political programs as well as of the country development strategies and of the European social projects. Thus, after the 60s-70s, the topic of quality of life knows a rapid expansion in the area of practical concerns in the sciences, political programs, mass-media, Romania being one of the few European countries that has taken over the complex sociological research problem quality of life even since its appearance.

After the Revolution of 1989, in Romania the quality of life has gained importance in the context of the new expectations of the population regarding the improvement of the standard of living. This was further enhanced by the establishment, on January 2, 1990, of the *Institute for Quality of Life Research* (ICCV) within the Romanian Academy. The emergence of this institute, together with other organisms aimed at studying the quality of life, led to the development of a vast specialized literature, as well as a practice in the field, methodically approached, through specific techniques and indicators, in accordance with the standards from West.

In Romania, the research on quality of life has focused on two main methodologies:

- *the subjective approach*: it is based on subjective indicators of life satisfaction that measure the level/degree of personal fulfillment by reference to the real, objective state of the quality of life.
- *the objective approach*, through social, economic, health indicators, which have a measurable character, independent of the opinions, options and evaluations of the population.

Many of the areas of quality of life have been explored more deeply by sectoral research: employment, health, education, family, satisfaction with life and happiness, lifestyles, etc. In the last almost 30 years, other research programs have been completed, which have increased the stock of knowledge about the material and subjective well-being of people: social development, standard of living,

consumption, poverty, social innovation, values, social economy, disadvantaged groups, economic inequalities, social assistance system etc.

The quality of life can be investigated from various scientific perspectives. "The Romanian research strategy was built on the basis of sociology as a theoretical-methodological reference system" (Dumitru, 2015: 55). Also, a peculiarity of the Romanian school of quality of life research is the integration of the descriptive and explanatory approach of the trends in the evolution of living conditions and of the subjective well-being of the people with the construction of social policies and community programs.

2. The elderly population. Conceptual clarifications, particularities and vulnerabilities

The image of the elderly is not always a favorable one and neither active and dignified aging is an absolute reality. Old age is a stage in our lives, it is part of human nature, it is inevitable and impossible to deny by any of us. Even if it is difficult for us to accept the idea of aging and our condition as mortals, we can do nothing but acknowledge our limits and resign ourselves. "From this perspective, humiliating the elderly means humbling our own projection in the future" (Constantinescu, 2008: 303).

At the basis of the definition of old age, there are both *internal factors* (heredity, the increase of the number of neurons coming out, the weight of the brain decreases, the mobility of the excitation and inhibition processes decreases, the latency of the emission of responses to complex excitators increases, the sclerosis of the cells in the receptors, the reduction of the irrigation, the oxygen and brain supply) as well as *external factors* (ecological, social, cultural). A series of events in the social environment (profession, culture, relationship) cause psychological and social changes such as: withdrawal from activity, renunciation of some activities, decrease of biological potential, somatic illnesses, decrease of the number of family members, disappearance of old friends.

From the perspective of the psychological evolution, we notice:

- the attitude or system of attitudes that is elaborated in relation to the complex existential situation of the elder;
- thickening or accentuating personality traits, sometimes in a caricature manner, traits that up to this age have been more or less well mastered or controlled.

Depending on the first aspect, the elderly can be grouped closer to one of the following variants commonly encountered:

- a) the existential situation is perceived as disarming or overwhelming and develops an aging model with high pathogenic risk that favors egocentric traits, introversion, depression, anxiety, hypobulgence, hypochondriac tendencies;

- b) the situation is perceived constructively, sanogenously and develops optimal, sanogeneous aging models, with a balanced structured basic personality, which regroups their forces and reinvests them in an activity according to the new personal, family and social conditions;
- c) the situation is denied and develops a model with high pathogenic risk, that refuses the decreases or deficits of the age, remaining at activity levels that exceed their possibilities.

The regression period is also known as the third age in which fragility and involution dominate. Aging is not a phenomenon associated with certain stages of life, but it is an ongoing process that affects people in different ways throughout their lives. The effects of aging are most evident in cognitive skills, in activity, in social and affective relationships, in sexuality, in creative activity and sometimes in personality.

Old age is a state represented by a multitude of interactions, a swarm of generative and cumulative tendencies, a cross obtained with difficulty and conflict. For this reason, the elderly come to be a distressing topic for our society, to be one of the "vulnerable groups at risk of marginalization bringing to the fore the profile of their needs, as well as possible answers based on services and social support services" (Constantinescu, 2018: 108). This is a group with complex problems, which needs help, and the social policies in Romania thus face one of the most complex problems, after that of the children in difficulty.

The third age is characterized by a series of physical and psychological transformations that determine the emergence of new needs, at the same time being necessary to develop services that will satisfy them. At the international level, there is no established age from which people can be characterized as belonging to the third age, most studies considering that this could be 65 or even 60 years (UNDESA, 2009; UNDESA 2013). There is also a fourth age, which includes people over 80 years old and which involves other specific needs.

The definition of the elderly person is different, depending on the purpose of its use. From a geriatric point of view, "the elderly are those who are in the third or fourth period of existence, the period when the losses and the decline from the physiological, psychological, economic and social level are the most serious, these losses are not always due to a biological involution, being involved simultaneously social, economic and cultural factors" (Pequignot, 1992 apud Nita. 2009: 69).

From a political-legal point of view, the category of the elderly is defined according to the criterion of the chronological age. Age, defined as the time elapsed from the birth of a person to a certain time of observation, constitutes a significant demographic variable: "according to it, each state fixes the rights and obligations associated with the status of citizen (compulsory schooling, majoring, entry on labor market, retirement, etc.)" (Zamfir, Vlasceanu, 1993: 671).

There are several ways of classifying older people. Coreland category of the elderly with different stages of old age, we delimit:

- between 60 and 75 years old, the transition to old age or the age period;
- between 75 and 85 years old, average old age or old age;
- over 85 years old, old age or longevity period (fourth age).

Aging is a process of differentiation within an organism, as from one individual to another. It starts from the moment of birth and continues until the end of life. This process is a characteristic of all living organisms. Old age or senescence (age of senectons) as defined in gerontology is a state, denoting a conglomerate of characteristics that meet to human beings in the last period of life. In the consciousness of many people, aging is confused with old age, which is regarded as a stage of involution of the body, so in a kind, undesirable. The major features of the aging process are: asynchrony, atypism, the insidious aspect, frustrated at the level of the macrosist. (Constantinescu, 2008: 309).

Aging, as a natural process, must be separated by chronological age. Considering aging as a self-process in human development, the age criterion derives a simple ascertaining value. We all age as we get older. It is necessary to make a distinction between the concept of old age and that of senility. Most gerontologists specialize in senility as the final period of deterioration in old age, manifested by a decline in the functionality of the body, especially at the level of the central nervous system.

"Depending on the level at which aging occurs (micro or macro), the distinction is made between individual aging and population aging" (Nita, 2009: 71). The main causes of the population aging (demographic) are related to the decrease of the birth rate and the increase of life expectancy. In defining the process of individual aging, now we consider the complexity of the human being and the way in which aging affects differentially each being, on all planes of existence. Thus, depending on the level of human existence at which individual aging occurs, this can be: biological, psychological, social, spiritual aging. In general, the most obvious is biological aging, but in the mental representation of an elderly person, all levels of life manifestation must be considered.

The Report of the European Commission on Aging for 2012 shows that the population of 80 years and above will increase from 5% to 12%, by 2060 becoming as numerous as the young population. According to estimates, the number of the population aged 65 and over will double at the level of the European Union, and the population of 80 years and over will triple in 2060, compared to 2010 (European Commission, 2011). "The data on Romania, according to the European Commission Report on Aging, for 2012, indicates that the elderly population and life expectancy at 65 will increase in 2060, compared to 2010. The share of the population aged 80 and over 65 years and over will be 38.2% in 2060 compared to 21.2% in 2010 according to European Commission, 2011" (Nicoara, 2014: 114).

In this sense, in the specialized literature, the theory of activity is increasingly discussed, the maintenance of the person in activity at the third age, the more active the person, the more satisfied and more adapted to the social life.

3. Quality of life in elderly people: dimensions of well-being

The quality of life of the elderly is a multidimensional concept, that encompasses both general aspects specific to the whole population (health, employment, housing, family, income, expenses, leisure, political and civic participation, etc.), but also some particularities concerning the various transformations that occurred in their life, related to health, income, social relations, social participation, social protection etc. Studies on the quality of life of the elderly had in view the objective aspects, but especially the subjective ones, considering that the definition of the quality of life depends on the perception of each one (Bond and Corner 2011; Bowling 2005; Walker and Hennessy 2004; Mollenkopf and Walker 2007; Power and others 2005; Gabriel and Bowling 2004; Bowling and Gabriel 2007 apud Marginean, Precupetu, coord., 2019: 325).

According to social gerontology theories - that analyze the impact of socio-economic, political and cultural factors on the aging process (in particular regarding the status and well-being of older people) (Baltes and Baltes 1990; Cumming and Henry 1961; Havighurst 1961; Heckhausen and Schulz 1995) - the elderly face a series of specific problems, related to aging, such as deterioration of health status, changes of roles and retirement which in some cases implies the reduction of income and social interactions or the change of the social role, of the way and lifestyle (Hooyman and Kiyak 2014; Lambriu, 2016). Research based on this concept analyzes the satisfaction with life of the elderly and the positive and negative aspects of aging.

At the same time, the public debate on the aging of the population has led to a widespread awareness of the needs of the elderly, but also of their role in society. Thus, a series of policies to stimulate active aging have been developed, the elderly being considered as active social agents who have the capacity for decision and autonomy and can participate both in society in general, and in the labor market in particular.

The third age can be a qualitatively different experience for each person over 60, depending on the problems they face and how they manage to cope. The quality of life of the elderly is influenced by emotional, cognitive, physiological, economic and interpersonal factors (Hooyman and Kiyak 2008). The stressors (income reduction, loss of life partner, illness, etc.) along with the resources offered from the environment in which the person lives (economic resources, family support, social relations in the community, friends he has etc.) determine the quality of life of the elderly (Hooyman and Kiyak 2008).

At the same time, the quality of life of the elderly is an area of intense debate, both at European and national level. The gerontological studies, which analyze the aging process, are multidisciplinary (biological, psychological, social, medical,

economic, etc.), their purpose being to increase the quality of life of the elderly by analyzing the different aspects characteristic of the elderly. Studies on the quality of life of older people take into account the various changes that affect this category of population (retirement and leaving the labor market, deteriorating health status, reducing social relations, lowering the level of incomes, etc.), analyzing both objective and subjective indicators, in order to identify the importance given by the elderly to the different areas of quality of life and by extending the predominant approach aimed at the health status.

Analysis of the quality of life from the perspective of six areas of well-being - social (indicators: social relations, family relationships, social participation etc.), physics (indicators: medical status, hygiene, nutrition, chronic conditions, accessibility of support/care services etc.), psychological (indicators: emotional health, mental health, stress level, satisfaction, happiness etc.), cognitive (indicators: decision-making capacity, memory, concentration, problem solving etc.), spiritual (indicators: values, beliefs, belonging religious etc) and the environment (indicators: housing conditions, public safety, accessibility of public services etc.) comes to further clarify and deepen the issue of quality of life of older people.

The areas of quality of life are important for all categories of population, irrespective of their socio-demographic characteristics, but taking into account the physical, mental and social changes that have occurred at the level of individuals with the passing of the years and the studies performed on the elderly, which are considered to be main for them: satisfaction with life, environment (housing and public services), social environment, living standards, health, personality, autonomy (Hughes 1990; Corner 2011).

These dimensions are quite large and include many aspects of quality of life specific to this age category, such as family, social realities, access to services, housing, health status, income, etc. At the same time, there are certain socio-demographic characteristics that influence the quality of life of older people, such as ethnicity, religion, social class, gender and even age. Studies conducted by the World Health Organization for the Analysis of the Quality of Life of the Elderly (WHOQOL-OLD) have confirmed some of these dimensions. These aspects are included in various forms in the dimensions of the quality of life of the elder developed by Hughes (1990, apud Marginean, and Precupetu, 2019: 329).

- *Satisfaction with life* is a subjective indicator, being considered one of the most important dimensions of the quality of life of the elderly. It measures the perceived quality of life, being an indicator of global assessment of all dimensions of the quality of life of an individual's life (Marginean, 2005; Tiberius, 2014).
- *The environment in which elderly people live* has a significant influence on the quality of their life, as it includes both the gates of habitation and the accessibility of public or private services.
- *The social environment*, in the context of the role changes and status of the elderly, is another important dimension of their quality of life. We mention

some elements of the social environment: family ties, free time activities and socializing. All these have effects on the physical and mental health, helping the elderly to feel active and useful.

- *The standard of living* is one of the most important dimensions of quality of life in a consumer society. With retirement and other problems that can occur at the age of three (eg. poor health status, reduced mobility), income is essential to ensure the independence of the elderly and their access to quality services.
- *Health* is one of the dimensions of the quality of life of the most studied elderly people, especially since this age period is considered to be characterized by numerous physical and mental disorders.
- *The personality* of people includes elements such as happiness or satisfaction with life that helps to increase the quality of life of the elderly.
- *The autonomy* of the elderly, embodied in their ability to negotiate, make decisions and control the physical and social environment in which they live.

The problems of the third age in Romania affect its social, psychological and environmental well-being. Their range is very varied, but the most important ones concern the low level of living, the chronic diseases and access to health services, poor social protection, quality of housing, low social participation etc. The national study *The situation of the elderly in Romania*, realized in 2015 by the GFK at the request of the Pricipesa Margareta Foundation, shows that the main problems that affect the quality of life of the elderly are:

- financial situation;
- health problems;
- dependence on other people;
- self-perception as being useless and lonely.

The financial situation is the main problem for about 60% of the elderly in Romania, the level of income being very low in relation to their needs. A large number of elderly people are in poverty (14.9% of the population over 65 in 2012), the situation being much more serious in the case of the elderly alone or women over 65 (25, 8% of the elderly alone they are poor).

"The monitoring of the quality of life of older persons aims to create the conditions for an active aging and the prevention of social exclusion" (Stanciu, Mihailescu, 2018: 339). In 2015, the Global Age Watch Index included as main indicators material composition, health status, education and employment, social relations. This index places Romania - with a value of 50.8 - on one of the last places in the European Union (Global Age Watch Index, 2015).

Conclusions

One of the phenomena that strongly affects the population, globally, in the last decades is that of the demographic aging that has multiple causes depending on the specific of each country. The aging of the population implies an increase in the

proportion of the population over the age of 65 and a decrease in the glue with the working age (15-64 years) in the total population. The main causes of the aging population are related to the decrease of the birth rate and the increase of the life expectancy.

The quality of life of the elderly is a topical issue for Romania, which, like most European countries, is facing the problem of demographic aging of the population. Elderly issues are increasingly being debated in the public space since the late 1990s, being brought to the attention of various studies on poverty or social inclusion (Zamfir, 1999; Zamfir 2001; Marginean and Balasa, 2005; Petrescu, 2017).

Older people in Romania face many challenges, from low incomes to chronic illnesses, insufficient opportunities for leisure, socialization and civic participation, poor access to health or social services, poor integration in the labor market or poor quality of work. housing. Besides the state of health, a major role in the perception of quality of life has the economic situation of the elderly. In a certain way, the life near the risk of poverty or social exclusion, as well as the severe material deprivation, decisively influence, in the negative sense, the perception on the quality of life of the elderly in Romania.

Older age is often associated with illness, worries, troubles, shortages, suffering, poverty. It is imperative that the collective mentality change for the better, focusing on the valuable elements of each generation. Beyond loneliness, illnesses and shortcomings, even vices, the elderly possess a particular wisdom and life experience that can be shared by both the congener and the young.

The elderly and the problems associated with the third age period are becoming more and more themes of quality of life research. The quality of life of the elderly is becoming more and more an important field of research in the conditions of increasing life expectancy and the socioeconomic impact that the demographic aging process has. The areas of quality that are the most important from the perspective of the elderly are: the standard of living, social protection, health, social participation, renting and the environment, social relations, family life. These areas of quality of life of the elderly considered important for them refer to the six types of well-being: social, physical, psychological, cognitive, spiritual and environmental.

The social protection and social assistance policies of the elderly in Romania are currently targeting three main dimensions: income protection; medical care; assistance for social integration.

References:

1. Bodi, C. D. (2017). *Persoanele vârstnice: resursă importantă în familie și în societate*. Iași: Institutul European.
2. Constantinescu, M. (2018). *Programe integrate si proactive pentru grupurile vulnerabile*. Bucharest: ProUniversitaria.
3. Constantinescu, M. (2008). *Dezvoltare umană și asistență socială*. Pitești: Universității din Pitești.

4. Dumitru, M. (2015). *Calitatea vieții în România* in Mărginean, I.; Vasile, M. coord. (2015). *Dicționar de calitatea vieții*. Bucharest: Academiei Române.
5. Lambru, M.; Petrescu, C. (2016). *Bottom-up social enterprises in Romania. Case study-Retirees' Mutual Aid Association* in *International Review of Sociology*, 26 (2), pp. 247-261.
6. Mărginean, I.; Precupetu, I. coord. (2019). *Enciclopedia calității vieții în România*. Bucharest: Academiei Române.
7. Mărginean, I.; Vasile, M. coord. (2015). *Dicționar de calitatea vieții*. Bucharest: Academiei Române.
8. Mărginean, I. (1991). *Domenii și indicatori ai calității vieții* in *Revista Calitatea Vieții*, II, No. 3-4.
9. Nicoara, P. C. (2014). *Aspecte legislative privind îngrijirea de lungă durată în căminele pentru persoane vârstnice în România* in *Revista de Asistență Socială*, No. 2.
10. Nita, D. (2009). *Persoanele vârstnice: perspectiva psihosocială* in *Revista de Asistență Socială*, No. 3-4.
11. Otovescu, C.; Otovescu, A. (2019). *The Depopulation of Romania – Is It an Irreversible Process?* in *Revista de Cercetare si Interventie Sociala*, 65, pp. 370-388.
12. Petrescu, C. (2019). *Calitatea vieții vârstnicilor* in Mărginean, I.; Precupetu, I. coord. 2019. *Enciclopedia calității vieții în România*. Bucharest: Academiei Române.
13. Rusitoru, M. V.; Gal, D. (2016). *Strategii pentru promovarea imaginii valoroase și a îmbătrânirii active a persoanelor vârstnice în România* in *Revista de Asistență Socială*, No. 3.
14. Stanciu, M.; Mihailescu, A. (2018). *Suportul social pentru vârstnicii din România* in Zamfir, E.; Precupetu, I. coord. (2018). *Calitatea vieții. Un proiect pentru România*. Bucharest: Academiei Romane.
15. Veenhoven, Ruut. (2000). *The four qualities of life* in *Journal of Happiness Studies*, Vol.1, No.1.
16. Zamfir, C. (1999). *Politici sociale în România*. Bucharest: Expert.
17. Zamfir, C.; Vlasceanu, L. coord. (1993). *Dicționar de sociologie*. Bucharest: Babel.