RSP • No. 55 • 2017: 111-121

ORIGINAL PAPER

A Comparative Analysis of the Educational and Health Indicators in Rural Marginalized Areas from Dolj County

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Abstract
This study presents the results of sociological research carried out in two communes from Dolj County, in order to present, in a comparative manner, the statistical indicators referring to education and health. Human capital is made up of two elements: educational capital and biological capital. To analyze these two elements we started, first, by analyzing the population as a whole in order to correlate better information on education and health, because the number of inhabitants is the expression of the synthetic human potential, available in every community (a rural or an urban one). Respecting the existing pattern in rural communities in Romania, the two communities where we conducted the sociological research are exposed to a demographic decline, which influences, in a significant measure, the employment and, hence, the socio-economic development of the two communities and the possibilities for their development. Thus, our research has analyzed the needs of the two communities that are exposed to demographic decline, which, in the long term, can contribute to the increase of poverty, of social exclusion of certain population groups, such as, for example, women or elderly.

Keywords: *rural marginalized areas; human capital; education; health*

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Introduction

Currently, "in our country, "almost a third of the population (30%) suffers from severe material shortages and cannot afford the goods and services that they deem necessary to have an adequate lifestyle. Approximately 7% of Romanians live in households with very low work intensity. Overall, over 42% of the Romania population is at risk of poverty or social exclusion" (Tesliuc, Grigoraș Stănculescu, 2015: 6).

However, in Romania, the rural environment has been and still is the most affected by the phenomenon of disparities through all its components: schooling, demographic potential, agrarian economy, poverty, health. Nearly half of the population lives in rural areas, and much of it is disadvantaged both in terms of income and lack of infrastructure and basic services. Poverty has a deeply localized character, with the needs of affected communities and populations varying. Therefore, for a Romanian, living in rural areas means being exposed to a risk of extreme poverty three times higher than in urban areas.

Theoretical aproaches on social exclusion and marginalization

Social exclusion is a process whose roots are found in the sphere of economics, sociology or political science. The process of social exclusion produces effects at the level of individuals, communities, progressively removing those "excluded" from other social groups or from other communities (in the case of marginalized communities).

In most countries, "the accelerated pace of economic and technological development produced significant changes in the quality of life of individuals, social structures and family, but also in the demographic processes, such as the fact that increasingly more people live longer and reach old ages". (Gheorghiță, 2016: 72)

Being aanalyzed in some specialized papers also in relation to other concepts: the concept of "downgrading" (Bourdieu, 1984), "social disqualification" (Paugam, 2005), "unaffiliation" (Castel, 1994), social exclusion refers to a process and a state of things that prevent individuals and social groups from fully participating in social, economic and political life. At the same time, social exclusion refers to preventing certain categories of people from engaging in those processes that generate well-being.

In other papers, social exclusion is analyzed separately from poverty: thus, it is promoted the idea that social exclusion does not necessarily imply the idea of poverty: it is about breaking relations with the rest of society, even family relations. On the other hand, poverty can turn into social exclusion: the low level of income puts the individual in a position of inferiority to other individuals, depending on the indicators referring to the type of housing, until the holidays spent abroad. From here onwards, there will be a state of cultural impoverishment, which first manifests in education (Room, 1998).

There are three characteristics of social exclusion: the relativity, the trigger agent, and the dynamics: "*the relativity* – social exclusion is defined by the existent social rules and criteria, at a certain point in time, especially in the area of consumer goods; *the trigger agent* – individuals and can exclude themselves or be excluded from others; *the dynamics* - social exclusion is a process that involves an interaction of circumstances, facts and events from different areas of existence that extend over a certain length of time" (Atkinson, 1998).

Both in the specialized papers and in the reports and studies developed by international organizations (UN, 2010), there are several indicators measuring social exclusion, of which we have selected the ones below: economic indicators: income level, welfare uptake level, number of individual bankruptcies; indicators on education and

training: education level, school attendance rate, literacy rate, graduation rate, school dropout rate; employment indicators: employment rate, unemployment rate, employment in social enterprises, discrimination; indicators on housing: housing quality, housing costs, proximity to public services; health indicators: proximity to health service providers, health service costs, number of medical staff/capita, the number of treatments etc. (Damon, 2010; UN, 2010; Levitas, Pantazis et al., 2007).

Sociologists are aware of the fact that the exclusion is accompanied with professional difficulties (long term unemployment), but also with a loss of social relations. They are excluded those who have difficulty integrating into the professional sphere and who, at the same time, do not have or have a relational network enabling them to be inserted into the social network. "Social exclusion and inclusion are multidimensional concepts. The economic dimension - income and employment - is undoubtedly decisive. Also, urban, social, cultural and political dimensions must also be taken into account. For example, someone can be economically acceptable, but can be excluded from the urban point of view, if he lives in an area considered to be very poor. However, there is more to it: social inclusion is not only linked to the financial aspects as a basic condition (for example, living conditions and income) but also, more than that, by the subjective aspect: self-esteem and the feeling of belonging to a community" (Duminică, Cace, Arpinte, Ionescu, Iova and Sali, 2004: 22). With regard to sociological approaches to social exclusion, we can say that there are three categories of theory that analyze this issue:

1) **the theories of classical sociology** – which regroup Emile Durkheim, Georg Simmel and Max Weber.

Emile Durkheim analyzes the concept of social exclusion, by reference to two other concepts: social integration and social solidarity (Durkheim, 2008). In his view, social exclusion must be seen in correlation with poverty.

In fact, the approach of exclusion/poverty is also found in other sociology papers. We take into account the perspective expressed by Georg Simmel at the beginning of the 20th century in a work re-published in 2005, in which the author gives the following definition to the poor: "the poor is the person whom society considers to be poor" (Simmel, 2005).

It is a relational perspective on poverty (which we also find in the theory of labeling, at William Thomas and Howard Becker), a perspective that highlights the fact that the poor are not defined in terms of deficiencies and deprivations but especially according to "the collective attitude that society adopts as far as they are concerned" (Simmel, 2005).

2) **the theories of deviance** (School of Chicago) **and labeling** (Becker, 1985 [1963]); they promote the idea that the "excluded" are recomposing for themselves a new social order, that is an alternative one and invisible from the outside.

Thus, in W. Thomas and F. Zananiecki's work we find the idea that is "the environment, especially the urban one, which is the first factor of the delinquency and social exclusion" (Thomas, Zanieniecki, 2015).

Basically, in the view of the Chicago School sociologists "social exclusion is a lack of belonging, failure to accept and recognition. People who are socially excluded are more economically and socially vulnerable, and therefore tend to have lessened experiences in life" (Freiler, 2002).

3) **Theories of contemporary sociology** - such as, for example, Mary Douglas's view that the process of exclusion acts as "a reinforcement in the nascent constitution of

a latent group and (it is) the result of the institution of a new social order" (Douglas, 2003). Thus, "exclusion, poverty, disintegration, disaffiliation, marginality ... all share a lack, a lack of integration. We speak of exclusion (or precariousness) if there is a partial or total lack of access to employment or if there is a weakening of social or relational links" (Hélardot, 2000: 12-14.)

Another theoretical approach is that one that starts from a definition that tells us that "social exclusion represents a multidimensional process in both the professional and the relational spheres, and it can also affect other aspects of living conditions such as housing or access to care" (Doumont, Aujoulat, Deccache, 2000:4). In fact, this approach distinguishes two types of exclusion that exist jointly in our "modern" world: exclusion ***from*** the social system and exclusion ***in*** **(*within*)** the social system (Doumont et al., 2000*:*5), which correspond also to the two types of exclusion presented by Durkheim: excluded ***by*** society and excluded ***from*** society (Durkheim, 2008). The first concerns those who are rejected from the system because they no longer fit into the criteria for being part of society; the second refers to those who have never been integrated and those for whom exclusion from the world of work is perpetuated. They form a separate subgroup whose size increases with time.

In other papers we encounter social exclusion defined by reference to a particular social system: "a limitation of social roles (professional, social, family), which can lead to health problems and specific morbidity" (Siegrist, 2000: 1283-1293). In some specialty studies from France (Castel, 1994, Paugam, 2005), social exclusion is analyzed in relation to the phenomenon of poverty, which is three types: integrated poverty (*pauvreté integrée)*, marginal poverty (pauvreté marginale), and disqualifying poverty (*pauvreté discalificante*). The first of these types is ***integrated poverty***: the number of what we call "poor" is very high, and these differ very little from other strata of the population. Their situation is so well-known that the discourse around the issue is not about solutions for a particular social group (the poor) but about solutions for social, economic and cultural development, in the general sense. In collective representations, the poverty of the population is linked to the poverty of a particular region. Because the number of the poor is very high, they do not face social exclusion because they are very well integrated (and inserted) into social networks that are created around the family, neighborhood, or village. This perspective on poverty (which does not necessarily imply social exclusion) is also encountered in other papers defining the excludes as being "collections (and not the collectives) of individuals who have nothing in common except to share the same lack" (Castel, 1995). Another author examining the exclusion from the Durkheimian perspective in the twentieth century is Claude Dubar, according to which "one can not understand anything to the exclusion if it is not analyzed how it is produced by institutions like economic enterprises, school, city" (Dubar, 2002: 48). In fact, Castel and Dubar are part of that category of sociologists who see the social exclusion as being "a pathology that would suffice to treat. The sociologist would take charge of the diagnosis and suggest therapeutics to regain the previous situation: order and social harmony, which is integration" (Dubar, 2002: 51).

The marginal poverty is that type of poverty that refers to a lower number of people living in economically and socially developed societies where the unemployment rate is very low; so the poor appear to be a "social case" and they are often stigmatized. According to this type of poverty, in the collective consciousness "excluded" are those people who could not adapt to the modern civilization, who could not keep up with the

rythm of development and comply with the norms imposed by the industrial society (Paugam, 1998:48).

Moreover, starting from the idea that marginalization is a removal/exclusion, one of the concepts that are analyzed in correlation with social exclusion is marginalization, which is regarded as "a peripheral position, isolation of individuals or groups with drastically limited access to the economic, political, educational and communicative resources of the community" (Rădulescu, 2003: 338)

Disqualifying poverty is a type of poverty that makes more reference to social exclusion. In this third type, the number of the poor is growing, and they are in a state of ependence on the social action institutions. Faced with situations of social precariousness, those in this category experience at least one of the following: low income levels, poor housing and health conditions, fragility of family ties, poor participation in any form of institutionalized social life. These situations generate the feeling of social futility and social devaluation (Paugam, 1998:53). According to Paugman, individuals are the subject of a true labeling by the work entreprise, sometimes accompanied by stigmatization, the unemployed or excluded being presented as lazy people living "in the hooks of the working society". In this way, with the rising of the unemployment, especially youth unemployment, with the increasing precariousness of jobs, the development of visible poverty and violent demonstrations, the theme of the "new poverty" and exclusion has become central to scientific research (Paugam, 1996).

In the Romanian sociological literature there are mentioned two main types of poverty: relative poverty and absolute poverty. The relative poverty is defined as "the absence of the minimum level of resources that ensures a decent functioning of the person/family in a given social-cultural context" (Zamfir, 1995: 14). The absolute poverty represents "the lack of minimum living conditions necessary for survival in the society". This means marginalization and social exclusion and comes at this stage from the main cause of our times, "that of the impossibility of individuals or groups of people to be autonomous and useful to their entourage" (Zamfir, 1995: 15).

Methodology

For the secondary data analysis, we have taken into account the statistical data that we have collected in order to create and justify the profile of the two marginalized communities from Dolj County, starting from the two dimensions of the human capital: the educational capital and the biological capital. We have choosen the thow communities taking into consideration the following sociological arguments: they are characterized by a significant share of the population at risk of poverty, limited access to all social and medical services, an underdeveloped infrastructure; they are at the bottom of index of Romanian villages in terms of economic potential - infrastructure, social, medical educational services, access to employment and level of development of human capital etc. (Giurgița - rank 2272/2861, Goicea – rank 2851/2861); theY have a high poverty rate and inclusion in the category of marginalized areas; they have a high school dropout rate with poverty as the main cause; outdated school infrastructure; limited access to medical and social services; they have a high level of unemployment - one of the highest in the Dolj County. We present bellow a briefly a socio-economic profile of the two analyzed communities, which complements the justification of their attribute of "marginalized rural communities":

Table 1: A briefly socio-economic profile of the two communities

GOICEA	GIURGIȚA
• Population: **2670** inhabitants	• Population: **2883** inhabitants
• Percentage of people with disabilities, chronic illnesses or other conditions that limit their daily activities**: 41,10%**	• Percentage of people with disabilities, chronic illnesses or other conditions that limit their daily activities: **35,41%**
• Percentage of 15 -64 years persons who have completed a maximum of 8 classes (gymnasium)**: 66,47%**	• Percentage of 15 -64 years persons who have completed a maximum of 8 classes (gymnasium): **58,07%**
• School dropout rate**: 3,1%**	• School dropout**: 4,2%**
• Unemployment rate**: 7,5%**	• Unemployment rate: **9,47%**

In our analysis, statistical data from Romanian Census of Population and Housing (National Institute of Statistics), 2011; Regional Department of Statistics– Dolj; Regional Agency for Employment Services –Dolj; Conty School Inspectorate – Dolj; Public Health Department- Dolj; County Council – Dolj; Halls of Goicea and Giurgita, Dolj County.

Discussion and Results

Human capital is made up of two elements: educational capital and biological capital (Becker, 1997). To analyze these two elements we started, first, by analyzing the population as a whole in order to better correlate information on education and health, because the number of inhabitants is the expression of the synthetic human potential, available in every community (a rural or an urban one). On the **education dimension** we have analyzed the followintg indicators: the population structure (by sex and age); population dynamics, during 2002-2011; the percentage of persons (10 years and over 10) who graduated maximum lower secondary school- gymnasiun; number of pupils and teaching staff. Respecting the existing pattern in rural communities in Romania, the two communities where we conducted the sociological research are exposed to a demographic decline, which influences, in a significant measure, the employment and, hence, the socio-economic development of the two communities and the possibilities for their development.

Table 2: Structure of the population (by sex)

GOICEA	Total populatie	2760	GIURGIȚA		2883
	Masculin	1328		Masculin	1418
	Feminin	1432		Feminin	1465

Source: Romanian Census of Population and Housing (National Institute of Statistics), 2011

As we may observe from other sociology reports and papers, marginalized communities where the population is at risk of poverty are often those communities that are confronted with the problem of demographic decline. Therefore, to illustrate this point, for the two communes, we have analyzed the population dynamics, from 2011, compared to 2002 (when the penultimate Census of Population and Housing was carried out in Romania). If we compare the data presented in the tables below, we will observe that, as compared to 2002, for example, the population of Goicea registered a decrease of 11.93%, which, in the long run, can have important consequences for the evolution of the population, also with an impact on education and the labor market

Table 3: Population dynamics, during 2002-2011

	Volume of population 2002 Census	Volume of population 2011 Census	Difference 2011, by 2002 (%)
GOICEA	3134	2760	**11,93**
GIURGIȚA	3219	**2883**	**10,44**

Source: National Institute of Statistics, *Tempo-online database*, 2017

Thus, our research has analyzed the needs of two communities that are exposed to demographic decline, which, in the long term, can contribute to the increase of poverty, of social exclusion of certain population groups, such as, for example, women or elderly. In terms of percentage of population who graduated maximum gymnasyum, both of the communities are marginalized, if we consider that for this indicator, the minimum limit for validation as a marginalized area is **22%**

Table 4: The percentage of persons (10 years and over 10) who graduated maximum gymnasium (2015)

	Minimum limit	Percentage	Validates the area as marginalized
GOICEA	**22%**	**66,47%**	Yes
GIURGIȚA		**58,07%**	Yes

Source: National Institute of Statistics, *Tempo-online database*

In both of the communities, in primary and secondary education in rural areas we recorded a low ratio pupils/teacher: 10,6-11,6 pupils for 1 teacher, which is below the standard ratio, nationally reported for rural areas - 12.7 (according to the Eurostat). This demonstrates that personnel policies and measures to rationalize the network in rural schools still do not have the expected effectiveness.

Table 5: Teaching staff by level of education (primary and secondary)- 2015

Cathegories	Number	Ratio pupils / teacher	
Total number of pupils	174	**11,6**	**GOICEA**
Teaching staff by level of education (primary and secondary)	15		
- **Among which in primary**	7		
Total number of pupils	244	**10,61**	**GIURGIȚA**
Teaching staff by level of education (primary and secondary)	23		
- **Among which in primary**	5		

Source: National Institute of Statistics, *Tempo-online database*

Regarding the education dimension, from the indicators that we have analyzed in the two communes, we found that this is a low school attendance, early school leaving and high school dropout rate. This may contribute to their perpectuation in the

”marginal” poverty, if we take into consideration the fact that “education and implicitly continuous professional training have a major contribution to maintaining a socio-economic equilibrium in a dynamic contemporary society” (Niță, 2016:83)

At the same time, as everywhere in the countryside, most of the time is allocated to household and agricultural work in the plots of land near the house or in the outlying area, being an activity that plays a very important role in securing the goods and /or resources necesseray for the daily living. Therefore, in those families where children aged between 6 and 16 are attending school, the activity of homework supervision is often neglected. On the **health dimension**, we have analyzed the following indicators: percentage of people with disabilities, chronic illnesses or other conditions that limit their daily activities; categories of health units; categories of medical staff; the number of physicians for 1,000 inhabitants. These are also indicatiors that we find also in European official doccuments, because “health represents perhaps the most sensitive issue of social policy. Currently, European countries cooperate to support national health systems by developing health services available at reasonable prices and expanding the coverage of health insurance” (Goga, 2014: 202). Regarding the population health indicators, as indicators specific to the size of human capital, the first of these that we will present is related to the share of people with disabilities/chronic diseases or other diseases that limit the daytime activity, being an indicator to be completed (starting from a minimum threshold) for the inclusion of the community in the sphere of marginalized areas. In the context of socio-economic development, this indicator is not viewed only in terms of living standards, but also in terms of the implications that it has on the quality of the workforce, because a healthy population means a healthy workforce that can contribute actively to development of these two communities

Table 6: Percentage of people with disabilities/chronic diseases or other diseases that limit the daytime activity

	Minimum limit	Absolute data	Percentage	Validates the area as marginalized
GOICEA	8%	1300	**41,10%**	Yes
GIURGIȚA		1021	**35,41%**	Yes

Source: City Halls of Goicea and Giugița, Dolj, august 2016

Regarding the infrastructure of sanitary units from two communes, we can say that this is deficient, if we take into account the data provided by the National Institute of Statistics for the year 2015 when we have the following situation:

Table 7: Infrastructure of medical units (2015)

Categories of medical staff	GOICEA	GIURGITA
Physicians	2	3
of total physicians: family physicians	2	3
Medical staff (medium level of qualification)	2	3

Source: National Institute of Statistics, *Tempo-online database*

By reporting the units and health personnel from the two communes to the demographic body, we obtain the following situation: 1380 inhabitants for a medical unit

in Goicea, 961 inhabitants for a medical unit in Giurgita. These are relevant indicators expressing the accessibility of the population from the two communities to qualified healthcare, because the access of people to health services has direct implications firstly on the general health of the population from the two communities.

Table 8: Number of inhabitants for a medical unit (2015)

	Residents/medical unit
Goicea	1380
Giurgița	961

Source: National Institute of Statistics, *Tempo-online database*

One of the most important indicators is that of *the number of medical staff per 1000 inhabitants,* their distribution in the territory and their number, an indicator that is relevant for the quantitative assessment of the medical infrastructure and expresses the accessibility of the population from the two communes to qualified medical assistance. The results are presented in the table bellow, from which we may conclude that the indicators are below the national average – 2,5 or the EU average – 3,4 (according to Eurostat)

Table 9: The number of medical staff per 1000 inhabitants (2015)

	Number	**EU average**
Goicea	0,72	**3,4**
Giurgița	0,96	

Source: National Institute of Statistics, *Tempo-online database*

The health infrastructure of the two communities is deficient both in terms of quality and quantity. There is no well-equipped polyclinic, there is no permanent medical assistance, but only once or twice a week. Thus, the health status of the population in the two communities is an indicator of their development; There are also here "diseases of poverty" (which, unfortunately, are healed through traditional medicine), whose expansion demonstrates the precariousness of a social organization or the interest in the development of these two communities. The two rural communities that we have analyzed are characterized by a state of "vertical poverty" (Bădescu, Cucu Oancea, Şişeştean, 2009), which is a "community poverty" (of the entire community), and in the global context it is a structural poverty, that "it stems from the structural disparities of the population, not from specific, non-ethnic, demographic or other factors" (Mărginean, 2010: 163).

Conclusions

In rural margilanized areas, poverty is a factor that affects the quality of education, obstructing acquiring of the necessary skills for child (pupil) learning. These skills can be severely affected if the child (pupil) is malnourished or if the household standard of living is very low. We can talk about a vicious circle: increasing poverty has a strong impact on the quality of education; poor quality of education leaves its mark on the perception on the usefulness of education, which in turn has a direct impact on the decision of parents to maintain their children in school and on the decision of young people to attend a superior educational level. These decisions have an impact on long-term

economic growth, which entails maintaining a state of poverty of the population of a community.

If we analyze the relation between poverty and health, we may observe the same vicious circle: poverty causes malnutrition, limited access to healthcare, increases vulnerability to risk factors. Poor health reduces work capacity, individual productivity and family income, it affects quality of life, causing or perpetuating, finally, poverty. The consequences of the lack of food and money are translated also by poor health and lack of habit of attending medical offices or clinics from the village. Material deprivation are reflected in the mental state of individuals: most of them postpone the doctor visits and are treating themselves or go to the family physician and emergency room when their health conditions worsen.

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Article Info

Received: July 05 2017
Accepted: August 20 2017