

*Demographic Shift and Elderly Care in Turkey***Türkiye’de Demografik Dönüşüm ve Yaşlı Bakımı****Doğa Başar SARIİPEK**

Yrd. Doç. Dr., Kocaeli Üniversitesi, İktisadi ve İdari Bilimler Fakültesi

Ekim 2016, Cilt 6, Sayı 2, Sayfa 93-112
October 2016, Volume 6, Number 2, Page 93-112

P-ISSN: 2146 - 4839

E-ISSN: 2148-483X

2016/2

www.sgd.sgk.gov.tre-posta: sgd@sgk.gov.tr

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Cilt:6 - Sayı: 2 - Yıl: 2016 / Volume: 6 - Number: 2 - Year: 2016

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Yayın Türü: Uluslararası Süreli Yayın / *Type of Publication: Periodical*

Yayın Aralığı: 6 aylık / *Frequency of Publication: Twice a Year*

Dili: Türkçe ve İngilizce / **Language:** Turkish and English

Basım Tarihi / Press Date: 31.10.2016

Sosyal Güvenlik Dergisi (SGD),

TUBİTAK ULAKBİM - TR

ASOS INDEX - TR

SOBIAD - TR

EBSCO HOST - US

INDEX COPERNICUS INTERNATIONAL - PL tarafından indekslenmektedir.

Journal of Social Security (SGD), has been indexed by

TUBİTAK ULAKBİM - TR

ASOS INDEX - TR

SOBIAD - TR

EBSCO HOST - US

INDEX COPERNICUS INTERNATIONAL - PL

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Tasarım / Design: 360 Sosyal Medya Reklam Tic. Ltd. Şti. • www.sosyalmedya360.com

Basım Yeri / Printed by: 7 Punto Tasarım - Matbaacılık Ltd. Şti. • www.yedipunto.com

İletişim Bilgileri / Contact Information

Ziyabey Caddesi No: 6 Balgat / Ankara / TURKEY

Tel / Phone: +90 312 207 88 91 - 207 87 70 • Faks / Fax: +90 207 78 19

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Demographic Shift and Elderly Care in Turkey

Türkiye’de Demografik Dönüşüm ve Yaşlı Bakımı

Doğa Başar SARIİPEK*

ABSTRACT

The goal of this study is the analysis of the current situation of the elderly care in Turkey. Many countries redesign their policies in the scope of value-added targets, like active aging, successful ageing etc. The elderly are aimed to become persons who are self-sufficient and useful both for themselves and their social environment, instead of being passive beneficiaries of formal supports. Turkey, however, still seems away from conducting systematic measures, except for a few ineffective strategy papers and regulations despite of the rapidly increasing elderly population. Existing services and institutions are insufficient to meet the care needs of the elderly and provide them decent lives. Accordingly, Turkey still relies on cultural and traditional protection nets to a great extent in this field. Changing socioeconomic conditions, however, threaten these traditional protection nets. Consequently, in the lack of effective formal measures, the elderly are expected to adapt themselves to changing conditions and redefine their roles in families and society. Therefore, governments need to enhance the quality of existing services in order to improve the health and living conditions of the elderly.

Keywords: Elderly care, Turkey, informal social protection, demographic shift

ÖZ

Bu çalışmanın amacı, Türkiye’de yaşlılara yönelik sosyal koruma sisteminin değerlendirilmesidir. Dünyanın birçok bölgesinde yaşlıların korunması politikaları aktif yaşlanma, başarılı yaşlanma gibi katma değer sağlayıcı hedefler etrafında yeniden şekillendirilmektedir. Yani yaşlıların pasif yararlanıcılar olmaktan çıkarılıp, kendisi ve etrafı için faydalı ve sorumlu bireyler haline getirilmesi amaçlanmaktadır. Ancak Türkiye, hızla artan yaşlı nüfusuna rağmen, bu konuda birkaç cılız strateji belgesinin ve yasal düzenlemenin haricinde, hala sistemli önlemler uygulamaktan uzak görünmektedir. Mevcut hizmetler ve kurumlar, yaşlıların bakım ihtiyaçlarını karşılamada ve insana yaraşır bir yaşam sunmada yeterli değildir. Türkiye’nin hala yaşlıların sosyal güvencelerini büyük ölçüde kendi toplumsal, kültürel ve geleneksel yapısı temelinde sağlamaya çalıştığı söylenebilir. Ancak günümüzün değişen sosyoekonomik koşulları bu geleneksel ilişki ağlarını tehdit etmektedir. Sonuç olarak, formal ve sistemli koruma tedbirlerinin yokluğunda Türkiye’de yaşlılar bu değişen koşullara bizzat kendileri adapte olmaya çalışmakta ve aile içindeki rollerini yeniden tanımlamaktadır. Bu nedenle, hükümetlerin yaşlıların yaşam ve sağlık koşullarını geliştirmek için, mevcut kurumların ve hizmetlerin kalitelerini arttırması gerekmektedir.

Anahtar Sözcükler: Yaşlı bakımı, Türkiye, enformel sosyal koruma, demografik dönüşüm

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(Makale gönderim tarihi: 17.05.2016 / Kabul tarihi: 18.08.2016)

INTRODUCTION

Ageing of the populations emerged as one of the most noteworthy developments of the 21st century in many countries. People started to live longer, basically as a result of the decrease in birth rates and improvements in health care. This is not simply a demographic shift and may mean a number of new burdens for society. Therefore, a combined and integrated policy packet which is supposedly strengthened by the perspectives of social security, health, environment, education, business opportunities, socio-cultural activities and family life is definitely required.

In developed countries, where the ageing of the population is a more long-standing problem, studies and assessments focus mainly on two issues. The first group of studies approaches the issue from society perspective and includes the socioeconomic effects of ageing. Other studies, on the other hand, focus basically on the quality of life of the elderly population by analysing their social, economic and cultural needs while trying to ensure that elderly people participate completely in social life without being excluded. It is possible to infer from most of these studies that influential results are obtained in the struggle against the ageing problem in these countries.

However, ageing is not only the problem of the developed world; in fact, it is a more crucial problem for developing countries owing to the fact that these countries have not completed their economic and social welfare developments yet. Therefore, formulation of the required policies and inclusion of the elderly into society may be more challenging in developing economies than the developed ones.

Considering the rapidly rising ratio of the elderly in Turkey, which was 5.7 in 2005 and is expected to be 17.6 by 2050 in total population, proper evaluation of the possible consequences should be completed immediately before the issue turns into an alarming situation. Put clearly, as the number of the older people grows rapidly in Turkey, care needs will expand hugely in the near future. Therefore, the governments in Turkey need to be totally ready to face this challenge institutionally and provide decent lives for the elderly.

This study includes three main sections. The first section approaches the ageing problem from a global perspective and highlights how this phenomenon becomes a common problem for most parts of the world. The second section puts forward the basic demographic trends in Turkey by the help of the statistics covering near past and estimations for near future. Next section reveals the elderly care problem in Turkey basically and is composed of two sub-sections. In the first part, the informal relationships and social protection nets of the elderly, as well as their traditional roles and places both in families and in society, are explained thoroughly. And then, the formal and institutional measures taken against the problem of the elderly care are analysed by considering the societal and cultural transformations of the near past. In the last part of the study, a general assessment and policy recommendations for the future take place.

I- AGEING AS A GLOBAL ISSUE

Age distribution of the world has been altering rapidly by the dramatic increase in the elderly population since the second half of the 20th century. The number of the elderly above 60 years old, in this sense, is estimated to reach 1.2 billion in 2025, 1.3 billion in 2040 and 2 billion in 2050 across the world. Besides, at the end of the first half of the 2000s, the number of the fourth aged people who are above 85 years old will be 6 times higher than the number of the third aged people who are 65 years old (TYDYUEP, 2013: 4).

Major developments, such as slowdowns in birth rates, longer life expectancies, improvements in nourishment opportunities, health care services, and innovations in medical technologies etc. paved the way for the worldwide increase in the elderly population. Life expectancy at birth in Europe, for instance, increased 20 years between 1900 and 1950 and is forecasted to add another 10 more years by 2050 (SPO, 2007: 6). World Health Organization data indicate that the share of the older people in Europe is expected to reach 25 percent in 2050 (WHO, 2016). This is why Europe is widely known for being the “oldest” continent in the world (Kinsella and Phillips, 2005 :7).

Besides being an inevitable physiological process, ageing has also significant outcomes regarding health, socioeconomic and cultural structure as well. Successful evaluation of the transformations in the demographic structure is, therefore, crucial to determining the possible adverse effects of ageing. Many countries, to this end, design numerous policies and projects with the purpose of coping with this phenomenon with the least damage or even turning it into an opportunity in addition to the improving the quality of life and health of the elderly population.

In this sense, ways of realizing the goals of active aging, successful aging or fourth age arrangements have always been a matter of contention. The concept of active ageing was introduced by the World Health Organization in the late 1990s. This concept simply means a healthy ageing and a satisfactory level of wellbeing without ignoring the goal of ensuring active participation in all parts of daily life (Kinsella and Phillips, 2005: 36). Solidarity among family members from all generations and within society is another crucial issue which all countries including Turkey should empower in this process.

The level of solidarity is determined basically by the culture and traditions of a society, not the policies implemented and enforced by governments. Put differently, essentially the socio-cultural factors determine the way of getting old for every individual. Even if the ageing process seems only the concern of the individual, social customs and cultural values conclude the position of the elderly in a society. This is the main reason why the process of ageing is not just a physical and individual, but also a social and cultural process as well.

The concept of successful ageing, on the other hand, has a variety of dimensions including health, a high level of wellness, social and psychological satisfaction. Therefore, physical, mental and cognitive health, social competence, functionality, self-reliance, and enjoyment of life altogether address successful ageing. As a combined concept including individual characteristics and social capabilities at the same time, successful ageing of an individual is determined by the public social services including psycho-social, economic and physiological support (SPO, 2007: 1).

Fourth age is a rather new concept in the field of ageing. It concerns a more limited span of the population and thereby, a more limited number of countries. There are various studies to define the concept. As the common features in all definitions, fourth age, which is sometimes referred to either as the disability zone or the oldest old, addresses generally the 85 and older age group (Johnson and Barer, 1997; National Institute on Aging, 2003). Fourth age is characterized by illness, frailty, ever increasing dependence and non-self-sufficiency as well as the imminence of death (Lamdin and Fugate, 1997: 30–31). Baltes and Smith (2002: 2) also confirm the biocultural incompleteness, vulnerability, and unpredictability as the essential indicators of the fourth age. They claim that nearly all people who are in their mid-80s exhibit these symptoms of the fourth age. Considering the symptoms, fourth age may start at an earlier age and people in their 70s or even their 60s may be living their fourth age time (Williamson and Asla, 2009: 77). However, it seems early for Turkey to talk about fourth age considering the present age distribution of the population. Turkey is still in the third age period and experiences the problems which are mainly related to it, not the fourth age.

II- RECENT DEMOGRAPHIC TRENDS IN TURKEY

Turkey has more or less the same demographic characteristics of the elderly as in other developing countries, with some unique sides (Cankurtaran and Eker, 2007: 67) Turkey, as a country having around 77 million people in total, has approximately 6 million people of aged 65 and over, which equals to 7.5 percent of the total population. Distribution of 65 and over years of age changes upon rural to urban areas, which is 4.86 and 2.65 percent, respectively (TYDYUEP, 2013: 8). This difference may be attributed to the employment-oriented internal migration flows among the young population.

From a historical perspective, on the other hand, a fluctuation in the share of the elderly population in Turkey is evident. To this end, first a decrease from 3.9 to 3.3 between 1935 and 1950 was measured, but afterwards, a steady and regular increase period started. A big leap happened in the share of the elderly population in the 1990s. In short, from 1935 to today, the share of the elderly population in total population has doubled in Turkey (TurkStat, 2016a) Put precisely, it is possible to call the general population structure of Turkey “aged” since 2009.

Depending upon the calculations and estimations, both number and rate of the elderly in Turkey are expected to increase continuously during the 21st century. Considering Table.1 as a whole, both a declining trend in 0-14 age group and an increasing trend in the elderly population can be seen at the same time. To this end, 0-14 and 15-19 age groups are estimated to be fixed and the 25-54 age group will start to decrease rapidly in Turkey as of 2025 (SPO, 2007: 49) In other words, a relatively more outstanding increase in the elderly population than other age groups stands out based on the evaluation of the statistical data measured since 1935. The proportion of citizens aged 65 and over, in this regard, is now 7.7 percent and is expected to increase to 10.2 percent by 2023, 20.8 percent by 2050 and 27.7 percent by 2075. These percentages indicate a clear increase from 3.8 million in 2000 to 8.6 million in 2023 and around 19.5 million by 2050 (TurkStat, 2016b; State Planning Organization, 2007: 7).

Table 1. *Proportion of Age Groups within the Overall Population*

Year	0-14(%)	15-64(%)	65+ years(%)
1935	41.4	54.7	3.9
1940	42.1	54.3	3.6
1945	39.5	57.1	3.4
1950	38.3	58.4	3.3
1955	39.3	57.3	3.4
1960	41.2	55.2	3.6
1965	41.9	54.1	4.0
1970	41.8	53.8	4.4
1975	40.6	54.8	4.6
1980	39.1	56.1	4.8
1985	37.6	58.2	4.2
1990	35.0	60.7	4.3
2000	29.8	64.5	6.7
2007	26.5	66.6	6.9
2008	26.3	66.8	6.9
2009	26.0	67.0	7.0
2010	25.6	67.2	7.2
2011	25.3	67.4	7.3
2012	24.9	67.6	7.5
2013	24.6	67.7	7.7
2023	21.2	68.6	10.2
2050	15.7	63.5	20.8
2075	14.6	57.7	27.7

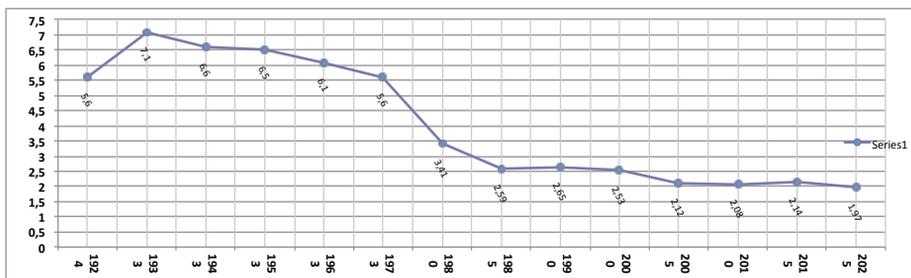
Source: TurkStat, Censuses and Projections.

Considering the calculations and forecasts above, Turkey is one of the most rapidly ageing countries in the world. This is why Turkey should immediately stimulate studies and debates over a healthy, functional and effective ageing period and caring issues. Otherwise, governments

will be blindsided by the socioeconomic, psychological, cultural and physiological problems related to the ageing process.

More importantly, as a part of the demographic transition period that Turkey has been through, total fertility rate is expected to drop to the replacement level in the near future. A continuous declining trend in fertility rate, in fact, has been the case in Turkey since 1950s due to giving up the pronatalist policies which was started by the proclamation of the Republic. Consequently, the fertility rate, which was over 6 percent in 1950s, declined approximately to 2.2 percent presently. The speed of the decline increased in the 1970s notably and since then, a reduction of 61 percent in total has been the case in Turkey (TYDYUEP, 2013: 7).

Graph 1. Total Fertility Rate



Source: TurkStat, Basic Fertility Indicators.

III- ELDERLY CARE IN TURKEY

The right balance between familial solidarity and the public support in Turkey has been a centre of concern among researchers for a long time. As it is not easy, however, to design a universal standard for this balance, the best thing to do would be to decide the correct combination between these two care mechanisms in accordance with the need level of the elderly. Therefore, revealing existing state and needs of the elderly as well as their socioeconomic, cultural and demographic characteristics is crucial to plan the required caring services and include them socially.

Unlike many high-income countries, where the old age is commonly considered to begin with the 65 years of age, 60 is defined as the beginning of old age in Turkey (SHCEK, 2006). This discrimination is important as being the threshold for admission to the residential long-term care facilities. However, according to the “An Investigation of Turkish Family Structure: Proofs, Recommendations (AITFS)” report by the Ministry of Family and Social Policy, 66 percent of the elderly live either alone or just with their spouses. Considering only 20 thousand older people out of 6 million reside in a residential care facility as of 2012, the insufficiency of the number of care facilities to meet the institutional care needs of the elderly is beyond dispute (AITFS, 2014: 103-109).

Even if traditional kinship solidarity bonds have been strong in Turkey for centuries, it is not possible to classify Turkey neither individualistic nor communitarian solely based on several reasons. “Interdependence Model” of human development is claimed to be the correct classification for Turkish case. Communitarian and individualistic tendencies take place in this model with a special synthesis and balance. In such a society, that’s showing both individualistic and communitarian features at the same time, families have a central place in meeting the needs of the elderly and the level of the elderly who doesn’t receive any support from their families would be really low. A relatively disadvantageous side of this situation is that families might act reluctantly to search for and accept institutional assistance set for the elderly (İmamoğlu, 1987).

In the lack of an effective formal care insurance model in Turkey, the issue of elderly care is still a problem required to be solved within the family and deeply depends on the goodwill of the family members. The main role in the elderly care is expected to belong to the spouse first and since the women live longer than men generally, elderly whose spouses pass away are mostly women (Cankurtaran and Eker, 2007: 67). But as the wife gets older as well in time, adult children take over this responsibility. These adult children act as the essential source of support and means of communication for the elderly.

However, family type matters significantly while providing social assistance for the elderly in general. Put differently, there is a direct relationship between having whether traditional or modern family type

design and implementation of social assistance for the elderly (Taşçı, 2012: 137). As described in many studies and observed broadly, elderly people in rural areas still enjoy a traditional lifestyle by living in large families on the contrary to the elderly living in big cities. Put statistically, while every 2 families out of 10 in rural areas have the large family composition, this percentage is just 1 out of 10 in urban areas. As a result, elderly share per family in Turkey increased 20 percent between 2008 and 2011 (AITFS, 2014: 31-45).

Owing to the traditional and distinctively strong bonds among family members in Turkish society, a substantial part of the elderly population still lives in the same apartment, building, or neighbourhood with their children under their close supervision and concern. A survey carried out by the State Planning Organization indicates that 7 out of every 10 elderly individuals live in the same house, building, street or neighbourhood with their children (SPO, 2007: 11). This, in turn, makes it possible to support the elderly both socially and economically and works as an informal mechanism to complement the social protection duty of the state. Besides, it may create such an advantageous socially and economically situation both for the elderly and their children.

In fact, as a long-standing tradition since the times of ancient Turks, the elderly is treated respectfully and their needs are met fully in consequence of being the most experienced and the wisest in the family regardless being female or male (Altan, 2006: 270). There is also a non-written division of labour based on gender among the elderly. The old male, in this sense, is the decision maker and the old female is the main authority in domestic family issues within the large family model in the urban areas where more than one generation lives altogether (Demirbilek, 2005: 217-218).

The privileged position of the elderly continued and, in fact, consolidated by the acceptance of Islam. “Fitre” (alms) and “Zakat” (tithe) are the key means to assist the elderly which strengthen this tradition more in time. Moreover, there are numerous verses in the Koran as well as the “hadith” commanding and advising to look after and support the elderly in any case. In short, thanks to this combination of cultural and religious practices, elderly people have always been respected and assisted in all periods of Turkish history.

Similar results, revealing how strong this informal social protection mechanism is in Turkey, are possible to gather from other studies. National Plan of Action on Ageing, for instance, states that 56 percent of elderly women attribute the primal responsibility of meeting the care needs to their children, while this is just 27 percent for elderly men. The rate for the elderly who think they have the responsibility to take care of themselves is calculated 43 percent in the same action plan. The ratio for this again changes upon gender and equals 27 percent for women and 66 percent for men (SPO, 2007: 12).

Even if these ratios still reveal the strong familial caring bonds in Turkey, starting with the period of the Republic, internal and external changes in social and family life, such as increasing industrialization and rapid urbanization, put some pressure on familial solidarity. This is especially a big problem in large cities where the social life flows much quicker. Social institutions, behaviour, and values, including the status and the functions of the elderly, are transformed by the given changes significantly in the end. As a result, demand for formal care services to replace the insufficient informal caring services has increasingly expanded.

Demographic shifts are among the other key factors affecting social relations and the level of formal services. Individuals have started to live longer, for instance, essentially as a result of the advancements in medicine and level of wellbeing. The increase in the number of divorces and single parenthood, turning from large family into immediate family, and growth in the number of women labour force all together weakened the former strong positions of the elderly in the family and challenged the informal support mechanisms (Akgeyik, 2006: 59; Bayoğlu, 2011: 125). Besides, migration by children from rural areas to urban areas, changing culture and increasingly conflicting values between young and old generations, and social and economic deprivation challenged the former strong positions of the elderly in families (Saka and Varol, 2007: 20). However, there are various studies indicating that the elderly still prefer internal care instead of the institutional one even if internal care and support for the elderly by family members declined significantly as a result of these developments (Karahan and Güven, 2002).

A counter-discourse about the internal roles of the elderly within the family has appeared recently due to certain socioeconomic developments. Wish for staying longer in education among the young population, increase in the young unemployment rate, migration, deterioration of income distribution, decline in the relative income levels, modern style of consumption, and general increase in housing and life expenses etc. led the elderly to undertake different roles than the traditional ones. Tracks of those new roles are possible to follow from Household Income and Employment Surveys. The elderly in families increasingly provide income and stipend support for their adult children and grandchildren instead of accepting assistance from them. Elders take new roles such as meeting completely or partly the wedding and setting up a home costs of their adult children, doing the housework, cooking, caring the grandchildren while the mother is at work, supporting education costs of their grandchildren or simply keeping silent without any complaints when their children don't spend enough time with them etc. (Dülger, 2012: 36). In short, elderly in Turkey adapted themselves to the new social and familial conditions and found new ways to continue being effective in family affairs.

In conclusion, despite the above-mentioned transformations and 87.7 percent immediate family rate compared to only 12.3 percent traditional large family type (AITFS, 2014: 29) in Turkey, large family and kinship relationships still keep their presence functionally. In this sense, even if the family members live in different residences, mutual assistance and support among them are still kept. As a result, protection of the elderly both financially and physically by the family is still the common case in Turkey compared to the Western world (SPO, 2007: 103; Cankurtaran and Eker, 2007: 66). Moreover, the elderly still try to keep the traditional large family structure, too. In fact, a big part of the elderly population prefers to keep silent even if they face negligence and abuse because of the social pressures, such as being stigmatized. Besides, there is always the risk of being taken from their homes and left to a nursing home. In Turkey, it is still considered a source of disgrace for an old person to reside in a nursing home if his/her children are still alive.

IV- FORMAL CARE

Social protection of the elderly is not confined only to the informal solidarity bonds in Turkey even if it still seems the primal one. Last two decades in Turkey witnessed a dramatic increase in government caring institutions due to the rapid increase in the number of the elderly. However, the administrative structure, as well as the classification of care institutions, is significantly different in Turkey. Elderly or nursing homes and elderly care and rehabilitation services, in this sense, are the major institutional care services run by either the central or local government authorities. The legal structure of elderly care dates back to the early republican period. The first law on elderly care, in this regard, was enacted in 1930, and some revisions and new additions were implemented to the law in 1963, 1982, and 1997.

In Turkey, as in many countries, the primary element of formal protection system for the elderly is social security service, which is stated as an essential right in 1982 Constitution. In order to be entitled to this service, the elderly must have worked for a specified duration and contributed to the pension system regularly. The social security system provides both a monthly income and healthcare support to the elderly with their dependents during both the working and retirement period.

The elderly who are 65 and older and not included by any kind of formal insurance based on registered work in the labour market are provided an aging salary and “help to aged” benefits by the government. As a rights-based social protection mechanism without considering any pre-contribution, this support started in 1976 through the Law on Encouraging Social Help and Solidarity and targeted the poorest sections of the population. As a solid example of a social state, this law seems appropriate to expand the social protection coverage and make the elderly independent from the labour market which is not dynamic enough to create sufficient jobs for everyone. However, there are some problems in practice. Bureaucratic formalities, for instance, hinder many elderly to reach these salaries and other support mechanisms. Even if they become entitled to get the salary, this time, the amount of the pension is extremely insufficient to provide a decent retirement life for the elderly. Considering the estimations on the rapid increase in the elderly population in the near future, this system should be reformed and de-bureaucratized in order to provide a comfortable life for the elderly in conformity with the claims of being a social state (Cankurtaran and Eker, 2007: 68).

Looking at the protection coverage of the elderly in Turkey, the National Plan of Action on Ageing offers valuable information relating to the wellbeing of the elderly. This action plan focuses basically on improving the quality of life and general status of health of the elderly through the policies and programs designed directly for them. According to this plan, 56 percent of the elderly population is entitled to some kind of income in Turkey by varying significantly by gender. 75 percent of elderly men, in this regard, are entitled to some kind of income, but the percentage for the elderly women is almost the half of the men and just 38 percent. As for the source of income, the pension is the primal income of 46 per cent of elderly men. Other sources are aging salary and rental/interest income. The share of the active working elderly is just 6 percent. The percentages for the elderly women, on the other hand, are quite disappointing. Only 6 percent of elderly women have their own pensions. The percentage of women who get an indirect pension as the dependants of their entitled husbands is 16 percent. 10 percent of elderly women are entitled to old-age pension and only 1 percent still work (SPO, 2007: 12; AITFS, 2014: 99) Clearly, all statistics for women are quite behind of those for men.

As in other aspects of Turkish social security legislation, the conditions designed for the elderly are also very complicated, too. Three different laws- Law on Pension Fund for Civil Servants, Law on Social Insurance Institution, and Law on Tradesmen and Craftsmen and Other Freelance Workers- entitled the elderly for a very long time before the social security reform was started in 2006. Even if these laws and institutions were abolished and just one institution for all was established by the reform, the discrimination among the elderly still continues in practice under the regulations of 4A, 4B, and 4C retirement status.

The imbalance between beneficiaries and active contributors, therefore, appears as another major problem about the social security system in Turkey. Although the average life expectancy increases from year to year due to mainly the advancements in healthcare services and relative level of well-being, the number of active workforce contributing to the system regularly does not expand with the same speed in spite of the long period of demographic window of opportunity. To this end, today, the ratio of active contributors and passive beneficiaries in social security system in Turkey is just 1.90 which is very low to enable the system

covering itself (SGK, 2016) Considering this ratio is almost 4 or 5 active insured individuals for one retired person in many developed countries, the severity of the problem can be seen clearly.

In Turkey, social care services for the elderly are basically provided by the General Directorate for Social Services and Child Protection Agency. This directorate was founded in 1983 and operates residential care homes, home-care services, day-care centres and rehabilitation services nationwide. There are two principal types of support: financial support and provision of social services. Therefore, the systemized social services aimed to eliminate not only economic and social destitutions but also physical and psychological ones, too. The central objective of the directorate was defined as having various social security and assistance services operating in conformity with each other, coordinating caring, housing, and rehabilitating services altogether for the needy elderly, children and disabled individuals who are subjects of socioeconomic deprivation. The ultimate purpose was improving the quality of life of these groups altogether by passing beyond only the eliminating these problems (Karagel, 2011: 62; Saka and Varol, 2007: 20). Following the foundation of the directorate, the first senior centre was founded in 1966 in Turkey relevant to the establishment objectives of the directorate.

Local administrations are also significant actors in the provision of social care and protection to the needy elderly. Municipalities, in this regard, are the primal providers and they are obliged by law to establish boarding houses, alms-houses or rest homes for needy and helpless people, including the elderly, since 1930. Moreover, as seen in the Table.2, numerous private care institutions operated by various NGOs, minorities, and real persons provide social care for the elderly, too (Karagel, 2011: 62; TYDYUEP, 2013: 12).

There are, of course, some preconditions for the admission to these care homes. For instance, publicly funded care homes stipulate being socially and/or economically destitute through a means-testing and a social analysis report rather than poor health. In fact, being healthy is the first criterion in order to get admission. Put clearly, an individual must be healthy enough to undertake activities of daily life independently, have no serious disability or illness requiring continuous medical care, and no drug or alcohol addiction problems (Saka and Varol, 2007: 20).

Table 2. *Nursing Homes, 2012*

Type of Nursing Home	Number of Nursing Homes	Capacity	Number of Individuals Looked After	Proportion of Occupancy (%)
Nursing Homes Affiliated The General Directorate of Disability and Elder Services	107	11.717	10399	88.75
Nursing Homes Affiliated Other Ministries	2	566	566	100.0
Nursing Homes Affiliated Municipalities	20	2.013	1.409	69.99
Nursing Homes Affiliated the Associations and	31	2.557	1.789	69.96
Nursing Homes Affiliated Minorities	7	920	644	70.0
Private Nursing Homes	130	6.422	4.495	69.99
Total	297	24.194	19.302	79,87

Source: Ministry of Family and Social Policies, March 2013.

As Table 2. indicates, despite the numerical abundance, nursing homes usually suffer from the lack of high quality facilities. Institutional capacity is also quite away from meeting the need in general. This gap is aimed to be solved by the home-care services for the elderly as stated in the 10th Development Plan. Improving both the capacity and quality of residential care centres is also another clear goal defined in the plan. The plan clearly states that “Services that provide home care for old-aged people without leaving their own social environment will be diversified and extended. Quantity and quality of institutional care services for old-aged people will be increased.” (10th Development Plan, 2014: 44).

Elderly Service Centres affiliated to the Ministry of Family and Social Policy are in charge in the provision of home care for the elderly “within the bounds of possibility” in Turkey. But, of course, there are some conditions determined before receiving the home-care. First of all, beneficiaries must be enjoying good health mentally, psychologically and psychically as well as being in no need for regular medical care. Besides, the level of care provided by family members and other supporting individuals (like neighbours, relatives, etc.) must be insufficient and there must be still the need of care. As in both private and public institutional care services, the income conditions of the beneficiaries are taken into consideration in the provision of home-care service. There are currently 5 Elderly Service Centres in Turkey in this regard and 1076 older people in total are receiving care (TYDYUEP, 2013: 15-16).

However, as addressed in the development plan, there are some serious problems with the provision of social care services. Not only the competency level of the staff, in this sense, but also the cooperation, organization and the number of them is inadequate and ineffective. Social service professionals who are well-qualified and experienced in the care of the elderly, such as social workers, specialized nurses, occupational therapists, physiotherapists, geriatric psychiatrists, and geriatrics, are basically present only in big cities (Cankurtaran and Eker, 2007: 68).

However, traditional familial solidarity in Turkish society, which provides in-family elderly care mechanism, is possible to be turned into an advantage by integrating with home care systems for the elderly. But the home care system, which was first regulated by law in 2005, hasn't spread enough in Turkey yet. Private home care systems, on the other hand, offer service to a very limited part of the population in big cities basically (Cankurtaran and Eker, 2007: 68). To this end, it is possible to assert that Turkey has a long way to go in terms of public or private home care systems to be expanded enough.

In the scope of the reform plans aiming to solve all these and other related problems, a special attention was directed to the local authorities. In 2004, for instance, municipalities were given new and more detailed roles and duties in terms of offering social services through a Law on Metropolitan Municipality. This law included a specific section and concern about the elderly and underlined the importance and necessity of flexible are suitable for the specific conditions and needs of the disabled, elderly and

arrangements that dependent persons in the provision of social services (SPO, 2007: 13). Even if cost-effective and flexible solutions are possible to reach, it may also cause certain problems as well. First of all, it may hinder the perception of a rights-based social protection to be embedded in society. It also may lead populist and clientelist results as well. As such, individuals may possibly relate social services directly with the present administration of municipalities instead of considering them their citizenship right and have the perception of these services may be abandoned by a municipal changeover. Therefore, the idea of localization in social care and protection of the needy elderly must be approached with caution.

CONCLUSION

It is evident that Turkey is passing through a new era demographically. The average life duration, in this regard, is increasing owing to the advancements in nutrition and health conditions or in the level of wellbeing generally as well as the decline in fertility rates. As a result, the share of the elderly in total population is increasing more rapidly compared to other age groups. This rapid increase in the elderly population is highly possible to yield serious problems relating to care issues and their life standards in the next decades.

However, traditional familial solidarity is still considered the central agency in the provision of social care and protection for the elderly in Turkey, instead of conducting sufficient systematic and institutional solutions by the state. In this family-centred system, especially the spouse or daughter of the elderly has the main responsibility of caring because of the paternal authority and traditional culture which is still effective to some extent in Turkish society. Although this family-centred care mechanism is not as powerful as before due to numerous internal and external factors, such as migration from rural to urban areas, increasing levels of education and workforce participation by the women and girls in families, rapid urbanization, deterioration in income levels and changing family structures etc., the institutional efforts in Turkey still seem insufficient to fill in this gap of family in the elderly care.

As a result of these significant social and cultural transformations mentioned above, the elderly do not have their former strong positions in power relations in families anymore. Old age and life experience do not provide as much prestige as before and caring the elderly is not a voluntary act anymore in families. In this sense, more rehabilitation or nursing homes for the elderly are definitely required. The existing care centres, in fact, are in need of revision and improvement in terms of capacity and quality as well as the number of the staff. Projects and programs enabling social, cultural, economic and political inclusion of the elderly should also be redesigned and encouraged.

Besides, as stated in the 10th Development Plan, a well-functioning national home care system must be encouraged and supported particularly in places where caring institutions are difficult to build and/or run due to various reasons. In addition designing simple procedures to benefit from these services, provision of a decent and comfortable life standard must be the guiding principle in the design of all these services.

As the last words, despite having a rapidly ageing population, Turkey still seems very slow in taking the necessary measures against the socioeconomic problems relating with ageing. Traditional family-based solutions can be effective to some extent and there is definitely a need for a more systematic, institutional, and nationwide solution. As being applied heavily in recent times, in this regard, local solutions may be useful and rational only if they provide the required uniformity and quality in social services nationwide. Otherwise, clientelist and populist impacts may emerge instead of the rights-based solutions in care issues.

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