

Editorial

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Introduction

For many years, even throughout the post-Millennium years when the United Nations launched the *Madrid International Action Plan on Ageing* (1), Turkey kept promoted itself as a young population. However, recent demographic data and future projections, which highlight decreasing fertility rates and increasing life expectancies, demonstrate clearly that Turkey has a rapidly ageing population.

In 2014, as much as 6,192,962 people in Turkey were aged 65 years and older. According to the latest statements of Turkish Statistical Institute, persons aged over 65 have registered a 16% increase and rose to 7,186,204. The ratio of citizens aged 65 years and over to the general population in 2014 was 8% and latest data showed that, in 2018, it had risen to 8.8%. While 44.1% of the older population were men, 55.9% were women. Projections showed that, in 2023/2030/2080 as much as 10.2%/12.9%/25.6% of Turkey's population will be composed of people aged 65 years and over. The average life expectancy in Turkey reached 78 years, 75.3 years for men and 80.8 years for women.

These above demographic trends lend legitimacy to increasing number of gerontologists and geriatricians in Turkey who advocate that Turkey is undeniably part of global ageing trends and cannot hide behind the assumption that its population. Undeniably, such policy projects also mean that Turkey, similar to all other ageing countries, will be facing robust challenges in three key spheres of ageing policy - namely, productive, active and healthy ageing. First, the increase in the average number of years that people spend in retirement warrants the introduction of policies that delay labour market exit through active through preventive measures such as training and reskilling, third age guidance and counselling, job search assistance, and training. In turn, such policies will indirectly function to ascertain adequate income, as well as improved social protection against poverty and social exclusion. Possible strategies may include reversal of the economic incentives so as to prolong working life,

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externalising child-rearing and care-giving from the family, and investment in sustainable employability for older workers. At the same time, there is no doubt that older adults can continue to make valuable contributions to society even after they withdraw from the labour force. They not only take care of themselves and enjoy life, but also perform caring tasks by caring for and assisting their family members, friends, and relatives. Moreover, the help they provide allows their children to continue working. It follows that there is an urgent need for setting up a searchable online database of volunteer opportunities to match retirees with local volunteer opportunities, as well as second careers in teaching, public service and non-profit service. This platform will combine a volunteer management system, enabling organisations to communicate and manage their volunteers, whilst also providing older persons with information on how to get involved with local community and voluntary organisations.

Second, for Turkish older persons to really experience active ageing it is imperative that public policy on ageing follows the advice of the World Health Organization (2002) to provide learning opportunities throughout the life course, especially health literacy sessions, and especially, pre-retirement planning. Older persons should be provided with better prospects to develop new skills, particularly in information and communication technologies. Moreover, policies should encourage people to participate fully in family and community life as they grow older, even if they experience a range of physical and cognitive issues, or feel compelled to seek residence in a care home. The following measures arise as key objectives for the achievement of active ageing lifestyles: financial support as Turkey should find out what a reasonable level of pension is through a programme of discussion, education, and research amongst pensioners themselves; age-friendly transportation in both rural and urban areas since this is an essential requirement for the mobility of older people (especially frail elders and those with compromised mobility) to participate fully in family and community life; leadership as is imperative that older persons to be involved in the decision-making and political processes that affect their rights; positive images of ageing in that the governments should work with advocacy groups representing older people, as well as the media, to provide realistic and positive images of active ageing, and non-stereotypical information on ageing that confront prejudices towards older persons; and finally, non-governmental organisations working in the field of ageing should be afforded both in-kind and financial support, including training for their members, so that they can successfully engage in advocacy pursuits.

Finally, as in other international contexts, the healthy ageing of older persons in Turkey will only be achieved if the government optimises opportunities for people to achieve physical, social and mental wellbeing throughout their whole life course. Undoubtedly, reducing the incidence of preventable diseases, delaying the onset of conditions associated with ageing, and effectively managing those illnesses which do occur, are all important for minimising the length and impact of ill health on our lives. Achieving strong levels of healthy ageing presents a series of strong challenges for governments, businesses, care professionals, communities and individuals. This goal requires action on a wide range of fronts, from social and economic policy, through to coordinated and strategic chronic disease prevention and control, as well as changes in individual dietary and other lifestyle factors. Moreover, it requires action across

a person's lifespan, since early life factors and the accumulation of health risks throughout an individual's life combine to affect the risk of experiencing ill health in later life. In short, healthy ageing rests on the following objectives:

Health prevention. Specific measures are required to address the conservation of health and the prevention of diseases. There are three basic levels of prevention: primary - which aims to prevent people getting a disease or disorder by using measures such as vaccination; secondary - which attempts to detect a condition in its early stages such as screening of women with known risk factors of osteoporosis; and tertiary - which consists of active treatment of a particular condition or illness in order to reduce its effects.

Informal care. Contributions made by family carers of older persons are likely to change over the coming decades. This is due to the fact that many areas of Turkish life are currently in flux - such as demography, family economic circumstances and social and work preference - all of which could affect the supply of informal care. In such respects, the state together with non-government organisations and private companies must draw up a plan for improved and more efficient services in community care.

Community care. The increasing numbers and percentage of older persons necessitates more modern models of community care services, so as to address the key shortcomings of the current trends in the community care sector and improve its efficiency. Key areas for improvement include addressing gaps and overlaps in service delivery, providing easier access to services, enhancing service management, streamlining community programmes, as well as facilitating co-ordination across different programmes.

Intermediate care. When fully developed, this comprises networks of local health and social care services, which deliver targeted, short term support to individual patients or clients, in order to prevent inappropriate admission to acute hospital care or long-term residential care, facilitate earlier discharge from hospital and, maximise people's ability to live independently. Intermediate care refers to services that provide rehabilitation between acute hospital settings and specialised rehabilitation settings on one hand, and home on the other.

Long-term care. Although Turkish family members are relatively reluctant to admit frail relatives in care homes for older persons, the trends are somewhat changing due to migratory occupational trajectories and women entering the professional cadres. Therefore, the improvement of the quality of life of older people in need of care and assistance is crucial. Policies should ensure a common analysis and vision on long-term care, an increase in the participation of older people in the identification of their needs and the health and social care services they require, the growth of fair and sustainable solutions to improve the wellbeing and dignity of residents, and the promotion of better co-ordination and exchange of information between the different stakeholders - amongst others.

This special edition of the *International Journal on Ageing in Developing Countries* adds to the recent publication *Population ageing in Turkey: Health and social care services for older persons* (2)

for the entrenchment of Turkish trends in population ageing in the above tenets, as well a manifesto advocating the need for multi-disciplinary standpoints when researching ageing welfare. Five chapters for this book have been chosen by the International Institute on Ageing United Nations Malta to be published in its open access journal so as to guarantee a wider and more freely dissemination of its contents. At the same time, this issue contains two book reviews - namely *Dementia and human rights* (Suzanne Cahill, 2018) reviewed by Alexandre Sidorenko and *Ageing and diversity: An active learning experience* (Chandra Mehotra & Lisa Smith Wagner, 2018) reviewed by Andrea Zammit.

The first article, 'Ageing in Turkey' (Marvin Formosa & Yesim Gökçe Kutsal) demonstrates that although in comparison to many European countries, Turkey is still characterised by a relatively young population, two demographic factors are noteworthy. First, the fast transformation in family structure from large extended families to smaller nuclear households and the increasing occupational careerism of women in the labour market, the total fertility rate is expected to decrease sharply in the foreseeable years. This means that the demographic transition towards an aged society will be faster than in other low- and middle-income countries. Second, as a by-product of in socio-economic and medicinal advancement, the life expectancy in Turkey is also projected to increase sharply by the end of the next decade.

The second article, 'Social aspects of ageing' (H. Sibel Kalaycıoğlu), looks at the social concerns and implications of ageing and later life in Turkey, arguing that longevity is especially marked by socio-cultural foundations. The authors note how despite the fact that experiences related to ageing and old age are attributed different meanings in different societies, the consideration of old age as a 'research problem' covered by research and included in the discussions of various approaches is quite recent. Indeed, the perception of the ageing process of human beings in different societies is shaped in the context of the lived experiences and culture of respective societies. It is the given structural and cultural formations of a society that determine whether ageing is perceived as 'negative' or 'positive' or as a 'problem' *per se*.

The third article, 'Preventive medicine' (Cihan Fidan and Altuğ Kut), highlights how it is never too late to commence a healthy lifestyle. Herein, preventive medicine services are evaluated in three categories. *Primary prevention* averts the onset of the disease in asymptomatic individuals. It contains services like vaccination, diet and cessation of smoking to prevent illnesses before they actually occur. *Secondary prevention* aims at early detection of the disease before the disease becomes symptomatic. Screening methods include early diagnosis, follow-up, and treatment to prevent complications of existing systemic diseases. *Tertiary prevention* includes measures to prevent further worsening of illnesses and complications, rehabilitation work, and to provide the advanced counselling services for family.

The fourth article, 'Geriatric syndromes' (Yeşim Gökçe Kutsal), focuses on how ageing is characterized by the progressive accumulation of damage at the molecular level caused by environmental and metabolically generated free radicals, by spontaneous errors in biochemical reactions, and by nutritional components. The authors highlight how the

maintenance of wellbeing and quality of life in an ageing population is often accompanied by significant social and economic difficulties. Hence, the growing need to create new policies and strategies aimed at increasing the level of welfare, especially considering that; there is a very significant difference in terms of life expectancy at birth between developed and developing nations in the current century.

The fifth and final article, 'Home care' (Zahide Tunçbilek and Sevilay Senol Çelik), highlights the importance of innovative community care services as a vehicle to aid age-in-place. Due to rapid growth of the ageing population, growth in healthcare expenditures, advances in medicine and technology, shorter hospital stays and an increase in outpatient surgery and minimally invasive procedures, home care services have become very important. Factors such as increases in the incidence of chronic diseases and disabilities due to functional and physical impairments of older persons, difficulty in carrying out activities of daily living, older persons become dependent on their family and others to receive home care. This chapter aims to give an overview about home care services given to older persons in Turkey.

References

1. United Nations. Madrid International Plan of Action on Ageing. United Nations, New York, 2002.
2. Formosa, M, Gökçe Kutsal Y. Population ageing in Turkey: Health and social care services for older persons, Malta, Book Distributors Limited, 2017.