

Ageing in Turkey

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Abstract. Although in comparison to many European countries, Turkey is still characterised by a relatively young population, two demographic factors are noteworthy. First, the fact that due to 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. 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 government is conscious of the Turkey's impending scenario and the past decade witnessed many ageing-related policy developments. The article concludes that there is an urgent need for advanced research on individual and population ageing in Turkey, but especially on the need to interconnect the field of population ageing across a range of disciplines ranging from the biological, behavioural and social sciences.

Keywords: ageing; older persons in Turkey; community services; social care; health care

The background context

A comprehensive gerontological and geriatric analysis of Turkey's population could not have come at a more opportune moment. The demographic transition, which, until recently, was mostly viewed as a phenomenon of the more developed countries, has started becoming a feature of many developing countries like Turkey (1, 2). From 1960 to 2013, the population of Turkey increased almost threefold, with older adults aged 65 and older increasing almost sevenfold.

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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 socio-economic and medicinal advancement, the life expectancy in Turkey is also projected to increase sharply by the end of the next decade.

National plan of action on ageing

The government is conscious of the Turkey's impending scenario and the past decade witnessed many ageing-related policy developments. The first consisted in the adoption of a National Plan of Action on Ageing, as a vehicle towards the implementation of the United Nation's (2002) *Madrid International Plan of Action on Ageing*.

According to the *National Plan of Action on Ageing of Turkey*, the efforts of the public institutions, non-governmental organizations and the private sector in this regard are detached from each other. Coordinated and all comprehensive efforts are required in this context (3). The plan was composed of 3 parts:

Part 1. Older people and development.

- Active participation in the society and the development process (Goal 1: Provision of older people's social, cultural, economic and political participation; Goal 2: Provision of older people's participation in all stages of the decision making process).
- Work and the ageing workforce (Goal: Employment opportunities for all older people who wish to work).
- Rural development, migration and urbanization (Goal 1: Improvement of rural living conditions and infrastructure, Goal 2: Prevention of exclusion of older people from the society in rural areas, Goal 3: Inclusion of older immigrants in contemporary society).
- Access to information, education and training (Goal 1: Lifelong equal opportunities both for education and training and innovations in education and for vocational guidance and placement services; Goal 2: Benefiting from the capabilities and consultancy of individuals from all age groups taking into consideration the advantages of experience gained through ageing).
- Solidarity between generations (Goal: Reinforcing of equal opportunity and solidarity between generations).

- Elimination of poverty (Goal: Reducing poverty among older people).
- Social protection/social security, income security and prevention of poverty (Goal 1: Developing programmes for provision of primary social protection/social security for all employees where applicable to include retirement pay, disability assistance and social insurance; Goal 2: Adequate minimum wage for older people, particularly those who are socially and economically underprivileged).
- Emergency Situations (Goal 1: Equal opportunities for older people in terms of food, accommodation, health care and other services in case of natural disasters and other emergency situations; Goal 2: Increasing the contributions of older people upon reestablishment and restructuring of societies and reorganization of the social configuration following emergency situations).

Part 2. Increasing health and wellbeing in later life.

- Lifelong improvement of health and wellbeing (Goal 1: Decreasing the cumulative effects of risk increasing factors for diseases and dependence; Goal 2: Developing policies to prevent old age diseases; Goal 3: Provision of access to alimentary products and adequate nutrition for all older people).
- Provision of full access to health care and nursing services (Goal 1: Elimination of all kinds of social and economic disparities based on age, gender or any other factor to include language differences with the purpose of providing universal and equal opportunities for older people in accessing to health care and nursing services; Goal 2: Developing and strengthening the primary health care services in order to meet the needs of older people and promote their participation in this process; Goal 3: Ensuring sustainability of health care and nursing services in order to meet the needs of older people; Goal 4: Strengthening of primary health care and long term care services for older people and ensuring their participation in the development process).
- Older people and HIV/AIDS.
- Training of health care providers and health care personnel (Goal: Providing information and training opportunities to health care personnel and other health care providers that serve older people).
- Mental health care needs of older people (Goal: Development of various and multipurpose mental health care services to include protection, early diagnosis and treatment; resolving mental health problems of older people and treatment services).

- Older people with disability (Goal: Lifelong sustainability of functional capabilities at optimum level and ensuring full participation of disabled older people).

Part 3. Provision of a supportive environment with adequate facilities.

- Dwellings and living quarters (Goal 1: Encouraging individuals to “age in their own environments” within the society, also taking into consideration their personal preferences; Goal 2: Developing dwellings and environmental concepts in order to promote living independently taking into consideration the needs of older people and particularly older persons with disability; Goal 3: Existence and improvement of accessible public transportation systems affordable by older people).
- Support for care services and care providers (Goal 1: Ensuring sustainability of services offered to older people and supporting of care providers; Goal 2: Supporting of the roles of older people and especially women in care services).
- Negligence, abuse and violence (Goal 1: Elimination of all kinds of negligence, abuse and violence against older people; Goal 2: Provision of support services against abuse of older people).
- Perspective of ageing (Goal: Ensuring the society’s awareness of older people’s authoritative, wise and productive qualities and other contributions)

To this effect the *National Plan of Action on Ageing* put forward the following strategic recommendations and actions (3):

- (a) Cooperation of the state, politicians, local governments, non-governmental organisations, universities and private sector organizations to ensure that Turkish older people undergo a “proud, esteemed and health ageing process”, and to develop new models for increasing their quality of life; for example, experts with different disciplines of specialisation in healthcare (geriatrists, clinical psychologists, psychiatrists, physiotherapists, dieticians, nurses, home economists, health officers, etc.) should cooperate and share their knowledge and skills, and offer these to the older Turkish people in the framework of new approaches, whereupon the state and the politicians assume their responsibilities.
- (b) Widening the content of the perspective on ageing of the society and conducting comprehensive research on the general views and attitudes of the society so as to make plans for future rapid ageing tendency, with the contribution of all segments.

- (c) Emphasising the importance of demographic ageing and conducting research in this field with the participation of all relevant segments, and in particular universities, and disseminating the results thereof to large masses through publications and broadcasting,
- (d) Reaching large masses through publications aiming at preserving our traditional values and supporting care providers in order to prevent our country from suffering from the problems developed countries suffered.
- (e) Pursuing efforts on the part of the media with the purpose of maximizing the benefits acquired from the knowledge, skills and experiences of older people, taking into consideration their age periods.
- (f) Pursuing educational efforts aiming at young people to develop intergenerational solidarity and raising the awareness concerning respect for older people, including the issue of ageing and older people as a subject in the curricula of primary and secondary education institutions.
- (g) Preparing preparatory programmes for retirees in order to increase knowledge and skills of individuals to enable them to pursue their activities and productive efforts following their active professional life and to ensure their adaptation to the retirement period.
- (h) Organising recreational activities whereby older people and other age groups would be able to come together and spend their leisure time feeling as a portion of a whole,
- (i) Taking all kinds of measures by central governments and local governments to ensure active participation of older people to daily life and offering them specific facilities by making policy changes where required (for example, making the part-time free ride facilities on public transportation full-time which is implemented by certain municipalities and expanding it to the whole country, adding mechanisms that would facilitate older people's embarking and disembarking buses and other public transportation vehicles, making special arrangements for older and disabled people in the scope of urban planning mechanisms, etc.).
- (j) Including older subgroups within the organisations of political parties and making the necessary arrangements in the political parties act in this respect.
- (k) Organising educational courses for older people by public education centres, social centres and senior solidarity centres for developing their manual skills to ensure rational employment of their labour.

- (l) Organising programmes for ensuring adaptation of older people to the contemporary times to ensure that they are not left behind in terms of the rising educational level.
- (m) Opening day-care centres for spending leisure times for older people who live in institutions and in their own houses.
- (n) Reducing the potential problems of the twenty-first century in terms of rapid ageing process by providing secure, facilitating and supportive environments to increase health and wellbeing at old age; preparing, implementing and monitoring projects and programmes at the national level; establishing an Ageing Institute with the purpose of conducting international studies that would guide governments and political parties (3).

New approaches

The initial responsible government body was the State Planning Organisation, but in 2012 the plan of action was transferred to the newly-established Ministry of Family and Social Policy. In due course, the *Tenth Development Plan (2014-2018)* underlined that the

...share of older population in the total population is increasing as a result of decreasing infant mortality rates and increasing life expectancy at birth. The dependent population will grow and the share of productive population will diminish with the increase of aged population in the future. Without precautionary measures, it is estimated that working age population and total population will start to decrease in 2038 and 2050 respectively. To increase total fertility rate through population policies and to develop effective and timely policies towards aged population is required in this context...Active, healthy and safe living conditions will be provided to growing older population, intergenerational solidarity will be strengthened in the society (4).

On the other hand, as clearly stated by Formosa an ageing population presents itself as an opportunity to communities because many older adults are committed, long-time residents, who contribute their time and energy to local issues. Older persons are both a social resources and key contributors to the socio-economic fabric (5). Supporting the needs of older persons represents a tough challenge in many parts of the world. The welfare system in Turkey has a strong basis on the family mutual help mechanism. This is an informal networking of intra-generational transfers and reciprocity in kinship networks which are dominant in social organization of welfare of the households and the individuals (6).

According to official sources, our society maintains its feature of looking after the elder. As a result of a survey held in Ankara among 1,300 older people, the observance was made that the Turkish family structure has not lost its positive aspects especially in terms of older people, with the latter being still respected and esteemed in family circles. Although the survey was held in the urban sector, it is evident that the tradition approach still remains. The majority of older people that participated in the survey (84.4 per cent) perceive being old as being

respected. Meanwhile 64.4 per cent of older people, who stated that they felt old, maintained a positive attitude towards being old (7).

In Turkey, the service providers claim that the public life is not prepared and organised for older persons. Because of this, in order to prevent injuries and harm, they suggest that older persons should stay at home, and should not come out especially in rush hour times. On the other hand, they claim that older persons are very stubborn, do not listen to others and difficult to cope with. In Turkey, according to service providers, 'being old' is being disabled, not being able to 'do things as the young do'. They are vulnerable, fragile, sick all time, and cannot think properly. On the other hand, culturally they think that is not proper to leave older persons in nursing homes. Nursing home is a place of isolation, it means to be neglected by the family and the society too. Most of the service providers share the view that being relatively 'elder' is something to be sorry about and nobody wants to be old especially in this society (8). Turkey also includes several institutions that provide services and support to older people living at home. These services are provided free of charge and funded through a mix of expenditures from the general budget, taxes, municipal budgets and premiums paid by employers and employees (9).

The Ministry of Health provides health care at home, which is offered by multidisciplinary teams of professionals; the Ministry of Family and Social Policies provides social support, assistance and care across a range of settings, including in older people's homes; and municipalities provide social support and other services, such as home health care; psychological support; home repairs and maintenance; help with housework, personal care and cooking; and social activities.

In 2015, the Ministries of Health, Family and Social Policies and the Interior, and the Union of Municipalities of Turkey instituted a new protocol that called for electronic data sharing among the various institutions and organizations providing home care. The system was planned to be piloted in nine provinces, followed by countrywide implementation, and the government using data-sharing software to help ensure that older people receive home health care, social support and any other public services that they need. Data integration will also enable the delivery of a holistic coordinated approach, thereby improving efficiency and reducing the duplication of services. When an older person or a family applies for a specific service, their information will be entered in the database. If the initial care team thinks that someone would benefit from another service, they will notify the relevant institution via the database. In this way, older people's needs will be met quickly. This protocol is a good example of how a country can enhance the delivery of comprehensive and integrated long-term care, which includes health care and social care and support. Turkey's holistic, collaborative and multidisciplinary approach offers the following advantages:

- (i) it improves access to services and the availability of professional care for older people;
- (ii) it is people-centred, coordinated and flexible, and adapted to each person's circumstances and needs;
- (iii) it respects the rights and dignity of older people, enabling them to participate in decisions about their needs and allowing them to receive many of the services in their own home;
- (iv) it supports

families who care for their older relatives, and it helps improve the social participation of older people; (v) it increases the quality of life for, and well-being of, older people; (vi) it protects older people and improves their safety; and (vii), it makes the best use of facilities, people and other resources through data sharing, which enables the coordination of care (9).

Although this new system has not yet been evaluated, the protocol demonstrates some general points - namely, that even in a middle-income country with a fragmented system of long-term care, a comprehensive care and support system can be provided free of charge, and that multi-sectoral approaches are key to providing long-term. Of course, any efforts to implement an equitable ageing policy is fraught with many challenges, and Turkey is not an exception. For instance, Albayrak and colleagues pointed how despite the fact that the family medicine model has been fully implemented in Turkey since 2010, discussion on end-of-life care have not materialised. They conclude by asking,

When is the right time to discuss advance care planning? We think that earlier is better, when people are still healthy and can make sound decisions. For a population still young, but ageing very rapidly as in Turkey, discussions around advanced directives have already been started. Such a move is likely to overcome the challenges...such as families, time, patient reluctance, or dementia (9).

One expects the above issue and other related concerns - ranging from long-term care to dementia to community care services - to be discussed more openly and firmly in Turkey in the nearby years.

Towards a multi-disciplinary agenda

Putting Turkey under the spotlight, it is obvious that there is an urgent need for advanced research on individual and population ageing in Turkey that focuses on; 1- Demographics, 2- Environment, 3-Families, solidarity and intergenerational relations, 4-Health, nutrition, geriatric rehabilitation, care, end of life, 5- Psychological and psychiatric issues and 6-Social policies and social services.

It is clear that there is a need to interconnect the field of population ageing in Turkey across a range of disciplines, including the biological, behavioural and social sciences. A multi-disciplinary standpoint refers to an inquiry involving a plurality of disciplines where disciplinary boundaries are maintained and the unique contributions of each are highlighted. Two key contributions emerge from entrenching population ageing in a multi-disciplinary framework: (i) population ageing is no longer regarded by researchers as simply 'senile pathology' but as a 'normal' stage of the life course, and hence, becoming increasingly anchored in a normal-ageing paradigm; (ii) population ageing is regarded as a field of study involving more than one discipline on the basis that the process of ageing is complex, and hence, it is inadequate to simply study it from the perspective of a single discipline. These views are shared by many scholars, educators and policy makers who view multi-disciplinary studies

as essential to reaching a vibrant understanding of population ageing. The benefits of multi-disciplinary graduate programmes in gerontology and geriatrics are generally twofold (10, 11).

First, an audience of students and academics from different disciplines guarantees a cross-fertilisation of knowledge and ideas. The result is that the 'whole' equals more than the 'sum of the parts'. Indeed, it is common for academics and service providers to discover new understandings to assessment skills and situational circumstances following involvement in multi-disciplinary projects on ageing. Although there might be some initial resistance, due to the belief that sharing the same educational experience may lead to an erosion of the boundaries within disciplines, empirical research in gerontology and geriatrics education demonstrates that a multi-disciplinary setting expands horizons and expectations:

The result is not just that one trainee learns from another but that one trainee recognizes the scope of another's expertise and is open to seeking answers by questioning a trainee from another discipline. Advanced practice nurses, seeing that a Master's social work student knew about available day care in the community, could ask if the social worker also knew about bereavement counselling for a patient about to be discharged (11).

A second benefit constitutes the development of trust and understanding across and between disciplines. It is well-known that professions are created and fermented by universities in experiential and knowledge vacuums, where each professional body pushes an agenda at the expense of competing representations. This functions to limit the trust that disciplines, even overlapping ones, have towards each other. In contrast, multi-disciplinary standpoints act as catalysts for the acknowledgment of the skills and credibility of professional colleagues. Indeed, one recognisable benefit of educating trainees from different disciplines together in one location is that it provides immediate opportunities to practice and model teamwork. In such settings, practice is continuously halted so that different members of professional bodies take time out to reflect upon and evaluate their behaviours and inherent teamwork trends.

Of course, the objective of embedding of any field of study, including population ageing, in a multi-disciplinary framework meets a range of challenges. Apart from the usual variety of differences between participants in any training programme due to individual cultures, ages, ethnicity, gender, languages, sexual orientation, race, and physical and mental attributes, the fact of having to work with several disciplines in a concurrent manner presents an additional layer of differences. Key disparities include various levels of health care experience and clinical skills, differing discipline-specific languages and terminologies, varying philosophies of practice, and adversative work and educational schedules as governed by each discipline. This is because academics from different disciplines tend to exhibit different levels of understanding. Whilst some will have a strong geriatric background with several years training in health and/or social care settings, others may only possess a cursory familiarity with medical diagnoses, interventions, and outcomes. In parallel, similar differences in levels of gerontological knowledge are to be expected. Medical personnel are likely to possess a better grounding in physical aspects of aging than others, whilst peers from social science

backgrounds will be better versed in psychosocial issues. Moreover, unlike disciplines hold unique professional jargon that can be incomprehensible to an outsider. Even more confusing than seemingly indecipherable language is that same words or phrases may hold different connotations for different disciplines. For instance, the notion of

‘support systems’ is considered by nurses to refer to life support equipment while social workers apply it to a patient’s network of family and friends who provide support. Trainers, educating more than one discipline together, not only must be aware of these linguistic nuances between the disciplines but also be prepared to identify them to trainees (10, 11).

The presence of above challenges clearly indicates that embedding the study of ageing populations within multi-disciplinary perspectives warrants a plan of action that highlights the diverse contours of ageing lives. Indeed, the specific health and social needs of older persons necessitate a multidisciplinary orientation. Yet, there is a scarceness of familiarity with multidisciplinary perspectives in Turkish gerontological literature. It is augured that this book forms a first step in flourishing improving disciplinary crossings in the study of Turkish ageing.

Training programmes in Turkey

Governmental and non-governmental organizations carry out certificated training programmes on various topics giving priority to prevention. Medical doctors, nurses, social workers, etc. can join these activities via their professional occupational associations or the state bodies. Nevertheless, benefitting from certificated professionals is not enough due to the lack in national occupational policies.

Public/community education is very crucial and accepted as one of the basic tools both to maintain health and wellbeing of the population and in order to increase the awareness on aged related issues and to improve the quality of life. Educated health professionals, governmental bodies’ facilities and resources, television channels, press media, books, booklets, official websites of the aging focused associations, societies, etc. are good resources in this regard. There are many good information resources for the population in Turkey, however, the communication challenges with older persons due to various reasons including diseases, hearing problems and illiteracy - amongst other reasons - may be a block to reach these data sources. Majority of aged population has low education status compared to younger generations. Data of 2012 shows that percentage of the primary educated elders has been 51.4 per cent among males and 30.0 per cent among females (1).

In such a ‘low’ educated group, public education should be planned very carefully to achieve intended goals. To cover all needs of aged population, (i) universal health coverage should be provided; (ii) no discrimination in terms of accessing to health care should be present; (iii) preventive measures should be strengthened; (iv) principles of health promotion concern focusing on quality of life should be internalised; (v) disability should be prevented; (vi) dignity of aged population should be given priority; and (vii), systematic approach to support

solidarity between generations will provide active participation of aged people into the society and social life (12).

Coda

Developed and developing region differences should also be taken into consideration for both prevention of health including early diagnosis and treatment, and rehabilitation services and promotional activities. Maintaining independence and preventing disability of the aged people are closely related to ensuring the quality of life and effective rehabilitation (13). All these activities need inter- and multi-sectoral collaboration while organizing, planning and implementation phases of solution strategies prioritise the social determinants of health. Not only the sociological, but also economical, ethical and psychological aspects, should never be underestimated.

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