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Implementation of a "Self-Sufficient Ageing" Policy and Possible Challenges: Case of Turkey

Abstract: The policies of socioeconomic protection of older adults in most parts of the world are being redesigned in the scope of value-added targets, such as active ageing, successful ageing, or creative ageing. The main purpose here is, of course, enabling older adults self-sufficient and beneficial both for themselves and their social environment, instead of being simply the passive beneficiaries of the public support mechanisms. Turkey has a population which is still young but ageing very rapidly and will reach to the same point as Europe today in a relatively much shorter time. However, the country still seems to be away from conducting systematic and holistic measures, except for a few ineffective strategy papers and legal regulations. Therefore, Turkey must immediately design a new policy agenda in conformity with its traditional and historical advantages. Revitalizing the intergenerational solidarity bonds, in this regard, may be the best cost-effective solution to complement formal measures in the provision of social protection and in the process of

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active ageing. However, this traditional protection net is under attack of increasingly transforming socioeconomic conditions. Consequently, as one of the most rapidly ageing countries in the world, 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. In the light of these facts, the main purpose of this study is to discuss policy recommendations to create a self-sufficient ageing period for older adults in the context of Turkish case.

Key words: Ageing, Third Age, Fourth Age, Older Persons Care, Turkey, Informal Care

Introduction

The issue of population ageing, which can be defined as the increase in the number of older adults in the society, is doubtlessly one of the most remarkable demographic issues of the twenty-first century. A much more important point is the fact that this process will continue to maintain its importance during the rest of the century. According to the projections on this matter, the population of older adults over 60 is estimated reach to 1.2 billion by the year 2025; 1.3 billion by 2040 and 2 billion by 2050. Furthermore, it is also predicted that older adults over 85 in the "fourth age" group will outnumber six times more the ones over 65 in the "third age" group at the end of the first half of the 2000s (TYDYUEP, 2013, p. 4).

At first, the issue of population ageing was only a problem for developed countries. However, it has recently been observed in many developing countries, too. Moreover, in the very near future, it is certain that almost all countries will face the problem of population ageing at different periods of time, at different density and pace.

Behind this claim, there are some factors such as the decline in the birth-rate, improvements in the nutrition, and developments in the healthcare and technology and as a result of these, people started to have a lot longer lifespan. In this context, for instance,

the longevity extended 20 years more in Europe between the years 1900 and 1950. It is expected that this will be added ten years more in 2050 (SPO, 2007, p. 6). The data from the World Health Organization shows that the rate of older adults in Europe will reach 25% of the whole population in 2050 (WHO, 2016).

Population ageing is not merely a demographic transformation, and it means a series of a burden on the society. Ageing is not only an inevitable physical process, but it also leads to a lot of relevant results on community health care and socioeconomic and cultural structure. In this sense, there becomes a pressure on the labor force and finance market; a vast increase in the demands on goods and services such as accommodation, transportation, and social protection; so, it is inevitable that the family structure and the connection between generations will be affected negatively. In fact, together with the increase in ageing, significant concerns have aroused on the sustainability of the social support systems and solidarity among generations, which are directly effective on the level of welfare of both young and old generations. These concerns have risen since the number of traditional large families decreased and the number of nuclear families increased. Women who traditionally used to be responsible for caring the family have joined the labor market more. This has also increased concerns, too.

Therefore, it is crucial to be able to foresee the economic and social transformations related to ageing. This is important for the countries' development process. That is why, it is necessary to have a holistic and multi-branch political package empowered with perspectives such as social security, healthcare, environment, education, socio-cultural activities, and family life. As the population of the countries ages, it becomes critical for the governments to design public services and innovative policies in the fields of healthcare, employment, accommodation, and social security directly for older adults.

When we look at the issue of population ageing regarding Turkey, it is understood that Turkey has similar features to other developing countries. However, it is also observed to have distinctive features, too. The total population in Turkey is approximately 77 million, and there are about 6.5 million older

adults over 65, and this is 8.2% of the population. Even though Turkey statistically seems to be a young country, it is, in fact, a state that is getting older very fast. As a matter of fact, it is calculated that the rate of older adults which was 5.7% in 2005 will have risen to 17.6 % by 2050. Therefore, ageing is a significant problem for Turkey, which has to be seriously taken into consideration and urgent precautions have to be taken. Because the population grows fast, the need for care for older adults grows at the same speed, too. As a result, there will be significant pressure on the society in the very near future, especially in the social security services. Therefore, the governments of Turkey need to see this challenge that is approaching very fast, and it needs to take necessary institutive, humane, and legal precautions urgently.

However, in Turkey, no systematic and rights-based policy for the care for older adults has been applied up to date. One of the most important reasons of these is doubtlessly the fact that Turkey was a country with a young population in the majority of the twentieth century. In addition, almost all needs of older adults have been traditionally met with the solidarity among family members and support systems so far. This informal solidarity and caring system have relieved the governments, and this has led to a delay of the systematic precautions to be taken for the care for older adults for extended years. In recent years, the older population has increased, and the family structure has changed; together with that, there have been a lot of demographic changes. All these things have caused a failure in informal support network. For this reason, the state ought to develop a new approach to care for older adults. Nevertheless, when we look at the development plans for the last 50 years and governmental projects, it can be concluded that the government is not aware of the ageing problem. It is understood that the government still approaches to this issue with traditional methods and mechanisms. This means that the state in Turkey uses old solutions of the twentieth century for a problem of the twenty-first century.

The Phenomenon of Ageing

Ageing is a phenomenon dealt with various aspects. Therefore, many different definitions are found in the literature. Even though it is mostly emphasized in these notions that ageing is a biological, chronological, and physiological process, there have been different approaches to ageing in recent periods such as active ageing, successful ageing, and ageing in place. At the same time, there are definitions that consider the ageing phenomenon as an age discrimination such as "although the mental capacity is kept, the energy and coherence skill decrease, hence the ability to perform work is lost" (Büken, 2010, p. 33). These definitions have correlated ageing with the loss of abilities. If we need to make a general evaluation of these definitions, it can be understood that biological ageing is restricted with "anatomical and physiological functional changes, yet chronological ageing is defined by considering one-year units in time" (Güler, 1998, p. 105). Physiological ageing is when the person feels old, and he accepts himself as old. It is defined as the changes emerged from the decrease in mental skills, mental functions, and behavioral compatibility (Hablemitoğlu and Özmete, 2010, p. 19). Another type of ageing is social ageing which means that the person loses strength and stays away from his work and social life (Öztürk, 2015, p. 7).

Besides these classical approaches to ageing, some new approaches that are appropriate for social, economic, and even political transformations have emerged in recent periods. The first of these is the active ageing concept, and it is defined as the process of promoting the health, participation and caregiving institutions for older adults to raise the quality of their lives as they get older (WHO, 2002b). Another approach for older adults is successful ageing, which was defined long before the notion of active ageing and which is, in fact, a more detailed approach covering the active ageing process, too. In other words, a successful ageing concept is a multi-dimensional approach that covers not having a disease, maintaining functional capacity, and participating life in an active way (Özmete, 2012, p. 2).

All these definitions explain ageing with a minimum one dimension. However, there is not an agreed definition about at

what age a person should be called "old." According to the World Population Ageing Report, which was released by the United Nations Statistics Unit in 2013, one of the contemporary sources about this issue; the population aged 60 and over is accepted to be an older person unless a different explanation is made (UN, 2013, p. 3). At the same time, the World Health Organization accepts the age 65 as "chronologically old" in the majority of developed countries, yet this definition is not enough for under-developed countries (WHO, 2002a).

However, the average life expectation is getting longer, and the population of the 65 and over is increasing rapidly. As a result, the older population is divided into sub-groups, and the policy to be applied should be determined according to this division. In fact, the process of ageing and the requirements emerged from this differs for both the individuals and the age groups. In this concept, the start of the older age period can be different for every person in connection with primary ageing with chronologically getting older. On the other hand, it can also be different for every individual with different lifestyles and social pressures determined by emotional disturbance, illnesses, malnutrition and unhealthy diet, and stressful lifestyles (Hablemitoğlu and Özmete, 2010, p. 19).

The third and the fourth age concepts, which have been used more often in recent periods, are in fact a reflection of this situation. According to this, it is expressed that life will be divided into more than one ageing period (Laslett, 1991) and in today's world, concepts of third age and fourth age have often been used similarly to previously used classifications such as "young-old" and "old-old"[3] (Neugarten,1974).

Third and Fourth Age: A Conceptual Frame

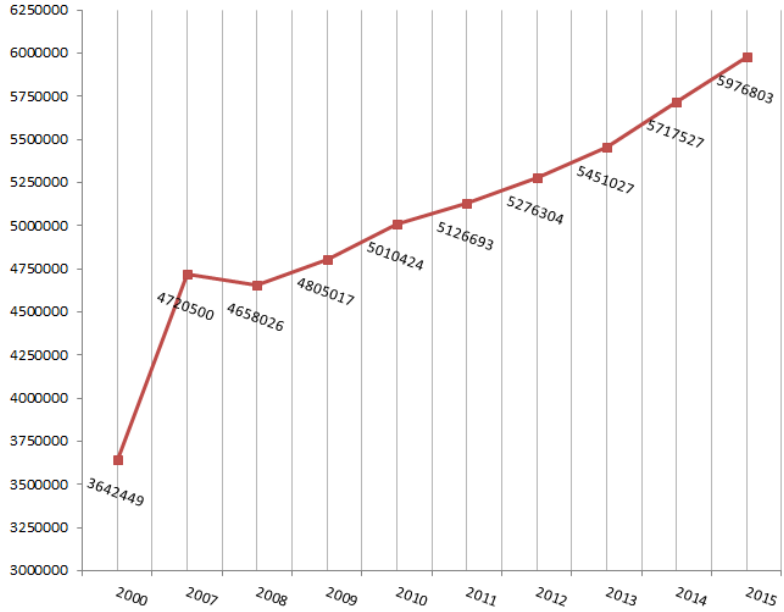
The world population has been ageing rapidly especially in the developed countries. Moreover, this affects the societies socially,

[3] For the definition of the WHO, please check "A Glossary of Terms for Community Health Care and Services for Older Persons," www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf?ua=1.

economically, politically, and even culturally. As a result, new policies need to be applied. However, societies do not get older homogeneously. This means that there is discrimination in the ageing period when *different* age groups are getting older at a different speed and diverse ways, and they have *different* needs and demands. The third age and the fourth age classification may be interpreted as the result of discrimination.

In this frame, while the third age is defined as **"**the period of amenities" because of the opportunities it offers, the fourth age is defined as the "period of threats" because of the problems and threats it holds. The Figure 1 and Figure 2 below illustrate the different formation process of the third and fourth age periods in Turkey.

Figure 1 Third Age (65-85 Years Old) in Turkey, 2000-2015

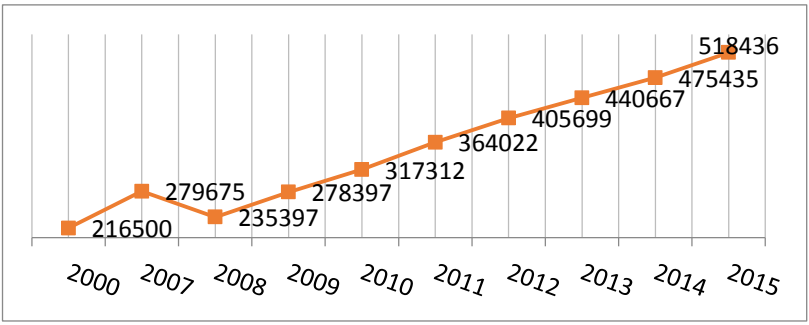


Source: Compiled from TurkStat datasets by authors.

Defining the subgroups of older age population is an attempt to illustrate that older age population has heterogeneous

characteristics regarding social participation, death rate, and the need for social care; thus, all these demands differ for each older adult. In this context, it will be useful to divide older adults into "the third age" and "the fourth age" groups for designing a future to old age population. All in all, it is observed that the third and the fourth age are defined in two ways. The first is the population-based definition, and the latter is individual-based definition. Both definitions are extremely necessary and useful to comprehend the idea in different concepts, and to give way to evaluations and interpretations of various ages and that they are different.

Figure 2 Fourth Age (85+ Years Old) in Turkey, 2000-2015



Source: Compiled from TurkStat datasets by authors.

According to the population-based definition, the transition from the third age to the fourth age starts when at least 50% of the ones born at the same time or in the same year are not alive. Such criteria increase the possibility of the fact that those individuals at later periods of this age are in real ageing process. According to this definition, the transition from the third age to the fourth age starts in their 75 or 80s in developed countries (Olshansky, Carnes and Désesquelles, 2001, p. 1491; Vaupel et al., 1998, p. 857; Kannisto, 1996). In developing countries, however, this transition starts at earlier ages; it differs in a larger scale from 55 to 70, depending on the fertility rate and the average lifespan.

The real aim at the individual-based definition is observed to predict the maximum lifespan of the individual rather than

predicting the average life expectancy of the population. A person can be expected to live maximum 80 or 120 years in today's conditions if we exclude some specific diseases that prevent a person to have a longer life. According to this, the transition for the individual from the third age to the fourth age can start at the age of 60 whereas it starts at the age of 90s for others (Finch, 1996, p. 494; Manton, 2001, p. 307).

This third and fourth age discrimination can be evaluated as a contribution to the explanations under different names done before. Long ago, Neugarten claimed (1974) that old age was not only one period in a lifetime, on the contrary, but it must also be divided into different sub-groups, and he did this division as "young older adults" and "old older adults." However, the most remarkable claims on this issue belong to Peter Laslett (1991). Laslett is considered to be the first who argued that life could be divided into many old age periods. His claim is based on underlining the originality and uniqueness of the third age period.

However, the determination of "which older adults belong to which age group?" is the question whose answer remains unclear. It will be better to talk about common approaches rather than precise determinations on this matter. In this context, the beginning of the third age period is accepted when the person quits his active and productive work life and gets retired (Smith, 2000, p. 4; Guidance for the Elderly, 2016). It is the last part of the third age period or the beginning of the fourth age period when ones start to have physical, emotional, and mental limitations related to his or her age. Therefore, the third age is usually between approximately 65 and 80 (or 85) in today's world (Barnes 2011, p. 1).

The third age is a concept which is considered to be a period where a healthy life is highly expected and which is believed to have risen the living standards of the retired people in their later life (Laslett, 1991). Moreover, it is defined as the "golden era" of the adulthood by many researchers (Barnes, 2011, p. 1). The contribution by Laslett to the argument is that new conditions of this later life can be formed with personal interests and expressing themselves when the formal employment period is over, and necessary family responsibilities have been completed. In this

frame, new definitions and concepts about ageing have been suggested such as “usual and successful ageing” (Rowe and Kahn, 1987) and “productive ageing” (Weiss and Bass 2002, p. 5).

As clearly seen in Table 1, it can be observed that the group aged 85 and over, that is the fourth age group, is increasing a lot faster than the whole of the old age population in Turkey. In other words, it is, of course, understood that the fastest-growing group of older adults is the fourth age group (SPO, 2007, p. 5). There is, in fact, conformity between this data and the future predictions about ageing in the world. According to this, it is estimated that the number of older adults in the fourth age group will be tripled to 434 million by the year 2050, which was 125 million in the year 2015 (UNFPA, 2015, p. 2). This rapid increase in the old age population has clearly been emphasized in other global reports, and there have been warnings. For instance, according to the World Health Organization, the number of older adults in the fourth group will be six times higher than those in the third group at the end of the first half of the 2000s (WHO, 2002b).

Table 1 The Increase Rate of the Third and Fourth Age Groups in Turkey, 2000-2015

	65-85	85+	**3. age rate**	**4. age rate**
2000	3642449	216500	**0,0537**	**0,00319**
2007	4720500	279675	**0,0669**	**0,00396**
2008	4658026	235397	**0,0651**	**0,00329**
2009	4805017	278397	**0,0662**	**0,0038**
2010	5010424	317312	**0,068**	**0,0043**
2011	5126693	364022	**0,0686**	**0,0049**
2012	5276304	405699	**0,0698**	**0,0054**
2013	5451027	440667	**0,071**	**0,0057**
2014	5717527	475435	**0,0736**	**0,0061**
2015	5976803	518436	**0,0759**	**0,0066**

Source: Compiled and calculated from TurkStat datasets by authors.

Under these conditions, social service and assistance programs for older adults need to be designed separately for each

age group. Because it is possible for a society to have a successful and productive ageing period and the possible adverse effects of this process on the economical, social, and political structure and especially on social security systems can be removed only when different ageing policies are designed for different sub-groups. Exactly at this point, Turkey seems to be unsuccessful. Because even though Turkey is still in the last phase of the demographic window of opportunities, it grows old much faster than similar countries and it is observed that political decision-makers in Turkey does not seem to have realized this. In addition, no separation in ageing policies has been done yet. Therefore, the issue of the fourth age period, in which we will face a serious challenge in a very near future, is still dealt with the third age perspective.

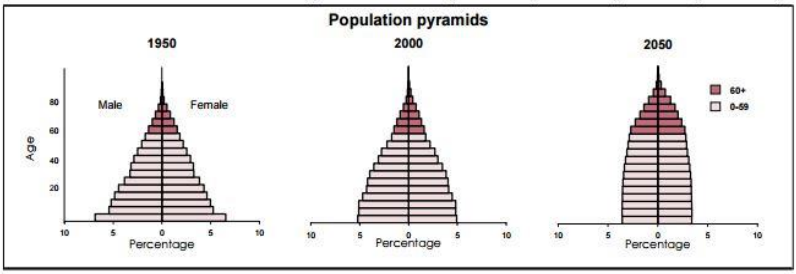
The Theory of Demographic Transformation and the Situation in Turkey

The theory of demographic transformation predicts a transition from a period when nations had high birth rates and low death rates to a new period where death rates decrease, and birth rates are deliberately controlled (Özbay, 2015, pp. 254-255; Yüceşahin, 2011, p. 11). The demographic transformation consists of three stages, and at the first stage, pre-industrialization stage, both the birth rates and the death rates are high; and the rate of increase in population is at the minimum level. At the second stage of the transformation, the mortality rates start to go down because health and life conditions have improved as a result of industrial revolution and this is followed by a decrease in the birth rates. Therefore, rapid growth in population is observed at this stage. At the third and final stage of the transformation, the increase in population is at the minimum level just like at the first stage, and the birth and death rates go down to a very low level. According to this theory, all societies will inevitably go from a stage where the fertility and death rates are very high to another stage where both rates are lower (Teitelbaum, 1975, p. 421; Kinsella and He, 2009, p. 20).

The theorists claim that every country will experience the same demographic evolution but at different times because of the

modernization, industrialization and urbanization. According to this, the demographic transition will be observed firstly in Europe and North America, later in Asia and Latin America and finally in sub-Saharan African countries (Lee, 2003, p. 172).

Figure 3 Population Pyramid



Source: UN, World Population Ageing 1950-2050.

The Figure 3, which belongs to the United Nations, shows the global population pyramid including the years 1950, 2000 and 2050 and it seems to prove the theory of demographic transformation. As understood from the graph that the population of those under the age of 20 covers a vast scale compared to those over the age of 60 in the year 1950 and that is because the shape looks similar to a pyramid. However, when we look at the figures of the year 2050, the shape of the graph looks similar to a column rather than a pyramid, which is a characteristic of the age pyramid of the developed countries. It is predicted that while there is a decrease in young age population, there will be an increase in old age population.

When the situation in Turkey is examined, the population structure was understood to have been designed through various population policies since the Proclamation of the Republic. In this context, the history of the population policy consists of three periods. The first period is called “pro-natalist” between the years 1923 and 1955. The second is a period of the years 1955 and 1980 when the “anti-natalist” policy was dominant. The final period is after the year 1980 when the anti-natalist policy was settled (Koç et al., 2010, p. 48).

If it is necessary to make a general evaluation that covers all these periods, we have signs that show continuous improvements in socio-economic areas especially in mother and child healthcare; this has resulted in dramatic decreases in deaths of children under the age of 5 and the number of births-per-woman. So, Turkey has gone through the final stage that was mentioned in Turkey's demographic transformation theory. That means Turkey is no longer a young country which used to have high birth and death rates; it has become an ageing country which has lower birth and death rates (Koç et al., 2010, p. 4). On the other hand, when it is compared to European countries, it is observed that the population rate of older adults aged 65 and over is not as high. However, the problem in Turkey that must remarkably be underlined is the speed of ageing.

If it is necessary to express directly, Turkey is getting older a lot faster than the countries in a similar situation. For example, as seen in Table 2, old age population in France needs to take 115 years to go up from 7% to 14% whereas only 21 years will be enough for the same increase rate in Brazil. A similar difference in ageing speed is a pic for discussion for Turkey and the whole of Europe. It is predicted that Turkey will take 27 years to reach the ageing period when it is almost 100 years in Europe. The United Nations Projections show that in Turkey, the population over the age of 60, which was 11.2% in 2015, will be 17% in 2030 with a 5.9% increase rate, and it will reach 26,6% in 2050 (UN, 2015, p. 147).

This situation shows that the demographic transformation period will take a shorter time in the countries such as Turkey, where this process has been delayed (TUSIAD, 1999, p. 6; Koç et al., 2010, p. 5). It can clearly be seen in the Population Report prepared by Kinsella and He (2009). According to this report, old age population in the world is densified in industrialized areas of the North America and Europe, the rate of the old age population in developing countries is much more rapidly than those in developed countries.

Table 2 Ageing Speed in Turkey and Some Other Countries*

Countries		The year reaching %7 of the general population	The year reaching %14 of the general population	Transition period (year) of the general population
Developed Countries	France	1865	1980	115
	Sweden	1890	1975	85
	USA	1945	2013	69
	England	1930	1975	45
Developing Countries	Azerbaijan	2004	2037	33
	Brazil	2011	2032	21
	South Korea	2000	2018	19
	Turkey**	2012	2039	27

*The transition time of the population of 0-65 and over from 7% to 14% in Turkey
**Turkey, calculated from the data of TurkStat.
Source: Kinsella and Gist (1995).

When compared to European countries, it is understood that Turkey is getting older nearly twice faster than other countries. It was also understood that this situation caused Turkey to be found unprepared about the social politics for older adults (Danış, 2014). Therefore, both a radical social politics package and a new population politics are necessary to produce remedies for these problems.

Care for Older Adults in Turkey and the Level of Socio-Economic Security

Numerous universal declarations have confirmed that the issue of care for older adults cannot be left to the mercy of informal solidarity; a legal and rights-based formal caring system must be founded. For example, the 25th Article of Universal Declaration of Human Rights includes the right to social security for older adults. Also, the World Health Organization has obvious focuses and targets directly for older persons and seniors care. Besides these, First and Second Older Adults Assemblies have been organized to emphasize the importance of older adults issue, and it has been

tried to draw the public attention to how a respected ageing can be provided.

Even though the formal side of older persons' care is emphasized in those universal texts and assemblies, informal relation networks are not totally excluded. For example, in 1994, the issue of ageing was specifically mentioned in the International Conference on Population and Development in Cairo. During this conference, some targets were set to provide family members with a necessary support system to look after an older family member, and targets to create basic healthcare for older adults and to form economic and social security systems. In other words, it was argued at the conference that informal networks have to be designed to work on the right and effective ways; and it should be designed in the way that there is a successful coordination between the formal and informal networks. It was predicted that older adults could be a good source for the development of the country only when it is done in that way.

As in every country, in Turkey, too, formal, and informal support networks have been applied intensely. Under normal conditions, these two sources should complete one another instead of replacing each other. However, it is not easy to say that there has been a balanced relation between these two. On the contrary, there is a reversal, opposite relation between them. Family and kinship solidarity in Turkey, other inter-individual and relational networks such as neighborhood or citizenship and some informal and voluntary mechanisms such as non-governmental organizations, have always been traditionally powerful and governmental organizations, which are the formal part of the care for older adults, have been the complementary part of it. In short, the idea that older persons' care is an issue which must be solved inside the family dominates the social politics of the state. For instance, "The Action Plan for Ageing," which was released in 2013, clearly included the statement: "the feelings of love and mercy, rooted in Turkish culture, have put the rights of older adults on the focus of families." Other documents and explanations, which reveal the tendency of the state and the governments to leave older persons' care to the informal and

voluntary networks, will be examined in a detailed way at the end of this study.

Informal Care for Older People in Turkey

In the pre-capitalist countries, while the family met all the physiological, physiological, and sociological needs of the individuals, it socially had the characteristics of being the unique and independent structure that helps to recreate the society (Özbay, 2015, p. 32). In these periods, when the large and patriarchal family structure was dominant, the family used to take direct responsibility for the care for older adults besides other social protection responsibilities. This caring system by the family was fed with some ideological basis such as religious and cultural values, and it became the only source to provide care for older adults. These characteristics of the families have relieved the governments by saving them from the trouble of the expenses for starting a systematic and rights-based care system for older adults (Özbay, 2015, p. 59).

The family structure in the pre-capitalist period is extremely coherent with the structure of the population. In these societies, the population increased at a very slow speed yet still there were high fertility and death rates (Özbay, 2015, p. 51). When we look at the situation in Turkey, it is understood that all these characteristics were observed especially before the year 1950. The serious decline in the number of male adults was observed because of the significant losses during the war (Shorter, 1985). Also, it was also known that many Greek families had immigrated to Greece during the War of Independence (Keyder, 1982). All these events have created negative pressures on the re-creation capacity of the society.

Even though Turkey has many typical characteristics of societies in pre-capitalism, it also shows distinctive features at some points, too. In a clearer expression, despite the fact that the traditional family and kinship relations had been strong for hundreds of years, it will not be true to describe Turkey as an individualist or communitarian country. There are many reasons of this. That is why it will be better to describe Turkey's human development model as "interdependence model." Communitarian

and individualist tendencies can be found in a special synthesis and balance in this model. In such a society, families have the leading roles in meeting the needs of older adults. The number of older adults who never get any caring support from their families is rather low. A relatively negative part of this situation is that families can sometimes be unwilling to search and accept the institutional aid and support programs prepared for older adults (Imamoglu, 1987). This unavoidably decreases the possibility of the concept of a rights-based concept to settle in this area.

The care for older persons is still a problem that must be solved inside the family because of insufficient development of formal care system in Turkey, and it directly depends on the good faith of the families. According to a traditional family structure, care for older adults is the spouse's responsibility in the first place. However, if the spouse is similarly old and cannot look after her husband or wife, this responsibility passes to the children.

Thanks to the extremely strong and traditional family ties in Turkey, most of older adults still live with their children in the same flat, building or the same neighborhood, and they lead their lives under their protection, observation, and close interest. According to a survey that was performed by the State Planning Organization, seven out of every ten older adults live with their children in the same house and building or neighborhood (SPO, 2007, p. 11). This enables the family to support older adults both socially and economically, and it helps the state's responsibility to provide social protection.

However, a series of pioneer improvements in recent periods, such as industrialization, urbanization, and capitalization, led the family to lose this characteristic. Some reasons, such as the start of agricultural modernization in the first years of the 1950s, the rapid decrease in the death rates, the concealed unemployment caused by a continuous rise in the population, and the shortage of fertile lands, started the migration from rural areas to urban areas. This changed the urban and rural population distribution (Özbay, 2015, pp. 84-85). When it comes to 1968, the rate of patriarchal families consisted of nearly one-fifth of all families (Özbay, 2015, p. 86). All these changes especially socioeconomic ones changed

the basic function of the family and similarly, the attitude towards older adults differed.

This situation is a more visible problem especially in metropoles where social life passes a lot faster. In the end, the status of older adults and their functions in the society, social foundations, attitudes, and values seriously change because of the processes mentioned before. As a result, some demands to replace the informal care services that fall behind with formal care services are getting more and more day by day.

On the other hand, demographic transformations have been as effective as the changes discussed above in the change of inter-individual relations. In addition to individuals' living longer, the increase in the divorce rate and the number of single parents; the return from the traditional family structure to nuclear families and the women starting to be active in working life have weakened the strong position of older adults inside the family that they used to have before and this case has threatened the informal support mechanisms (Akgeyik, 2006, p. 59; Bayoğlu, 2011, p. 125). Furthermore, children's immigration from the country to the city, the increase in cultural conflicts between the old and the young, and social and economic deprivation have all weakened the strong positions of older adults (Saka and Varol, 2007, p. 209). Despite all these things, however, several studies are showing that older adults still prefer to be looked after in a traditional way inside the family rather than in institutional care (Karahan and Güven, 2002).

Thus, the rate of the nuclear families in Turkey is extremely high, 87%, while the large family rate is only 12.3% (AITFS, 2014, p. 29). The functional existence of the large family and relationships with family members is still kept. That is, even if the family members live in different houses, the solidarity among them continues. That is why; it is more common in Turkey to care older adults both financially and physically by the family when it is compared to other Western societies (SPO, 2007, p. 103; Cankurtaran and Eker, 2007, p. 66). Furthermore, older adults, too, try to have this large family structure.

In fact, even if the majority of older population experience neglect or abuse, they may prefer to stay quiet because of the social pressure to be condemned or pointed at. In addition, there is

always a risk of being taken out of the house and be sent to the nursing home. This situation is still considered as a shame in Turkey for older adults whose children are still alive.

Formal Care for Older Adults

Formal care for older adults in Turkey has always been weak and insufficient in contrast to the informal ones. As a matter of fact, the regulation concerning the care for older adults consists of only a few weak strategy documents and a few articles in law. Moreover, a strong and developed institutionalization has not been achieved yet. The insufficiency in these applications can be explained with traditionally strong and effective informal applications to a point. More clearly, a lot of social protection services, which must normally be done by the state as the rights-based entitlement, have been carried out with informal and voluntary branches such as the family, relatives, and charities. As a result, the state has a seconder and complement role. That means the governments have benefited from the informal and voluntary sectors as they decrease the expenses of older persons' care.

As in many other countries, in Turkey, too, the formal protection system of older adults is a social security system as it was stated in the 1982 Constitution. Older people need to have worked and made a payment of premium for a period of time if they want to be included in the social security scheme. Not only the social security system provides regular income for older adults every month both in the active work period and retirement period, but it also offers a health service for older adults and those under their responsibility.

When we look at the insufficient regulations for older persons' care in a chronological way, the first thing that we see is the one in 1930, 1580 Article in Municipalities Law. This law says that the responsibility for the protection of older adults who need care is given to the municipalities. Apart from this, the General Directorate of Social Services was founded referring to the Ministry of Health and Social Aid Organic Law, 3017, in 1963 with the Law Article 17. Therefore, it became possible to give holistic care services compatible with human dignity rather than irregular and unplanned in-kind and in-cash services by public and

private foundations. The first nursing home was opened in 1966 under the General Directorate of Social Services. It can be noticed that this is a highly late precaution that was put into effect and older persons' care has been left to the family-based informal networks for long years.

This weak legal frame has emerged even though it is an issue mentioned in the Constitution, too. The Article 61 of the Constitution of 1982 has stated that children, older adults, and the people with disabilities who need to be protected, cared, and rehabilitated will have the priority and the state is responsible for funding or building necessary foundations. There is also law enforcement in the same Article concerning older adults: "the state protects older adults. Law regulates the aid to older adults by the state and other rights." In this context, Law on Social Services and Child Protection Institution was introduced with law number 2828 (SHÇEK). The 9th Article of this legislation and part b defined that it is the duty of the General Ministry of Family and Social Politics to determine, protect, care, and rehabilitate children, older adults and people with disabilities that need to be protected, cared, and rehabilitated. In 2011, Directorate General of Services for Persons with Disabilities and Older Adults was founded under the General Ministry of Family and Social Politics. Thus, all the services for older adults are provided by nursing homes, older adults care houses and rehabilitation centers.

Nursing Homes

Nursing homes can be run by the Ministry of Family and Social Politics, Directorate General of Services for Persons with Disabilities and Older Adults, other ministries, municipalities, foundations, associations, and minorities to meet the physical, social, and psychological needs of older adults over 60. Besides these, other nursing homes belong to the private sector.

Table 3 The Number of Nursing Homes, Their Capacity, and Rate of Their Occupancy, 2015

Type of nursing home	The number of homes	The capacity	The population of cared people	Occupancy rate (%)
Total	350	28 769	23 132	80,4
Old peoples' houses under Directorate General of Services for Persons with Disabilities and Older Adults	131	13 391	12 202	91,1
Old peoples' houses under other ministries	2	570	566	99,3
Old peoples' houses under municipalities	21	2 915	2 041	70,0
Old peoples' houses under Foundations and Assemblies	28	2 324	1 626	70,0
Old peoples' houses belonging to minority groups	5	508	355	69,9
Private Old peoples' houses	163	9 061	6 342	70,0

Source: TurkStat, Statistically Older Adults, 2015; the Ministry of Family and Social Politics (from December 2015).

Even though the nursing homes are opened under several institutions, the municipalities come one step forward on this issue because the basic service providers are the municipalities. Since 1930, as required by the law, they have been responsible for opening guests' houses, almshouses for groups who are in need, including older adults. Moreover, as it can be seen in Table 3, several non-governmental organizations and a number of private care houses run by minorities and natural, legal people provide older adults with necessary care and social protection (Karagel, 2011, p. 62; TYDYUEP, 2013, p. 12).

There are certain conditions for older adults to be accepted to these care houses or nursing homes. For instance, they have to prove with an income test that they are socioeconomically in need of care. Their health condition comes next. In fact, being healthy and being able to meet their basic needs is the first condition that is necessary to be accepted by these places. In other words, older adults being able to perform their daily activities independently, not having a disability or a disease and not being addicted to drugs or alcohol (Saka and Varol, 2007, p. 20).

Care at Home

Many studies in today's world show that older adults hold a hope to grow old in an environment where they are used to live with their beloved ones. It is claimed that this is much more humane than nursing homes or care houses no matter how comfortable they are. With this process that is called "ageing in place" older adults live in the society and lead a normal life, and thus they can protect their physical and mental health, and they can get much more pleasure in life. Ageing in place is basically an application that can be included in the category of social-based care for older adults. Moreover, the application of ageing in place is a remarkable step that helps social-based care services to spread.

However, ageing in place does not mean the imprisonment of older adults in the house. That is different from the traditional family care because in this application, experts who have medical, physical, and physiological training are employed, and older adults are aimed to spend a successful ageing period. While doing this, they are not taken out of the environment that they are used

to. It is aimed that older adults should have a happier ageing period without being exposed to the exclusion from the society. So, it is a formal system applied by the state, which is entirely different from the traditional, informal caring system where wives, children and even grandchildren look after their own older adults.

The application of care at home that can be considered as an example for ageing in place has been actualized in recent periods in Turkey. The application of care at home, as stated in the 10th Development Plan, has been performed with the aim of compensating the deficiency in quality and capacity of older persons' care. Hence, it was definitely stated that the quality and capacity of the care at home institutions would be promoted (10th Development Plan, 2014, p. 44).

In Turkey, care centers for older adults, working under the Ministry of Family and Social Policies, are charged with providing care systems at home as much as they can stay "within the bounds of possibility." However, naturally, there are some conditions for those who want to benefit from care at home system. First of all, they need to be psychologically, physiologically, and physically healthy and they must not have a condition that requires a continuous medical care. In addition, there is another must that the care which is given by family members or other assisting members such as a neighbor or a relative is not sufficient and older adults still need care. The income level of older adults who want to benefit from these places is taken into consideration, too, in the care services by both private sectors and public institutional care houses. Today, there are five care centers for older adults in Turkey founded with this aim and 1076 older adults are provided with care in these facilities (TYDYUEP, 2013, pp. 15-16).

It is possible to change this situation into an advantage by integrating the traditional family solidarity with care at home system. However, it is necessary to approach the situation with a professional perspective and employ a sufficient number of social service officers with enough qualifications. This care at home system, which started legally in 2005, has not been common enough because these necessities were not fully activated. Care at home service by the private sector is provided for an insufficient number of older adults only in big cities (Cankurtaran and Eker,

2007, p. 68). For this reason, it can be said that Turkey has a very long way to increase the number of these private or public care systems.

Precautions in the Governmental Programs and Development Plans for Older Adults

The planned development period in Turkey started in 1963, and it continues. Development plans cover 5-year periods, and the 10th and the recent development plan covers the years 2014-2018. The development plans are official documents that reveal the perspectives on older persons' care problem in years in the clearest way in Turkey together with government programs. These plans and programs coincided with all the stages of the demographical transition period of the population. That is, not only the first periods when the population was still young, and there was not the issue of ageing society, but also the periods when the rate of older adults in the third age started to increase, and the issue of older persons' care started to become a serious problem. The development plans and government programs continued to be published along with these periods. Naturally, these plans and programs also show to what extent Turkey was aware of this new situation and what kind of precautions it was planning against the projections pointing at the fourth age matter. In short, these plans and programs clearly reveal whether there was a change in politics after the increase in the old age population in Turkey.

If it is necessary to make a general assignation, the expressions concerning older persons' care in the development plans have not changed in time together with the increase in old age population. From this result, it is understood that Turkey was not aware of the fact that there would be different needs for different age groups and it did not make a separation in the care and social protection precautions according to ageing categories. A similar situation is a pic for the question in the government programs. First of all, old age is holistically evaluated without being separated into sub-categories in almost all government programs. An expected result of this is that all the steps were taken with an assumption that "older adults have monotype needs."

Moreover, ambiguous promises were given about how to meet these requirements.

At the same time, especially from the beginning of the twenty-first century, a common expression that was observed in almost all government programs was the emphasis that older persons' care was the family responsibility. Shortly, in every program, it was promised that care is a priority and that it is important to meet older adults' needs, yet it was not discussed what these requirements were and which policy would be used to meet them.

Furthermore, older people were not mentioned under a separate heading in the programs that coincided with the beginning of the planned development years. Older persons were mentioned together with the people with disabilities who lost their capacity to work and children in need. Also, many ambiguous expressions were used such as taking precautions within the bounds of financial possibility. This perspective and the attitude towards older persons' care was kept unchanged in many programs until today.

Another common point in the government programs was the emphasis that older people were not only the government's responsibility. Collaborations with voluntary foundations would be made. The collaboration between the informal voluntary foundations and the state is necessary only when they act together in older persons' care and share the roles. In other words, the state must always be the leading actor in social assistance and social service. Other informal and voluntary applications only complete and help the state. When the government programs and development plans are examined, it is understood that the leading role in older persons' care is dominantly the informal and voluntary mechanisms, mainly the family. That is, older persons' care is tried to be solved by traditional solidarity networks among individuals. This method may not seem to be a problem when the population was young and dynamic, and the traditional family structure was not ruined. However, even in the periods when the rate of older adults in the third and fourth age category started to increase rapidly, Turkey was observed to be in an attempt to leave this responsibility to the informal and voluntary mechanisms.

Therefore, Turkey does not seem to be aware of the fourth age problem and the needs of this category; it applies the approaches for the third age that it used to apply to previous periods.

The need of institutionalization was firstly mentioned at the beginning of the 1970s, 50 years after the proclamation of the Republic. As well as being very late, these first discussions were rather weak. For instance, it was mentioned that care houses for the poor and weak citizens would be built (31st Government Program; 3rd Development Plan, 1973), and it did not go further than being a kindly promise. As it can obviously be seen in Table 3, a desirable institutionalization has not been achieved up to date. In addition, rights-based and institutional promises were continuously emphasized to go with collaboration with voluntary and informal mechanisms.

It is observed that the emphasis on older adults increased both in the government programs and development plans in later years. Also, the state started to have a self-criticism about older persons' care. According to this, it was obviously stated that the content of the social services and social assistance programs were very limited; the number of those who benefit from these services was very low; the funds that were to be put aside from the public sources was not enough (4th Development Plan, 1979, p. 143). These periods were when the immigration from villages to cities got faster, and the family structure started to change. While the traditional family structure was replaced by nuclear families, the period when the female children were in school extended. This led them to query their roles inside the family. The state tried to fill in this gap with the emphasis that private entrepreneurship for older persons' care would be promoted (4th Development Plan, 1979, p. 285). This situation shows that the state has not changed its perspective to older persons' care; instead of developing rights-based mechanisms, it looks for alternatives to set collaborations.

Apart from the emphasis on the institutionalization, the promises to "let all older persons in need have a salary"-which can be called as another rights-based approach, started to go up together with the law which was put into effect in 1976. This promise is actually suitable for the state's general perspective to older persons' care issue. Because older persons services have

been designed for the indigent old people and the financial dimension of the problem has been highlighted. Instead of applying welfare policies for all older adults, the state firstly felt responsible for providing them with social protection for the indigent ones. Yet, in time, even if the financial possibilities have increased, this policy has stayed the same.

The 6th Development Plan covering the years between 1990 and 1994 is certainly separated from the other plans. Because of the idea that older persons' care is a problem that must be solved inside the family was clearly and definitely expressed for the first time in these years, and it was repeated in the same way in other plans, too. That is, older persons' care by the family members was mentioned as the certain target instead of institutional care. It was stated that the limited care and protection service the state would offer to old people would be designed mainly for the family, not directly for older adults themselves. By doing so, the state wants to institutionalize the function of the family (6th Development Plan, 1990, p. 305).

While the state is promoting the emphasis on the family, it seems aware of the insufficiency of the informal mechanisms. As a matter of fact, together with the beginning of the 2000s, it was observed that the state started to be aware of the rapid increase in old age population. After it was determined that this increase in old age population would raise the need for the Old Peoples' House and Older Adults' Counselling Centre (8th Development Plan, 2001, p. 111), it was stated that a new institutional structure responsible for the management and the coordination of designing every kind of social service and social assistance program would be formed with the aim of improving these social services.

As we come to our time, the emphasis on the rise of old age population has been mentioned together with the determinations concerning the changes in the family structures. In the 9th Development Plan, which covers the years 2007 and 2013, after stating that the family may not do its traditional responsibilities, promises were given such as the importance of older persons' services would rise, and there would be more various services. As a result of this context, the support of older persons' care services was promised for the first time; it was also promised that the

quantity and quality of the old peoples' houses would be increased. In other words, while the state was talking about the number of the institutional and rights-based investments would be made and, it was trying to revive the traditional role and responsibility of the family and looking for new ways and methods for older persons' care at home.

The most detailed determination of older persons' care and a plan of promises is the 10th Development Plan. In this plan, it was stated that social assistance and standards need to be created, qualified staff needs to be employed, controls must be increased, and the services for older adults must be diversified and made common. In addition, it was expressed that the quality and quantity of the institutional care would be increased without taking older adults out of their environment (10th Development Plan, 2014, pp. 43-44).

Another focus was made on the solidarity between generations. It was also stated that the capacity of the local public services would be increased with the aim of easing the access to these services because of the decrease in the population density in villages and innovative models would be developed. It was also focused that it was necessary to increase older persons' care services in order to encourage more women to join the labor force. It was underlined that social assistance and services need to be offered as family-based in the framework of the Program of Protection of the Family Dynamics Population Structure (10th Development Plan, 2014).

As it can be understood from this last plan, the state has just started to understand the seriousness of older persons' care issue in Turkey. Even though very clear rights-based and institutional promises were given, it is still at the stage of intention and planning. Moreover, there are many insufficiencies in the application.

Turkey is a country, which is ageing extremely fast on the one hand and which is going through a family-based transformation process on the other; so, it will be right to apply much more systematic and rights-based strategies in such a country. However, care services in Turkey are problematic. The staffs are sufficient neither in numeric nor the level of

specialization. The social service staff, such as professional therapists, physiotherapists, geriatric psychiatrists, and geriatric nurses can only be found commonly in big cities (Cankurtaran and Eker, 2007, p. 68).

Because of this institutional insufficiency for infrastructure, the governments in Turkey prefer leaving the issue of older persons' care to informal and voluntary mechanisms, mainly the family. These informal and voluntary mechanisms can only be used to complete the gaps of the state; they cannot fully replace the state's institutional and rights-based responsibilities and they should not. Despite this universal fact, it is understood that the issue of older persons' care is recently included in the government programs and development plans. As a matter of fact, the state emphasizes to empower the informal mechanisms instead of rights-based and systematic applications. Turkey urgently needs specific policies and programs for the fourth group where old age population is rapidly increasing, because it is not possible to meet the needs of the fourth age group with steps and promises concerning the third age group.

Conclusion

It is certain that Turkey is going through a demographically new period. The average lifespan is increasing day by day due to some progress such as improvements in the nutrition and healthcare, developments in general welfare, and slowdowns in birth-rate. That is why; the rate of older adults in the total population is growing a lot faster compared to those in other age groups. This increase in old age population will lead to serious problems for the living standards of older adults, and their needs, especially for social and special care services. There is an incompatibility between formal and informal mechanisms when meeting the caring requirements of older persons and providing them with social security services. The traditional solidarity of families has become the principal mechanism responsible for older persons' care for long years, so the formal structure has become extremely insufficient. This family-based caring system has lost its importance in today's world because of a series of socio-economic and cultural reasons. Despite this, the state is understood to have a

tendency to reactivate these informal mechanisms, and it tends to solve the problem by having a collaboration with them instead of accepting itself as the fundamental responsibility for older persons' care.

There is a lot larger old age population in today's world, and they do not belong to one population group. The distinction between the third and the fourth age among old people has been clearer for a long time, and this distinction will be much sharper in the very near future. It is also predicted that especially the fourth age group will increase rapidly. Therefore, it has become difficult to solve this population ageing problem and the care needs of older persons via informal networks. The state certainly needs to develop formal and rights-based methods. However, when the development plans and government programs covering the last 50 years are examined, it is understood that Turkey is not aware of the urgency of the problem. It still approaches this serious issue with the wording and precautions used when the old age population was less dense. It is not possible yet to claim that precautions and declarations related to the fourth age group have been made. The state is in an effort to solve this fourth age problem which is approaching rapidly with old methods and is focusing the importance of the family, and it goes on making collaboration plans with informal, voluntary, and private sectors.

These informal mechanisms which are directly effective on the older persons caring system and having a united society and interpersonal solidarity should, of course, be included in the care system as long as they do not take over the rights-based roles that normally belong to the state. Otherwise, a very critically sensitive issue such as the social security of older adults will have to be left to the philanthropist applications and benevolent feelings.

In older persons' care, it is of course, very important not to take older adults out of their natural environment. This can be summarized as ageing in place, and in this concept, older adults get older peacefully, happily and by joining the society. In Turkey, in fact, the governments are trying to encourage those people to live with their families instead of putting them into public buildings. The family and the fact that old person is not taken out of his natural environment has a great importance in older

persons' care. This can be summarized as "ageing in place" because they get older in their natural environments, happily, peacefully and taking active roles in the society. In Turkey, the government is trying to encourage older adults to grow older inside their homes near their relatives instead of living in nursing homes. This attempt is highlighted in almost all development plans and governmental projects. However, the policy for ageing in place requires more than that. First of all, ageing in place should be done via the social experts employed by the state rather than informal family solidarity. Especially, the project of older persons' care at home is an important step as promised in recent development plans and governmental programs. However, it has a limited area for the application. The rights-based older persons caring system will be set by employing efficient expert staff, by holding training programs and seminars about the issue and by giving technical support.

For the final word, even though it has a very rapidly ageing population structure, Turkey is understood to be slow at taking necessary precautions in a formal context. Traditional family-based informal mechanisms are successful at older persons' care to a point, and after that point, formal, systematic, foundational, and rights-based applications are definitely necessary. However, before that, Turkey needs to realize that there is a difference between "the third age" and "the fourth age," and that older adults have different requirements at various stages of the life course. Only after this, it will be able to produce different policies for diverse needs and demands of old age groups.

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