International Spotlight



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International Spotlight: Developing a Gerontological Social Policy Agenda for Turkey

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From 1960 to 2013, the population of Turkey increased almost threefold, with older adults aged 65 and older increasing almost sevenfold. In light of the demographic revolution in the age composition of world populations, we investigated the following research questions from the perspective of Turkish gerontologists: What are the conditions of older people based on sociological factors such as gender, partnership status, income, education, health, religion, and ethnicity? What should Turkey's gerontological agenda contain for the short term, mid-term, and long term, particularly in view of the rapidly changing nature of political, social, and economic life in the country? By 2025, adults (aged 40–65) will make up the largest population group in Turkey's history. It is time for Turkey to embrace this *demographic gift* and identify its own gerontological agenda to pave the way for social justice and social citizenship.

Key Words: Gender, Education, Partnership status, Income, Health, Religion and ethnicity, Turkey

Key Public Policy Issues

The coming of population aging is one of the most challenging issues confronting contemporary Turkey. Declining fertility rates along with improvements in life expectancy is positioning Turkey to witness increasing numbers of its younger citizens reaching "old age." Turkey is undeniably part of global aging and cannot hide behind *The Peter Pan Syndrome*, thinking that somehow its population, like that of the fabled *Neverland*, will cease to age. Given its present population, with about 27% less than 15 years of age, some may suggest that demographic aging is not a real issue for Turkey. Others, however, recognize the impending reality and the need for innovative social policies that support both the young and older population groups rather than promote intergenerational conflict.

In Turkey today, there is much rhetoric and very little visible evidence of positive actions to improve the care and well-being of older people. The government currently considers that the establishment

of care facilities for older people is sufficient for their well-being. The care of the older population is not considered a high priority item on the political agenda. Therefore, gerontologists are calling for a strong response through research, education, and policy initiatives to dispel the belief that support for the aged is solely an individual and family responsibility without governmental support.

Background: Demographics of Aging in Turkey

Since its founding in the 1920s, Turkey's population has increased by more than fivefold from 14 million to its present population of 75,627,384 (TurkStat, 2012). For the same period, life expectancy has increased more than twofold from approximately 35 years to around 74 years. Although the number of people reaching 60 years and older in 1920 represented approximately 3.5% of the total population, today the same cohort represents nearly 11% of the population. Until the 1950s, three fourths of the population who resided in rural areas now resides in urban areas. The average birth rate per woman was around six to seven births during the mid-1960s; now it is estimated as two births per woman (Koç, Eryurt, Adali, & Seçkiner, 2010, p. 48). When the change in the composition of the Turkish population is examined from 1960 to 2013, the overall population increased almost threefold, whereas the population of older adults (aged 65 and older) increased almost sevenfold. Compared with Australia (Cubit & Meyer, 2011), Israel (Glicksman & Litwin, 2011), Chile (Gitlin & Fuentes, 2012), France (Béland & Viriot Durandal, 2012), Italy, and Portugal (Arun & Çakıroğlu, 2011), Turkey is one of the youngest European countries with about 7.5% of the population aged 65 and older. However, "It was estimated that the number of those aged 65 and over in 2000 stood at around 3.6 million with this same age cohort expected to reach an estimated 17 million in 2050" (Behar, 2006, p. 23). Based on this projection, by 2050, Turkey will no longer have a young population.

This steady, sustained growth of the older population in Turkey is creating myriad challenges, including the need to anticipate both the dynamics and diversity surrounding the increasing numbers of older people. There exists an urgent need for Turkey to have an accurate description of the respective older cohorts and the likely future impact of the changing interrelationships between demographic, economic, social, cultural, and health factors.

Older Adults in Contemporary Turkey

Gender

A common characteristic of world population is the higher number of women in older age. This gender imbalance at older ages has important implications for health care and provision of community support networks. Globally, compared with men, older women are more likely to have had a lifetime of disadvantage and limited life choices.

The population statistics in Turkey indicate that, as age advances, the number of women in each respective age group, 60–64 through to 90 and older, increases considerably (Figure 1). The higher

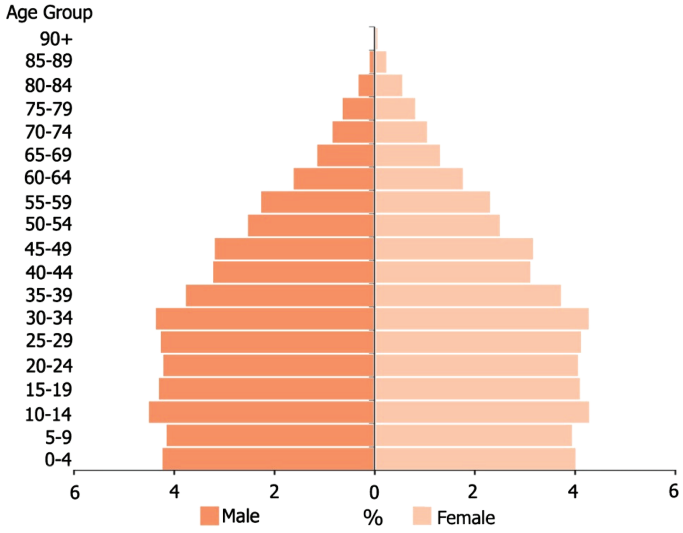

Figure 1. Population pyramid of Turkey (Source: TurkStat, 2012).

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representation of older women in Turkey indicates lower old age mortality rates for women compared with men. This phenomenon is explained by the term feminization of aging that "has been coined to describe increasing numbers of women in the older population" (Davidson, DiGiacomo, & McGrath, 2011, p. 1033). It is particularly noticeable when examining the gender data for the age groups of 70 and older that older women make up a greater proportion of the aging population in Turkey. A consequence of lower female mortality rates is that increasing numbers of women will be widows, thus living without spousal or partner support. Therefore, many older women will be living alone and at risk of experiencing increased poverty including poor health and disability.

Partnership Status

As noted, gender imbalance in later life has implications for both individual and population aging, among which are marital status, economic security, lifestyle, and living arrangements. Marriage is still a common trend in the majority of social systems, including Turkish systems. However, the possibility of staying married decreases with age, particularly more so in the case of older women than with older men. Arun (2013) reported that the percentage of married men in the older Turkish population aged 60 through 90 and older was 87.3% compared with 53.8% of married women of the same cohort. Like occupational retirement, widowhood represents a major social role in later life. Apart from the loss and grief associated with the death of a long-time partner, the widow or widower is no longer part of a couple and is left with the challenge of forming a new identity. Therefore, it is crucial for Turkish gerontologists to explore the daily life arrangements of older widows and widowers to best inform future social policies.

Income

Widowhood creates a larger financial problem for older women than for older men as economic difficulties are known to lead to depression and low psychological well-being (Arun & Arun, 2011). With each aged cohort commencing with 50–64 through the 90 and older cohort, married couples have higher average annual incomes than widows (TurkStat, 2009). The prevalence of unequal distribution of income earnings between men and women, particularly among persons with low income, not only increases the likelihood of experiencing poverty in older age but it affects women disproportionately. The correlation between poverty and partnership status is not particular to Turkey. Both in the United Kingdom and the United States, poverty is widespread among older widows (Arber, 2004, p. 97; Morgan & Kunkel, 2007, p. 233).

Education

In Turkey, primary education begins at age 5 or 6, according to the preferences of the family and continues for 12 years. The first 8 years of education has been mandatory since 1997, whereas four additional years of high school became mandatory since 2012. Those who want to pursue a university education must successfully pass a centralized exam. Educational level in Turkey differentiates across social class, including gender differences (Arun, 2012). In contemporary Turkey, the illiteracy level for females aged 65 and older is more than 2 times that of males aged 65 and older (TurkStat, 2009). Gender has been and continues to be an influential factor determining educational level in Turkey. Although, the enrollment rates of girls today tend to be higher than those for boys, there remains a strong attachment to the patriarchal tradition, considering education to be more important for males than for females (Gündüz-Hosgör & Smits, 2008).

There is no doubt that those provided access to higher levels of education have enhanced opportunities for improved economic and social advancement, including a greater potential to share in the distribution of scarce resources (Arun, 2012). In this regard, the current and future challenge for Turkey will be how best to remove many of the social and economic barriers that prevent gender equity and lower class access to improved educational and employment opportunities.

Health

The Ministry of Health in Turkey, in cooperation with other public entities, nongovernmental organizations, and the private sector, provides a diverse range of health-related services. However, the overriding responsibility for the implementation of health services and allied health policies resides with the Ministry of Health. Today the Turkish Health System is undergoing a transformation process facilitated by the implementation of a government Health Transformation Program (HTP) in 2003. The HTP is charged with improving

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all aspects of service provision by undertaking structural reform initiatives aimed at preventing fragmentation and duplication including a strategic focus on health finance, overall service provision, and public access to health insurance and related services (OECD, 2008, p. 11).

The percentage of the older population covered by the General Health Insurance program (GSS) is 77.6% (TurkStat, 2009). The percentage of Green Card users out of the total older population is 15.1%, and these beneficiaries are poor who cannot access support via GSS coverage. It should be noted that the Green Card, with its limited coverage, represents a poverty symbol in Turkey because only a fraction of the medical and social services otherwise provided by GSS are accessible. On the other hand, the percentage of those covered by private insurance, a symbol of elite status, is extremely low at around eight per thousand among the older population in 2011 (TurkStat, 2009). It is interesting to note that on a worldwide basis, the percentage of older people having some form of social insurance coverage is around 20%, whereas for Turkey the rate is 74.2% (van Ginneken, 2003). Having social security coverage, however, is not a guarantee that access and availability of health care and related support will be forthcoming in times of urgent need. Uncertain guarantees by the health insurance system, combined with an unequal distribution of health care services, illustrate a problematic situation for disadvantageous groups (Akar et al., 2008). There are also inequalities in accessing health care services arising from regional disparities between rural and urban regions. In rural areas, access to health services is more difficult and expensive. This is especially evident in the eastern and southeastern regions of Turkey, where appropriate infrastructure and specialist health care services are lacking (OECD, 2008, p. 12). There needs to be recognition of the danger of policy formation for the aged that adopts a collective focus, and in so doing, creates a default outcome for older people living in rural and isolated environments. All too often, a policy approach that incorporates a one size fits all results in gross inequalities for those considered to be the most vulnerable.

It is misleading to assume that poor health is a natural part of the aging process, whereas at the same time ignoring ill health resulting from social and economic disadvantage including gender inequality. Both governmental and health authorities in Turkey need to better understand patterns of health and health inequity among the older population. This capacity requires immediate development especially in the case of older groups who have little or no health coverage, including those experiencing location disadvantage in accessing health care services and support.

Religion and Ethnicity

Society in Turkey is quite heterogeneous in terms of religion and ethnicity. The clause in the constitution stating that the official religion of the state is Islam was deleted in 1928. Since 1937, Turkey has declared itself a secular state that still exists today by way of a legally binding statement in the constitution. Although it is generally emphasized that the majority of the population in Turkey is Muslim, it is possible to see different sects and beliefs among those who define themselves as Muslim. In this regard, it is not entirely correct to assume that Turkey is homogeneous in terms of religion. The situation is much the same in terms of ethnicity.

The research literature on ethnicity suggests that it is a strong explanatory factor in the creation of inequality among population groups (Calasanti & Sleven, 2001; Chiu & Wray, 2011; Glicksman & Koropeckyj-Cox, 2009). A recent study shows that, although the distribution of ethnicity among the older population in Turkey is not differentiated according to gender, ethnicity is an influential factor on the level of education achieved (Arun, 2013). Taking into consideration the absolute numbers of older people, the Turkish ethnic group had the highest number of older graduates across all levels of education. Arun (2013) stated that the older people in both the Kurdish and Arabic ethnic groups were the most disadvantaged in educational attainment when examined across all levels of education. It is also interesting to note that, while older Turkish citizens who had Armenian, Greek, and Jewish roots represent a collective of religious minorities, they nevertheless attached a relatively high priority to higher education achievement at the postgraduate level. Arun (2013) also provided an interesting contrast between the Kurdish older population and their counterparts from both the Turkish and the religious minorities. According to Arun, the Kurdish-speaking older population is seen to be the most vulnerable in relation to the quality of life indicators. However, older people in other religious minorities who had Armenian, Greek, and Jewish roots, while small in absolute numbers, appear to be the most advantageous-aged-stratum

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in the whole of Turkey. This ambivalent situation represents an important area for future sociological investigation.

Key Research in Turkey

Unlike many southern- and eastern-shore Mediterranean countries, there is a growing academic literature on the circumstances of older people in Turkey beginning with Gilleard and Gurkan (1987), who initiated aging studies in Turkey.

Surveys in Turkey that comprehensively focus on old age and aging on a national scale are limited, yet not absent. A review of the data sets available for secondary analysis for further research is provided in Table 1.

As seen, the data sets include a range of variables, such as employment, income, education, housing, family, health, work–life balance, life satisfaction, perceived quality of society, social exclusion and poverty, fertility rates, and infant and child mortality. However, most of the studies represented are not primarily focused on aging. Nonetheless, the data sets may be used to describe socioeconomic profiles of older adults and to make intergenerational comparisons. Although studies on aging in Turkey have increased since the 1990s, few studies have had capacity to represent the entire older population such as GeroAtlas conducted by Tufan (2009a, 2009b). Funded by The Scientific and Technological Research Council of Turkey (TUBITAK), GeroAtlas is a longitudinal study quinquennially conducted since 2000. The primary purpose of GeroAtlas is to collect reliable data on living conditions and daily life experiences of senior citizens aged 60 and older. GeroAtlas is the sole data set primarily focused on aging in Turkey at the national level. Additionally, GeroAtlas can be used to analyze socioeconomic profiles of older adults across 5-year periods and to make intergenerational comparisons. The raw data generated by GeroAtlas are available on request for researchers.

A Proposal: Gerontological Social Policy Agenda for Turkey

A gerontological social policy agenda for Turkey is timely as consideration is given to the dynamic and rapid changes currently taking place in political, social, cultural, and economic life. The following concerns and issues should be considered by both central and provincial governments.

Table 1. Key Research on Aging in Turkey

Title	Methods	Aim and description	How to access
Income and Living Conditions Survey (ILCS)	An annual survey using panel survey method since 2006 (n = 8,800 households)	To supply (European Union) comparable data on income distribution, living conditions, social exclusion, and relative poverty based on income	Publication & Data Dissemination Dept., e-mail: info@tuik.gov.tr
Household Budget Survey (HBS)	An annual survey carried out since 2003 (n = 12,600 households)	Provides information on the socioeconomic structures, living standards and consumption patterns of households and tests the validity of applied socioeconomic policies	Publication & Data Dissemination Dept., e-mail: info@tuik.gov.tr
Turkey Demographic and Health Survey (TDHS)	A nationally representative survey carried out within 5-year period since 1993 (n = 10,525 households)	To generate reliable and current information for use by policy makers on fertility levels, infant and child mortality, family planning, maternal and child health and nutrition	www.hips.hacettepe.edu.tr/eng/surveys.shtml
European Quality of Life Survey (EQLS)	A longitudinal study carried out in 28 countries every 4 years since 2003 (n = 2000 individuals)	Examines a range of issues, such as employment, income, education, housing, family, health, work–life balance, life satisfaction, and perceived quality of society	www.eurofound.europa.eu/areas/qualityoflife/eqls/
Gerontological Atlas of Turkey (GeroAtlas)	A longitudinal study carried out every 5 years since 2000 (n = 3,500 individuals)	To collect information on living conditions and daily life experiences of senior citizens (aged 60 and older)	www.geroatlas.com (in Turkish) or e-mail: info@geroatlas.com

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There is an urgent need for researchers to build a coordinated and collaborative partnership with decision makers to articulate better applications of their respective research findings. One important avenue is through the establishment of a national body such as a National Aging Institute, which could be a source of advice and advocacy on important issues relating to aging as well as a central coordinating body for applied gerontological studies.

Research on individual and population aging in Turkey might focus on: (a) social policies and social services; (b) environment, demography, family, solidarity and conflict among generations, social environment; (c) health, care, nutrition, and clothing; and (d) psychological and psychiatric issues. Several suggested benchmarks for future studies are as follows:

1. Conduct a national survey to identify the level of vulnerability within and between the respective older age cohorts. Such a survey might investigate the following issues: (a) level of access to services and programs according to fair and equitable criteria, (b) extent of community health agencies that have not been adequately resourced, and (c) adequacy of education and training of health and welfare professionals to provide services to the diverse older population in their respective communities.
2. Positive actions are required to redress a range of *gender gaps* that currently exist in many social contexts that include education, training, labor market participation, and provision of social welfare and social security benefits. The spasmodic working opportunities and wage differences for women places them at a great disadvantage during their working years and even more so in older age. Consequently, gender responsive policies in the area of health and social security will be essential to prevent the triple jeopardy of being female, old, and poor.
3. "Ethnic identities are not static constructs. They are renewed, modified and remade in each generation" (Gündüz-Hosgör & Smits, 2002, p. 420). It will be important that appropriate monitoring of ethnic customs and practices is conducted to ensure that disadvantage and inequality in terms of human rights are not being abused or threatened that in turn may restrict participation in all aspects of societal life. The development and implementation of social policies should aim to maximize economic, social, and political participation of all people irrespective of their ethnic, cultural, or religious backgrounds.
4. Growing old in Turkey should not be viewed as a problematic and negative experience. On the contrary, Turkey has an obligation to "adjust its social and political functions and structures to meet the needs and capabilities of all ages; thereby realizing the potential of all, for the benefit of all" (Parliament of Victoria, 1997, p. 67). Turkey has a small window of opportunity to prepare a positive policy framework ahead of time before the emerging dynamics of population aging becomes a major social and economic reality. Failure to act in a timely manner, however, and in accordance with the spirit of the proposed gerontological agenda will create a dire set of unprecedented consequences for the social, cultural, economic, and political landscape.

Conclusions

It is time for Turkey to understand and act on the long-term economic, demographic, and social trends occurring at a rapid pace. Old age and social justice is a good starting point for examining equity imbalances to understand the disadvantages associated with gender, partnership status, migration, education, social class, health, religion, and ethnicity. Holding onto the myth that Turkey has a considerable young population is no longer realistic or sustainable in light of the impending pace of population aging that will dramatically increase the proportion of people aged 60and older during the next 40 years.

The *Peter Pan syndrome* raises some serious questions surrounding the nature of citizenship in Turkey when consideration is given to both gender inequality and old age. The inequalities discussed above lend strong support to the opinion that citizenship rights are being violated. Citizenship implies among other things that older people, like all people in a society, are entitled to a range of services that are relevant to their physical, social, economic, mental, and spiritual needs, which collectively contribute to their general well-being and quality of life. Between 2000 and 2025, employed adults will represent the largest population group in cumulative population in the history of the country. This segment of the population can be

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considered as a demographic gift. Turkey should decide in what direction it needs to go both politically and economically provided by way of this gift. Otherwise, it may turn into a curse.

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References

Akar, H., Karabıyık, E., Gündüz Hosgör, A., Özbek, A., Babahan, A., & Akbaş, M. (2008). *İlköğretimde Bölgesel Eşitsizlik*. Ankara, Turkey: Orta Doğu Teknik Üniversitesi.

Arber, S. (2004). Gender, marital status, and ageing: Linking material, health, and social resources. *Journal of Aging Studies*, *18*, 91–108. doi:10.1016/j.jaging.2003.09.007

Arun, Ö. (2012). Cultivated citizens? Cultural capital, class, gender and generations in contemporary Turkey. *METU Studies in Development*, *39*, 283–302.

Arun, Ö. (2013). Ageing in Turkey: The Peter Pan Syndrome? In J. Troisi & H. J. von Kondratowitz (Eds.), *Ageing in the Mediterranean* (pp. 301–328). London: Policy Press.

Arun, Ö., & Arun, B. K. (2011). Türkiye'de Yaşlı Kadının En Büyük Sorunu: Dulluk (Widowhood: The most salient problem for elderly women in Turkey.) *Gaziantep University Journal of Social Sciences*, *10*, 1515–1527.

Arun, Ö., & Çakıroğlu, A. (2011). Quality of life in ageing societies: Italy, Portugal and Turkey. *Educational Gerontology*, *37*, 945–966. doi:10.1080/03601277.2010.492730

Behar, C. (2006). Demographic developments and 'complementarities': Ageing, labor and migration. *Turkish Studies*, *7*, 17–31. doi:10.1080/14683840500520543

Béland, D., & Viriot Durandal, J. P. (2012). Aging in France: Population trends, policy issues, and research institutions. *The Gerontologist*, *53*, 191–197. doi:10.1093/geront/gns149

Calasanti, T. M., & Sleven, K. F. (2001). *Gender, social inequalities and aging*. Walnut Creek, CA: AltaMira Press.

Chiu, C. J., & Wray, L. A. (2011). Physical disability trajectories in older Americans with and without diabetes: The role of age, gender, race or ethnicity, and education. *The Gerontologist*, *51*, 51–63. doi:10.1093/geront/gnq069

Cubit, K. A., & Meyer, C. (2011). International spotlight: Aging in Australia. *The Gerontologist*, *51*, 583–589. doi:10.1093/geront/gnr082

Davidson, P. M., DiGiacomo, M., & McGrath, S. J. (2011). The feminization of aging: How will this impact on health outcomes and services? *Health Care for Women International*, *32*, 1031–1045. doi:10.1080/07399332.2011.610539

Gilleard, C. J., & Gurkan, A. A. (1987). Socioeconomic development and the status of elderly men in Turkey: A test of modernization theory. *Journal of Gerontology*, *42*, 353–357. doi:10.1093/geronj/42.4.353

Gitlin, L. N., & Fuentes, P. (2012). The Republic of Chile: An upper middle-income country at the crossroads of economic development and aging. *The Gerontologist*, *52*, 297–305. doi:10.1093/geront/gns054

Glicksman, A., & Koropeckyj-Cox, T. (2009). Aging among Jewish Americans: Implications for understanding religion, ethnicity, and service needs. *The Gerontologist*, *49*, 816–827. doi:10.1093/geront/gnp070

Glicksman, A., & Litwin, H. (2011). International Spotlight: Israel. *The Gerontologist*, *51*, 734–738. doi:10.1093/geront/gnr104

Gündüz-Hosgör, A., & Smits, J., (2002). Intermarriage between Turks and Kurds in contemporary Turkey: Interethnic relations in an urbanizing environment. *European Sociological Review*, *8*, 417–432.

Gündüz-Hosgör, A., & Smits, J. (2008). Variation in the employment status of women in Turkey. *Women's Studies International Forum*, *31*, 104–117. doi:10.1016/j.wsif.2008.03.003

Koç, İ., Eryurt, M. A., Adalı, T., & Seçkiner, P. (2010). *Türkiye'nin Demografik Dönüşümü*. Ankara, Turkey: Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü.

Morgan, L. A., & Kunkel, S. R. (2007). *Aging, society, and the life course*. New York: Springer.

OECD. (2008). *Sağlık Sistemi İncelemeleri, Türkiye*. Paris: Author.

Parliament of Victoria. (1997). *Inquiry into planning for positive ageing*. Melbourne, Australia: Family and Community Development Committee, Parliament of Victoria.

Tufan, I. (2009a). Health behavior among the elderly in Turkey: An early evaluation of the GeroAtlas study. *Educational Gerontology*, *35*, 383–392. doi:10.1080/03601270802349429

Tufan, I. (2009b). [Ageing and the elderly in Turkey–results of the first age report from Turkey]. *Zeitschrift für Gerontologie und Geriatrie*, *42*, 47–52.

TurkStat. (2009). *Income and Living Conditions Survey, 2009*. Ankara, Turkey: Turkish Statistical Institute.

TurkStat. (2012). *Address based population registration system*. Ankara, Turkey: Turkish Statistical Institute.

van Ginneken, W. (2003). *Extending social security: Policies for developing countries*. Geneva, Switzerland: International Labor Organization.

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